Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Follow-up Inspection Report: Independent Healthcare

Service: Eilertsen Dental Care, Inverness

Service Provider: Eilertsen Dental Care Ltd

2 February 2022

NHS SCOTLAND

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

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Eilertsen Dental Care on 1 September 2021. That inspection resulted in eight requirements and seven recommendations. As a result of that inspection, Eilertsen Dental Care Ltd produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

About our follow-up inspection

We carried out an announced follow-up inspection to Eilertsen Dental Care on Wednesday 2 February 2022. The purpose of the inspection was to follow up on the progress the service has made in addressing the eight requirements and seven recommendations from the last inspection. This report should be read along with the September 2021 inspection report.

We spoke with a number of staff during the inspection.

The inspection team was made up of three inspectors.

Grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades may still change after this inspection due to other regulatory activity.

Key quality indicators inspected	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	**Grade awarded**
5.1 - Safe delivery of care	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership	
9.4 - Leadership of improvement and change	✓ Satisfactory

The grading history for Eilertsen Dental Care can be found on our website.

More information about grading can be found on our website at: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Framework can also be found on our website at: https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

We found that the provider had complied with most of the requirements made at our previous inspection. It had also taken steps to act on the recommendations we made.

Of the eight requirements made at the previous inspection on 1 September 2021, the provider has:

- met six requirements, and
- not met two requirements.

What action we expect Eilertsen Dental Care Ltd to take after our inspection

This inspection resulted in two requirements which remain outstanding and one new recommendation. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Eilertsen Dental Care Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Eilertsen Dental Care for their assistance during the inspection.

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 1 September 2021

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

Requirement 1 – Timescale: by 10 December 2021

The provider must develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered.

Action taken

The risk management policy sets out the provider's commitment to meeting its responsibilities in terms of the health, welfare and safety of its patients and staff. However, the policy was out of date as it had been due for review in January 2020. We reminded the manager of the importance of regularly reviewing this key document.

We noted the provider had assessed the risks in its service and documented the actions being taken to minimise any potential harms. However, there was no evidence that the risks were being regularly reviewed. We reminded the manager that risks will change throughout the year and maintaining a risk register will help demonstrate the ongoing management of risk. We suggested that the risk register could be added to the staff meeting agenda as a standing item to make sure it is regularly reviewed and updated. **This requirement is not met** (see Appendix 1).

As part of the service's evidence for managing risk, we looked at Control of Substances Hazardous to Health (COSHH) safety data sheets that the service kept for the chemicals it used. However, we found that this information had not been used to develop individual risk assessments for each product. **A new recommendation has been made** (see Appendix 1).

A fire risk assessment had been carried out by an external company and some minor recommendations made about staff training and keeping records of weekly fire checks. We suggested sharing responsibilities for these routine tasks with the wider staff group, to encourage a proactive culture of risk management.

Requirement 2 – Timescale: immediate

The provider must implement a clinical waste contract with a specialist waste contractor for the removal and disposal of all healthcare and hazardous waste produced by the service, including gypsum waste.

Action taken

A clinical waste arrangement was now in place with a licensed waste contractor for the removal of clinical waste, used needles and gypsum (a product used in dental practices to make dental impression models). **This requirement is met.**

Requirement 3 – Timescale: immediate

The provider must have an appropriate procedure in place for the disinfection of laboratory work.

Action taken

A new written procedure had been developed, describing the procedure in place for the disinfection of laboratory work. **This requirement is met.**

Requirement 4 – Timescale: by 10 December 2021

The provider must have a system in place for assuring radiological safety in the service. This must include:

- *completing all recommendations and actions from the X-ray machine installation assessments*
- *ensuring that a suitable radiation protection adviser and medical physics expert are appointed, and*
- *updating the service's radiation protection file to ensure all necessary information is complete and up to date.*

Action taken

At our previous inspection, the service's letter of appointment for its external radiation protection advisor and medical physics expert was no longer current and its radiation protection file contained out-of-date information. This meant the provider was unable to demonstrate the provision of expert radiation protection and medical physics advice, as required. A new external contractor has now been formally appointed, all recommendations from the X-ray machine installation assessments had been acted on and a suitable up-to-date radiation protection file was now in place that contained all the necessary information. We were satisfied that there was now an appropriate system in place for assuring radiological safety in the service. **This requirement is met.**

Requirement 5 – Timescale: immediate

The provider must implement a stock checking and rotation system and ensure any expired materials are disposed of correctly. All staff should be given training in this system.

Action taken

A stock checking system was in place to check all pre-packed supplies every month and make sure new stock was used first. Staff told us there was a high turnover of this type of stock so it was constantly replenished. Staff had been trained in the stock rotation process and some staff nominated as being responsible for stock rotation.

We found the medical emergency kit contained out of date equipment used to treat medical emergencies. New stock had been added to the kit but the old out-of-date stock was still available for use. We advised staff to create a weekly medical emergency kit checklist so that out-of-date products can be identified quickly and replaced. **This requirement is not met** (see Appendix 1).

Requirement 6 – Timescale: by 10 December 2021

The provider must ensure that all members of the sedation team receive regular update training in sedation techniques and sedation related emergencies. Nasal cannula (equipment for delivering additional oxygen to the patient) must also be kept as part of the sedation equipment kit.

