



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Focused Inspection Report: Independent Healthcare

**Service:** 18 Manor Place Dental Practice,  
Edinburgh

**Service Provider:** James Brown

27 May 2021

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

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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.

We carried out an announced inspection to 18 Manor Place Dental Practice on Thursday 27 May 2021. This was our first inspection to this service. We spoke with two members of staff during the inspection.

The inspection team was made up of one dental inspector.

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 18 Manor Place Dental Practice, 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 safe, clean, well-maintained and well-equipped environment. The service met all the essential criteria from the national combined practice inspection checklist used during this inspection. A formal audit programme would help structure assurance activity carried out.	✓✓ Good

<b>Domain 9 – Quality improvement-focused leadership</b>		
<b>Quality indicator</b>	<b>Summary findings</b>	<b>Grade awarded</b>
9.4 - Leadership of improvement and change	We saw evidence of a commitment to provide a quality-focused service. The practice regularly seeks feedback from patients and has appropriate governance and staff support in place to facilitate change when required. A quality improvement plan would help structure and record improvement activity.	✓✓ Good

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

<b>Additional quality indicators inspected (ungraded)</b>		
<b>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</b>		
<b>Quality indicator</b>	<b>Summary findings</b>	
5.2 - Assessment and management of people experiencing care	Patient care records covered all aspects of consultation, assessment and treatment. However, some paper record cards did not include the name of the treating clinician.	
<b>Domain 7 – Workforce management and support</b>		
7.1 - Staff recruitment, training and development	We saw evidence that all staff had been safely recruited and were well managed and supported. The service provides and facilitates training in essential continuing professional development 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)

### **What action we expect James Brown to take after our inspection**

This inspection resulted in two recommendations. See Appendix 1 for a full list of the 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

James Brown, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at 18 Manor Place Dental Practice for their assistance during the inspection.

## 2 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**

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**Patient care and treatment was delivered in a safe, clean, well-maintained and well-equipped environment. The service met all the essential criteria from the national combined practice inspection checklist used during this inspection. A formal audit programme would help structure assurance activity carried out.**

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 best practice criteria on this inspection were met.

All the documentation that the combined practice inspection required was available and in order.

The fabric and finish of the practice was of a good standard. At the time of our inspection, all areas were clean, tidy and well organised. From staff files, we saw that infection prevention and control training was completed every 3 years. Checklists were also used to help make sure that environmental cleaning was completed daily. The treatment room and waiting areas were a good size and fit for purpose.

The practice had a dedicated room for decontamination equipped with a washer disinfectant and a vacuum autoclave used to clean and sterilise dental instruments. Service contracts were in place for this equipment and log books showed that routine testing was carried out in line with manufacturer instructions. Dental instruments were transported to and from the decontamination room in sealed boxes, clearly labelled as clean or dirty. We observed a demonstration of the practice's decontamination process and saw that it followed national guidance.

The treatment room had an x-ray machine installed and a range of intra-oral radiological examinations (x-rays inside the mouth) could be carried out to help treatment planning and treatment. We saw the service had an up-to-date radiation protection file in place.

The service had developed COVID-19 policies and procedures. At the time of our inspection, the service limited access to patients to help make sure social distancing could be followed in waiting areas. Patients were contacted before appointments to ask if they had COVID-19 symptoms and these questions were repeated at the door of the premises. Patients were required to wear a face-covering, only to be removed during treatment. Alcohol-based hand rub was available at the entrance and throughout the premises for staff and patients to use.

We saw that the service had a system in place to make sure staff signed to confirm they had read all required policies and procedures.

All staff carried out yearly training in the management of medical emergencies. The service had all the necessary emergency drugs and equipment and carried out checks of emergency drugs it had stocked as well as their expiry dates using a checklist.

### **What needs to improve**

While we saw that regular environmental cleaning, checks on emergency medication and decontamination equipment checks were carried out, the service did not have a formal audit programme in place. An audit programme would help the service structure its assurance activity and recording findings. Audit results could also be used to highlight where any quality improvement work should be carried out in the future (recommendation a).

- No requirements.

### **Recommendation a**

- The service should develop an audit plan.



