



Healthcare  
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To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Minto Dental Care and Implant Centre,  
Edinburgh

**Service Provider:** Xeon Smiles UK Limited

30 January 2024

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## Contents

<b>1</b>	<b>Progress since our last inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>A summary of our inspection</b>	<b>6</b>
<hr/>		
<b>3</b>	<b>What we found during our inspection</b>	<b>13</b>
<hr/>		
	<b>Appendix 1 – About our inspections</b>	<b>28</b>
<hr/>		

## 1 Progress since our last inspection

### What the provider had done to meet the requirement we made at our last inspection on 26 February 2021

#### Requirement

*The provider must ensure the service is meeting all essential criteria of the national Combined Practice Inspection Checklist to ensure the safe delivery of care. In particular, the service must review and improve its practice in relation to:*

- a) decontamination of equipment*
- b) first aid and medical emergency equipment*
- c) staff training*
- d) suction systems*
- e) fixtures and fittings*
- f) decontamination processes, and*
- g) radiation safety.*

#### Action taken

Appropriate decontamination equipment, first aid and medical emergency equipment was available and regular checks of this equipment were carried out. All suction systems were also appropriately serviced, vented or had air filters applied. Staff were following safe decontamination processes. However, **this requirement is not met.**

The radiation 'local rules' for treatment room one needed to be amended. This is reported in Domain 4 (Quality improvement) (see requirement 1 on page 21).

Quality assurance checks needed to be carried out on the 3D scanner. This is reported in Domain 4 (Quality improvement) (see requirement 2 on page 21).

Staff had not undertaken appropriate training in infection prevention and control. This is reported in Domain 4 (Quality improvement) (see requirement 4 on page 22).

The flooring in treatment room four needed to be replaced. This is reported in Domain 7 (Quality control) (see requirement 7 on page 26).

## **What the service had done to meet the recommendation we made at our last inspection on 26 February 2021**

### **Recommendation**

*The service should ensure all the required information in patient care records is consistently recorded.*

### **Action taken**

The service had introduced a template for record keeping notes. This had improved the consistency of patient care records and helped to ensure they were being fully completed.

## **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 Minto Dental Care and Implant Centre on Tuesday 30 January 2024. We spoke with a number of staff during the inspection. We received feedback from seven patients to an online survey we had asked the service to issue for us before the inspection.

Based in Edinburgh, Minto Dental Care and Implant Centre is an independent clinic providing dental care and non-surgical treatments.

The inspection team was made up of two inspectors.

## What we found and inspection grades awarded

For Minto Dental Care and Implant Centre, 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>
<p>The service was part of the Bupa group and worked in line with Bupa's vision and purpose. Key performance indicators to measure performance were being monitored. Leadership was visible and staff were supported to develop. Regular staff meetings were held.</p>		✓✓ Good
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patient, staff and stakeholder feedback was actively sought and encouraged and changes made where appropriate. Patients were involved in planning their care. There was a clear induction programme for new staff. Key policies, procedures and systems, including an audit programme and corporate quality assurance approach, helped to ensure patient treatment and care was delivered safely.</p> <p>Local rules for the radiation equipment in treatment room one must be updated. The 3D X-ray scanner must be routinely tested in-house. The service's electrical installation must be in a satisfactory condition. All staff must have appropriate health clearance checks before starting work in the service.</p> <p>Duty of candour annual reports should be produced and published. Any changes or improvements made as a result of patient feedback should be shared with patients.</p>		✓✓ Good
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The service was delivered from clean and well-equipped premises. Administration of medicines must be recorded consistently in all patient care records. Appropriate health clearance checks must be undertaken for all staff. Flooring in treatment room four must be replaced. Risk assessments must be carried out for the service's ventilation system, and clinical hand wash basins and taps.</p>		✓ Satisfactory

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

More information about grading can be found on our website at:  
[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

Further information about the Quality Assurance Framework can also be found on our website at:  
[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## What action we expect Xeon Smiles UK Limited to take after our inspection

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

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

This inspection resulted in 11 requirements and three recommendations.

### Implementation and delivery

#### Requirements

- 1 The provider must ensure local rules for the radiation equipment in treatment room one are updated to detail how the X-ray equipment will be safely isolated in the case of a malfunction (see page 21).

Timescale – by 15 May 2024

*Regulation 3(a)*

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

This was previously identified as a requirement in the February 2021 inspection report for Minto Dental Care and Implant Centre.

## Implementation and delivery (continued)

### Requirements

- 2** The provider must ensure appropriate routine in-house quality control testing is carried out on the 3D scanner at all times (see page 21).

Timescale – immediate

*Regulation 3(a)*

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

This was previously identified as a requirement in the February 2021 inspection report for Minto Dental Care and Implant Centre.

