



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Vermilion – The Smile Experts, Edinburgh

Service Provider: Vermilion - The Smile Experts
Limited

14 August 2024

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 25 March 2021

Requirement

The provider must ensure the service is meeting all essential criteria of the national Combined Practice Inspection Checklist to ensure the safe delivery of care. In particular, the service must ensure all equipment is inspected and serviced, as required.

Action taken

We saw evidence that the service's hand-held intraoral X-ray machines had been examined and serviced. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 25 March 2021

Recommendation

The service should ensure that the most up-to-date policies and procedures are readily available for staff.

Action taken

All policies and procedures were available to staff on the internal shared electronic computer drive of the clinic.

Recommendation

The service should use its induction checklist system to ensure evidence can be provided for all health clearance checks that staff require before they start working in the service. These should be regularly checked to ensure professional registration and indemnity insurance for each staff member remains in place.

Action taken

The service was not always following its induction checklist system. We found that the evidence of background and health clearance checks for some staff was missing. This recommendation is reported in Domain 7: Quality Control (see requirement 1 and requirement 2 on page 21).

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 Vermilion - The Smile Experts on Wednesday 14 August 2024. We spoke with a number of staff during the inspection. We received feedback from 43 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Edinburgh, Vermilion - The Smile Experts is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Vermilion – The Smile Experts, the following grades have been applied.

Direction	<i>How clear is the service’s vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service’s vision was to be the number one choice for dental referrals in East Scotland and Northumberland. Its mission was to provide consistent clinical excellence with outstanding service. A number of measurable key performance indicators were used to measure the overall mission and vision of the service. Leadership was visible and supportive. 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 used to make changes where appropriate. Patients were involved in planning their care and key policies and procedures were in place to help make sure patient treatment and care was delivered safely. The service should formalise its feedback back system for stakeholders.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
Patient care records were of a good quality. Patients spoke positively about the service delivered. The care environment and patient equipment were clean and well maintained. Appropriate background and health clearance checks must be completed for all staff. The recruitment policy should be updated to detail the background and health clearance checks required for healthcare workers.	✓ 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 Vermilion – The Smile Experts 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 two recommendations.

Implementation and delivery	
Requirements	
None	
Recommendation	
a	<p>The service should formalise its referring clinicians feedback process to demonstrate how it uses feedback to inform improvements (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>

Results	
Requirements	
1	<p>The provider must ensure that appropriate health clearance checks are carried out:</p> <p style="margin-left: 40px;"><i>(a) on all staff before they begin working in the service, and</i> <i>(b) on all staff currently working in the service.</i></p> <p>Checks must be recorded and retained on staff files (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must ensure that appropriate Disclosure Scotland background checks are carried out:</p> <p style="margin-left: 40px;"><i>(a) on all staff before they begin working in the service, and</i> <i>(b) on all staff currently working in the service.</i></p> <p>Checks must be recorded and retained on staff files (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 8 2(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
b	<p>The service should update its recruitment policy to include details of the background checks and health clearance checks that will be carried out for healthcare workers during the recruitment process (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](#)

Vermilion - The Smile Experts 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 Vermilion - The Smile Experts for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service's vision was to be the number one choice for dental referrals in East Scotland and Northumberland. Its mission was to provide consistent clinical excellence with outstanding service. A number of measurable key performance indicators were used to measure the overall mission and vision of the service. Leadership was visible and supportive. Regular staff meetings were held.

Clear vision and purpose

The service is part of two independently owned dental clinics, with the other clinic based in Kelso. It provides dental treatments, including dental hygiene services, dentures, endodontics (root canal treatment), implants, oral surgery, orthodontics (correcting the position of teeth), periodontics (soft tissue treatments), and sedation.

Patients can be referred to the service by their general dental practitioner or can self-refer.

The service's vision was to be the number one choice for dental referrals in East Scotland and Northumberland. Its mission was to 'deliver consistent clinical excellence with outstanding service - where communication with dentists and patients is first class and where staff are proud to work and other practices aspire to follow.'

The service had its own set values, including:

- being accountable
- being approachable
- being helpful
- having a 'growth mindset', and
- respecting others.

The service regularly discussed its vision, mission and values at staff meetings and during the induction of new staff.

The service had identified a number of key performance indicators that linked to the overall vision and mission of the clinic. These were reviewed regularly at staff and leadership team meetings.

- No requirements.
- No recommendations.

Leadership and culture

A large team provided the service, which included a radiologist, a researcher, a treatment coordinator, an administration and marketing team, anaesthetists, dental care professionals, and specialist dentists.

The leadership team was made up of a general manager, a practice manager (who was also the registered manager and a registered dental nurse), a lead dental nurse, and the owner of the clinic.

Staff we spoke with were motivated to provide patients with a high level of service and patient care. They told us that leadership was visible and supportive.

A range of different meetings were regularly held to communicate and share information with staff. This included administration meetings, dental nurse meetings, leadership team meetings, and multidisciplinary team meetings.