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

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**Patient care records covered all aspects of consultation, assessment and treatment. However, some paper record cards did not include the name of the treating clinician.**

We reviewed three electronic patient care records and three paper patient care records. In line with national dental guidance for record-keeping, we found these contained comprehensive, legible and up-to-date information about:

- assessments
- costings
- examinations
- options, and
- treatment provided.

The service had recently installed a dental software system which one clinician used to record their notes. The other clinician used paper notes. We were told that the service was in the process of switching to all electronic record-keeping.

Patient care records included good quality intra-oral radiographs. All selected radiographs were accessible and had been reported in the patient care record.

Confidentiality protocols made sure that only staff could access the patient care records. Data back-up systems were in place to manage patient information securely.

#### What needs to improve

The service did not carry out patient care record audits. While we found that the standard of record keeping was generally good, the paper records we saw did not include the name of the treating clinician. Regular audits would help make sure that all records were fully completed (recommendation b).

- No requirements.

#### Recommendation b

- The service should develop a programme of patient care record audits. Audits should be documented and improvement action plans implemented.

## 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

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**We saw evidence that all staff had been safely recruited and were well managed and supported. The service provides and facilitates training in essential continuing professional development for all staff.**

We were provided with documentation for all staff working in the service. This documentation was complete and in line with national requirements. Part of a safe recruitment process is ensuring appropriate checks are carried out on potential employees to ensure they are fit to work with vulnerable adults and children. We saw an effective recruitment and induction system was in place. We saw evidence of the required pre-employment checks carried out, including:

- occupational health
- professional registration, and
- Protecting Vulnerable Groups (PVG).

Roles and responsibilities for clinical staff were clearly described in the radiation protection documentation.

Staff had recently completed team-based training in how to manage medical emergencies in the practice, in line with Resuscitation Council medical emergencies guidance.

We saw that a staff appraisal system included a review of personal development plans. This helped staff to identify future training needs to maintain the skills and knowledge required for their role.

The clinical team had completed NHS Education for Scotland's (NES) on-site decontamination training. An action plan from NES after this training recommended no improvements were necessary.

- 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

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**We saw evidence of a commitment to provide a quality-focused service. The practice regularly seeks feedback from patients and has appropriate governance and staff support in place to facilitate change when required. A quality improvement plan would help structure and record improvement activity.**

The service has a small team of staff, three in total. We spoke with two members of the team who spoke positively of a good working environment and a determination to provide the highest level of care possible.

We saw evidence of regular, minuted staff meetings with actions. This allowed staff to feed back to management and gave a way of sharing information. These included discussion and reflections on any lessons to be learned from patient feedback, complaints or any incidents or events that had occurred.

We saw evidence of a close working relationship between the two treating clinicians, which allowed an exchange of ideas and discussions around individual patient care.

The service had implemented a patient experience questionnaire to ask if patient expectations were being met. The majority of feedback from this questionnaire was positive and the service planned to give patients this questionnaire to complete at least once a year. We were told the feedback from it would be used to help inform quality improvement actions taken in the future.

The service is a member of a dental plan provider which gives access to a quality control programme. This allowed the service to comply with the national combined practice inspection checklist and demonstrate that processes and

protocols were in place for quality assurance, patient care and communication. Clinicians could also receive peer support through the service's dental plan membership to keep up to date and motivated.

The lead clinician is a member of the British Society of Periodontology, the British Association of Forensic Odontology and the Federation of Small Businesses. These membership allow them to engage with peers and keep up to date with changes and improvements to best practice. The second clinician is also a member of the Royal College of Surgeons of Edinburgh, the British Association of Forensic Odontology and the Federation of Small Businesses.

### **What needs to improve**

While the service used a dental plan provider as a framework to make sure it complied with regulations, the service quality plan lacked detail. The service could develop a more structured quality improvement plan with timescales, responsibility and outcomes to support continuous improvement processes. The audit programme could inform this. We will follow this up at future inspections.

- 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	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>a</b>	The service should develop an audit plan (see page 8).  Health and Social Care Standards: my support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
<b>b</b>	The service should develop a programme of patient care record audits. Audits should be documented and improvement action plans implemented (see page 9).  Health and Social Care Standards: my support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

## 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**

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