

Announced Focused Inspection Report: Independent Healthcare

Service: Vermilion - The Smile Experts, Edinburgh

Service Provider: Vermilion - The Smile Experts
Limited

25 March 2021

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 26 September 2019

Recommendation

The service should develop and implement a monitoring system to ensure that patients receive accurate and timely treatment plan information and costings.

Action taken

The service has introduced a patient treatment co-ordinator role responsible for liaising with referring dental practitioners, and with patients and staff in the service. Each patient is now contacted by the patient treatment co-ordinator once the service has received the referral. An explanation of what the patient will expect at their first appointment is provided along with associated costs. This information is also followed up by email to the patient.

Recommendation

The service should implement its patient feedback policy to direct the way it engages with patients and uses their feedback to drive improvement.

Action taken

The service has introduced a system to gather, review and act on patient feedback. After completing a course of treatment, each patient is sent a text message asking them to provide feedback on how they found the treatment and the service they received. The general manager and marketing manager review all feedback received. This is then shared with the team at senior management meetings and practice meetings. Any negative feedback received is reviewed by the general manager and the patient is contacted for further information. Any learning is included in the service's quality improvement plan with changes to practice made, if appropriate.

Recommendation

The service should introduce a robust induction procedure and checklist for all team members to ensure all personnel evidence requirements in the Combined Practice Inspection documentation are met.

Action taken

The service has an induction procedure and checklist in place for all staff. However, we found there are still some key pre-employment checks for new staff members which are not always being recorded; such as Protecting Vulnerable Groups (PVG) status and full health clearance. The service's induction checklist system should be used when recruiting any new staff

member and for monitoring ongoing certification requirements. This recommendation is reported in Quality indicator 7.1 (see recommendation b).

Recommendation

The service should develop and implement a quality improvement plan.

The service has developed a quality improvement plan which is now discussed at senior management meetings and practice meetings and updated, as required.

2 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.

We carried out an announced inspection to Vermilion - The Smile Experts on Thursday 23 March 2021. We spoke with five members of staff during the inspection.

The inspection team was made up of two dental inspectors.

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. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For Vermilion - The Smile Experts, the following grades have been applied to the key quality indicators.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Patient care and treatment was delivered in a clean, well maintained and well-equipped environment. Reusable dental instruments were decontaminated (cleaned) in the service's on-site decontamination room. The service met the majority of the criteria from the national dental and sedation practice inspection checklists used during this inspection. However, all equipment must be regularly serviced, maintained and inspected, as appropriate.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	Leadership was visible, open, supportive and communicative. Staff met together regularly in a number of ways to identify how they could further improve the service and the patient experience. A quality improvement plan was used to help continuously improve the service delivered, and the care and treatment provided to patients.	✓✓ Good

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Comprehensive patient assessments were carried out. Patient care records provided information about all aspects of consultations, assessments, treatments and aftercare.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	An appropriate recruitment policy was in place. All staff were suitably trained for their job role and were actively keeping their skills up to date. Monthly one-to-one meetings between managers and staff took place. However, the service's induction procedure still needs to be improved.

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 Vermilion - The Smile Experts Limited to take after our inspection

This inspection resulted in one requirement and two 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

Vermilion - The Smile Experts, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Vermilion - The Smile Experts for their assistance during the inspection.

3 What we found during our inspection

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

Patient care and treatment was delivered in a clean, well maintained and well-equipped environment. Reusable dental instruments were decontaminated (cleaned) in the service's on-site decontamination room. The service met the majority of the criteria from the national dental and sedation practice inspection checklists used during this inspection. However, all equipment must be regularly serviced, maintained and inspected, as appropriate.

NHS dental services are inspected using the national dental Combined Practice Inspection and Sedation Practice Inspection Checklists to ensure the safe delivery of care. These checklists have a number of essential and best practice criteria for dental practices including:

- premises, facilities and equipment
- documentation and certification, and
- processes, including decontamination and sterilisation of equipment.

We carried out the same combined practice inspection and sedation practice inspection checklists during this inspection. The majority of the essential and best practice criteria on this inspection were met.

The service was delivered from modern, accessible premises that provided a clean and safe environment for patient care and treatment. The fabric and finish of the clinic was to a very high standard. At the time of our inspection, all areas were clean, tidy and well organised. The service's dental surgeries were well designed and were fully equipped for the procedures offered.

