

Announced Inspection Report: Independent Healthcare

Service: St Ninian House, Nairn

Service Provider: Doctor Denture Limited

February 2020

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

© Healthcare Improvement Scotland 2020

First published April 2020

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
<hr/>		
	Appendix 1 – Requirements and recommendations	13
	Appendix 2 – About our inspections	16
<hr/>		

1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to St Ninian House on Tuesday 11 February 2020. We spoke with one member of staff. Before the inspection, we asked the service to display a poster asking patients to provide us with feedback on the service. We received feedback from 12 patients who had received treatment. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For St Ninian House, the following grades have been applied to three key quality indicators.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients told us they had enough information to make informed choices about treatments available. While patient feedback was requested and reviewed, this was not done in a structured way.	✓ Satisfactory
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment was safe and clean. Appropriate infection control measures were in place. No formal systems were in place to monitor the infection control measures or manage safety.	✓ Satisfactory

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	An experienced and well-qualified practitioner delivered the treatments. The practitioner maintained their professional registration through continued learning. The service did not have a quality improvement plan to help implement change and improvements.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Patient care records contained appropriate information and were stored securely. However, patient care records audits were not carried out to make sure essential information was consistently recorded.

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

What action we expect Doctor Denture Limited to take after our inspection

This inspection resulted in one requirement and seven recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirement and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Doctor Denture Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at St Ninian House for their assistance during the inspection.

2 What we found during our inspection

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Patients told us they had enough information to make informed choices about treatments available. While patient feedback was requested and reviewed, this was not done in a structured way.

The service was provided from inside another business's premises. Information available about the service on the other business's website included the qualifications of the practitioner and treatments available. Similar information was on the service's social media page and we were told the majority of patients made contact through social media.

We saw general denture information leaflets available and were told that patient-specific information was given verbally at the initial free consultation. The information included treatment options, benefits and the minimal risks in these treatments. If patients were happy, a treatment plan was developed which included the agreed cost of the treatment. Information about finance options from an independent company was displayed for patient information.

The service's participation policy described how it would gather patient feedback, such as through social media and a survey given to patients at the end of their treatment. We were told that its social media page was used for the majority of feedback and the most recent was from July 2019.

Feedback we received from patients who had treatment at the service was positive and complimentary. Comments included:

- 'Allowed me as much time as I needed to decide.'
- 'Explained clearly and in full the denture services available including the cost for each.'
- 'We discussed my history and what outcome I would like...explained all options to me.'

The service's policy for responding to complaints included timescales for responding. The service told us that it had not received any complaints since its registration.

What needs to improve

The service's complaints policy did not include the contact details for Healthcare Improvement Scotland and inform patients that they could take their complaint to Healthcare Improvement Scotland at any time (requirement 1).

The service had a participation policy and told us that patient feedback was regularly requested and reviewed. However, we saw no evidence that this policy was followed (recommendation a).

The service did not have a duty of candour policy in place. Duty of candour aims to make sure the service responds appropriately to any unintended or unexpected incidents that occur in the service (recommendation b).

Information about how to make a complaint was not easily available for patients. We will follow this up at future inspections.

Requirement 1 – Timescale: immediate

- The service provider must update the patient information to make it clear to the complainant that they can refer a complaint to HIS at any stage of the complaints process.

Recommendation a

- The service should follow its participation policy so that patient feedback is gathered and analysed in a structured manner.

Recommendation b

- The service should develop a duty of candour policy.

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The environment was safe and clean. Appropriate infection control measures were in place. No formal systems were in place to monitor the infection control measures or manage safety.

The treatment room was clean and tidy. The floors, walls and surfaces of the room would be easily cleaned and were in a good state of repair. Only single-use equipment was used in the service and we saw that this was in-date. The service had implemented appropriate standard control of infection precautions, which included personal protective equipment and waste management. The treatment room had adequate lighting, natural ventilation and heating.

No medications were used in the service. However, the practitioner would direct patients to their own dentist or GP if they felt any medications needed prescribed. The service manager was trained to deliver basic life support and first aid and had an appropriate escalation plan in case of an emergency.

The service had an up-to-date fire risk assessment and we saw appropriate fire safety equipment. We saw evidence of up-to-date servicing of the equipment in the clinic that included the fire extinguishers and the portable appliances.

