

Announced Inspection Report: Independent Healthcare

Service: Waverley Dental, Aberdeen

Service Provider: Ross McLelland & Company Limited

28 February 2023

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1 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 5 April 2019.

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.

About our inspection

We carried out an announced inspection to Waverley Dental on Tuesday 28 February 2023. We spoke with a number of staff during the inspection. We received feedback from 167 patients who had received treatment in the 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. The service submitted a limited self-evaluation.

What we found and inspection grades awarded

For Waverley Dental, 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 information was available in the reception area. Patient feedback we received was very positive. Although the service continued to develop and improve, a participation policy would help to provide a structured process for collecting and using patient feedback to improve the service.	✓ Satisfactory
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Patient care and treatment was delivered in a safe, clean and well-equipped environment. Re-usable	✓ Satisfactory

	dental instruments were decontaminated (cleaned) on-site. The majority of the criteria from the national dental combined practice inspection checklist were met. A process must be in place to allow access to a range of image receptor sizes.	
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Leadership was visible, open and supportive with the manager (lead dental practitioner) always present and available. Staff met regularly to identify how they could contribute to further improving the quality of the service and patient experience.	✓ Satisfactory

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 provided with information and a full explanation about treatments before a plan of care was agreed. Referral pathways were in place for patients who needed to be referred to an external dental service.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	All staff were suitably trained for their job role and actively kept their skills up to date. Appropriate pre-employment checks had been carried out on staff before they started employment and at ongoing regular intervals to ensure they remained safe to work in the service.

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 Ross McLelland & Company Limited to take after our inspection

This inspection resulted in two requirements 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

Ross McLelland & Company 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 Waverley Dental for their assistance during the inspection.

3 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

Patient information was available in the reception area. Patient feedback we received was very positive. Although the service continued to develop and improve, a participation policy would help to provide a structured process for collecting and using patient feedback to improve the service.

The service provided general dentistry and referred patients outwith the practice, if required. A range of patient information and posters were displayed including patient education information in the reception/waiting area.

The team took on board any patient feedback which patients offered to develop and improve the service. For example, the service had recently invested in a new 'leg break' dental chair to make it easier for older patients to get on and off the dental chair.

The service's complaints policy and procedure was easily accessible in the waiting area and highlighted that patients could contact Healthcare Improvement Scotland at any time.

A duty of candour procedure described how the provider would meet its responsibility to be honest with patients if something went wrong with their treatment or care. All staff had undertaken training on the principles of duty of candour. We saw an annual duty of candour report was published on the service's website.

Patients who contacted us about their experience of using the service were very complimentary. Comments included:

- 'This is the best practice I have known in my 50 years.'
- 'I hold this practice in the highest esteem due to the care I have had. They are amazing in so many ways.'
- 'In 25+ years we have never ever considered going anywhere else.'

What needs to improve

Although the service acted on feedback offered by patients, it did not actively ask patients for feedback on the service provided. We were told patients had been attending for a significant number of years and that staff and patients knew each other very well. They said patients were happy to ask questions and provide feedback verbally, even when not prompted by staff. They also told us that when patients had been asked to provide written feedback there had been a low response rate. A patient participation policy would provide more structure for how the service engaged with its patients to help continually improve the service and would help the service demonstrate:

- the different methods used to gather feedback
- how results will be evaluated and used to implement change where possible, and
- how the impact of improvements will be measured (recommendation a).

■ No requirements.

Recommendation a

- The service should obtain structured feedback from patients, and develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

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 safe, clean and well-equipped environment. Re-usable dental instruments were decontaminated (cleaned) on-site. The majority of the criteria from the national dental combined practice inspection checklist were met. A process must be in place to allow access to a range of image receptor sizes.

NHS dental services are inspected using the national Combined Practice Inspection Checklist to ensure the safe delivery of care. This checklist has 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 checklist during this inspection. All essential and the majority of the best practice criteria were met.

The service was delivered from 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 very well organised. The service's treatment room was well designed and fully equipped for the procedures offered. Good systems and processes were in place to make sure the care environment and equipment were maintained in safe condition, including appropriate fire safety, water safety and electrical safety checks.

A fire risk assessment had been carried by the manager (practitioner), and regular comprehensive fire safety checks were carried out, both by staff and by an external contractor.

The onsite decontamination room was well equipped with a washer disinfectant and autoclaves used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment room and decontamination room. Staff knew the service's decontamination process and clear processes were in place to ensure effective decontamination of instruments. A staff member showed us how the team safely processed instruments.

Infection prevention and control policies and procedures were in place. Where appropriate, single-use patient equipment was used to prevent the risk of cross-infection. Contracts were in place to ensure all clinical waste was disposed of safely. A range of alcohol and non-alcohol based hand rub was available at the entrance to the premises, and the service was still checking patients' COVID-19 status and providing them with face masks.

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

The manager (practitioner) carried out regular checks of emergency drugs and equipment, infection control equipment and validation, water safety and fire safety checks. A range of audits had been carried out before the COVID-19 pandemic, including medicine prescribing and radiography audits. We saw evidence that the audit programme had recently been restarted.

