



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: HAUS of Dentistry, Prestwick

Service Provider: HAUS of Dentistry Ltd

26 July 2024

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First published September 2024

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1 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 HAUS of Dentistry on Friday 26 July 2024. We spoke with a number of staff during the inspection. We received feedback from 22 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

Based in Prestwick, HAUS of Dentistry is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For HAUS of Dentistry, 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 had a clear philosophy of providing bespoke, person-centred care to patients. Core organisational values were regularly discussed with staff and had also been communicated to patients. Key objectives were regularly monitored to measure how the service was performing. Leadership was visible and supportive, and regular staff meetings were held.	✓✓ 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 made as a result, where appropriate. Clinicians worked with each other to plan care with patients. There was a clear induction programme for new staff. Key policies, procedures and systems were in place to make sure care and treatment was delivered safely. A quality improvement approach was a key part of the service, helping to ensure patient treatment and care was delivered safely. A 'buddy' service was provided to patients who were considering particular types of treatments. Patients had their own 'Haus Portal' where they could access all their information, such as treatment plans, costs, risks and benefits of treatment, and account information.	✓✓✓ Exceptional
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The service was delivered from a purpose-built, clean and well-equipped environment. Safe recruitment processes were in place, patient care records were of an excellent standard and patients spoke very positively about the service delivered.	✓✓ 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 HAUS of Dentistry 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 no requirements and no recommendations.

We would like to thank all staff at HAUS of Dentistry for their assistance during the inspection.

2 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 had a clear philosophy of providing bespoke, person-centred care to patients. Core organisational values were regularly discussed with staff and had also been communicated to patients. Key objectives were regularly monitored to measure how the service was performing. Leadership was visible and supportive, and regular staff meetings were held.

Clear vision and purpose

The service provided general, cosmetic and restorative dentistry, including implants, endodontics (root canal treatment) and orthodontics (braces, aligners and retainers). Patients could register themselves at the service for general dental health care. Dentists could also refer patients to the service for specialist treatments, such as implants. The service also provided conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place) and facial aesthetic treatments.

The service's philosophy included welcoming patients like family, with service and hospitality at its core. It aimed to provide a warm and comfortable environment for patients, and wanted to be recognised for its quality of care and exceptional service by providing patients with bespoke, individualised care. Patients had significant involvement in how their care and comfort was managed. For example, patients were always asked how they would like the temperature of their treatment room set and any specific music requests before treatment started.

The service's annual plan included key aims and objectives for the year ahead and linked to the overall mission of the service. The plan had been developed in consultation with staff and using patient feedback. Aims and objectives included responding to and acting on patient feedback and the timeliness of treatment plan communications. These aims and objectives were reviewed at the weekly management and administration team meetings and formed part of the quality improvement plan objectives.

The service had set out core values for the way it operated and these were discussed as part of staff recruitment and induction, as well as at one-to-one staff meetings and daily clinic meetings. They were also communicated to patients through the service's website. These were:

- kindness
- hospitality
- personality, and
- excellence.

Each day, before patients attended the clinic, a morning meeting was held where staff shared breakfast together. One of the core values was used as the focus for the meeting while staff reviewed the previous day's patient notes. If any issues were identified during this review, learning was considered and any relevant changes to processes made as required. Staff also discussed the day ahead, individual patient treatment cases, any expected visitors and staff planning (number and skill mix).

- No requirements.
- No recommendations.

Leadership and culture

The service was provided by a team that included dentists, dental care professionals, treatment co-ordinators and patient co-ordinators. The principal dentist was also the clinical director and registered manager. Together with the lead nurse and clinic director, they formed the clinic management team.

There was enough staff for the volume of work undertaken. Staff understood their individual roles and were clear about each other's responsibilities and knew who to contact if they needed information or an issue needed to be resolved.

Various regular meetings were held to communicate and share information with staff. This included weekly management, administration and clinician meetings, and monthly 'all staff' clinic meetings. Set core agenda items made sure key areas were always discussed and meetings notes with clear actions were recorded. Staff were able to access all meeting notes on the clinic's computer system.

Staff were highly motivated to provide bespoke, person-centred care and treatment to patients. Staff told us that leadership was visible and supportive with an open, caring and collaborative approach. The clinical and clinic directors

were present for the majority of the week. They could also be contacted at any time by any of the team. Staff were very engaged, involved and approachable during the inspection. Staff were actively encouraged to contribute to help develop and improve the service.