- 3** The provider must ensure that the remedial works identified in the service's February 2021 electrical installation condition report are carried out and then arrange for a new electrical installation condition report to be carried out to demonstrate that the electrical installation is in a satisfactory condition (see page 22).

Timescale – by 15 May 2024

*Regulation 3(a)*

*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 (see page 22).

Timescale – by 15 July 2024

*Regulation 12(c)(ii)*

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

This was previously identified as a requirement in the February 2021 inspection report for Minto Dental Care and Implant Centre.

## Implementation and delivery (continued)

### Recommendations

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

- b** The service should produce a duty of candour report each year and make it available to its patients (see page 22).

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

## Results

### Requirements

- 5** The provider must ensure that the name of the local anaesthetic and dosage given to patients is consistently recorded in patient care records (see page 26).

Timescale – immediate

*Regulation 4(2)(d)*

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

- 6** The provider must ensure that appropriate health clearance checks are carried out on all staff before they start working in the service. Steps must be taken to ensure that appropriate health clearance checks can also be demonstrated for staff already appointed (see page 26).

Timescale – immediate

*Regulation 8(1)*

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

## Results (continued)

### Requirements

- 7** The provider must replace the damaged flooring in treatment room four (see page 26).

Timescale – by 15 May 2024

*Regulation 3(a)*

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

This was previously identified as a requirement in the February 2021 inspection report for Minto Dental Care and Implant Centre.

- 8** The provider must undertake a risk assessment that details how and when the ventilation in the treatment rooms and decontamination room will be upgraded to meet national guidance for specialised ventilation for healthcare services (see page 26).

Timescale – by 15 May 2024

*Regulation 10(2)(c)*

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

- 9** The provider must undertake a risk assessment that details how and when the clinical hand wash basins and taps in the treatment rooms and decontamination room will be upgraded to meet current guidance about sanitary fittings in healthcare premises (see page 26).

Timescale – by 15 May 2024

*Regulation 3(d)(i)*

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

## Results (continued)

### Requirements

**10** The provider must provide evidence that a radiation protection advisor and medical physics expert have been appointed (see page 27).

Timescale – immediate

*Regulation 3(a)*

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

**11** The provider must complete and submit an annual return as requested by Healthcare Improvement Scotland (see page 27).

Timescale – immediate

*Regulation 5(1)(c)*

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

### Recommendation

**c** The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 27).

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:

[www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/independent\\_healthcare/find\\_a\\_provider\\_or\\_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Xeon Smiles UK Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Minto Dental Care and Implant Centre for their assistance during the inspection.

### 3 What we found during our inspection

#### Key Focus Area: Direction

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

#### Our findings

**The service was part of the Bupa group and worked in line with Bupa's vision and purpose. Key performance indicators to measure performance were being monitored. Leadership was visible and staff were supported to develop. Regular staff meetings were held.**

#### *Clear vision and purpose*

The service provided general, cosmetic and restorative dentistry, including implants, endodontics (root canal treatment) and orthodontics (braces, aligners and retainers). Patients could register themselves at the service for general dental health care. Dentists could also refer patients to the service for specialist treatments, such as implants. The service also provided facial aesthetic treatments.

The service was provided by Xeon Smiles UK Limited, a subsidiary of Bupa Dental Care. It operated within Bupa Dental Care's corporate frameworks and policies. For the purposes of this report, we will refer to Bupa when referring to Bupa Dental Care, and Xeon Smiles UK Limited when referring to the provider. Bupa's purpose was 'to help people live longer, healthier, happier lives and make a better world'. To achieve this purpose, it had an ambition of being 'the world's most customer-centric healthcare company'. To help achieve this ambition, it provided a broad range of healthcare services, support and advice. As the service operated under Bupa's corporate policies and procedures, it also followed Bupa's purpose and ambition and was guided by Bupa's values in terms of how it operated, for example how staff worked together and treated each other.

Bupa's key performance indicators included patient feedback, compliance with statutory obligations and finance. The service had developed a plan for how it would achieve these key performance indicators. The service's leadership team regularly monitored progress with the key performance indicators, reported progress to Bupa and made sure staff were kept informed. A regional manager supported the service to make any changes necessary to meet the key performance indicators.

Staff told us about Bupa's 'four pillars' that provided a central focus for all its operational activities. These were also embedded in the service and included:

- people
- patients
- practice, and
- planet.

These pillars were continually emphasised with staff in all communications from Bupa's head office. The practice manager was responsible for ensuring that activity in the service linked to these four pillars.

- No requirements.
- No recommendations.

### ***Leadership and culture***

Staff at the service included dentists, hygiene therapists, dental nurses, receptionists and a treatment co-ordinator. The practice manager had recently left and a new practice manager had been appointed but, at the time of our inspection, had not yet started in post. During this transition period, the lead dental nurse was leading the team, along with support from an experienced temporary practice manager from another Bupa service. Staff we spoke with felt supported by the leadership team in the service.

