

Announced Inspection Report: Independent Healthcare

Service: Teviot Dental FACE, Galasheils

Service Provider: Christiane Wassmuth-Gibbs

31 August 2022

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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 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 Teviot Dental FACE on Wednesday 31 August 2022. We spoke with the practitioner and manager during the inspection. We did not receive any feedback from patients to an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector with one inspector shadowing.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Teviot Dental FACE, the following grades have been applied to the key quality indicators inspected.

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	The service's website provided general information about the types of treatments offered. Patients were given enough information to help them make a decision about treatment. A complaints procedure set out the service's approach to handling patient complaints. A patient participation policy should be developed and implemented.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The service was provided from a clean and well maintained premises and all equipment was in good condition. A clinical waste contract must be obtained. An audit programme should be introduced, the safeguarding policy should be reviewed and a fire risk assessment should be carried out.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service was provided by one practitioner, who kept up to date with legislation and best practice through their registered profession as a dentist.	✓ Satisfactory

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.2 - Assessment and management of people experiencing care	A mixture of electronic and paper patient care records were kept and arrangements were in place to refer patients elsewhere if the practice closed. Patients treatment plans, outcomes, costs and aftercare were recorded. All patient care record information should be stored at the service and the service should register with the Information Commissioners Office.	

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

Further information about the Quality Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Christiane Wassmuth-Gibbs to take after our inspection

This inspection resulted in two requirements and eight 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 requirements 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

Christiane Wassmuth-Gibbs, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Teviot Dental FACE for their assistance during the inspection.

2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

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

The service's website provided general information about the types of treatments offered. Patients were given enough information to help them make a decision about treatment. A complaints procedure set out the service's approach to handling patient complaints. A patient participation policy should be developed and implemented.

Most patients self-referred to the service from a nearby NHS dental practice where the practitioner also worked. The service's website provided general information about the types of services offered and how to get in touch to make an appointment.

After making an appointment, patients were sent information and assessment forms to fill in and return by email. Patient care records showed that patients had been given enough information to help them make a decision before going ahead with treatment. This included treatment options, desired outcomes, risks and costs.

The practitioner actively sought verbal feedback from patients about their overall experience of the service, as well as their reported clinical outcomes from treatment.

A duty of candour procedure set out how the service would meet its responsibility to be honest with patients if things went wrong. The practitioner understood their duty to publish yearly duty of candour reports, even where the duty of candour had not been triggered.

A system was in place to manage concerns and complaints, which highlighted the patient's right to complain to Healthcare Improvement Scotland at any time. No complaints had been received since registration.

What needs to improve

The service did not record the patient feedback it received, or have a formal strategy in place for using patient feedback to continually improve the service (recommendation a).

While the service had a complaints policy in place, information on how patients could make a complaint was not available on its website or in the service. This process should be easily accessible to the patient (recommendation b).

- No requirements.

Recommendation a

- The service should develop and implement a patient participation policy to direct the way it engages with patients and uses their feedback to improve the service.

Recommendation b

- The service should add its complaints process to its website and make it available in the service, to make it more accessible to patients.

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 service was provided from a clean and well maintained premises and all equipment was in good condition. A clinical waste contract must be obtained. An audit programme should be introduced, the safeguarding policy should be reviewed and a fire risk assessment should be carried out.

The service was provided by a sole practitioner who was a dentist. They also worked at a nearby NHS dental practice and had made every effort to make sure the two services ran side by side. This meant some generic policies and procedures were shared between both practices and others had been made specific to the service.

The environment was clean and well maintained and measures were in place to reduce the risk of infection. For example, disposable personal protective equipment (PPE) was available, which included gloves and surgical face masks. Alcohol-based hand rub was available in the treatment room and a clinical hand wash basin had been provided in a room next door. The service manager told us of the process of cleaning patient equipment in-between patient appointments, using appropriate cleaning products.

All equipment was in good condition. Appropriate fire safety equipment and signage was in place and had been recently tested. External contractors serviced the electrical installation and portable appliances. The service's adverse events policy also covered the management of accidents and incidents.

A medicine management policy set out how the service made sure medicines were used and stored safely. While no medicines were being stored at the time of our inspection, a lockable pharmacy fridge was available in the room next to

the treatment room. An emergency kit was kept and regularly checked to ensure stock remained in-date and ready to use.

What needs to improve

The service was transporting its clinical waste to the NHS dental practice where the practitioner worked for disposal. A clinical waste contract must be in place for the collection and safe disposal of the service's clinical waste. The contract must cover the service for the removal and disposal of cytostatic medicines (requirement 1).

While the service kept an emergency kit that was accessible close to the point of care, the kit contained non-emergency drugs such as steroids, antihistamines and antibiotics. These should be held securely in the premises alongside other medicines and not part of the emergency kit (requirement 2).

The service did not have a programme of regular clinical audits in place. Regular audits of key areas, such as medicine management and patient care records would provide quality assurance and help demonstrate a process of continuous learning and improvement (recommendation c).

