

# Announced Inspection Report: Independent Healthcare

**Service:** Vermilion – The Smile Experts, Kelso

**Service Provider:** Vermilion – The Smile Experts  
Limited

10 March 2023

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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 Vermilion – The Smile Experts (Kelso) on Friday 10 March 2023. We spoke with a number of staff during the inspection. We received feedback from patients through 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 two 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. Although requested, the service did not submit a self-evaluation before the inspection.

### What we found and inspection grades awarded

For Vermilion – The Smile Experts (Kelso), 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	Patient feedback was positive and patients were actively encouraged to help improve how the service was delivered. Feedback was sought in a number of ways, regularly reviewed and shared with staff. Key information about the services offered was available and patients could easily access the service's complaints procedure.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment was safe, clean and well-equipped environment. Re-usable dental instruments were decontaminated on-site. The majority of the criteria from the national dental combined practice inspection and sedation practice inspection checklists were met. All data loggers must be in good working order. All water/air tips must be single-use.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Good meeting structures and communication helped to share information with staff. Staff worked well together as a team to support each other and spoke positively about leadership. A marketing and public relations team had responsibility for reviewing patient feedback. A clear culture of working to continually improve the service was evident.	✓✓ 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	Patients were involved in planning their treatment and patient care records contained a very good standard of information.

Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Staff were suitably trained for their job role and actively kept their skills up to date. Staff were encouraged and supported to develop their professional practice. A recruitment policy was in place. All pre-employment checks must be carried out for all staff.

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

### **What action we expect Vermilion – The Smile Experts Limited to take after our inspection**

This inspection resulted in three requirements. 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.

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Vermilion – The Smile Experts Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Vermilion – The Smile Experts (Kelso) 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

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**Patient feedback was positive and patients were actively encouraged to help improve how the service was delivered. Feedback was sought in a number of ways, regularly reviewed and shared with staff. Key information about the services offered was available and patients could easily access the service's complaints procedure.**

Key information about the services offered was available on the service's website and in written information in the practice. A clear patient participation process was in place and the service gathered feedback from patients in a variety of ways. Patients were asked for their verbal feedback after every appointment. Staff also asked patients to provide a testimonial for the service's website after their treatment plan was completed. A number of patients were also randomly selected each week to be contacted for feedback. Patients were then sent a text message which provided a link to complete an online survey.

The service had not received any complaints. A complaints policy and process displayed in the entrance area made clear that patients could complain to Healthcare Improvement Scotland at any time.

Two marketing and public relations professionals were employed as the service's marketing team. This team was responsible for reviewing patient feedback, online reviews and testimonials, as well as responding to them where appropriate. The marketing team presented the results at weekly marketing meetings with the senior management team. Negative feedback was discussed at the daily morning staff huddle. We saw an example of the service's response to patient feedback, where the service had reintroduced a coffee service to the waiting area after COVID-19 restrictions were lifted.

All patients who responded to our online survey were complimentary about the service and its staff. Comments included:

- 'Comprehensive information given; plenty of opportunities to ask questions.'
- 'All the staff are professional, friendly, caring and make sure every aspect of the treatment and after care are appropriate and fully understood.'
- 'I was given detailed and thorough information about all aspects of my treatment.'
- 'I had a wonderful experience and would recommend to anyone to go to Vermillion to get their wisdom teeth removed, especially if they are nervous. I was given so much reassurance and the whole experience was very calm and pleasant.'

### **What needs to improve**

A duty of candour procedure was in place that explained how the service would meet its responsibility to be honest with patients if things went wrong. Key staff had been trained in duty of candour principles. However, we saw no evidence at the time of our inspection that a yearly report had been published. We will follow this up at future inspections.

- No requirements.
- No recommendations.



## 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, clean and well-equipped environment. Re-usable dental instruments were decontaminated on-site. The majority of the criteria from the national dental combined practice inspection and sedation practice inspection checklists were met. All data loggers must be in good working order. All water/air tips must be single-use.**

NHS dental services are inspected using the national Combined Practice Inspection and Sedation Practices 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 and sedation practice checklists during this inspection. All essential and the majority of the best practice criteria on this inspection were met.

The service was delivered from spacious and accessible premises that provided a clean and safe environment for patient care and treatment. The fabric and finish of the building was excellent. At the time of our inspection, all areas were clean, tidy and well organised. The service’s three treatment rooms were well designed and fully equipped for the procedures offered. All respondents to our survey said they were satisfied with the facilities, equipment and environment in which they were treated. Comments included:

- ‘Clean light spacious up to date accommodation and equipment.’
- ‘Very comfortable and modern.’

The on-site decontamination room was well equipped with a washer disinfectant and autoclaves used to clean and sterilise equipment. Instruments could be safely and easily transported between the treatment room and decontamination room. Staff knew the service’s decontamination process and were able to show us how they safely processed instruments.

Infection prevention and control policies and procedures were in line with national best practice. Contracts were in place to make sure all clinical waste was disposed of safely. Alcohol-based hand rub was available at the entrance to the premises and the service still requested patients to wear masks in line with the current dental standard operating procedure (SOP).

A handheld x-ray machine was available to take smaller x-rays in the treatment rooms and an x-ray machine for taking larger images was located in an appropriately designed room. This meant that radiological examinations could be carried out to aid treatment planning and treatment. An up-to-date radiation protection file was in place. Radiographic images were stored securely on an electronic software programme.

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

The service was planning to commence in-house making of 3D printed temporary restorations. We advised that MHRA registration would be required before this could take place and to ensure all data being sent digitally to any laboratories was safe, secure and in line with GDPR and data protection laws.

### **What needs to improve**

The data logger in one of the autoclaves did not work. This meant that there was no evidence recorded that the autoclave was sterilising the instruments as required. The data logger must be fixed to allow recording of all of the sterilisation cycles (requirement 1).

