



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: DentOutline, Edinburgh

Service Provider: DentOutline

20 May 2024

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1 Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 27 May 2022

Requirement

The provider must improve the standard of record keeping to ensure all patient care records contain appropriate detail about the patient's assessments, treatments and aftercare advice.

Action taken

We reviewed eight patient care records during our inspection and found all were below an acceptable standard, with little information recorded about the patient's assessment, treatment and aftercare advice. This requirement is not met and is reported in Domain 7 (Quality control) (see requirement 7 on page 26).

What the service had done to meet the recommendations we made at our last inspection on 27 May 2022

Recommendation

The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Action taken

A participation policy had still not been developed and feedback from patients was being sought in an inconsistent way. This recommendation is reported in Domain 3 (Co-design, co-production) (see recommendation b on page 18).

Recommendation

The service should develop and implement a regular documented stock checking system for all emergency drugs and equipment to ensure they are always within date and ready for use.

Action taken

There was still no evidence of a regular stock checking system for emergency drugs and equipment. During the inspection, we also found that adult and paediatric defibrillator pads had expired. This recommendation is reported in Domain 7 (Quality control) (see recommendation j on page 26).

Recommendation

The service should develop and implement a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Action taken

A limited programme of audits was in place. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation h on page 23).

Recommendation

The service should develop an adverse event policy and provide training to staff on dealing with near misses and adverse events.

Action taken

An adverse events policy had not been developed and no staff training had been provided on how to deal with near misses and adverse events. This recommendation is reported in Domain 4 (Quality improvement) (see recommendation d on page 22).

Recommendation

The service should consider moving to a single electronic patient care record system for storing patient information.

Action taken

The service was continuing to use a range of electronic and paper systems for its patient care records. This recommendation is reported in Domain 4 (Quality improvement) (see recommendation g on page 22).

Recommendation

The service should formally record the minutes of practice meetings, including any actions to be taken forward and monitored, as well as identifying those responsible for these actions.

Action taken

The service now had only two members of staff. Although informal staff meetings took place between them, the outcomes and actions from these were not being recorded. We will follow this up at the next inspection.

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

The service had not developed a quality improvement plan. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation i on page 23).

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 DentOutline on Monday 20 May 2024. We spoke with both members of staff who worked at the service and received feedback from eight patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Edinburgh, DentOutline is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For DentOutline, 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	
As a small team, staff communicated and worked well together. A strategy should be developed that identifies clear aims and objectives for the service, and key performance indicators to measure how these will be achieved.	✓ Satisfactory	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>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.</p> <p>Staff must undertake basic life support and medical emergency training, and infection prevention and control training. The expired defibrillator pads must be replaced. Appropriate equipment and methods must be used when providing radiation doses to patients.</p> <p>A more structured way of seeking and using patient feedback should be developed. All staff should be trained in the duty of candour principles. An adverse events policy should be implemented. The audit programme should be expanded and a quality improvement plan developed.</p>	✓ Satisfactory	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The service was delivered from a modern, clean and well-equipped environment, and patients told us they were satisfied with the facilities, equipment and environment. The standard of record keeping must be improved to ensure patient care records provide detailed information about patient treatment and care. Appropriate health clearance checks must be undertaken.	Unsatisfactory	

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 DentOutline 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 seven requirements and 11 recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop a formalised strategy that sets out its vision, purpose, aims and objectives. It should also identify key performance indicators to help it achieve its aims and objectives, and a process for monitoring and measuring these (see page 15).</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>

Implementation and delivery

Requirements

- 1** The provider must obtain new adult and paediatric defibrillator pads and remove the expired pads from service (see page 21).

Timescale – immediate

Regulation 3(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 2** The provider must ensure that the operator selects equipment and methods to ensure that, for each exposure, the dose of ionising radiation to the patient is as low as reasonably practicable and consistent with the intended diagnostic purpose. This must be done in consultation with the provider's appointed medical physics expert (see page 21).

Timescale – immediate

Regulation 3(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Regulation 12(3) and Regulation 14

The Ionising Radiation (Medical Exposure) Regulations 2017

- 3** The provider must ensure that all clinical staff undertake life support and medical emergency training and that staff undertake regular refresher training at appropriate intervals (see page 21).

Timescale – by 1 September 2024

Regulation 12(c)(ii)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 4** The provider must ensure that all relevant staff undertake NHS Education for Scotland infection prevention and control training and that staff undertake regular refresher training at appropriate intervals (see page 21).