While no incidents or accidents had occurred in the service since its registration, it had a system in place to record them. The service manager was also aware of the Healthcare Improvement Scotland notification process. The service had completed a Control of Substances Hazardous to Health (COSHH) risk assessment for the dental material used in the service.

Patents comments from feedback we received about the clinic environment and safety included:

- ‘Totally impressed with the scrupulous cleanliness.’
- ‘Reassuring and professional service.’

What needs to improve

The service was not carrying out any audits to assure its safety and effectiveness. For example, patient care records audits were not carried out to monitor its standard of record-keeping (recommendation c).

The service’s safeguarding policy did not have contact details to use if safeguarding concerns had to be escalated (recommendation d).

The service did not complete any environmental risk assessments to help make sure its patients or those who worked there were safe (recommendation e).

- No requirements.

Recommendation c

- The service should implement a programme of audit to assess its safety and effectiveness. Audits should include infection control procedures and patient care records.

Recommendation d

- The service should develop its safeguarding policy to include the contact details of where concerns should be escalated.

Recommendation e

- The service should complete an environmental risk assessment and implement a process to review it to ensure the safety of patients and those working in the service.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records contained appropriate information and were stored securely. However, patient care records audits were not carried out to make sure essential information was consistently recorded.

Patient care records were paper-based and securely stored in a lockable filing cabinet in the treatment room, which was locked when not in use. The service is registered with the Information Commissioners Office.

All patient care records we reviewed had completed consent forms with agreed treatment plans in place. Medical assessments specifically looking at the patients' smoking history or allergies were also included. The service manager told us that a patient's medical assessment was reviewed at follow-up visits. Referral forms from other practitioners were kept as part of the patient care record and those we reviewed were legible, signed and dated.

Patients were given verbal aftercare information that included the contact details for the service. Patients could attend for free unlimited reviews and adjustments of their dentures up to a year after attending for treatment.

Patient feedback we received was positive about the treatment and care they had received, comments included:

- 'His aftercare was excellent.'

What needs to improve

The service took 'before-and-after' treatment photographs on a personal mobile phone which is password-protected. This could pose a risk to patient confidentiality (recommendation f).

- No requirements.

Recommendation f

- The service should ensure that 'before-and-after' photographs are held confidentially in the patient care record and not retained on a personal mobile phone.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

An experienced and well-qualified practitioner delivered the treatments. The practitioner maintained their professional registration through continued learning. The service did not have a quality improvement plan to help implement change and improvements.

The service manager was a clinical dental technician registered with the General Dental Council (GDC). They have to provide evidence of continued professional development every year to the GDC. We saw evidence of the service manager's qualifications and professional development. They told us it was sometimes difficult to access appropriate training courses due to the specialist nature of their service.

The practitioner told us that they were part of a closed social media forum and they could access peer support through this group. This forum helped the service manager keep up to date with changes to practice. The practitioner also told us that they had used colleagues to provide informal clinical supervision when required.

What needs to improve

The service manager had thought of how they could develop the service. However, a formal continuous quality improvement plan would help to show how effective any changes or improvements have been (recommendation g).

- No requirements.

Recommendation g

- The service should develop a quality improvement plan to help with service change and development.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 2 – Impact on people experiencing care, carers and families

Requirements

- 1** The service provider must update the patient information to make it clear to the complainant that they can refer a complaint to HIS at any stage of the complaints process (see page 8).

Timescale – immediate

Regulation 15(6)(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

- a** The service should follow its participation policy so that patient feedback is gathered and analysed in a structured manner (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

- b** The service should develop a duty of candour policy (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
c	<p>The service should implement a programme of audit to assess its safety and effectiveness. Audits should include infection control procedures and patient care records (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
d	<p>The service should develop its safeguarding policy to include the contact details of where concerns should be escalated (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20</p>
e	<p>The service should complete an environmental risk assessment and implement a process to review it to ensure the safety of patients and those working in the service (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
f	<p>The service should ensure that ‘before-and-after’ photographs are held confidentially in the patient care record and not retained on a personal mobile phone (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

Domain 9 – Quality improvement-focused leadership	
Requirement	
None	
Recommendations	
g	<p>The service should develop a quality improvement plan to help with service change and development (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email contactpublicinvolvement.his@nhs.net

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org