



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Blairdaff Dental, Inverurie

**Service Provider:** NSDBG Limited

10 April 2024

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## 1 Progress since our last inspection

### What the provider had done to meet the requirements we made at our last inspection on 19 January 2022

#### Requirement

*The provider must ensure that all appropriate equipment and products are included in its stock rotation and checking system. Any out-of-date equipment and products must be immediately replaced.*

#### Action taken

We noted that all equipment had been serviced within the past year. A system was in place for checking stock every week. All stock we checked during the inspection was within its expiry date. **This requirement is met.**

#### Requirement

*The provider must ensure that all staff have the appropriate pre-employment checks carried out in line with relevant guidance before they start work in the service. There must also be a system of ongoing review to ensure staff remain fit to work in the service.*

#### Action taken

All appropriate pre-employment checks had been carried out for staff and a system had been introduced to regularly recheck their disclosure status, indemnity insurance cover and professional registration status to make sure they remained safe to work in the service. **This requirement is met.**

## **2 A summary of our inspection**

### **Background**

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

### **Our focus**

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

### **About our inspection**

We carried out an announced inspection to Blairdaff Dental on Wednesday 10 April 2024. We spoke with a number of staff. We received feedback from five patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Inverurie, Blairdaff Dental is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

## What we found and inspection grades awarded

For Blairdaff Dental, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
<b>Summary findings</b>		<b>Grade awarded</b>
As a small team, staff communicated and worked well together to improve patient care. Leadership was visible and supportive. A strategy should be developed that identifies the service's aims and objectives and the key performance indicators to be used to measure how these will be achieved.		✓ Satisfactory
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Policies and procedures were in place to support the safe delivery of care and treatment. Key risk assessments had been carried out and business continuity arrangements were in place. A more structured way of seeking and using patient feedback to help improve the service should be developed. The clinical audit programme should be expanded, and a quality improvement plan should be developed.		✓ Satisfactory
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The care environment and patient equipment had been recently upgraded and improved. All areas of the clinic were clean. Patient care records were of a reasonable standard and patients spoke positively about the service delivered. Safe recruitment processes were in place. Risk assessments must be developed for the service's ventilation system, and clinical hand wash basins and taps.		✓✓ Good

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: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

## What action we expect NSDBG Limited to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two requirements and six recommendations.

Direction	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>a</b>	<p>The service should develop a formalised strategy that sets out its vision, purpose, aims and objectives. It should also identify key performance indicators to help it achieve its aims and objectives, and a process for monitoring and measuring these (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
<b>b</b>	<p>The service should introduce more regular formal staff meetings. A record of discussions and decisions reached at these meetings should be kept, including the staff responsible for taking forward any actions (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>c</b>	<p>The service should develop a patient engagement strategy that sets out a structured way for obtaining and using patient feedback to improve the service (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
<b>d</b>	<p>The service should continue to develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
<b>e</b>	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Results	
<b>Requirements</b>	
<b>1</b>	<p>The provider must undertake a risk assessment of its ventilation system in the treatment rooms and decontamination room and mitigate against any risks associated with using a ventilation system which does not meet national guidance for specialised ventilation for healthcare services (see page 18).</p> <p>Timescale – by 4 July 2024</p> <p><i>Regulation 10(2)(c)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>



<b>Results (continued)</b>	
<b>Requirements</b>	
<b>2</b>	<p>The provider must undertake a risk assessment of the clinical hand wash basins and taps in the treatment rooms and decontamination room and mitigate any risks associated with using clinical hand washing facilities that do not meet current guidance about sanitary fittings in healthcare premises (see page 19).</p> <p>Timescale – by 4 July 2024</p> <p><i>Regulation 3(d)(i)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<b>Recommendation</b>	
<b>f</b>	<p>The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

NSDBG 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 Blairdaff Dental for their assistance during the inspection.

### 3 What we found during our inspection

#### Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

#### Our findings

**As a small team, staff communicated and worked well together to improve patient care. Leadership was visible and supportive. A strategy should be developed that identifies the service's aims and objectives and the key performance indicators to be used to measure how these will be achieved.**

#### *Clear vision and purpose*

The service provided general dental services, including cosmetic dentistry. Many of the dental restorations, such as crowns, were made onsite in the service's small laboratory. Patients could self-register to be seen by the general dentist.

#### **What needs to improve**

The service had no formalised aims and objectives or overall vision. There was no written strategy or any key performance indicators to measure performance and to help the service achieve its aims and objectives (recommendation a).

- No requirements.

#### **Recommendation a**

- The service should develop a formalised strategy that sets out its vision, purpose, aims and objectives. It should also identify key performance indicators to help it achieve its aims and objectives, and a process for monitoring and measuring these.

#### *Leadership and culture*

The service was provided by a small team that was led by a General Dental Council registered dentist, who was also the owner and registered manager. We noted that the team had expanded since our last inspection, and now included a full-time practice manager, a second dental nurse and a receptionist.