Patients spoke positively about the care environment in which they were treated. Comments included:

- 'The entrance and waiting room areas, toilet and surgery are always spotlessly clean.'
- 'The practice has always been well maintained, and equipment regularly updated. There has been a large refurbishment in the past few years, and the standard of both hygiene and treatment has always been top quality.'

What needs to improve

The service had only one size of intra-oral image receptor (used when X-rays are taken). This meant that some patients had to accommodate a larger than necessary X-ray image receptor in their mouth which could impact on best possible receptor positioning (requirement 1).

There was no appropriate instrument rinsing sink available in the decontamination room (requirement 2).

We discussed ventilation in the service with the manager (practitioner) and were told a ventilation assessment would be undertaken in the near future.

The last electrical installation condition report had been carried out in December 2020. Some recommendations for improvement had been identified but the manager (practitioner) was unsure if all the remedial works had been carried out. They agreed to check with their electrical contractor to ensure all recommendations had been completed. We will follow this up at the next inspection.

Requirement 1 – Timescale: immediate

- The provider must ensure a process is in place to allow access to a range of image receptor sizes to allow best possible receptor positioning and maximise comfort for patients.

Requirement 2 – Timescale: by 26 July 2023

- The provider must install an appropriate instrument rinsing sink in the decontamination room.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients were provided with information and a full explanation about treatments before a plan of care was agreed. Referral pathways were in place for patients who needed to be referred to an external dental service.

Patients were involved in the planning of their treatment, and costs were discussed as part of the consultation and assessment process. Patients were given enough time and support before verbally consenting to treatment. Consent was gained from the patient if they needed to be referred to another

dental colleague such as for complicated oral surgery. Verbal post-treatment care information was provided to all patients, with written information also being provided for some dental treatments such as extractions.

Patient care records were held on an electronic system with a paper-based medical history that was regularly updated. The provider was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

We reviewed eight patient care records and found they were of a reasonable standard. They all showed that a detailed patient examination had taken place. Patients were provided with recall appointments based on their individualised patient risk assessment.

- 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

All staff were suitably trained for their job role and actively kept their skills up to date. Appropriate pre-employment checks had been carried out on staff before they started employment and at ongoing regular intervals to ensure they remained safe to work in the service.

A system was in place for carrying out appropriate checks on staff before they started employment. These checks included immunisation status and disclosure status. At regular intervals throughout the year, the manager (practitioner) checked staff member's professional registration status, indemnity insurance and immunisation status to ensure staff remained safe to work with patients. New employees were well supported by the team and an induction plan and checklist were in place for all new staff.

Staff we spoke with were 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.

Appraisals were carried out every year for all staff. These helped to identify training and development needs and opportunities. We saw evidence of multiple training certificates for staff, including infection prevention and control and safeguarding (public protection). Staff told us they felt supported to carry out further training and education.

Patients told us they had confidence in staff knowledge and skills. Comments included:

- 'The staff seem highly competent. They are friendly and good with a more nervous patient like me. I also feel that I can trust them to perform thorough check-ups, with their recommendations for treatment and the carrying out of procedures if necessary.'
- 'Staff are always friendly but totally professional and put patients at ease. The way they handled the covid years was exemplary too.'
- 'I commend the staff for their dedication, commitment, compliance with regulation, and of course their combined willingness, skill, and relentless endeavour to accommodate their patients in a friendly yet professional manner.'

■ No requirements.

■ 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

Leadership was visible, open and supportive with the manager (lead dental practitioner) always present and available. Staff met regularly to identify how they could contribute to further improving the quality of the service and patient experience.

The team consisted of three staff members. We noted a positive team culture, and staff told us the manager (lead dental practitioner) was dedicated to patients, and always available and approachable. Despite the challenges of the pandemic, the practitioner was positive about building strong staff relationships to continue to deliver a personal service to their patients.

The practitioner was very motivated and kept up to date with current regulations and compliance through forums and networking locally with other dental practitioners.

Staff met each week to discuss operational issues such as patient feedback, current updates about the service and any ongoing improvement work that was taking place. A daily staff briefing and debriefing also took place at the start of the working day. These allowed staff to discuss any potential challenging treatment cases, ensure all equipment and materials were available for patients and that everyone understood their responsibilities for the day.

What needs to improve

We were told changes or improvements to the service often took place quickly on the back of feedback from patients or staff. However, a formal quality improvement plan would help the service structure and record improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation b).

- No requirements.

Recommendation b

- The service should develop and implement a quality improvement plan.

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

Recommendation

- a** The service should obtain structured feedback from patients, and develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 9).

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

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

Requirements

- 1** The provider must ensure a process is in place to allow access to a range of image receptor sizes to allow best possible receptor positioning and maximise comfort for patients (see page 12).

Timescale – immediate

Regulation 3(a)

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

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

Requirements

- 2** The provider must install an appropriate instrument rinsing sink in the decontamination room (see page 12).

Timescale – by 26 July 2023

Regulation 3(d)(i)

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

Recommendations

None

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

- b** The service should develop and implement a quality improvement plan (see page 16).

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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