Full clinic meetings were held every 6–8 weeks, for a full afternoon. The clinic was closed during this time, which allowed protected learning time for the whole team. Minutes were recorded for all meetings and shared with staff, with clear actions documented.

The service had enough staff in place for the volume of work carried out. Staff understood their individual roles, were clear about each other's responsibilities and knew who to contact if they needed information or an issue needed to be resolved.

- 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 used to make changes where appropriate. Patients were involved in planning their care and key policies and procedures were in place to help make sure patient treatment and care was delivered safely. The service should formalise its feedback back system for stakeholders.

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

Information about the treatments offered was available in the waiting areas of the clinic and on its website. The marketing team managed the service's social media channels and made sure these provided appropriate information to its followers. This included information about recent developments in the service, referrer information, staff changes, and treatments offered.

The service had a clear participation policy and process in place. Staff actively encouraged patient feedback in a variety of ways to help direct how the service continued to develop. Methods included asking patients for verbal feedback after every appointment and encouraging them to provide online reviews. Printed surveys were also available in the waiting areas of the clinic for patients to complete and post anonymously in feedback boxes. Patients were sent a text message after their appointment, with a link to a survey asking for their opinions on the service, their care and treatment. If the patient provided a review through this survey, the clinic added their review to an online medical review site. Clinicians could respond directly to the patient directly if they wished. Some patients were also asked for a testimonial and video recordings were included on the service's website and social media channels.

The electronic system for capturing feedback meant all patient feedback could be reviewed and responded to immediately if necessary. The general manager shared patient feedback with the team through full clinic meetings. The general manager told us that if any negative feedback was received, they would contact the patient to discuss the feedback to see if any improvements could be made. For example, the service had recently updated its email communication to patients after feedback it received. The updated email more clearly explained

the fees payable for not attending an appointment after a patient had misunderstood them previously.

The service had previously held patient focus groups and planned to reintroduce these to improve engagement with patients. The marketing team had led the focus groups and some members of the clinic team also carried out external stakeholder engagement regularly. During this, the team visited referring general dental practitioners to discuss the clinic's services and encourage feedback on improvements that could be made.

A staff feedback survey was issued to all staff every year. This survey was anonymised so that staff could provide feedback without being identified. The general manager reviewed the results and outcomes were fed back to the service's leadership team. The leadership team then discussed it with staff during clinic meetings and made changes where appropriate. After staff feedback, the service had recently introduced electronic clinical pads to assist with the flow of patient information and reduce the time staff spent on administration tasks.

What needs to improve

The service sought informal feedback from its referring clinicians, as stakeholders of the clinic. However, it did not have a formal system to demonstrate how this stakeholder feedback was gathered and used (recommendation a).

- No requirements.

Recommendation a

- The service should formalise its referring clinicians feedback process to demonstrate how it uses feedback to inform improvements.

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 range of policies and procedures in place to help make sure care and treatment were delivered safely. Staff could easily access all policies and procedures. 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 dispose of all clinical waste safely. The on-site decontamination rooms were equipped with washer disinfectors and autoclaves used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and the decontamination rooms. Staff knew the service's decontamination process and clear processes were in place to effectively decontaminate instruments. During the inspection, a staff member demonstrated how the team safely processed instruments.

Two hand-held intraoral X-ray machines (used for taking X-rays inside patients' mouth) were available to take radiographic (X-ray) images inside the mouth. There was also a dedicated room that had an X-ray scanner that took 3D images. 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. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. The service also had a number of 3D intraoral scanners that took life-like images of patient's teeth. A microscope was also available for clinicians to use when required.

We saw evidence to demonstrate that the fixed electrical installation was maintained in satisfactory condition. A system was also in place to regularly check portable electrical appliances to make sure they were safe to use. Fire safety signage was displayed, and fire safety equipment was appropriately maintained. A legionella risk assessment had been carried out and a water safety management plan was in place.

The service had all the necessary emergency drugs and equipment for routine dental patients, 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. Key staff were up to date with medical emergency training.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. The service had a duty of candour policy in place. 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. No duty of candour incidents had occurred since the service was registered with Healthcare Improvement Scotland. Appropriate clinical staff had also completed duty of candour training.

The service's complaints policy was available in the waiting areas of the clinic and on the service's website. It included up-to-date contact details for Healthcare Improvement Scotland (HIS) and made it clear that patients could contact us at any time.

The service provided some dental treatment under conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). Both standard and advanced sedation techniques were used, with advanced techniques only being provided by a consultant anaesthetist. The dentists and anaesthetists who provided these procedures did so often along with oral surgery or implant placement. The sedation team had been suitably trained in the sedation techniques used and had completed additional life support training, as well as in-house sedation-related scenario-based emergency training. All equipment used to monitor a patient's pulse and oxygen levels when they are having conscious sedation had been appropriately serviced and calibrated.

