



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Stockbridge Dental Practice, Edinburgh

Service Provider: Paratian Co Ltd

15 May 2024

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1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Stockbridge Dental Practice on Wednesday 15 May 2024. We spoke with a number of staff during the inspection. We received feedback from 10 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Edinburgh, Stockbridge 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 Stockbridge 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's approach was to help patients achieve the smile they aspired to. Staff were motivated to provide a high level of personal care to patients. A formalised strategy should be developed with measurable key performance indicators to assess how the service's aims and objectives were being met. All staff meetings should be documented.	✓ Satisfactory
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 changes made where appropriate. Patients were involved in planning their care. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely. A range of audits was undertaken to help continually improve the care and quality of service provided. Annual duty of candour reports must be published, and all clinical staff should be trained in duty of candour principles. Changes made as a result of patient feedback should be shared with patients. A formal feedback system for staff should be introduced. A quality improvement plan should be developed.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
Patient care records were of a very good quality. Patients spoke positively about the service delivered. The care environment and patient equipment were clean and well maintained. Safe recruitment processes were in place. A risk assessment must be developed for the service's ventilation system.	✓✓ Good

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Paratian Co Ltd to take after our inspection

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

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

This inspection resulted in two requirements and seven recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should develop a formalised strategy that sets out its vision, aims and objectives. It should also identify overall key performance indicators that will help it achieve its aims and objectives, and a process for monitoring and measuring these (see page 9).</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>

Direction (continued)	
Recommendations	
b	<p>The service should formalise its weekly staff huddle meetings and clinical meetings. A record of discussions and decisions reached at these meetings should be kept, including the staff responsible for taking forward any actions (see page 10).</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	
Requirement	
1	<p>The provider must publish an annual duty of candour report (see page 15).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(2)</i> <i>The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p>
Recommendations	
c	<p>The service should ensure patients are informed of any changes made to the service as a result of their feedback (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
d	<p>The service should implement a structured way of seeking the views of staff and using their feedback to make improvements to the way the service is delivered (see page 12).</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>
e	<p>The service should ensure all clinical staff are trained in the duty of candour principles (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 4.4</p>

Implementation and delivery (continued)	
Recommendations	
f	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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>

Results	
Requirement	
2	<p>The provider must undertake a risk assessment of its ventilation system in the treatment rooms 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>
Recommendation	
g	<p>The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 17).</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](#)

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

We would like to thank all staff at Stockbridge Dental Practice for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

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

Our findings

The service's approach was to help patients achieve the smile they aspired to. Staff were motivated to provide a high level of personal care to patients. A formalised strategy should be developed with measurable key performance indicators to assess how the service's aims and objectives were being met. All staff meetings should be documented.

Clear vision and purpose

The service provided a range of dental services, including general dentistry, orthodontics (correcting the position of teeth) and implant dentistry. Patients could self-register to be seen by one of the general dentists or be referred to the service for implant care by their general dental practitioner. The service was able to manufacture a number of restorations such as a crowns and bridges onsite for its patients.

The service's approach was to help patients achieve the smile they aspired to. This approach had been published on the service's website, along with comprehensive information about the treatments offered.

What needs to improve

The service had no formalised strategy with an overall vision and specific aims and objectives. While financial key performance indicators had been identified, no other key performance indicators had been identified to monitor the way the service was delivered and help it achieve the stated aims and objectives (recommendation a).

- No requirements.

Recommendation a

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

Leadership and culture

The service was provided by a team that was led by a General Dental Council registered dentist, who was also the owner and registered manager. Other team members included a hygiene therapist, dental nurses, general dentists and dentists with a special interest in implants and endodontic (root canal) treatment. Two administration staff supported the running of the service.

Leadership was visible with the manager always readily available and working in the service full time. Staff told us leadership was supportive of them and their ideas. Staff were motivated to provide a personal level of service and high standard of care and treatment for patients.

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

Team meetings were held every 3 months to discuss the running of the service. Meetings covered plans for the future, patient feedback, audit plans and results. These meetings had core agenda items and minutes were shared with the team.

