



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Family Dental Clinic, Shetland

Service Provider: Steva Dental Ltd

29 May 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 29 June 2022

Requirement

The provider must implement a contract with a healthcare waste company for the uplift and disposal of dental gypsum waste generated by the service. All gypsum waste must be segregated into an appropriate waste receptacle marked with EWC 18-01-04 prior to uplift.

Action taken

Due to difficulties in finding a contractor on the Shetland Isles able to collect the service's gypsum waste (used to make dental impression models), staff now gave patients their gypsum models to keep. We also noted that the service was now carrying out more dental work using digital dentistry methods which meant less gypsum waste was being generated. **This requirement is met.**

Requirement

The provider must purchase a separate fridge for storing medicines. The temperature of the medicine fridge must be regularly monitored and recorded to make sure it remains within 2–8 degrees Celsius. Medicines must be used according to manufacturer instructions.

Action taken

A lockable medicines refrigerator was now being used with an integral thermometer that continually monitored the internal temperature. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 29 June 2022

Recommendation

The service should provide training on duty of candour or provide information to staff on where to access training, such as online training providers.

Action taken

We saw evidence that clinical staff had undertaken training in the duty of candour principles.

Recommendation

The service should continue to record patients' COVID-19 status in patient care records and patients and staff should continue to use masks as per the most recent COVID-19 Scottish Government guidance.

Action taken

In line with Scottish Government guidance, the service was longer required to record patients' COVID-19 status. However, all patients were asked about their respiratory health as part of their medical history, and any symptoms were recorded in the patient care record. Staff continued to wear face masks when undertaking clinical treatments.

Recommendation

The service should recommence its audit programme.

Action taken

We saw a range of audits were now being regularly carried out, including radiographic, patient satisfaction and treatment success audits.

Recommendation

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

Action taken

A quality improvement plan had still not been developed. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation c on page 15).

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 Family Dental Clinic on Wednesday 29 May 2024. We spoke with a number of staff during the inspection. We received feedback from 17 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Shetland, Family Dental Clinic is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Family Dental Clinic, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
The service's vision was to provide excellence in patient care. It aimed to minimise patient waiting times and had taken action to help achieve this. A formalised strategy should be developed with measurable key performance indicators to assess how the service's aims and objectives are being met.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patient and staff feedback was actively encouraged and improvements to the service made where appropriate. Patients were involved in planning their care. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely. Improvements made as a result of patient feedback should be shared with patients. A quality improvement plan should be developed.		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The service was delivered from a clean and well-equipped environment. Patient care records were of an excellent standard and patients spoke positively about the service delivered. Safe recruitment processes were in place. A risk assessment must be developed for the service's ventilation system.		✓✓ 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 Steva Dental Ltd 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 one requirement and three recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop a formalised strategy that includes its vision, and sets out its aims and objectives. It should also identify key performance indicators that will help it achieve its aims and objectives, and a process for monitoring and measuring these (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	
Requirements	
None	
Recommendations	
b	<p>The service should ensure patients are informed of any changes made to the service as a result of their feedback (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>

Implementation and delivery (continued)	
Recommendations	
c	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).</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> <p>This was previously identified as a recommendation in the June 2022 inspection report for Family Dental Clinic.</p>

Results	
Requirement	
1	<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 17).</p> <p>Timescale – by 1 October 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>
Recommendations	
None	

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](#)

Steva Dental Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Family Dental Clinic 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

The service's vision was to provide excellence in patient care. It aimed to minimise patient waiting times and had taken action to help achieve this. A formalised strategy should be developed with measurable key performance indicators to assess how the service's aims and objectives are being met.

Clear vision and purpose

The service provided general dental services, including cosmetic dentistry, endodontic (root canal) treatment, orthodontics (correcting the position of teeth), implant treatments and facial aesthetics. Patients were able to self-register to be seen by one of the general dentists on a regular basis.

The service's vision was to provide excellence in patient care whilst at the same time minimising waiting times for patients between their treatment plan appointments. Being based on an island, the service had seen a huge increase in demand for its dental services since the COVID-19 pandemic. This had been further impacted by a reduction in the number of general practice dentists available on the island. The service worked with the NHS Public Dental Service to enhance access to dental services offered to patients on the island. To try and minimise patient waiting times, the service had increased its opening hours and recruited two new dentists and further support staff to help provide additional treatment times on Saturdays.

What needs to improve

While the service had identified one measurable key performance indicator, there was no formalised strategy with specific aims, objectives and other key performance indicators to monitor the way the service was delivered, and to help demonstrate achievement of its stated aims and objectives (recommendation a).

- No requirements.

Recommendation a

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

Leadership and culture

The service was provided by a team that was led by a General Dental Council registered dentist, who was also the owner and registered manager. Other team members included dental nurses, general dentists and dentists with a special interest in oral surgery.

Leadership was visible with the manager always readily available and working in the service full time. Staff told us that leadership were supportive of them and their ideas. Staff were motivated to provide a personal level of service and high standard of care and treatment for patients. Staff turnover was very low.

There was enough staff for the volume of work undertaken. 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.

Team meetings were regularly held to discuss the running of the service. These meetings had core agenda items and minutes were shared with the team. Daily staff huddle meetings were also led by the lead dentist at the start of the working day. Patient and diary management along with any other activities for the day were discussed at this huddle.