The service's safeguarding policy confused whistleblowing and safeguarding responsibilities and did not set out how the service would report a safeguarding issue. It also stated that patients could refer their safeguarding concerns to Healthcare Improvement Scotland. Patients have no remit in terms of safeguarding and the responsibility is the provider's (recommendation d).

While a fire safety policy and firefighting equipment were in place, the fire risk assessment was not specific to the service. The practitioner told us the fire risk assessment for the local NHS dental practice they worked at also covered this service. However, this could not be evidenced (recommendation e).

The service had a policy that covered how it would deal with adverse events, accidents and incidents. However, it did not detail how it would meet its responsibilities for notifying Healthcare Improvement Scotland of certain events or circumstances. We advised the practitioner to familiarise themselves with providers responsibilities under the HIS notifications guidance. We will follow this up at future inspections.

Requirement 1 – Timescale: immediate

- The provider must obtain a contract with a licensed waste carrier for the removal and disposal of all clinical and special waste generated by the service. The contract must include cover for the removal and disposal of cytostatic medicines.

Requirement 2 – Timescale: immediate

- The provider must ensure medicines are held securely.

Recommendation c

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Recommendation d

- The service should amend its safeguarding procedure to set out how it will report safeguarding issues that may arise. The procedure should also list the contact details for the local police and social services department that a report will be made to.

Recommendation e

- The service should arrange for a competent person to carry out a fire risk assessment of the service premises, keep a record of it and act on any recommendations made.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

A mixture of electronic and paper patient care records were kept and arrangements were in place to refer patients elsewhere if the practice closed. Patients treatment plans, outcomes, costs and aftercare were recorded. All patient care record information should be stored at the service and the service should register with the Information Commissioners Office.

An electronic database was used to store patient care records. Patients booked their appointment through the NHS practice where the practitioner worked. A detailed assessment form was then sent in an email, which asked questions about their medical history and treatment goals. Treatment options were then discussed and agreed with patients at their treatment appointment. Consent forms were also signed and scanned onto the electronic system.

We reviewed three patient care records and saw these contained information about the patient's treatment, including outcomes and treatment plans, costs and aftercare. Consent was obtained for taking photographs and sharing any relevant health care information with the patient's GP or dentist. A record of

treatment and medication batch numbers, including expiry dates for medicines used were also included.

Patients were given verbal and email advice after their treatments, including information about contacting the practitioner out of hours if required. We were told patients were given the opportunity to book a follow-up appointment. This allowed the practitioner to check that patients were happy with the results of their treatments and were not experiencing any side-effects.

A business continuity plan described how patients would be informed in writing in the event of closure and referred to the NHS practice the practitioner worked from for any aftercare and follow-up.

What needs to improve

It was difficult to identify patient care records that belonged to the service as they were held together with the patient care records for the NHS practice the practitioner worked from. We were also unable to view any patient assessment forms and one consent form for the patient care records we reviewed, as they were stored in a filing cabinet at the NHS practice the practitioner worked from. This meant that only the electronic part of the patient care record was accessible (recommendation f).

The service was storing and processing patient information electronically and was not registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information is safely stored (recommendation g).

- No requirements.

Recommendation f

- The service should ensure that all information relating to the patients care record is kept together and stored at the service.

Recommendation g

- The service should register with the Information Commissioner's Office.

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

The service was provided by one practitioner, who kept up to date with legislation and best practice through their registered profession as a dentist.

The service was provided by one practitioner who was a dentist. They kept up to date with legislation and best practice through their own professional development with the General Dental Council and had recently completed a masters degree in facial aesthetics. They were a member of the British Association of Cosmetic Dental Professionals and had access to resources for managing complications if needed.

What needs to improve

A formal quality improvement plan would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would allow the service to clearly demonstrate a culture of continuous quality improvement (recommendation h).

- No requirements.

Recommendation h

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

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	
None	
Recommendations	
a	<p>The service should develop and implement a patient participation policy to direct the way it engages with patients and uses their feedback to improve the service (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
b	<p>The service should add its complaints process to its website and make it available in the service, to make it more accessible to patients (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>

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

Requirements

- 1** The provider must obtain a contract with a licensed waste carrier for the removal and disposal of all clinical and special waste generated by the service. The contract must include cover for the removal and disposal of cytostatic medicines (see page 11).

Timescale – immediate

Regulation 3(d)(3)

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

- 2** The provider must ensure medicines are held securely (see page 11).

Timescale – immediate

Regulation 3(d)(iv)

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

Recommendations

- c** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

- d** The service should amend its safeguarding procedure to set out how it will report safeguarding issues that may arise. The procedure should also list the contact details for the local police and social services department that a report will be made to (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.18

- e** The service should arrange for a competent person to carry out a fire risk assessment of the service premises and keep a record of it (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.18

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

- f** The service should ensure that all information relating to the patients care record is kept together and stored at the service (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- g** The service should register with the Information Commissioner’s Office (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

- h** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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: his.ihcregulation@nhs.scot

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