



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Morpho Advanced Dentistry & Aesthetics,  
Cumbernauld

**Service Provider:** Morpho Advanced Dentistry  
& Aesthetics Ltd

25 June 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 Morpho Advanced Dentistry & Aesthetics on Tuesday 25 June 2024. We spoke with a number of staff during the inspection. We received feedback from 16 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 Cumbernauld, Morpho Advanced Dentistry & Aesthetics is an independent clinic providing dental care and non-surgical aesthetic treatments.

The inspection team was made up of two inspectors.

## What we found and inspection grades awarded

For Morpho Advanced Dentistry & Aesthetics, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
<b>Summary findings</b>	<b>Grade awarded</b>
The service's mission was to transform patients' smiles with professional, affordable and compassionate dental and aesthetic care. As a small team, staff communicated and worked well together to improve patient care. Leadership was visible and supportive. A formalised strategy should be developed with measurable key performance indicators to assess how the service's aims and objectives are being met.	✓ Satisfactory
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>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.</p> <p>A legionella management plan must be developed. Annual duty of candour reports must be produced and made available to patients. All clinical staff should be trained in duty of candour principles. The clinical audit programme should be further developed and a quality improvement plan implemented.</p>	✓ Satisfactory
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The service was delivered from modern, clean and well-equipped premises. Patient care records were of a very good quality, and patients spoke positively about the care and treatment they received. Appropriate background and health clearance checks must be undertaken for all staff.	✓✓ 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 Morpho Advanced Dentistry & Aesthetics 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 four requirements and seven recommendations.

Direction	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
a	The service should develop a formalised strategy that sets out its vision, aims and objectives. It should identify key performance indicators that will help it achieve its aims and objectives, and a process for monitoring and measuring these (see page 11).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Direction (continued)	
Recommendations	
<b>b</b>	<p>The service should introduce more regular formal staff 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 11).</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	
<b>1</b>	<p>The provider must develop a legionella management plan and undertake all routine checks identified in the legionella risk assessment (see page 15).</p> <p>Timescale – by 1 October 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>
<b>2</b>	<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	
<b>c</b>	<p>The service should ensure patients are informed of any changes made to the service as a result of their feedback (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
<b>d</b>	<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

- e** The service should continue to develop its clinical audit programme to include other types of audit. Audit results should be documented, and action plans implemented (see page 16).

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

- f** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).

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

## Results

### Requirements

- 3** The provider must submit an annual return when requested by Healthcare Improvement Scotland (see page 18).

Timescale – immediate

*Regulation 5(1)(c)*

*The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011*

- 4** The provider must ensure that appropriate Disclosure Scotland background checks, and health clearance and immunisation status checks, are carried out and recorded for:

- a) all staff before they begin working in the service, and
- b) all staff currently working in the service (see page 19).

Timescale – immediate

*Regulation 8*

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



## Results (continued)

### Recommendation

**g** The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 19).

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](#)

Morpho Advanced Dentistry & Aesthetics 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 Morpho Advanced Dentistry & Aesthetics 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 mission was to transform patients' smiles with professional, affordable and compassionate dental and aesthetic care. As a small team, staff communicated and worked well together to improve patient care. Leadership was visible and supportive. A formalised strategy should be developed with measurable key performance indicators to assess how the service's aims and objectives are being met.

#### *Clear vision and purpose*

The service provided a range of dental treatments, including general dentistry, orthodontics (correcting the position of teeth), implant dentistry and conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). It also provided non-surgical aesthetic treatments, including anti-wrinkle injections, specialised facials and advanced skincare. Patients could self-register to be seen by one of the dental practitioners.

The service's vision was for patients to feel welcomed, special and be treated as an individual. It wanted to ensure patients felt comfortable and received the very highest levels of dental excellence from a friendly team by having more of a spa experience rather than the traditional dental experience. This vision was published on its website, along with its mission, to transform patient smiles with professional, affordable and compassionate dental and aesthetic care. Its ethos for delivering its vision and mission was to offer patients a relaxing, stress-free professional dental environment where they could feel at home, confident, safe and well looked after at all times.

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

The service did not have a formalised strategy with specific aims or objectives or any key performance indicators to inform its direction or measure its performance (recommendation a).

- No requirements.

### **Recommendation a**

- The service should develop a formalised strategy that sets out its vision, aims and objectives. It should identify 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. Other team members included the practice manager who was also a registered dental nurse, a trainee dental nurse and administrators. Two visiting clinicians attended the clinic from time to time.

Leadership was visible with the practice 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 if an issue needed to be resolved.

### **What needs to improve**

Staff meetings were held every 3-4 months to discuss the day-to-day running of the service. However, there was no set agenda or formal minutes of these meetings. More regular formal meetings with core agenda items and formal minutes would help to ensure that key areas such as health and safety, quality improvement and patient feedback are effectively monitored and discussed. 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 introduce more regular formal staff 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 legionella management plan must be developed. Annual duty of candour reports must be produced and made available to patients. All clinical staff should be trained in duty of candour principles. The clinical audit programme should be further developed and a quality improvement plan implemented.