Timescale – by 1 September 2024

Regulation 12(c)(ii)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Implementation and delivery (continued)

Requirements

- 5** The provider must arrange for a fire risk assessment to be carried out by a competent person and then act on any areas for improvement that are identified (see page 21).

Timescale – by 1 September 2024

Regulation 3(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

- b** The service should develop a patient participation policy that sets out a structured way for obtaining patient feedback and using the feedback to improve the service (see page 18).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

This was previously identified as a recommendation in the May 2022 inspection report for DentOutline.

- c** The service should update its 'safe storage of patient records policy' and 'patient notification if the clinic closes policy' to ensure they reflect the correct process for an independent clinic (see page 22).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.12

- d** The service should develop an accidents, incidents and adverse events policy and provide training to staff on dealing with accidents, incidents and adverse events (see page 22).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

This was previously identified as a recommendation in the May 2022 inspection report for DentOutline.

Implementation and delivery (continued)

Recommendations

e The service should ensure that all treating clinicians are appropriately trained in the use of intraoral X-ray machines and the reporting of X-ray images (see page 22).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

f The service should ensure all clinical staff are trained in the duty of candour principles (see page 22).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

g The service should consider moving to a single patient care record system for storing patient information (see page 22).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

This was previously identified as a recommendation in the May 2022 inspection report for DentOutline.

h The service should further develop its programme of regular audits to cover key aspects of care and treatment. Audit results should be documented, and action plans implemented (see page 23).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

This was previously identified as a recommendation in the May 2022 inspection report for DentOutline.

i The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 23).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

This was previously identified as a recommendation in the May 2022 inspection report for DentOutline.

Results

Requirements

- 6** 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 (see page 25).

Timescale – immediate

Regulation 3(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 7** The provider must improve the standard of record keeping to ensure all patient care records contain appropriate details about patient assessment, treatment, medicines administered, aftercare advice and reporting of X-ray images (see page 26).

Timescale – immediate

Regulation 4(2)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

This was previously identified as a requirement in the May 2022 inspection report for DentOutline.

Recommendations

- j** The service should develop and implement a regular documented stock checking system for all emergency drugs and equipment to ensure they are always within date and ready for use (see page 26).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

This was previously identified as a recommendation in the May 2022 inspection report for DentOutline.

Results (continued)

Recommendations

- k** The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 26).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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](#)

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

We would like to thank all staff at DentOutline 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

As a small team, staff communicated and worked well together. A strategy should be developed that identifies clear aims and objectives for the service, and key performance indicators to measure how these will be achieved.

Clear vision and purpose

The service provided general dental services, including cosmetic dentistry, endodontic (root canal) treatment and implant treatments. Patients could self-register to be seen by the general dentist on a regular basis or attend for a one-off treatment plan.

What needs to improve

The service had not identified an overall vision or any aims and objectives to direct its approach. There was no written strategy or any key performance indicators to measure performance and help the service achieve its aims and objectives (recommendation a).

- No requirements.

Recommendation a

- The service should develop a formalised strategy that sets out its vision, purpose, aims and objectives. It should also identify key performance indicators to help it achieve its aims and objectives, and a process for monitoring and measuring these.

Leadership and culture

The service was currently provided by team that was led by a General Dental Council registered dentist, who was also the owner and registered manager. We noted that the team had reduced in number since our last inspection in May 2022. We were told this was due to less patients requiring treatment than previously projected when the service opened for business in 2020.

Leadership was visible with the manager working in the service full time. Both members of staff understood their individual roles and were clear about each other's responsibilities. They communicated and worked well together to provide a personal level of service of care and treatment to patients.

What needs to improve

Staffing levels were at the very minimum required for this service. If patient numbers were to increase, staffing levels should be assessed and more staff recruited to ensure patients are safely treated. We will follow this up at the next inspection.

Staff meetings were not being formally held due to the limited number of staff working in the service. If staffing numbers increase, regular formal meetings with core agenda items should be carried out. This would help to help ensure that key areas such as health and safety, quality improvement and patient feedback are effectively monitored and discussed by the whole team. We will follow this up at the next inspection.

- 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.

Staff must undertake basic life support and medical emergency training, and infection prevention and control training. The expired defibrillator pads must be replaced. Appropriate equipment and methods must be used when providing radiation doses to patients.

A more structured way of seeking and using patient feedback should be developed. All staff should be trained in the duty of candour principles. An adverse events policy should be implemented. The audit programme should be expanded and a quality improvement plan developed.

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

Key information about the treatments offered was available on the service's website.