The Combined Practice Inspection Checklist requires that ‘water/air tips’ (used to spray water and air into the mouth and onto teeth) must be single-use. While the service sterilised it after every use, the water/air tip in treatment room two was not single-use (requirement 2).

Some systems and processes were in place to make sure the care environment and equipment were safe. A fire safety risk assessment had been carried out. However, some actions identified from this had not been completed, such as checking the door to the server room would provide adequate protection in the event of a fire. We will follow this up at future inspections.

A legionella risk assessment and a suitable water safety management plan had been implemented. However, it was advised to insulate the water pipes to help maintain the hot water temperatures and this had not been completed at the time of our inspection. We will follow this up at future inspections.

A service contract was in place for the decontamination equipment to maintain it in a safe condition. Yearly service and revalidation for the two autoclaves and washer disinfectors in the decontamination room were overdue. These had been booked to take place in the weeks after our inspection. We will follow up at future inspections.

#### **Requirement 1 – Timescale: immediate**

- The provider must have the data logger repaired or replaced on the autoclave.

#### **Requirement 2 – Timescale: immediate**

- The provider must install a single-use water/air tip into treatment room 2.
- No recommendations.

### **Our findings**

#### **Quality indicator 5.2 - Assessment and management of people experiencing care**

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**Patients were involved in planning their treatment and patient care records contained a very good standard of information.**

The majority of referrals to the service were received through clinicians within the provider group or from general dental practitioners.

Consent to treatment was recorded in the eight patient care records we reviewed, and patients were given enough time and support before consenting to treatment. Other information in patient care records included:

- aftercare advice
- assessment
- consent
- follow-up care
- medical history
- radiographs, and
- treatment plan.

Patient care records were held securely on an electronic database and back-up systems were in place in case of failure. The provider was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

- 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

**Staff were suitably trained for their job role and actively kept their skills up to date. Staff were encouraged and supported to develop their professional practice. A recruitment policy was in place. All pre-employment checks must be carried out for all staff.**

We saw that the team supported new employees and an induction plan and checklist were used. Appraisals were carried out every year for all staff. These helped to identify training and development needs and opportunities. Staff told us they felt supported to carry out further training and education.

Staff we spoke with were very motivated and willing to take on additional responsibilities. They understood their individual role and had been suitably trained for it. They were clear on the responsibilities of other team members

and knew who to contact if they needed information or if an issue needed to be resolved.

We saw a recent example of the service supporting its staff by arranging for its dental nurses to attend radiography and sedation courses to enhance their skills. One staff member was also being supported to attend a management course.

All staff had free access to an online suite of courses that covered areas, such as:

- health, safety and wellbeing at work
- human resource management
- risk assessment, and
- safeguarding (public protection).

The service expected staff to complete some of these courses as part of their ongoing development. Additional training had recently been delivered on menopause awareness and emotional wellbeing.

All patients that responded to our online survey had confidence that staff had the right knowledge and skills. Comments included:

- ‘Felt in good hands from the moment I walked in the door. Staff extremely friendly.’
- ‘They were very knowledgeable.’
- ‘All the staff are professional, friendly, caring and make sure every aspect of the treatment and after care are appropriate and fully understood.’

### **What needs to improve**

We found that not all pre-employment checks had been fully completed (requirement 3).

### **Requirement 3 Timescale: immediate**

- The provider must ensure that staff have all appropriate pre-employment checks carried out in line with relevant guidance.
- No recommendations.

## 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

**Good meeting structures and communication helped to share information with staff. Staff worked well together as a team to support each other and spoke positively about leadership. A marketing and public relations team had responsibility for reviewing patient feedback. A clear culture of working to continually improve the service was evident.**

The service was one of three practices in Scotland, with two sister practices in Edinburgh. A senior management team was responsible for overseeing all three practices. This team included a service manager assisted by a deputy manager, an office manager, a clinical lead, head nurse and two marketing and public relations staff.

A member of the senior management team was usually present in the practice. However, a number of additional team members were capable of leading the service when the senior management team were not on-site. Staff knew their roles and took ownership for their tasks.

A wide range of meetings were held regularly with different staff groups to make sure communication and information sharing was good. This included daily morning meetings and 6-weekly hygiene meetings for clinicians involved in patients' periodontal (gum) health. Dental nurses and receptionists had their own monthly meetings and the senior management team met every 2 months. Practice meetings were held at least every 6 weeks and standing agenda items included adverse incidents and near misses, patient feedback and complaints. Minutes, with actions clearly detailed, were recorded and shared with all staff.

The service hosted a yearly programme of continuing professional development events and a symposium for staff, dental colleagues and referrers every year. Until recently, the service had employed a researcher who carried out audit, case studies and research with the clinicians. While the researcher had left, the service was recruiting for another researcher. The practice had set up a marketing and public relations team, with responsibility for reviewing patient feedback and working with patients and referrers to learn about their experience of using the service. This team regularly shared its findings with the wider staff group. Any lessons learned or changes in practice from the findings were discussed at staff meetings and included in the service's quality improvement plan. This helped the service to measure the impact of changes made and demonstrate a culture of continuous improvement.

- 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	
Requirements	
1	<p>The provider must have the data logger repaired or replaced on the autoclave (see page 11).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must install a single-use water/air tip into treatment room 2 (see page 11).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	



## Domain 7 – Workforce management and support

### Requirement

- 3** The provider must ensure that staff have all appropriate pre-employment checks carried out in line with relevant guidance (see page 13).

Timescale – immediate

*Regulation 3(b)*

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

### Recommendations

None

## 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](http://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](http://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](mailto:his.ihcregulation@nhs.scot)

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or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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