Leadership was visible with the manager always readily available and working in the service full time. Staff communicated and worked well together to provide a personal level of service and high standard of care and treatment to patients.

It was clear there was a collaborative culture among staff and a keenness to improve the service, support each other and continually deliver improvement.

There was enough staff for the volume of work undertaken. Staff told us that staff turnover had been an issue in the recent past but that the team had now been settled for a few months. They also told us that significant improvements had been made in the service, for example the increased staffing levels allowed more time for all staff to complete their tasks.

Staff understood their individual roles, were clear about each other's responsibilities and knew who to contact if they needed information or if an issue needed to be resolved.

### **What needs to improve**

Staff meetings were held every 3-6 months to discuss the day-to-day running of the service. An agenda template was used with minutes documented and shared with staff. However, as the team was small, issues were more often discussed informally, as and when they arose. More regular formal meetings with core agenda items would help to ensure that key areas such as health and safety, quality improvement and patient feedback were effectively monitored and discussed. Minutes should reflect the discussions and decisions reached and the staff responsible for taking forward any actions should be recorded (recommendation b).

- No requirements.

### **Recommendation b**

- The service should introduce more regular formal staff meetings. A record of discussions and decisions reached at these meetings should be kept, including the staff responsible for taking forward any actions.

## Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

### Our findings

**Policies and procedures were in place to support the safe delivery of care and treatment. Key risk assessments had been carried out and business continuity arrangements were in place. A more structured way of seeking and using patient feedback to help improve the service should be developed. The clinical audit programme should be expanded, and a quality improvement plan should be developed.**

#### *Co-design, co-production (patients, staff and stakeholder engagement)*

Key information about the treatments offered was available on the service's website, with some information also available in the waiting area.

#### What needs to improve

As a small service, staff sought feedback from patients in an informal way by asking them about their experience immediately after their appointment. They also encouraged patients to provide reviews online. These informal methods meant it was difficult for the service to draw any conclusions or identify trends that could be used to help improve the service. A patient engagement strategy would provide a more structured way of seeking and using patient feedback to improve how the service is delivered. For example, by setting out:

- the different methods used to gather feedback
  - how results are evaluated and used to implement change where possible, and
  - how the impact of improvements will be measured (recommendation c).
- No requirements.

#### Recommendation c

- The service should develop a patient engagement strategy that sets out a structured way for obtaining and using patient feedback to improve the service.

### ***Quality improvement***

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The registered manager was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, in line with our notifications guidance.

The service kept a comprehensive register of its policies and procedures. All were in date and were reviewed and updated regularly to reflect current legislation and best practice.

Infection prevention and control policies and procedures were in line with national best practice. Contracts were in place to ensure all clinical waste was disposed of safely.

The onsite decontamination room had been upgraded since our previous inspection in 2022 and significant improvements had been made. The room was well equipped with a washer disinfectant and autoclave used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and decontamination room. Staff knew the service's decontamination process and clear procedures were in place to ensure effective decontamination of instruments. During the inspection, a staff member described how the team safely processed instruments.

The treatment rooms had also been upgraded and improved since our last inspection. New intraoral X-ray machines (used for X-rays taken inside the mouth) had been installed and installation safety assessments had been carried out. A range of image receptor sizes were used for taking X-rays to allow the most appropriate image to be recorded for each patient. We saw an up-to-date radiation protection file in place. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. The service also had a dedicated room for the panoramic (full mouth) X-ray machine. We were told this was currently not in use and had been disconnected from the electrical supply, as the service was planning to upgrade to an X-ray scanner that took 3D images.

An electrical installation condition report had been undertaken by a qualified electrician and the system found to be in satisfactory condition. A system was also in place to regularly check portable electrical appliances to make sure they were safe to use.

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. Arrangements were in place to make sure staff could quickly support patients in the event of a medical emergency. Staff were up to date with medical emergency training.

The service's complaints policy was displayed in the waiting area and on the service's website. It included information on the patient's right to contact Healthcare Improvement Scotland at any time, as well as our contact details. No complaints had been received by the service or by Healthcare Improvement Scotland since its registration in 2019.

The service's adverse events policy explained what staff should do in the event of an adverse event or near miss incident occurring. Arrangements were also in place for managing accidents.

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. Duty of candour reports were produced each year and we saw the most recent report was available for patients to view in the waiting area and on the service's website. There had been no duty of candour incidents since the service was registered with Healthcare Improvement Scotland. Appropriate clinical staff had also undertaken duty of candour training.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. Patients were also sent a treatment plan that included the individual costs of each of the treatments. This allowed them to fully consider the plan before choosing to go ahead with treatment. Patients were given verbal aftercare advice at the time of treatment and, for more complex treatments such as extractions and implants, written aftercare advice was also provided.

