



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: 18 Manor Place Dental Practice, Edinburgh

Service Provider: James Brown

17 May 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 27 May 2021

Recommendation

The service should develop an audit plan.

Action taken

The service had developed an audit plan. We saw a range of audits were now regularly being undertaken, including X-ray equipment checks and infection control audits.

Recommendation

The service should develop a programme of patient care record audits. Audits should be documented and improvement action plans implemented.

Action taken

The service now carried out regular audits of patient care records. This included reviewing information documented about patients' medical history, consent, justification for taking an X-ray image and radiology reports.

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 18 Manor Place Dental Practice on Friday 17 May 2024. We spoke with a number of staff during the inspection. We received feedback from 69 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Edinburgh, 18 Manor Place Dental Practice is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For 18 Manor Place Dental Practice, 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 was a long-established dental practice providing a personal level of care to patients. As a small team, staff communicated well with each other to improve patient care. The service's vision was to provide minimally invasive dentistry to patients. Regular, formal staff meetings took place.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Policies and procedures were in place to support the safe delivery of care and treatment. Key risk assessments had been carried out and business continuity arrangements were in place. Patient feedback was gathered and used to improve the service, and a quality improvement plan highlighted key areas the service was developing. The electrical installation must be appropriately maintained.	✓ Satisfactory
Results	<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. Risk assessments must be developed for the service's ventilation system, and clinical hand wash basins and taps.	✓✓ 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 James Brown 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 three requirements.

Implementation and delivery	
Requirement	
1	<p>The provider must arrange for an electrical installation condition report to be undertaken and carry out any urgent remedial actions identified (see page 14).</p> <p>Timescale – by 1 September 2024</p> <p><i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
	None

Results	
Requirements	
2	<p>The provider must undertake a risk assessment of its ventilation system in the treatment room and decontamination room and mitigate against any risks associated with using a ventilation system which does not meet national guidance for specialised ventilation for healthcare services (see page 17).</p> <p>Timescale – by 1 September 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>
3	<p>The provider must carry out a risk assessment on the clinical hand wash basins and taps in the treatment room and decontamination room to mitigate any risk associated with using non-compliant basins and taps and consider a refurbishment programme to upgrade these (see page 17).</p> <p>Timescale – by 1 September 2024</p> <p><i>Regulation 3(d)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

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](#)

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

We would like to thank all staff at 18 Manor Place Dental Practice 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 was a long-established dental practice providing a personal level of care to patients. As a small team, staff communicated well with each other to improve patient care. The service's vision was to provide minimally invasive dentistry to patients. Regular, formal staff meetings took place.

Clear vision and purpose

The service was a long-established general dental practice. Its vision was to provide the highest possible standard of minimally invasive dental care to its patients. This vision was clearly visible to patients on the service's website. A key part of the service's strategy for delivering its vision was to give patients the necessary information to improve their understanding of how to achieve and maintain good oral health. This included providing patient education and preventative care, and the service had also recently introduced a range of oral health care products for patients to purchase whilst in the clinic.

The service used information from the number and types of dental treatments it provided to patients to measure and evaluate its vision.

- No requirements.
- No recommendations.

Leadership and culture

The service was provided by a small team that was led by a General Dental Council registered dentist, who was also the owner and registered manager. The rest of the team was made up of another registered dentist and a registered dental nurse.

Leadership was visible with the manager always readily available. Staff told us communication within the team was excellent, and we noted that all team members worked very well together to provide a personal level of service and high standard of care and treatment to patients. It was clear there was a collaborative culture among staff and a keenness to improve the quality of care and service provided to patients, while supporting each other.

Staff turnover was low and there was enough staff for the volume of work undertaken. Staff we spoke with were motivated, understood their individual roles and had been suitably trained. They were clear on each other's responsibilities. They knew who to contact if they needed information or if an issue needed to be resolved.