Patients were involved in planning their treatment and costs were discussed as part of the consultation and assessment process. Patients had access to a treatment coordinator who supported the patient journey from consultation to completion of treatment. For larger treatments, such as implants and oral surgery, patients were given a written treatment plan. The plan included all treatment options available to them, along with cost estimates for each treatment plan. Patients were given time to discuss and ask questions about their treatment plan, as well as the opportunity to ask the treating practitioner questions before, during and after the consent process. Electronic hand-held tablet devices had recently been introduced to the clinic, allowing patients to view and update their medical history. The service planned to increase the usage of these devices so patients could view their treatment plans, options and costs, as well as sign their consent forms on the device.

Written and verbal aftercare advice was given to all patients following treatment. Patients who had undergone more complex treatments, such as oral surgery or implant placement were also called a few days 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 assessment. This was recorded in patient care records.

Patient care records were kept in electronic format on the practice management software system. A suitable back-up system was also 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).

An appropriate recruitment policy was in place and an induction checklist was used to make sure staff were inducted into their role. This included an introduction to members of staff, key health and safety information and information on managing medical emergencies.

Annual appraisals were carried out for staff to review challenges and achievements and help identify training and development needs for the year ahead. The provider supported staff to complete further learning opportunities and paid for their courses. Some staff had been supported to complete additional training in sedation, radiography and accountancy.

- No requirements.
- No recommendations.

Planning for quality

A range of risk assessments had been carried out to make sure that key risks were being appropriately managed, 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 and when to contact patients.

The provider employed a researcher to carry out research and quality improvement activities in the service. They, along with the treating clinicians had carried out clinical audits on implant success, patient care records, radiographic image quality, and sedation.

The researcher had collated the results from these audits and written a report from them. The audit reports were then shared with the team and changes were made as appropriate. The implant success audit report had been developed into a research paper and the service were hopeful that it would be published in a research dental journal.

We saw evidence of other audits carried out for infection control, maintenance of the care environment, and medical emergency drugs and equipment.

Different staff members carried out these audits and results were shared with the rest of the team when appropriate.

We heard that team were motivated to learn and improve. Some dentists and anaesthetists offered mentorship and support to colleagues. Some of the team delivered courses to other referring practitioners using the clinic's training room, including periodontal, implant and endodontic courses. A number of the clinicians had also spoken at national and international events.

- 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

Patient care records were of a good quality. Patients spoke positively about the service delivered. The care environment and patient equipment were clean and well maintained. Appropriate background and health clearance checks must be completed for all staff. The recruitment policy should be updated to detail the background and health clearance checks required for healthcare workers.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a limited self-evaluation.

The service was delivered from premises that provided a safe and well-maintained environment for patient care and treatment. The fabric and finish of the clinic was excellent, and all clinical areas were clean, tidy and well organised. The provider had recently invested in expanding the clinic, which allowed for more patients to be seen and all staff to work in one building.

We saw good compliance 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 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 12 electronic patient care records stored on the practice management software system. These patient care records were of a very good standard, detailing assessment and clinical examinations, treatment and aftercare information. We saw 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 treatment 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:

- ‘After 3 procedures with Vermilion I have always felt fully informed. Every question I have had has either been pre-empted or answered fully and honestly.’
- ‘Provided with detailed printed information to consider before agreeing or rejecting treatment.’
- ‘Very clean, bright, modern and welcoming surgeries. Good comfortable waiting facilities.’
- ‘All aspects of this service and company are well organised with friendly, respectful and professional staff from the reception staff to the managing director. The facilities are second-to-none and the recent expansion further enhances the overall treatment and aftercare service provided.’

What needs to improve

At our three previous inspections, we have made recommendations for the service to make sure appropriate health clearance checks have been carried out on staff as part of the recruitment process. These checks help to provide assurance that staff do not pass certain blood-borne infections to patients during treatment, especially those staff that carry out exposure-prone procedures. During this inspection, we found that some staff still did not have appropriate health clearance checks (requirement 1).

Background checks had not been carried out for some staff members before they started working in the service (requirement 2).

While the service had a recruitment policy and induction checklist, it did not always follow safe recruitment practice. The recruitment policy should be updated to detail the background checks and health clearance checks that will be carried out for all job roles (recommendation b).

Requirement 1 – Timescale: immediate

- The provider must ensure that appropriate health clearance checks are carried out:

- (a) on all staff before they begin working in the service, and*
- (b) on all staff currently working in the service.*

Checks must be recorded and retained on staff files.

Requirement 2 – Timescale: by immediate

- The provider must ensure that appropriate Disclosure Scotland background checks are carried out:

- (a) on all staff before they begin working in the service, and*
- (b) on all staff currently working in the service.*

Checks must be recorded and retained on staff files.

Recommendation b

- The service should update its recruitment policy to include details of the background checks and health clearance checks that will be carried out for healthcare workers during the recruitment process.

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

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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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