What needs to improve

Weekly staff huddle meetings were led by the lead dentist every Monday to discuss the week ahead, any potential treatment challenges or issues and any other activities for the week. Clinical meetings were also held regularly to discuss treatment planning, treatment outcomes and the financial key performance indicators. However, these meetings did not have core agenda items or minutes documented. Having core agenda items could help to ensure that key areas such as health and safety, quality improvement and patient feedback were effectively monitored and discussed at the meetings. Minutes should reflect the discussions and decisions reached and the staff responsible for taking forward any actions should be recorded (recommendation b).

- No requirements.

Recommendation b

- The service should formalise its weekly staff huddle meetings and clinical meetings. A record of discussions and decisions reached at these meetings should be kept, including the staff responsible for taking forward any actions.

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 changes made where appropriate. Patients were involved in planning their care. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely. A range of audits was undertaken to help continually improve the care and quality of service provided.

Annual duty of candour reports must be published, and all clinical staff should be trained in duty of candour principles. Changes made as a result of patient feedback should be shared with patients. A formal feedback system for staff should be introduced. A quality improvement plan should be developed.

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

Comprehensive information about the treatments offered was available on the service's website and was given to patients as part of their treatment planning process.

A clear patient participation process was in place and staff actively encouraged patient feedback. We saw a variety of ways for patients to provide input into how the service continued to develop. For example, patients were asked for verbal feedback and were automatically sent an email following completion of their treatment plan, with a link to complete an online survey. This asked for their opinions on the service, and the care and treatment that they had received. Patients were also asked to provide an online review or if they wished to provide a testimonial to be shared on the service's social media pages.

The administrator reviewed patient feedback and online reviews to make sure any negative comments were responded to and actioned where appropriate. If any negative feedback was received, the manager would contact the patient to discuss their feedback. All patient feedback was shared with the team.

We were told about an example of a recent change the service had made due to patient feedback, where the service had purchased a new entrance ramp as a patient had felt the ramp into the service was unsteady.

The service had an open-door policy to allow staff to raise any issues or make suggestions for improvement. The service had also introduced a bonus scheme for all employed staff to encourage and reward them for taking on lead roles in areas such as auditing medical emergency drugs and equipment, and decontamination equipment checks. We were told that staff had been very receptive to this.

What needs to improve

Although changes had been made because of patient feedback, these changes were not always communicated to patients. Having a consistent approach to informing patients of positive changes made as a result of feedback would help demonstrate the impact their feedback has on improving the service (recommendation c).

There was no structured way of seeking the views of staff. For example, regular staff surveys would help the service demonstrate it was actively engaging with staff for ideas on how to improve patient care and the way the service was delivered (recommendation d).

- No requirements.

Recommendation c

- The service should ensure patients are informed of any changes made to the service as a result of their feedback.

Recommendation d

- The service should implement a structured way of seeking the views of staff and using their feedback to make improvements to the way the service is delivered.

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 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 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 equipped with a washer disinfectant and autoclaves used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and the decontamination room. Staff knew the service's decontamination process and clear processes were in place to ensure effective decontamination of instruments.

The majority of treatment rooms had intraoral X-ray machines (used for taking X-rays inside patients' mouths). There was also a dedicated room that had an X-ray scanner that took 3D images. The X-ray equipment was all digital with a range of image receptor sizes available to allow the most appropriate image to be recorded for each patient. All X-ray machines had appropriate checks and testing carried out. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. The radiation protection file was up to date. There was a microscope which was covered when not in use. The service also had two 3D intraoral scanners that took non-radiographic life-like images of patient's teeth.

Portable electrical equipment and electrical installation safety checks had been undertaken by contractors to ensure it was safe to use. Fire safety signage was displayed and fire safety equipment was appropriately maintained. A legionella management plan was in place.

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

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.