Patients who completed our online survey said the service was professional and well organised. Comments included:

- ‘The team is very well organised and accommodating. They operate in a warm manner while being extremely professional.’
 - ‘The service runs like clockwork with amazing staff covering all aspects of your experience.’
 - ‘A very people-centric approach, where I felt a guest being taken care of rather than a patient being treated.’
 - ‘The whole service is faultless from initial consultation to aftercare, a very strong team working very well together.’
-
- 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 made as a result, where appropriate. Clinicians worked with each other to plan care with patients. There was a clear induction programme for new staff. Key policies, procedures and systems were in place to make sure care and treatment was delivered safely. A quality improvement approach was a key part of the service, helping to ensure patient treatment and care was delivered safely. A ‘buddy’ service was provided to patients who were considering particular types of treatments. Patients had their own ‘Haus Portal’ where they could access all their information, such as treatment plans, costs, risks and benefits of treatment, and account information.

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

Information about the treatments and care delivered by the service was available on the service’s website. This included a fee guide which was also available in the waiting area. The team made every effort to provide a personalised, bespoke service and stay in regular contact with patients.

The service’s patient participation policy detailed how the service gathered feedback from patients in a variety of ways. Patients could use their mobile phone to scan an ‘electronic feedback token’ to be directed to all the areas they could leave feedback, such as the service’s email address, social media pages and online review sites. This token also made it simple for patients to set up their own ‘Haus Portal’ where they could access all their information, such as their treatment plans, costs, risks and benefits of treatment, and account information. Patients were also encouraged to provide verbal feedback after each visit and had opportunities to ask questions throughout their appointments. They also had a named patient co-ordinator who they could email or call if they had any other questions.

The service checked and responded to all patient feedback every day. The clinic director and patient co-ordinators were automatically informed when online feedback had been posted. This was shared with staff at daily meetings and the monthly meetings. We noted that no negative feedback had been received by the service since it was registered in September 2022. However, a plan was in

place for the clinic director to respond to any negative feedback that was received and to log their response. The service had recently stopped using its questionnaire style of feedback system as the uptake from patients was low. Staff found that asking patients for an online review was much more useful and the engagement from patients was high.

A 'buddy' service was provided to patients who were considering particular types of treatments, such as implant placement. These patients were asked if the clinic could pass their contact details on to specific patients that had previously had the same treatment. This allowed the new patient to learn about the treatment experience that the 'buddy' patient had received and make an informed decision about going ahead with the same treatment.

The service used a book to record any issues or ideas to make improvements to processes and procedures. Staff were encouraged to write in this book every day. This was then reviewed as part of the daily breakfast meetings, and changes implemented if it was agreed to be helpful to patient care and the overall running of the service. These improvements often formed part of the quality improvement plan for the service, for example when some time was required to make the improvement. The daily review of improvements allowed the clinic to quickly respond to the needs of patients and staff to improve the service. These changes were communicated to all staff verbally and by email if required.

Staff feedback was encouraged and acted on as appropriate. Staff told us they felt comfortable providing feedback verbally to the directors. However, if a staff member did not wish to provide verbal feedback, they could also provide written anonymous feedback in the process improvement book. The clinic director had recently developed an online feedback form for staff to regularly complete. We saw the results of this survey and they were positive. Staff were to be given the option of also completing this questionnaire anonymously if they wished.

- No requirements.
- No recommendations.

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 range of policies and procedures and staff were able to easily access these through the clinic's computer system. All were in date and reviewed regularly to make sure they reflected current legislation and best practice.

Infection prevention and control policies and procedures were in line with national best practice and 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 for cleaning and sterilising equipment. Dental instruments could be safely and easily transported between the treatment rooms and the decontamination room. The service's decontamination processes were clear and were understood by staff. During the inspection, a staff member demonstrated how the team safely processed instruments to ensure effective decontamination. Regular appropriate testing of decontamination equipment had been undertaken.

A handheld intraoral X-ray machine (used for taking X-rays inside patients' mouths) was available to take radiographic (X-ray) images. There was also a dedicated room with an X-ray scanner for taking 3D images of patients' teeth. The X-ray equipment was digital and a range of image receptor sizes was 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 life-like non-radiographic images of patient's teeth.

The fixed electrical installation was being maintained in satisfactory condition, and a system was 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 water-based bacteria) risk assessment had been undertaken and a water safety management plan was in place, which included regular water monitoring and testing.

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 staff carried out medical emergency training every 6 months.

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. Appropriate clinical staff had undertaken duty of candour training and duty of candour reports were produced each year. 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.

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

At their first appointment, the majority of patients were seen by two dentists for assessment. Detailed discussion included viewing the patient's 3D scans and patient 'smile' photographs. Treatment planning software tools were then used to explain options and plan treatment. Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. They were provided with a range of treatment plan options along with expected costs. Patients were given time to discuss and ask questions about their treatment plan before, during and after the consent process. The patient co-ordinator was always available for the patient to contact at any time of the working day. Patients could access their treatment plan options, costs and the associated risks and benefits from their personal patient portal account shortly after they had attended for their consultation. Written consents for the treatment plan and treatment costs were also available in the patient portal. Signed consent was obtained from all patients before starting any treatment. A system was in place to ensure all patients had signed their consents before any treatment took place.