What needs to improve

As a small service, staff sought feedback from patients in an informal way by asking them about their experience immediately after their appointment. They also encouraged patients to provide online reviews. These informal methods meant it was difficult for the service to draw any conclusions or identify trends that could be used to help improve the service. At our last inspection, we recommended the service should develop a patient participation policy to help provide a more structured way of seeking and using patient feedback to improve how the service was delivered. For example, by setting out:

- the different methods used to gather feedback
- how results would be evaluated and used to implement change where possible, and
- how the impact of improvements would be measured.

No action had been taken to address this recommendation. There were still no formal methods of seeking or evaluating patient feedback. This meant the service could not demonstrate how it was using patient feedback to drive improvement (recommendation b).

- No requirements.

Recommendation b

- The service should develop a patient participation policy that sets out a structured way for obtaining patient feedback and using the feedback to improve the service.

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 register of its policies and procedures. All were in date and were regularly reviewed.

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 rooms 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.

There was a dedicated room with an X-ray machine that took 2D images of patients' teeth. All X-ray equipment was digital and radiographic images were stored securely on an electronic X-ray filing system. The X-ray equipment had undergone the required safety assessments. We saw an up-to-date radiation protection file.

An electrical installation condition report had been undertaken by a qualified electrician and the system found to be in satisfactory condition. A system was also in place to regularly check portable electrical appliances to make sure they were safe to use.

The service had all the necessary emergency drugs, including oxygen and a defibrillator.

The service's complaints policy was displayed in the waiting area. 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 Healthcare Improvement Scotland since the service was registered with us in September 2020. We suggested the service's complaints policy could be published on its website to provide patients with easy access to information on how to make a complaint.

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 with the most recent report 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.

The service used an electronic patient records system to record and store some patient care records. Other records were paper based, including patients' medical history forms. A suitable back-up plan was in place in case of failure of the electronic system. 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 inducted into their role. This included an introduction to members of staff, key health and safety information and a tour of the service. We noted that the service currently only had two members of staff, and no new staff members had been recruited for some time.

The service funded an annual subscription for clinical staff to undertake continuing professional development training modules to enhance their knowledge and keep up to date with advances in the dental industry.

What needs to improve

While a defibrillator was available as part of the service's medical emergency kit, the adult and paediatric defibrillator pads had expired their use by date (requirement 1).

The service only had a 2D X-ray machine for taking X-ray images of patients' teeth. There was no intraoral X-ray machine. Intraoral X-rays are required for undertaking some types of dental treatment, such as endodontic treatment. The radiation dose delivered to patients by a 2D X-ray machine is larger than necessary with poorer diagnostic quality for certain dental images. It is essential that the most appropriate X-ray equipment, radiographic technique and protocol is selected in order to keep the radiation dose to the patient as low as reasonably practicable. The provider's appointed medical physics expert must be consulted about this (requirement 2).

Clinical staff had not completed their annual life support and medical emergency training within the last year (requirement 3).

Staff had not undertaken recent infection prevention and control training from NHS Education for Scotland (requirement 4).

The fire risk assessment for the service had been carried out by staff in-house and had not been reviewed for some time. There were also key risks that had not been identified during that assessment, for example the safe storage of oxygen (requirement 5).

Both the 'safe storage of patient records policy' and the 'patient notification if the clinic closes policy' referred to the 'NHS Health Board' rather than Healthcare Improvement Scotland. This meant it was unclear what would happen to patient care records if the service closed. These policies should be updated to reflect the correct process to be followed for an independent clinic (recommendation c).

At our last inspection, we recommended that the service should develop an adverse events policy and provide training for staff in how to manage adverse events. No action had been taken to address this recommendation and no processes were in place to record and manage accidents, incidents and adverse events (recommendation d).

The treating clinician was unable to demonstrate they had undertaken any recent training in taking or reporting intraoral X-rays (recommendation e).

Clinical staff had not undertaken training in the duty of candour principles. It is important that staff understand their responsibilities if something goes wrong with a patient's treatment or care (recommendation f).

At our last inspection, we recommended that the service should consider moving to a single patient care record system. No action had been taken to address this recommendation. The service was using various electronic and paper systems for its patient care records. This made it difficult to ensure all parts of patient care records could be viewed at the same time (recommendation g).

Annual staff appraisals were not being carried out. We discussed with the service that, if any new staff are recruited in the future, annual staff appraisals should be undertaken to identify training and development needs and opportunities.