The service's onsite decontamination room was well equipped with a washer disinfectant and vacuum autoclaves used to clean and sterilise equipment. Dental nurses had been trained to carry out the decontamination (cleaning) and sterilisation of all reusable patient equipment. Dental instruments could be safely and easily transported from the dental surgeries to the decontamination room. Staff had a full understanding of the practice's decontamination process and were able to show us how they safely processed instruments as part of our inspection.

Infection prevention and control policies and procedures were in place. These had been updated with COVID-19 policies and standard operating procedures. At the time of our inspection, the service was limiting the number of patients to the premises and the treatments it carried out. Aerosol generating procedures were being carried out in a limited way with appropriate fallow (downtime) time after the treatment to allow air and water droplets to settle. Patients were contacted the day before their appointment to check they had no COVID-19 symptoms before attending their appointment the next day. Patients were greeted at the door of the premises, and a temperature check and COVID-19 questionnaire was undertaken. Patients were asked to wear a face mask until they were seated in the dental chair. Alcohol-based hand rub was available at the entrance to the premises. Where appropriate, single-use patient equipment was used to prevent the risk of cross-infection.

A range of radiological examinations could be carried out to aid treatment planning and treatment. The service had two hand-held X-ray machines, and a specific X-ray machine for taking 3D images was also located in a separate dedicated room. We were told that one of the hand-held X-ray machines had been sent away for servicing at the time of our inspection. An up-to-date radiation protection file was in place. Radiographic (X-ray) images were stored securely on the electronic patient care records. All selected scans were accessible and had been suitably reported. Specialist radiologist reports were available for some scans.

All staff carried out annual training in the management of medical emergencies. The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen.

The service provided some dental treatment under conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). The sedationists had completed appropriate life support training and had been suitably trained in conscious sedation techniques.

A comprehensive system was in place for auditing some of the operational areas of the service. This included auditing that regular checks of the emergency drugs

and decontamination equipment were carried out, and that additional COVID-19 infection prevention and control measures were taking place.

What needs to improve

We found that not all of the service's equipment had been inspected and serviced to ensure it remained safe for use and was suitably insured, such as the dental compressor. This is not in line with the national dental Combined Practice Inspection checklist, or the manufacturer's instructions (requirement 1).

We found more than one version of some policies and procedures available on the service's staff intranet system. This included the complaints policy and the referral protocol. This can make it difficult for staff to ensure they are accessing the most up-to-date policy or procedure (recommendation a).

Requirement 1 – Timescale: immediate

- The provider must ensure the service is meeting all essential criteria of the national Combined Practice Inspection Checklist to ensure the safe delivery of care. In particular, the service must ensure all equipment is inspected and serviced, as required.

Recommendation a

- The service should ensure that the most up-to-date policies and procedures are readily available for staff.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out. Patient care records provided information about all aspects of consultations, assessments, treatments and aftercare.

The majority of referrals to the service were from the patient's registered general dental practitioner. The referral information was then used to contact the patient, usually within 3 days of the service receiving the referral. The treatment co-ordinator, who had been a registered dental nurse, contacted every patient to assess their treatment needs. A detailed explanation of what services were offered by the service was given to the patient, including the costs and what to expect on their first visit. This was followed up with an email summarising what had been discussed during the telephone call.

Surgical patients, including dental implant patients, received a telephone call post-surgery and a follow-up appointment 2 weeks after surgery to check how they were feeling about their care and treatment, and if they had any concerns or queries. Patients who had received implants also had a review appointment one year after treatment.

We reviewed four electronic patient care records on the practice management software system. These were comprehensive, providing details of thorough assessment and clinical examinations, treatment and aftercare information, and consent documentation. Patient care records included a range of digital photographs, radiographs (X-ray images) and scans. We found these to be of good quality. All selected scans were accessible and had been suitably reported in the patient care record.

A range of patient care record audits including treatment course completion, prescribing and radiography audits were carried out. The administration team also carried out audits on areas such as patient feedback, patient attendance and reviewing the patient journey.

The service had suitable back-up systems in case of failure of the practice management software system.

- No requirements.
- No recommendations.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

An appropriate recruitment policy was in place. All staff were suitably trained for their job role and were actively keeping their skills up to date. Monthly one-to-one meetings between managers and staff took place. However, the service's induction procedure still needs to be improved.

The service checked professional registration status before staff started in their role. Staff had also undergone relevant background and health clearance checks, including Protecting Vulnerable Groups (PVG) checks. New employees

were well supported by the full team and an induction plan was in place for all new staff.