The service's complaints policy available in the service included up-to-date contact details for Healthcare Improvement Scotland and made clear patients could contact Healthcare Improvement Scotland at any stage. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered with Healthcare Improvement Scotland in May 2022. 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.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. They were provided with a comprehensive and detailed written treatment plan and estimates for treatment costs when undergoing implant treatment. Patients were given time to discuss and ask questions about their treatment plan as well as being given the opportunity to ask questions to the treating practitioner before, during and after the consent process. The service had recently introduced clinical electronic hand-held tablet devices to improve the flow of information. This allowed patients to update their medical history, view treatment plans and costs as well as sign consent forms on the device.

Aftercare advice was given to all patients following treatment. Patients who had undergone more complex treatments such as oral surgery or implants were also called the day after their treatment to check how they were feeling and if they needed any additional advice.

Patients were regularly reviewed after their treatment with recall and hygiene appointments set at defined intervals based on an individualised patient risk assessment. This was recorded in the patient care records.

Patient care records were kept in electronic format on the practice management software system, and a suitable back-up system was in place in case of failure of the system. Access to the practice management software system and patient care records was password protected. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

An appropriate recruitment policy and induction programme was in place for all new staff members. This included an introduction to key members of staff, noting the location of medical emergency equipment, and an introduction to the service's policies and procedures.

The service provided regular in-house training and professional development sessions to staff.

What needs to improve

Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year, even where the duty of candour has not been invoked (requirement 1).

Some 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 e).

The service had not undertaken any staff appraisals recently due to staff changes. We were told the service was planning to carry out appraisals in the next 3 months. We will follow this up at the next inspection.

Requirement 1 – Timescale: immediate

- The provider must publish an annual duty of candour report.

Recommendation e

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

Planning for quality

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

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

Staff carried out a range of clinical audits, including patient care record audits, antibiotic prescribing and radiographic image quality. Results from these audits were collated and shared with the team. Changes were made as a result of the audit findings, for example the service had reduced its antibiotic prescribing and had replaced a number of image receptors following recent audits.

We also saw evidence of audits also taking place for infection control, medical emergency drugs and equipment, and maintenance of the care environment. These were undertaken by different staff members and results shared with the rest of the team when appropriate.

What needs to improve

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

- No requirements.

Recommendation f

- 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

Patient care records were of a very good quality. Patients spoke positively about the service delivered. The care environment and patient equipment were clean and well maintained. Safe recruitment processes were in place. A risk assessment must be developed for the service's ventilation system.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

The service was delivered from premises that provided a bright, modern environment for patient care and treatment. The fabric and finish of the building was very 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 and health clearance checks on all staff files. An induction checklist was used as part of the induction process to ensure all necessary information was discussed with new staff.

We reviewed eight electronic patient care records stored on the practice management software system. These were of a very good standard, detailing assessment and clinical examinations, treatment and aftercare. There was evidence to show that the risks and benefits of all appropriate treatment options had been provided to patients. Patient care records included a range of X-ray images which we found to be of good quality and well reported.

Patients who completed our online survey said they were involved in decisions about their care and treatment and were given sufficient time to reflect on their options before consenting to treatment. This helped to make sure they had realistic expectations of their proposed treatment. They also told us they were satisfied with the facilities, equipment and environment where they were treated. Comments included:

- ‘I was given all costs and treatment options on a printout to take away which I found really professional and I was never rushed into making any decisions.’
- ‘The front of house staff are exceptionally clear, welcoming and organised, such that I’ve never had a hiccup in payment, scheduling appointments or being delayed.’
- ‘The team... are friendly, helpful and highly professional. The dentists always take the time to explain treatments and procedures in full and the reasoning behind their recommendations.’
- ‘Practice was immaculately clean, waiting area was very relaxing, music and TVs in the surgery made my experience much less nerve-racking! The... equipment used during my hygiene appointment looked very state of the art, modern and clean and was a great experience compared to traditional methods I’ve had in the past!’

What needs to improve

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

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

Requirement 2 – Timescale: by 1 September 2024

- The provider must undertake a risk assessment of its ventilation system in the treatment rooms 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.

Recommendation g

- 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

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Email: his.ihcregulation@nhs.scot

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