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

Comprehensive information about the treatments offered was available on the service's website and in information leaflets provided to patients.

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 after each appointment. Staff also asked patients to provide an online review on the service's social media page or on online review sites at the end of their treatment.

Feedback comments slips were also available that asked patients to rate the service and provide feedback on what the service did well and what could be improved.

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

Although patient feedback was sought, any changes made due to patient feedback was 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).

- No requirements.

### **Recommendation c**

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

### **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 practice 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 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 autoclave used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and the decontamination room. Staff demonstrated the service's decontamination process and clear procedures were in place to ensure effective decontamination of instruments.

The service had both a mobile and a handheld intraoral X-ray machine (used for taking X-rays inside patients' 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. All X-ray machines had appropriate safety checks and testing carried out. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. The radiation protection file was up to date. We noted the microscope was covered when not in use. The service also had a 3D intraoral scanner that took non-radiographic life-like images of patient's teeth.

A system was in place to make sure the fixed electrical installation and portable electrical appliances were maintained in safe condition. A recent electrical installation condition report had been undertaken by a qualified electrician and the system found to be in satisfactory condition. Fire safety signage was displayed and fire safety equipment was appropriately maintained.

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. 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 that patients could contact Healthcare Improvement Scotland at any stage of a complaint. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered in April 2022. We discussed adding the complaints procedure to the service's website to make it easy for patients to find information about how to make a complaint.

The service provided some dental treatment under conscious sedation. A visiting sedationist, who was a registered dentist, provided this specialised procedure and had been suitably trained in the sedation techniques carried out.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. Information on treatment options, risks and benefits were given to patients. They were also provided with a treatment plan and estimates for treatment costs. 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.

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

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 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, key health and safety information and information on managing medical emergencies.

Annual staff appraisals were undertaken 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 dental nurses being supported to undertake extended roles, including radiography, sedation and skin care certifications. We saw evidence of training records for all staff.

### **What needs to improve**

A legionella (water-borne bacteria) risk assessment had been undertaken with some regular checks of water temperatures and testing taking place. However, not all checks identified in the risk assessment were being undertaken and no written legionella management plan was in place (requirement 1).

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 2).

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 d).

### **Requirement 1 – Timescale: by 1 October 2024**

- The provider must develop a legionella management plan and undertake all routine checks identified in the legionella risk assessment.

### **Requirement 2 – Timescale: immediate**

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

### **Recommendation d**

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

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

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

A business continuity plan described what action the service would take in the event of 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 evidence of audits for the decontamination of equipment, infection prevention and control, radiography equipment, and medical emergency drugs and equipment. These were undertaken by different staff members each time and results shared with the rest of the team.

### **What needs to improve**

Apart from a radiographic image quality audit, no other clinical audits had been undertaken. A programme of regular documented clinical audits would help the service demonstrate appropriate monitoring and quality assurance. Further audits could include a medical history audit, a periodontal (gum health) status audit and a sedation audit (recommendation e).

The service did not have 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 f).

- No requirements.

### **Recommendation e**

- The service should continue to develop its clinical audit programme to include other types of audit. Audit results should be documented, and action plans implemented.

### **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

**The service was delivered from modern, clean and well-equipped premises. Patient care records were of a very good quality, and patients spoke positively about the care and treatment they received. Appropriate background and health clearance checks must be undertaken for all staff.**

The service was delivered from modern premises that provided a bright and safe 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.

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. Each record 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.

Patient comments included:

- ‘Excellent service and information provided was above and beyond... these guys are amazing!’
- ‘The staff were very professional, very informative and made me feel very comfortable.’
- ‘Options explained clearly in readily understood language.’
- ‘The equipment was very modern and clean. I was shown all around the treatment room and a full explanation of how the equipment worked was provided during the first consultation.’
- ‘Staff are very skilled, friendly and give you options and make you feel relaxed.’
- ‘I am very pleased with the service I received and the results from my treatments. I have already recommended this practice to my friends and family. I will certainly continue to use this company for any of my future dental or aesthetic requirements.’

### **What needs to improve**

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. Although requested, the service did not submit an annual return this year (requirement 3).

Although the service had a recruitment policy and procedure, it was not always following safe recruitment practice. Some staff did not have evidence of Disclosure Scotland background checks or health clearance and immunisation status checks on their staff file (requirement 4).

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 3 – Timescale: immediate**

- The provider must submit an annual return when requested by Healthcare Improvement Scotland.

#### **Requirement 4 – Timescale: immediate**

- The provider must ensure that appropriate Disclosure Scotland background checks, and health clearance and immunisation status checks, are carried out and recorded for:
  - a) all staff before they begin working in the service, and
  - b) all staff currently working in the service.

#### **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

Edinburgh

EH12 9EB

**Email:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

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

## Healthcare Improvement Scotland

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

0131 623 4300

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

0141 225 6999

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