Team meetings were held every month to discuss the day-to-day running of the service. These meetings covered key issues, including health and safety, and patient feedback. Meeting notes were shared with the team. Additional clinician meetings were also held regularly and documented.

- 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

Policies and procedures were in place to support the safe delivery of care and treatment. Key risk assessments had been carried out and business continuity arrangements were in place. Patient feedback was gathered and used to improve the service, and a quality improvement plan highlighted key areas the service was developing. The electrical installation must be appropriately maintained.

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

Information about the treatments offered and the associated costs were available in the service and on its website.

As a small service, staff sought feedback from patients in two different ways. Patients were asked about their experience of their care and treatment immediately after their appointment. The service also carried out an annual patient feedback survey, where a random selection of patients was asked a range of questions about the service. This survey included a request for feedback on any new improvements that had been introduced that year, and sought patient ideas and suggestions for future changes or improvements. All responses were analysed by the manager and collated into a report that was shared with staff and patients. These reports showed that patients were happy with the service. If any negative feedback was provided by patients, the manager contacted the patient to discuss the feedback and, if appropriate, make improvements.

The manager also told us they planned to increase the frequency of the survey to gather more data that could be analysed on a more frequent basis.

- 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 service kept a comprehensive register of its policies and procedures. All were in date and were reviewed and updated regularly to reflect current legislation and best practice.

Infection prevention and control policies and procedures were in line with national best practice. Contracts were in place to ensure all clinical waste was disposed of safely.

The onsite decontamination room was well equipped with a washer disinfectant and autoclave used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment room and decontamination room. Staff knew the service's decontamination process and clear procedures were in place to ensure effective decontamination of instruments. During the inspection, a staff member described how the team safely processed instruments.

The treatment room had an intraoral X-ray machine (used for taking X-rays inside the patient's mouth). A range of image receptor sizes was available to allow the most appropriate image to be recorded for each patient. The X-ray machine had appropriate safety checks and testing carried out. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. There was an up-to-date radiation protection file in place.

Portable electrical equipment had been tested to ensure it was safe to use. Fire safety signage was displayed and fire safety equipment was serviced every year.

An appropriate water management system was in place to manage the risks from legionella (a waterborne bacteria).

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. Arrangements were in place to make sure staff could quickly support patients in the event of a medical emergency. Staff were up to date with medical emergency training.

The service's complaints policy was displayed in the waiting area and on its website. It included information on the patient's right to contact Healthcare Improvement Scotland at any time, as well as our contact details. No complaints had been received by the service or by Healthcare Improvement Scotland since it was registered with Healthcare Improvement Scotland in April 2019.

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 the most recent report was available for patients to view in the waiting area. There had been no duty of candour incidents since the service was registered with Healthcare Improvement Scotland. Appropriate clinical staff had also undertaken duty of candour training.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. This allowed patients to fully consider their treatment plan before going ahead with treatment. Patients were given verbal aftercare advice at the time of treatment and, for more complex treatments such as extractions, written aftercare advice was also provided. For patients who had undergone an extraction or a larger treatment plan, they were called after their appointment to check how they were feeling and to allow them to ask any questions about their recent treatment. Appropriate referral pathways were in place for referring patients to a specialist practitioner for treatment such as implant care. Patient consent was obtained when a referral was required.

Patient care records were kept in electronic format on the service's practice management software system. A suitable back-up system was in place in case of system failure. Access to the practice management software system and patient care records was password protected and 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 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 and communicating key information on health and safety, and managing medical emergencies.

Annual staff appraisals were carried out to help identify training and development needs and opportunities. Staff told us they felt supported and encouraged to carry out further training and education. We saw evidence of training records for all staff.

Regular checks were undertaken by the manager to ensure staff had up-to-date professional indemnity cover and active professional registration status with the General Dental Council.

What needs to improve

There was no evidence to demonstrate that the fixed electrical installation was in a satisfactory condition. An electrical installation condition report had not been undertaken by a qualified electrician in recent years. This must be carried out at pre-defined intervals to make sure that the electrical installation is appropriately maintained (requirement 1).

