



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Dentistry Plus, Kirkintilloch

Service Provider: Dentistry Plus

11 June 2024

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1 Progress since our last inspection

What the service had done to meet the recommendation we made at our last inspection on 9 March 2021

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

The service had now developed a strategic plan that detailed improvement plans, actions to be taken and target dates for completion.

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 Dentistry Plus on Tuesday 11 June 2024. We spoke with a number of staff during the inspection. We received feedback from 14 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Kirkintilloch, Dentistry Plus is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Dentistry Plus, 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 philosophy was to provide patients with world class clinical and customer care. Regular staff meetings were held, and leadership was visible and supportive. The service's strategic plan should be further developed to include 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>
<p>Patient feedback was sought and encouraged, and patients were involved in planning their care. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely.</p> <p>A formal staff feedback system should be introduced.</p> <p>A standard operating procedure must be developed for the platelet rich plasma centrifuge machine. Duty of candour reports must be published each year and clinical staff should be trained in the duty of candour principles. The clinical audit programme should be further developed.</p>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
Patient care records were of good quality. Patients spoke positively about the service delivered. The care environment and patient equipment were clean and well maintained. A risk assessment must be developed for the service's ventilation system. Appropriate health clearance and background checks must be undertaken.	✓ Satisfactory

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 Dentistry Plus 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 four requirements and six recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop its strategic plan to identify aims, objectives and 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	
1	<p>The provider must develop and implement a standard operating procedure for use of the platelet rich plasma (PRP) centrifuge machine (see page 16).</p> <p>Timescale – by 1 October 2024</p> <p><i>Regulation 3(d)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must publish an annual duty of candour report (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(2)</i> <i>The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p>
Recommendations	
b	<p>The service should implement a structured way of seeking the views of staff and using their feedback to make improvements to the way the service is delivered (see page 14).</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>
c	<p>The service should ensure all clinical staff are trained in the duty of candour principles (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</p>
d	<p>The service should continue to develop its clinical audit programme to include other types of audits. Audit results should be documented and action plans implemented (see page 17).</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	
Requirements	
3	<p>The provider must undertake a risk assessment of its ventilation system in the treatment rooms and decontamination room and mitigate against any risks identified (see page 19).</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>
4	<p>The provider must ensure that appropriate Disclosure Scotland background checks and health clearance checks are carried out and recorded for:</p> <ul style="list-style-type: none"> a) all staff before they begin working in the service, and b) all staff currently working in the service (see page 20). <p>Timescale – immediate</p> <p><i>Regulation 8</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
e	<p>The service should establish an effective stock checking process for medical emergency drugs and equipment (see page 20).</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>
f	<p>The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 20).</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](#)

Dentistry Plus, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Dentistry Plus 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 philosophy was to provide patients with world class clinical and customer care. Regular staff meetings were held, and leadership was visible and supportive. The service's strategic plan should be further developed to include 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 self-registered to be seen by one of the general dentists on a regular basis.

The service's philosophy was to provide patients with 'world class clinical and customer care' and, as a result, help patients achieve their 'optimal oral health, function and aesthetic'. The service strived to advance its team's knowledge and skills to allow staff to achieve their professional and personal goals.

The service communicated its philosophy on its website and in its practice information leaflet.

What needs to improve

The service's strategic plan provided information about plans for the future and included quality improvement activity. However, no aims, objectives or key performance indicators had been identified to monitor the way the service was delivered (recommendation a).

- No requirements.

Recommendation a

- The service should develop its strategic plan to identify aims, objectives and 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 small team that was led by two General Dental Council registered dentists who were also the owners. One of the dentists had a special interest in implants. The practice manager was also the registered manager for the service. Other team members included a hygiene therapist, hygienist, dental nurses and a general dentist who also provided facial aesthetic treatments.

Leadership was visible with the practice manager and dentists readily available and working in the service full time. Staff told us leadership was 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.

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. It was noted that there was a very low turnover of staff.

Staff communicated informally on a regular basis and team meetings were held every 3 months to discuss the running of the service. Core agenda items included plans for the future, patient feedback and audit results. Minutes were recorded and shared with the team.

- 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 feedback was sought and encouraged, and patients were involved in planning their care. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely.

A formal staff feedback system should be introduced. A standard operating procedure must be developed for the platelet rich plasma centrifuge machine. Duty of candour reports must be published each year and clinical staff should be trained in the duty of candour principles. The clinical audit programme should be further developed.

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

Comprehensive information about the treatments offered was available on the service's website and in the service.

A clear patient participation process was in place and staff actively encouraged patient feedback. We saw a variety of ways for patients to input into how the service continued to develop. For example, patients were asked for verbal feedback and were automatically sent an email following completion of their treatment plan, with a request to provide a review on various online review sites. The two lead dentists regularly assessed online reviews to make sure any negative comments were responded to and actioned where appropriate. If any negative feedback was received, the practice manager would contact the patient to discuss their feedback. All patient feedback was shared with the team.

The service also participated in a dental payment plan service. As part of this, all patients were asked to complete a patient questionnaire every 18 months. The results of the questionnaire were evaluated and a report produced by the dental payment plan operator and shared with the service. The questionnaire asked patients about their opinions on the service, and the care and treatment they had received.

What needs to improve

While we noted the service had a very low turnover of staff and the leadership team had an open approach to listening to staff feedback, there was no structured way of seeking the views of staff. For example, regular staff surveys would help the service demonstrate it was actively engaging with staff for ideas on how to improve patient care and the way the service was delivered (recommendation b).