Action taken

All members of the sedation team had now undergone sedation update training and medical training, including life support training. We were told the team was also aiming to complete immediate life support training in the near future. Nasal cannula was now available for oxygen delivery and kept as part of the sedation emergency kit. **This requirement is met.**

Recommendation a

The service should develop a duty of candour policy and staff should receive training on the principles of duty of candour.

Action taken

The service had now developed a duty of candour policy explaining its duty to be honest with patients when things go wrong. It also described the process staff would follow if the duty of candour was triggered and how reports and notifications would be made. Staff had read and signed this policy.

Recommendation b

The service should develop an adverse events policy and process for dealing with accidents, incidents and adverse events.

Action taken

No progress had been made with this recommendation. We reminded the service of the importance of having a formalised process for identifying, reporting, investigating and learning from accidents, incidents and events. We will follow this up at the next inspection.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Recommendation c

The service should carry out regular audits of patient care records to identify gaps in recording and highlight where improvements are needed. Audit results should be shared with clinicians.

Action taken

We were told the manager regularly reviewed patient care records to check for gaps in information recording. These gaps were then discussed at staff meetings and staff were reminded to make sure all parts of the patient care record template were completed. We noted that the last formal patient care record audit was carried out in 2019. We discussed the benefits of introducing regular monthly audits, to identify gaps quicker and make improvements sooner. We also discussed other monthly audits that could help demonstrate the service was delivering care safely, such as cleaning audits and audits to check controlled drugs had been prescribed and used safely.

Recommendation d

The service should ensure a protocol is in place to make sure that patients receive proper notification if the service can no longer meet their needs and wishes.

Action taken

A template letter had been drafted that would be sent to patients if their dentist left or the service closed. The manager told us that, in the event of a complete service closure, they would signpost patients to other dental providers within the region.

We discussed adding a paragraph to the letter outlining the provider's responsibility to inform Healthcare Improvement Scotland if the service closes or changes ownership.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Requirement 7 – Timescale: by 10 December 2021

The provider must develop and implement a practicing privileges policy and individual practicing privileges agreement for each self-employed clinician.

Action taken

A practicing privileges policy had now been developed explaining the process the provider would follow when granting self-employed dentists privileges to practice from the service. Individual contracts were in place for each dentist and evidence was available of the background and identify checks that had been carried out to make sure they were safe to practice from the service, including:

- two references checks
- health immunisation status
- indemnity insurance, and
- professional registration status.

The manager carried out annual checks to make sure each dentist's indemnity insurance and professional registration status remained up to date. **This requirement is met.**

Recommendation e

The service should ensure that appropriate health clearance and background checks are carried out for all job roles as part of the recruitment process. There should also be a system in place to review background checks, health clearance, professional registration status and indemnity insurance for all employed and self-employed staff on a regular basis.

Action taken

The provider now carried out standard background checks with Disclosure Scotland for all non-clinical staff. A new system of routinely repeating background checks had also been introduced. We discussed the benefits of introducing a system to keep track of when each staff member had been immunised and when any boosters were due.

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

Requirement 8 – Timescale: by 10 December 2021

The provider must ensure its registered manager, or a formally nominated deputy, is present at all times during service operating hours, to ensure clear leadership and proper oversight of the service on a day-to-day basis.

Action taken

Arrangements were now in place for one of the more senior dentists to deputise in the manager's absence. The manager was now fully aware of their responsibilities to inform Healthcare Improvement Scotland if they plan to be absent from the service for an extended period of time. **This requirement is met.**

Recommendation f

The service should reinstate its regular meetings and continue to formally record minutes of these meetings, including actions to be taken forward and monitored.

Action taken

We reviewed the agenda and minutes for the last two staff meetings in December 2021 and January 2022. Standing agenda items included our last inspection and the staff learning taken from it. Other standing items included COVID-19 protocols and invited suggestions from staff about any potential changes or improvements that could be made in the service.

Recommendation g

The service should continue to review and update its quality improvement plan to ensure the impact of change can be measured and a culture of continuous improvement can be demonstrated.

Action taken

The staff suggestion box and patient suggestion box had now been reinstated following the easing of COVID-19 precautions. We were told the manager also planned to update the quality improvement plan now that patient feedback forms had been reintroduced.

We discussed other ways that could help the service show that it was considering what improvements could be made to the quality of the service delivered. For example, introducing annual online patient feedback surveys and adding quality improvement as a standing agenda item at staff meetings.

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	
Requirements	
1	The provider must develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered (see page 6). Timescale – by 27 April 2022 *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* This was previously identified as a requirement in the September 2021 inspection report for Eilertsen Dental Care.
2	The provider must implement a stock checking and rotation system and ensure any expired materials are disposed of correctly. All staff should be given training in this system (see page 8). Timescale – immediate *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* This was previously identified as a requirement in the September 2021 inspection report for Eilertsen Dental Care.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)	
Recommendation	
a	The service should use the information contained in each Control of Substances Hazardous to Health (COSHH) safety data sheet to carry out a risk assessment for each chemical product stored and/or used in the service (see page 7). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

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**

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

After

More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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