Written and verbal aftercare advice was given to all patients following treatment. Patients who had undergone more complex treatments, such as oral surgery, implant placement or orthodontics were also called the day after their treatment to check how they were feeling and if they needed any additional advice. A system was in place to regularly review patients, with recall and hygiene appointments set at defined intervals based on an individualised patient risk assessment. This was recorded in the patient's care record. General dental practitioners who had made a patient referral were also kept informed of their patient's treatment plan options, the treatment undertaken and any post-treatment plans.

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 this system failed. Access to the practice management software system and patient care records was password protected. The service and all individual clinicians were 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 appropriately inducted into their role. This included an introduction to members of staff, key health and safety information, and information on managing medical emergencies.

Every 3 months, all staff had a one-to-one development meeting with the clinic director. This allowed the staff member to discuss how well supported they felt to be able to perform their role and responsibilities to a high standard. Their personal development plan was also discussed and any appropriate support offered. For example, some dental nurses had recently been supported to undertake sedation and laser training. Staff told us they felt supported and encouraged to carry out further training and education. Staff were provided with an annual subscription to two online learning portals where they could access a substantial range of training modules. This helped to support their role in the service and their own professional learning journey. We saw evidence of training records for all staff and could see the investment by the service in their development.

Various staff members were also members of a range of organisations, such as the Royal College of Surgeons and the British Academy of Cosmetic Dentistry.

Regular checks were carried out to ensure staff had up-to-date indemnity insurance and professional registration status.

- No requirements.
- No recommendations.

Planning for quality

The service had a comprehensive approach to quality assurance. All results of audits, complaints, adverse events, duty of candour incidents and accidents were logged on the service's electronic compliance system.

A range of risk assessments had been carried out, including a radiation risk assessment and a legionella risk assessment.

A business continuity plan set out what steps the service would take in the event of 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.

The service had a quality improvement plan. Staff carried out a range of quality improvement activities and peer review was a significant part of the day-to-day running of the service. Weekly clinician meetings were held where treatment planning options, treatment issues and reviews of treatments were discussed and feedback provided between the clinicians. Patient treatment planning consultations were also held between clinicians.

An audit programme was in place and we saw evidence of recent audits for infection prevention and control, medical emergency drugs and equipment checks, X-ray equipment checks, maintenance of the care environment and patient care records, including clinical record keeping, sedation and radiography. These were undertaken by different staff members and results shared with the rest of the team. Any issues identified were assessed by the lead dental nurse or clinic director and additional staff training provided if appropriate.

We saw that the whole team was motivated to provide a bespoke service to a very high standard to patients. Staff kept up to date with current regulations and compliance through dental forums, and by networking locally and nationally with other dental practitioners. Some staff members were involved with mentoring dentists from other clinics. The clinic director also provided marketing and team training to other dental teams and clinics.

- No requirements.
- No recommendations.

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 purpose-built, clean and well-equipped environment. Safe recruitment processes were in place, patient care records were of an excellent standard and patients spoke very positively about the service delivered.

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 comprehensive self-evaluation.

The service was delivered from purpose-built premises that provided a modern, high specification environment for patient care and treatment. The fabric and finish of the building was of a high standard, and was specifically designed to be comfortable for patients and to look and feel less clinical. 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 12 electronic patient care records stored on the practice management software system. These were of an excellent standard, detailing assessment and clinical examinations, scans, clinical photographs, treatment including the medicines given to patients, aftercare information and referrer

communication. 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. One patient commented that they had felt thoroughly supported by a number of staff during their treatment, subsequent referral to the dental hospital and recovery. Patients also told us they were satisfied with the facilities, equipment and environment where they were treated. Comments included:

- '[...] took the time to understand my expectations and was very clear in explaining all options available to me and the associated costs. The service has been exceptional from start to finish.'
- 'I was not only treated with dignity and respect but also care and compassion. As someone who arrived at HAUS terrified of dentists, I now feel totally at ease and would not hesitate to continue visiting for further treatment if necessary.'
- 'The best dental environment I have ever experienced. You can tell every single thing is top of the range and a lot of thought has been put into the full practice.'
- '... prompt response was crucial in managing my pain and addressing my condition. [...] and another dentist quickly settled me down and diagnosed my issue. Their expertise was evident as they... thoroughly explained the condition and procedure. Their calm demeanour and understanding made me feel much better, even though I was initially nervous. They took the time to explain the procedure in detail, which significantly alleviated my anxiety... they decided a referral to the Dental Hospital would be more appropriate. [...] personally contacted the hospital immediately to arrange my referral, demonstrating their commitment to my care. This efficient referral process ensured that I received the necessary treatment without delay. [...] also prescribed medication to manage my pain and advised me on ways to stimulate my salivary glands. [...] followed up with the hospital and saw me again to check on my recovery. This diligent follow-up care made me feel thoroughly supported throughout the entire process.'

- No requirements.
- 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:

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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
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