



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Bite Dentistry, Edinburgh

**Service Provider:** Bite Dentistry Limited

15 August 2024

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## **1 Progress since our last inspection**

### **What the service had done to meet the recommendations we made at our last inspection on 15 June 2022**

#### **Recommendation**

*The service should undertake a sedation-based care audit.*

#### **Action taken**

A sedation-based care audit had now been carried out and the service had developed a reflective practice log which was undertaken after every sedation case. This meant staff reflected on their practice after each case to ensure any lessons were identified quickly and shared.

#### **Recommendation**

*The service should record all meetings between the practice owner and practice manager, including any actions to be taken forward and monitored, and who is responsible. This will ensure better reliability and accountability.*

#### **Action taken**

Meetings between the practice owner and practice manager were now being recorded. These included a note of any actions that were required and who was responsible for taking forward actions.

## **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 Bite Dentistry on Thursday 15 August 2024. We spoke with a number of staff during the inspection. We received 56 responses to an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Edinburgh, Bite 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 Bite Dentistry, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
<b>Summary findings</b>		<b>Grade awarded</b>
The service's aim was to provide complete care to patients that focused on long-lasting results. Leadership was visible, and a collaborative and supportive approach helped to engage staff. The recently developed business improvement plan should be shared with staff to help the service measure its key performance indicators in line with its aim and mission.		✓✓ Good
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patient and staff feedback was actively encouraged. Patients were involved in planning their care. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely. Regular quality improvement activities were undertaken. A copy of the electrical installation condition report must be made available. Results from the patient feedback survey should be reviewed more regularly.		✓✓ Good
<b>Results</b>	<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 a very good 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 Bite Dentistry Limited to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two requirements and three recommendations.

Direction	
<b>Requirements</b>	
None	
<b>Recommendation</b>	
a	The service should include staff in the development of its business improvement plan and key performance indicators to help achieve its aim and mission (see page 11).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
<b>Requirement</b>	
<b>1</b>	<p>The provider must produce a copy of an updated electrical installation condition report that demonstrates the electrical system is in satisfactory condition (see page 16).</p> <p>Timescale – by 9 November 2024</p> <p><i>Regulation 10(2)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<b>Recommendation</b>	
<b>b</b>	<p>The service should incorporate the dental plan provider’s feedback survey results into its routine patient engagement processes, so that opportunities for improvement can be identified and acted on (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 4.19</p>

Results	
<b>Requirement</b>	
<b>2</b>	<p>The provider must undertake a risk assessment of its ventilation system in the treatment rooms and decontamination room and mitigate against any risks identified (see page 18).</p> <p>Timescale – by 9 November 2024</p> <p><i>Regulation 10(2)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<b>Recommendation</b>	
<b>c</b>	<p>The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>



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

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

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

We would like to thank all staff at Bite Dentistry 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 aim was to provide complete care to patients that focused on long-lasting results. Leadership was visible, and a collaborative and supportive approach helped to engage staff. The recently developed business improvement plan should be shared with staff to help the service measure its key performance indicators in line with its aim and mission.**

#### *Clear vision and purpose*

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

The service's aim was to provide 'complete care that focused on long-lasting results and aesthetically driven outcomes'. Its mission was to make patients' lives better by concentrating on their long-term oral health and dental wellbeing.

The service shared its philosophy with patients on its website and in its practice information leaflet. A business improvement plan had recently been developed that set out key performance indicators to measure how well the service was performing, and to help achieve the service's aim and mission. These included increasing patient numbers to support issues with access to general dental care, and increasing interactions with patients and staff to understand what they wanted.

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

Staff were not aware of the service's business improvement plan and key performance indicators (recommendation a).

- No requirements.

### **Recommendation a**

- The service should involve staff in the development of its business improvement plan and key performance indicators to help achieve its aim and mission.