From speaking with staff, it was clear they understood, and had been suitably trained for, their individual roles. They were also clear on their responsibilities and those of other team members. They knew who to contact if information was required or if an issue needed resolved.

One-to-one meetings took place every month with staff members and their line manager. These allowed personal development and professional issues to be discussed, as well as any upcoming business changes that may impact on staff. Staff we spoke with found these one-to-one meetings to be very useful.

Staff had continued to carry out online training and education during the time the practice was closed due to COVID-19, through an external training package. Staff had the option to either access this at work or from home. This included training on general data protection regulation, fire safety, public protection and COVID-19. We saw examples where staff were applying this newly acquired knowledge to enhance and improve what they were doing in the practice, particularly in relation to developing and implementing the new COVID-19 protocols and procedures.

What needs to improve

Part of a safe recruitment process is ensuring appropriate checks are carried out on new staff to ensure they are fit to work in their job roles. The service included background checks and health clearance certification for relevant staff as part of its induction plan. However, a system should be in place to check that health clearance, professional registration and indemnity insurance checks are in place, for all staff, at all times. Similar issues had been identified at the previous inspection in September 2019 (recommendation b).

Appraisals were normally held every 12 months for all staff. However, although these were still being progressed, the service was aware these were behind schedule due to the current COVID-19 pandemic. We will follow this up at a future inspection.

- No requirements.

Recommendation b

- The service should use its induction checklist system to ensure evidence can be provided for all health clearance checks that staff require before they start working in the service. These should be regularly checked to ensure professional registration and indemnity insurance for each staff member remains in place.

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

Leadership was visible, open, supportive and communicative. Staff met together regularly in a number of ways to identify how they could further improve the service and the patient experience. A quality improvement plan was used to help continuously improve the service delivered, and the care and treatment provided to patients.

The senior management team was responsible for this service, and two other dental services, and provided support to the general manager and practice owner (lead practitioner) in the running of this service.

The general manager was responsible for leading a large staff team in this service. However, a number of new roles had been developed to allow some team members to take on additional responsibilities and take the lead in certain areas of the practice. For example, a treatment co-ordinator was responsible for managing referrals, and the lead nurse was responsible for infection prevention and control and equipment maintenance checks. Staff knew their roles and appeared to take ownership for their tasks. Staff we spoke with found the general manager approachable and told us their one-to-one meetings with them were very useful and supportive.

A wide range of meetings were held with different staff groups to ensure good communication and sharing of information. Senior management meetings, dental nurse meetings and administrator meetings were held every month. The general manager met with the dentists every 6 months. Leadership meetings were held every week, and the dental nurses and administrators met with their line manager every month. Practice meetings for the whole team were held every month. Due to the current COVID-19 pandemic, some of these meetings were currently being held virtually. Minutes were recorded for all formal meetings, with actions clearly detailed. These were circulated to all staff.

The service had a free study club for dental practitioners who referred into the service. This involved a series of ongoing training events and included core training and education required for those registered with the General Dental Council. More specialist types of training such as orthodontics (procedures and treatments to help improve and straighten teeth and to correct problems with bite patterns) and endodontic training (root canal treatment and other procedures for treating the inside of teeth) was also available. At this time, these events were being held online.

The service employs a researcher who carries out audit, case studies and research with the clinicians. Recent audits included reviewing radiographic record keeping, patient care records and prescribing. The researcher shares their findings with the team, and any lessons to be learned or changes in practice needed are discussed and incorporated into the service's quality improvement plan. This helps the service to measure the impact of change and demonstrate a culture of continuous improvement. We also noted that the service had recently submitted a scientific paper on sedation for publication.

- No requirements.
- No recommendations.

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

Requirement

- 1** The provider must ensure the service is meeting all essential criteria of the national Combined Practice Inspection Checklist to ensure the safe delivery of care. In particular, the service must ensure all equipment is inspected and serviced, as required (see page 11).

Timescale – immediate

Regulation 2

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

Recommendation

- a** The service should ensure that the most up-to-date policies and procedures are readily available for staff (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

Domain 7 – Workforce management and support	
Requirements	
None	
Recommendation	
b	<p>The service should use its induction checklist system to ensure evidence can be provided for all health clearance checks that staff require before they start working in the service. These should be regularly checked to ensure professional registration and indemnity insurance for each staff member remains in place (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p> <p>This was previously identified as a recommendation in the September 2019 inspection report for Vermilion - The Smile Experts.</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: his.ihcregulation@nhs.scot

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