- No requirements.
- No recommendations.

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

Patient and staff feedback was actively encouraged and improvements to the service made where appropriate. Patients were involved in planning their care. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely. Improvements made as a result of patient feedback should be shared with patients. A quality improvement plan should be developed.

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

A large range of information on treatments offered and oral health advice leaflets was available in the service's treatment rooms. The service had developed a new website which we were told was due to be launched soon.

A clear patient participation process was in place and staff actively encouraged patient feedback. We saw a variety of ways for patients to provide input into how the service continued to develop. For example, patients were asked for verbal feedback and staff told us that patients were very active in providing this. Additional written feedback mechanisms were also encouraged, such as a suggestions box and online testimonials, but staff told us there was a low return rate. The service was reviewing how feedback was requested to try to understand the reasons for, and improve on, the low return rate.

Staff feedback was regularly sought through an open and encouraging approach. We saw evidence of changes that had been made following staff feedback. For example, new equipment for root canal treatments had been purchased.

What needs to improve

Although patient feedback was mainly sought informally, any changes made due to patient feedback were not always communicated to patients. Having a consistent approach to informing patients of positive changes made as a result of feedback would help demonstrate the impact their feedback has on improving the service (recommendation b).

- No requirements.

Recommendation b

- The service should ensure patients are informed of any changes made to the service as a result of their feedback.

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 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 was equipped with a washer disinfectant and autoclaves used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and the decontamination room. Staff knew the service's decontamination process and clear processes were in place to ensure effective decontamination of instruments.

The treatment rooms had intraoral X-ray machines (used for taking X-rays inside patients' mouths). The X-ray equipment was all digital with a range of image receptor sizes available to allow the most appropriate image to be recorded for each patient. All X-ray machines had appropriate safety checks and testing carried out. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. The service had a 3D intraoral scanner that took life-like non-radiographic images of patients' teeth. An up-to-date radiation protection file was in place.

We saw that the fixed electrical installation had been maintained in satisfactory condition. A system was also in place to regularly check portable electrical appliances to make sure they were safe to use. Fire safety signage was displayed and fire safety equipment was appropriately maintained. A legionella (a waterborne bacteria) management plan was in place.

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

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 the most recent report was available for patients to view in the waiting area. There had been no duty of candour incidents since the service was registered with Healthcare Improvement Scotland in September 2020. Appropriate clinical staff had also undertaken duty of candour training.

The service's complaints policy was available in the service, made clear that patients could contact Healthcare Improvement Scotland at any time and included up-to-date contact details for us. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. They were provided with a treatment plan and estimates for treatment costs. They were also given time to discuss and ask questions about their treatment plan, as well as being given the opportunity to ask questions to the treating practitioner before, during and after the consent process.

Aftercare advice was given to all patients following treatment. Patients who had undergone more complex treatments such as oral surgery or had attended the service in pain were also called the day after their treatment to check how they were feeling and if they needed any additional advice.

Patient care records were kept in electronic format on the practice management software system, and a suitable back-up system was in place in case the system failed. Access to the practice management software system and patient care records was password protected. 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 information on managing medical emergencies.

Annual appraisals were undertaken for staff to help identify training and development needs and opportunities. Staff told us they felt supported and encouraged to carry out further training and education. We saw evidence of training records for all staff.

Regular checks to ensure staff were compliant with their indemnity insurance and professional registration status were undertaken by the manager.

- No requirements.
- No recommendations.

Planning for quality

A range of risk assessments was in place, including a general health and safety risk assessment, a radiation risk assessment and a fire 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.

An audit programme had been introduced since the previous inspection in June 2022. We saw clinical audits were undertaken and results shared with staff. The audits included radiographic image quality, treatment success and patient satisfaction. We were told the service was also in the process of introducing further audits including patient care records audits.

What needs to improve

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

- No requirements.

Recommendation c

- 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 service was delivered from a clean and well-equipped environment. Patient care records were of an excellent standard and patients spoke positively about the service delivered. Safe recruitment processes were in place. A risk assessment must be developed for the service's ventilation system.

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. 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. The service submitted a limited self-evaluation.

The service was delivered from premises that provided a bright, modern environment for patient care and treatment. Since our last inspection, the service had renovated the waiting area to provide more space for patients. The fabric and finish of the building was very good. 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 and health clearance checks on all 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 eight electronic patient care records stored on the practice management software system. These were of an excellent 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 well reported.

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:

- ‘Dentist took the time to thoroughly explain the recommended course of action, the results of the x-rays and their interpretation, possible but unlikely side effects, benefits and likely costs.’
- ‘The dentist knows I am anxious about visiting the dentist. Listens to my concerns, explains procedures clearly in a calm and reassuring manner, backed up by an excellent team of dental nurses/receptionists.’
- ‘Excellent facilities throughout. Bright, airy and contemporary reception and waiting area. Treatment room and equipment all modern and well maintained, presenting a professional and well managed image.’
- ‘Professionalism, competence, communication, attitude. If a patient has an urgency and there's no space in the regular timetable, [...] is likely to work Saturday morning to accommodate that urgency.’

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).

Requirement 1 – Timescale: by 1 October 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.
- No recommendations.

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.



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

Edinburgh

EH12 9EB

Email: his.ihcregulation@nhs.scot

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