### ***Leadership and culture***

The team was made up of several dentists, dental nurses and a receptionist. The practice manager, who was also a registered dental nurse, was also the registered manager. They led the team and managed the day-to-day running of the practice.

Leadership was visible, and had a collaborative and supportive approach with staff. The practice manager was always readily available and worked in the service full time. Staff were motivated to provide a personal level of service and high standard of care and treatment for patients. It was clear there was a collaborative culture and a keenness to support each other to deliver the best level of care to patients. Staff turnover rates were very low which meant there was a long-standing team in place who knew their patients very well. Staff told us the practice manager provided good leadership, and that they worked hard to ensure staff felt supported.

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.

Staff meetings were held every month to discuss the day-to-day running of the service. Meetings covered future plans, patient feedback, audit plans and results. These were documented, included any actions to be taken, and were shared with all staff.

- 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. Patients were involved in planning their care. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely. Regular quality improvement activities were undertaken. A copy of the electrical installation condition report must be made available. Results from the patient feedback survey should be reviewed more regularly.**

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

Information about the treatments offered was available on the service's website and in treatment information leaflets available in the practice. Patients were also signposted to a specific website where they could access information about orthodontic treatments.

A 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 after each treatment they received. The service also asked patients to provide feedback on an online site. However, it had found this approach had a low return rate. We were told the service was reviewing formal written feedback mechanisms to identify the reason for the low return rate so that this process could be improved.

The service participated in a dental payment plan service. Patients were also asked to participate in the dental plan provider's feedback survey after their treatment plan had been completed.

Staff feedback was encouraged and acted on as appropriate. A wellbeing survey was distributed to staff each year, which asked for their opinions on their workplace. A post box in the staff room gave staff an opportunity to post anonymous feedback and suggestions. This was checked regularly by the practice manager.

### **What needs to improve**

Although the service could ask the dental plan provider for its feedback survey results, this was not being done on a regular basis. This meant the service was missing opportunities to make improvements in a prompt way from this independent source of feedback (recommendation b).

- No requirements.

### **Recommendation b**

- The service should incorporate the dental plan provider's feedback survey results into its routine patient engagement processes, so that opportunities for improvement can be identified and acted on.

### ***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 had a comprehensive register of policies and procedures. Staff were able to easily access all policies and procedures from the service's computer system and a paper file was also kept. 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. 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. During the inspection, a staff member demonstrated how the team safely processed instruments.

The treatment rooms had intraoral X-ray machines (used for taking X-rays inside patients' mouths). There was also a dedicated room that had an X-ray scanner that took 3D images of patients' teeth. The X-ray equipment was 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 number of 3D intraoral scanners that took life-like non-radiographic images of patients' teeth.

A system was in place to regularly check portable electrical appliances to make sure they were safe to use. A legionella (a water-based bacteria) risk assessment had been undertaken and a water safety management plan was in place. This included regular water monitoring and testing. Fire safety signage was displayed and fire safety equipment was appropriately maintained. A recent fire risk assessment had been undertaken and appropriate control measures were in place such as routine checks of fire equipment.

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 and all staff carried out medical emergency training every year.

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. Duty of candour reports were produced each year and we saw the most recent report was available for patients to view on the service's website. There had been no duty of candour incidents since the service was registered with Healthcare Improvement Scotland in July 2020. Appropriate clinical staff had also undertaken duty of candour training.

The service's complaints policy was available in the waiting area and on the service's website. This included up-to-date contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any stage. We saw that the few complaints made directly to the service had been well managed. No complaints had been received by Healthcare Improvement Scotland.

The service provided some dental treatment under conscious sedation. The dentists who provided this procedure often did this during oral surgery or implant placement and they had been suitably trained in the sedation techniques carried out.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. They were emailed with a written treatment plan and estimates for treatment costs when undergoing implant and orthodontic treatments. 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. Patients could use electronic hand-held tablet devices available in the practice to view and update their medical history, view treatment plans and costs as well as sign consent forms.