Requirement 1 – Timescale: by 1 September 2024

- The provider must arrange for an electrical installation condition report to be undertaken and carry out any urgent remedial actions identified.

- No recommendations.

Planning for quality

A range of risk assessments were in place, including a general health and safety risk assessment, a radiation risk assessment and a fire risk assessment. These helped to ensure the safety of patients and staff.

A business continuity plan was in place in the event that the service experienced a disruptive incident, such as a power failure. The plan provided details of key contacts and contractors to help reinstate services and when to contact patients.

We saw a range of clinical audits were undertaken and results shared with staff. The audits included a review of the information detailed in patient care records, including checks on soft tissue, periodontal (gum health) and medical history. Radiographic image quality audits and infection control audits were carried out every 6 months. Regular audits were also undertaken of medical emergency drugs and equipment, and the maintenance of the care environment. We were told the service was planning to further develop the audit programme to include all members of the team in audit activities.

A quality improvement plan helped to structure improvement processes and outcomes for the service. The plan had been shared with all staff and a range of activities, including staff involvement in future audits and increasing the frequency of patient feedback surveys, was documented as part of the plan.

- 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. Risk assessments must be developed for the service's ventilation system, and clinical hand wash basins and taps.

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 a safe environment with appropriate equipment. The fabric and finish of the building was good. At the time of our inspection, all clinical areas were clean, tidy and well organised.

We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of alcohol-based hand rub, and appropriate personal protective equipment such as disposable gloves, aprons and face masks was available.

We saw evidence of appropriate background checks and health clearance checks on all staff files. An induction checklist had also been used as part of the induction process to ensure all necessary information was discussed with new staff.

We reviewed eight electronic patient care records stored on the practice management software system. These were of a very good standard, often using template notes to help ensure all required information was documented. These included information on clinical examinations, treatment, medicines used and

aftercare. There was also evidence to show treatment options had been provided to patients. The X-ray images held in patient care records were 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 of proposed treatment. They also told us they were satisfied with the facilities, equipment and environment where they were treated. Comments included:

- 'Intimate, comfortable and relaxing environment, friendly and efficient staff. Dentists are exceptional at putting patient at ease and perform pain free and aesthetically pleasing work.'
- 'I recently had a root canal treatment, I felt very comfortable going into the procedure as all the risks and possible outcomes were explained in full. Costing was made clear and I was kept updated throughout.'
- 'Overall experience very positive and worth what I pay for... I also have confidence that my teeth, mouth, gums etc are being very well cared for which helps bring a sense of peace to me.'
- 'As a patient, I have always felt respected and listened to, have been given good advice with positive outcomes. Never had to go back for anything that hasn't worked or failed.'
- 'In my case, the continuity over time enables a deep understanding of my dental requirements, past treatments and the inevitable gradual changes that come with the ageing process. Support staff have been of a consistently high quality without frequent levels of turnover. Communication is very good with respect to all levels of interaction. The premises are welcoming and comfortable creating a relaxing environment.'

What needs to improve

There was no evidence to show that the ventilation system in the treatment room and decontamination room met current guidance for ventilation in healthcare premises (requirement 2).

The clinical hand wash basin and taps in the treatment room and decontamination room did not meet current national guidance on sanitary fittings in healthcare premises (requirement 3).

Requirement 2 – Timescale: by 1 September 2024

- The provider must undertake a risk assessment of its ventilation system in the treatment room and decontamination room and mitigate against any risks associated with using a ventilation system which does not meet national guidance for specialised ventilation for healthcare services.

Requirement 3 – Timescale: by 1 September 2024

- The provider must carry out a risk assessment on the clinical hand wash basins and taps in the treatment room and decontamination room to mitigate any risk associated with using non-compliant basins and taps and consider a refurbishment programme to upgrade these.

- 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:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihtregulation@nhs.scot

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