The service had recently upgraded to an electronic practice management software system that stored all patient care records electronically. Patients' paper care records had been scanned onto their electronic care record which allowed the dental team to see previous treatments. Access to the practice management software system and patient care records was password protected and all staff had their own password. A suitable back-up plan was in place in case of failure of the system. The service 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.

An appropriate recruitment and induction policy and process was in place, and an induction checklist was used to make sure staff were inducted into their role. This included an introduction to members of staff, key health and safety information and a tour of the service.

Annual staff appraisals were carried out to help identify training and development needs and opportunities. Staff told us they felt supported and encouraged to carry out further training and education. The service funded an annual subscription for the dental nurses to undertake continuing professional development training modules to enhance their knowledge and keep up to date with advances in the dental industry.

The practice manager carried out regular checks to ensure staff were compliant with their indemnity insurance and professional registration status.

### **What needs to improve**

A recent legionella risk assessment had been undertaken by a specialist contractor. There had been a number of recommendations made which the service was currently implementing as part of its legionella management plan. We will follow this up at our next inspection.

A recent fire risk assessment had been undertaken by a specialist contractor and the service was in the process of actioning the recommendations made. We will follow this up at our next inspection.

- No requirements.
- No recommendations.

### **Planning for quality**

A range of risk assessments were in place, including a general health and safety risk assessment for the building and a radiation risk assessment. These helped to ensure the safety of patients and staff.

A business continuity plan was in place in the event that the service experienced a disruptive incident, such as a power failure. The plan provided details of key contacts and contractors to help reinstate services and when to contact patients.

A recent audit of radiographic image quality had been undertaken. Regular audits were also undertaken of medical emergency drugs and equipment, and the maintenance of the care environment. These were undertaken by different staff members and results shared with the rest of the team.

### **What needs to improve**

No patient care record audits were carried out to ensure these were being fully and accurately completed. Regular formal reviews of patient care records would help staff identify gaps and make improvements. Further audits could also include a medical history audit, a periodontal (gum health) status audit and a medicine prescribing audit (recommendation d).

The service did not have a quality improvement plan to help structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation e).

- No requirements.

### **Recommendation d**

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

### **Recommendation e**

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



## Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

*How well has the service demonstrated that it provides safe, person-centred care?*

### Our findings

**The care environment and patient equipment had been recently upgraded and improved. All areas of the clinic were clean. Patient care records were of a reasonable standard and patients spoke positively about the service delivered. Safe recruitment processes were in place. Risk assessments must be developed for the service's ventilation system, and clinical hand wash basins and taps.**

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

The service's premises had undergone significant improvements since our last inspection and provided a safe environment for patient care and treatment. The fabric and finish of the building was excellent. At the time of our inspection, all clinical areas were clean, tidy and well organised.

We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of alcohol-based hand rub, and appropriate personal protective equipment such as disposable gloves, aprons and face masks was available.

We saw evidence of appropriate background checks and health clearance checks on staff files. An induction checklist was used as part of the induction process to ensure all necessary information was discussed with new staff.

We reviewed six electronic patient care records stored on the new practice management software system. These were of a reasonable standard, detailing assessment and clinical examinations, treatment and aftercare. There was evidence to show that the risks and benefits of all appropriate treatment options had been provided to patients. Patient care records included a range of X-ray images which we found to be of good quality and adequately reported. It was noted that, as the electronic patient care record was relatively new, the

patient care notes template was still being developed to help to improve the content of information captured in the patient care record.

Patients who completed our online survey said they were involved in decisions about their care and treatment and were given sufficient time to reflect on their options before consenting to treatment. This helped to make sure they had realistic expectations of proposed treatment. They also told us they were satisfied with the facilities, equipment and environment where they were treated. Comments included:

- 'I am undergoing implant treatment at the moment. I have been... fully informed before during and after treatment.'
- 'Encouraged to ask questions. Comprehensive explanations, simply delivered.'
- 'I was scared of dentists but they made me feel at ease.'

### **What needs to improve**

There was no evidence to show that the ventilation system in the treatment rooms and decontamination room met current guidance for ventilation in healthcare premises (requirement 1).

Although the clinical hand wash basin and taps in the treatment rooms and decontamination room had been upgraded and represented a significant improvement, they did not meet current national guidance on sanitary fittings in healthcare premises (requirement 2).

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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 (recommendation f).

### **Requirement 1 – Timescale: by 4 July 2024**

- The provider must undertake a risk assessment of its ventilation system in the treatment rooms and decontamination room and mitigate against any risks associated with using a ventilation system which does not meet national guidance for specialised ventilation for healthcare services.

### **Requirement 2 – Timescale: by 4 July 2024**

- The provider must undertake a risk assessment of the clinical hand wash basins and taps in the treatment rooms and decontamination room and mitigate any risks associated with using clinical hand washing facilities that do not meet current guidance about sanitary fittings in healthcare premises.

### **Recommendation f**

- The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland.

## Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

## 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

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**Email:** [his.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

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