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 after their treatment, with recall and hygiene appointments set at defined intervals based on individualised patient risk assessments. These were 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 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 appropriately managed.

An appropriate recruitment and induction policy and process was in place. 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 procedures for managing medical emergencies.

Annual staff appraisals were undertaken to help identify training and development needs and opportunities. These appraisals also supported staff's personal development plans for their professional General Dental Council registration requirements. The provider covered the cost of an annual continuing professional development learning package for all staff and we saw evidence of comprehensive training records for all staff.

Regular checks to ensure staff had up-to-date indemnity insurance and professional registration status were undertaken by the practice manager.

### **What needs to improve**

We saw the most recent electrical installation condition report had resulted in an 'unsatisfactory' rating for the service's electrical installation. While the remedial work highlighted in this report had been completed, a further electrical installation condition report had not been carried out to determine whether the electrical installation was now in satisfactory condition (requirement 1).

### **Requirement 1 – Timescale: by 9 November 2024**

- The provider must produce a copy of an updated electrical installation condition report that demonstrates the electrical system is in satisfactory condition.
  
- No recommendations.

### ***Planning for quality***

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

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.

Staff carried out a range of clinical audits, including patient care record audits, prescribing, radiographic image quality and sedation. Results from these audits were collated and shared with the team. Changes were made as a result of audit findings, when required. For example, an issue had been identified with a lack of image quality grading and improvements were made as a result. We also saw evidence of audits taking place for infection control, medical emergency drugs and equipment checks, and maintenance of the care environment. These were undertaken by different staff members and results shared with the rest of the team when appropriate.

A business improvement plan had recently been developed identifying a number of areas that the provider was going to focus on improving, including patient feedback systems and staff development.

The practice is a member of the British Dental Association (BDA) good practice scheme. This means it is regularly inspected by the BDA to make sure it is meeting a number of quality assurance indicators to remain in the scheme, including patient feedback scores and staff file information.

- 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 clean and well-equipped environment. Patient care records were of a very good 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.

The service was delivered from premises that provided an appropriate environment for patient care and treatment. The fabric and finish of the building was good, and 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 that appropriate background and health clearance checks had been carried out before staff had been appointed. We found copies of these checks, as well as a completed induction checklist, in all staff files we reviewed.

We reviewed eight electronic patient care records stored on the practice management software system. These were of a very good standard, detailing assessment and clinical examinations, treatment and aftercare information. There was evidence to show that the risks and benefits of all appropriate treatments had been discussed with 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. They also told us they were satisfied with the facilities, equipment and environment where they were treated. Comments included:

- ‘I have been a patient at this dentist for more than 10 years. I have found them to always be professional, the receptionist is very welcoming. I have always had any treatment explained and alternatives if available, I have had written treatment plans with costs whenever I have needed treatment. Follow up has been excellent.’
- ‘I was treated kindly and with respect I will never ever go to any other dentist the dental work I’ve had has enhanced my life and has given me more self esteem to boot.’
- ‘Well maintained and always scrupulously clean.’
- ‘They speak to you as human beings. They don't blind you with science. They explain what the treatment is intended to do and why it is recommended. They allow you time to consider your options before deciding to go ahead with any treatment, so you don't feel forced into anything. ... I can honestly say, my experience... has reduced my fear hugely over the years. I can't say I love going to the dentist, but I can say, I go... with the confidence I will be met with a smile, and I will receive high quality treatment with care and skill.’

### **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 2).

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. Although requested, the service did not submit a self-evaluation before the inspection (recommendation c).

### **Requirement 2 – Timescale: by 9 November 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.

### **Recommendation c**

- 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.



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](mailto:his.ihcregulation@nhs.scot)

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or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

## Healthcare Improvement Scotland

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

0131 623 4300

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0141 225 6999

[www.healthcareimprovementscotland.scot](http://www.healthcareimprovementscotland.scot)