Requirement 1 – Timescale: immediate

- The provider must obtain new adult and paediatric defibrillator pads and remove the expired pads from service.

Requirement 2 – Timescale: immediate

- The provider must ensure that the operator selects equipment and methods to ensure that, for each exposure, the dose of ionising radiation to the patient is as low as reasonably practicable and consistent with the intended diagnostic purpose. This must be done in consultation with the provider's appointed medical physics expert.

Requirement 3 – Timescale: by 1 September 2024

- The provider must ensure that all clinical staff undertake life support and medical emergency training and that staff undertake regular refresher training at appropriate intervals.

Requirement 4 – Timescale: by 1 September 2024

- The provider must ensure that all relevant staff undertake NHS Education for Scotland infection prevention and control training and that staff undertake regular refresher training at appropriate intervals.

Requirement 5 – Timescale: by 1 September 2024

- The provider must arrange for a fire risk assessment to be carried out by a competent person and then act on any areas for improvement that are identified.

Recommendation c

- The service should update its 'safe storage of patient records policy' and 'patient notification if the clinic closes policy' to ensure they reflect the correct process for an independent clinic.

Recommendation d

- The service should develop an accidents, incidents and adverse events policy and provide training to staff on dealing with accidents, incidents and adverse events.

Recommendation e

- The service should ensure that all treating clinicians are appropriately trained in the use of intraoral X-ray machines and the reporting of X-ray images.

Recommendation f

- The service should ensure all clinical staff are trained in the duty of candour principles.

Recommendation g

- The service should consider moving to a single patient care record system for storing patient information.

Planning for quality

A range of risk assessments were in place, including a general health and safety risk assessment for the building and a radiation 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.

What needs to improve

At our previous inspection, we recommended the service should develop a programme of regular audits. During this inspection, we found that only audits of equipment in the decontamination room were being carried out. No patient care record audits had been undertaken. Regular formal reviews of patient care records would help staff identify gaps in record keeping and make improvements. Further audits could also include a medical history audit, a periodontal (gum health) status audit and a medicine prescribing audit.

A radiographic image quality audit should also be undertaken (recommendation h).

The service had not developed a quality improvement plan to help structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation i).

- No requirements.

Recommendation h

- The service should further develop its programme of regular audits to cover key aspects of care and treatment. Audit results should be documented, and action plans implemented.

Recommendation i

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

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 modern, clean and well-equipped environment, and patients told us they were satisfied with the facilities, equipment and environment. The standard of record keeping must be improved to ensure patient care records provide detailed information about patient treatment and care. Appropriate health clearance checks must be undertaken.

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 a bright and modern environment for patient care and treatment. The fabric and finish of the building was excellent. 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.

Patients who completed our online survey said they were treated with dignity and respect, and they were satisfied with the facilities, equipment and environment where they were treated. Most also told us they received appropriate information about their proposed treatment. Comments included:

- ‘Explained what happened to my tooth - that an old filling had chipped. Showed me pictures and made sure I understood what happened and how it was going to be fixed.’
- ‘The treatment from the doctor and the nurse were person centred, polite and I felt relaxed.’

- ‘Very clean, equipment looked in great condition and very modern. There were no issues during my treatment.’
- ‘Great facility, very modern and looked after well. Lovely staff, who are kind, helpful and patient. Treatment was explained and I was very happy with my experience and outcome.’

What needs to improve

We did not see evidence of appropriate health clearance checks for a staff member who had moved from an administration to a clinical role in the service (requirement 6).

At our last inspection, we made a requirement that the standard of record keeping must be improved. During this inspection, we reviewed eight patient care records and found all were of an inadequate standard. The majority did not contain details of assessment, clinical examination or treatment options. Information about medicines administered (such as local anaesthetic), treatment delivered or aftercare provided was also not appropriately documented. X-ray images were also not appropriately reported or scored for quality (requirement 7).

At our previous inspection, we found that the service did not have a stock checking system to make sure out-of-date stock and equipment was not used. During this inspection, we found there was still no stock checking system in place, and some equipment in the medical emergency kit had expired (recommendation j).

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 k).

Requirement 6 – 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 7 – Timescale: immediate

- The provider must improve the standard of record keeping to ensure all patient care records contain appropriate details about patient assessment, treatment, medicines administered, aftercare advice and reporting of X-ray images.

Recommendation j

- The service should develop and implement a regular documented stock checking system for all emergency drugs and equipment to ensure they are always within date and ready for use.

Recommendation k

- 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

You can read and download this document from our website.
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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email 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