- No requirements.

Recommendation b

- The service should implement a structured way of seeking the views of staff and using their feedback to make improvements to the way the service is delivered.

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 practice 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 demonstrated the service's decontamination process and clear processes were in place to ensure effective decontamination of instruments.

The dental 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 radiation protection file was up to date. The service also had a 3D intraoral scanner that took non-radiographic life-like images of patients' teeth.

We saw evidence to show that the fixed electrical installation and portable electrical appliances were being maintained in safe condition. Fire safety signage was displayed and fire safety equipment was appropriately maintained. A legionella (water-borne bacteria) management plan was in place.

The service had a range of 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. 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.

The service's complaints policy was available in the service and on its website. It made clear that patients could contact Healthcare Improvement Scotland at any time and included our contact details. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered with us in August 2018.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. They were also provided with a written treatment plan that included cost estimates. Patients were 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. The service had electronic hand-held tablet devices that patients used to update their medical history, view treatment plans and costs, as well as sign consent forms. This helped to improve the flow of information with patient care records automatically updated.

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

Patients were regularly reviewed after their treatment with recall and hygiene appointments set at defined intervals based on an individualised patient risk assessment. This was recorded in the patient care records.

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 of failure. 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 appropriately managed.

An appropriate recruitment policy and induction programme was in place for all new staff members. This included an introduction to key members of staff, noting the location of medical emergency equipment, and an introduction to the service's policies and procedures.

Annual staff appraisals were undertaken to help identify training and development needs and opportunities. The service provided regular in-house training and professional development sessions to staff.

What needs to improve

The service had a centrifuge machine for platelet rich plasma (PRP) treatment, a type of facial aesthetic treatment. This involves taking a small sample of a patient's blood and using the centrifuge machine to separate the blood into its component parts. The plasma is then spread onto the face and micro-needles are used to help the face absorb it and stimulate collagen growth. However, there was no standard operating procedure in place for the use of this equipment (requirement 1).

Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year, even where the duty of candour has not been invoked. This was not being done (requirement 2).

Some clinical staff had not undertaken training in the duty of candour principles. It is important that staff understand their responsibilities if something goes wrong with a patient's treatment or care (recommendation c).

The service's website did not provide accurate information on who the treating clinicians were. We discussed updating the service's website with the manager and will follow this up at the next inspection.

Requirement 1 – Timescale: by 1 October 2024

- The provider must develop and implement a standard operating procedure for use of the platelet rich plasma (PRP) centrifuge machine.

Requirement 2 – Timescale: immediate

- The provider must publish an annual duty of candour report.

Recommendation c

- The service should ensure all clinical staff are trained in the duty of candour principles.

Planning for quality

A range of risk assessments were 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.

The service had recently developed a strategic plan which included information on training for staff, introducing new equipment and increasing the number of patients that could register with the service. It also identified quality improvement activities.

We saw a number of non-clinical audits were undertaken on a regular basis, including decontamination equipment and medicine storage audits.

What needs to improve

While we saw evidence of radiographic image quality audits being carried out, no other clinical audits were taking place. Regular formal reviews of patient care records would help staff identify gaps and make improvements. We discussed with the service that further audits could also include a medical history audit, a periodontal (gum health) status audit and a medicine prescribing audit (recommendation d).

- No requirements.

Recommendation d

- The service should continue to develop its clinical audit programme to include other types of audits. Audit results should be documented and action plans implemented.

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

Patient care records were of good quality. Patients spoke positively about the service delivered. The care environment and patient equipment were clean and well maintained. A risk assessment must be developed for the service's ventilation system. Appropriate health clearance and background checks must be undertaken.

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 was delivered from premises that provided a safe environment for patient care and treatment. The fabric and finish of the building was 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 reviewed eight electronic patient care records, and each one contained detailed assessment and clinical examinations, treatment and aftercare advice. They also included a range of X-ray images which we found to be of good quality and well reported. There was also evidence to show that the risks and benefits of all appropriate treatment options had been provided to patients.

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 any proposed treatment. They also told us they were satisfied with the facilities, equipment and environment where they were treated. Comments included:

- ‘I have always had full and straightforward explanations about the treatment required, the procedures to be followed, and any risks, as well as aftercare advice.’
- ‘The staff here are all great at their jobs and wonderful human beings. It’s like visiting family. I love coming to this dentist.’
- ‘This is a cosmetic procedure which was presented in a very objective and unbiased way.’
- ‘Environment was clean and tidy. Chair was cleaned before I was seen. Instruments removed from sterile packages.’

What needs to improve

There was no evidence that the service had undertaken a risk assessment of the environment, including how it will mitigate risk and ensure patient safety in regard to ventilating treatment rooms and the decontamination room (requirement 3).

Although the service had a recruitment policy and procedure in place, it was not always following safe recruitment practice. Some staff did not have evidence of Disclosure Scotland or health clearance status checks on their staff file (requirement 4).

Despite monthly checks being carried out on the medical emergency equipment, we found the defibrillator pads were out of date. Improvements should be made so that the stock checking system is effective in making sure that medical emergency equipment and drugs do not expire (recommendation e).

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 3 – 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 identified.

Requirement 4 – Timescale: immediate

- The provider must ensure that appropriate Disclosure Scotland background checks and health clearance checks are carried out and recorded for:
 - a) all staff before they begin working in the service, and
 - b) all staff currently working in the service.

Recommendation e

- The service should establish an effective stock checking process for medical emergency drugs and equipment.

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

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

Edinburgh

EH12 9EB

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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