A regional manager and a clinical lead provided direct support to the service. Further support with compliance, human resourcing and marketing was provided from a central team at Bupa's head office. The compliance team also independently reviewed the service's performance and used the results to benchmark it against other Bupa Dental Care services to help drive improvement. Bupa regularly shared information and updates with the service to support staff in keeping up to date with emerging dental and clinical issues.

The lead dental nurse carried out a daily brief morning meeting where plans for the day were discussed with the full clinic team. This included staffing for the day, and any planned larger and more complex patient cases. These daily briefs were documented. An 'all staff' meeting was held each month to ensure staff had the most up-to-date information to do their job well. Further meetings were also held between staff groups, for example the leadership team, clinicians and dental nurses.

All meetings had a standardised agenda template that covered core topics, for example:

- successes and areas for improvement
- incidents including medical emergencies
- feedback successes and customer satisfaction
- quality, information governance, compliance and risk updates, and
- people development and training plans.

A detailed log of staff meetings was kept, with a record of who was responsible for taking forward any actions. This information was shared with staff following meetings.

Staff told us that Bupa was highly engaged in working with the service to address issues and make improvements where necessary. For example, the practice manager had met with the compliance lead for Bupa Dental Care to look at compliance issues and regulatory requirements for dental clinics in Scotland. This had given the practice manager an opportunity to contribute towards improvements across Bupa Dental Care.

Bupa supported practice managers to be ‘champions’ if they had particular skills, knowledge and experience. Champions were given time to provide support to other practice managers and share their knowledge and experience. Examples included inspection preparation and support, use of Bupa’s online staff absence tracker system and providing support for near misses or adverse events.

Bupa offered a range of benefits to its staff. For example, a staff health benefits scheme included access to a 24-hour GP service and a 24-hour mental health telephone line. There were also regular practice manager networking days, where practice managers from all Bupa Dental Care services came together with the support of the regional manager. Staff could also use a ‘recommend a staff member’ scheme to recommend someone to join the company. If a new member of staff joined Bupa based on the recommendation, the staff member would receive, for example, a voucher.

Every 3 months, staff voted for their ‘every day hero’ colleague. This could be a colleague who had gone above and beyond for another colleague or patient. The winner was awarded a monetary gift. The practice manager also received a monthly budget to reward and recognise staff effort in the service on a discretionary basis.

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.

- No requirements.
- No recommendations.

## Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

### Our findings

**Patient, staff and stakeholder feedback was actively sought and encouraged and changes made where appropriate. Patients were involved in planning their care. There was a clear induction programme for new staff. Key policies, procedures and systems, including an audit programme and corporate quality assurance approach, helped to ensure patient treatment and care was delivered safely.**

**Local rules for the radiation equipment in treatment room one must be updated. The 3D X-ray scanner must be routinely tested in-house. The service's electrical installation must be in a satisfactory condition. All staff must have appropriate health clearance checks before starting work in the service.**

**Duty of candour annual reports should be produced and published. Any changes or improvements made as a result of patient feedback should be shared with patients.**

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

Information about the treatments offered was available on the service's website. The service had active social medial channels and engaged with its patients to inform them of treatments offered, developments in the service and staff changes.

The service encouraged patient feedback and a clear patient participation process was in place. We saw a variety of ways for patients to provide input into how the service continued to develop. For example, they were asked for verbal feedback after every appointment and were also encouraged to provide feedback through online reviews. Patients received a text message after certain types of appointments, such as hygiene or emergency appointments, with a link to a survey asking for their opinions on the service and the care and treatment they had received.

The practice manager checked for patient feedback every day and responded to it where appropriate. For example, the radio in the waiting area had been removed as a result of patient feedback. They also shared patient feedback with

the team through staff emails and at staff meetings. If any negative feedback was received, the practice manager contacted the patient to discuss the feedback so that immediate actions could be taken to improve. A centralised marketing team supported the practice manager when responding to online reviews.

The service requested staff feedback through a survey every 6 months. These surveys were anonymised so that staff could provide feedback without being identified. Results were reviewed at Bupa's head office and fed back to the practice manager, who then discussed this with staff during monthly meetings. An action plan was developed with the team, where appropriate.

Bupa had a staff employee forum where the practice manager could report anything from the service's staff to the employee representative for Scotland for them to take to Bupa's national employee forum.

### **What needs to improve**

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

- No requirements.

### **Recommendation a**

- The service should ensure patients are kept 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.

A range of policies, procedures and systems were in place to ensure patient care and treatment was delivered safely. Copies of policies and procedures were available on the staff intranet for staff to easily access, as well as in a policy and procedures folder. Those we looked at were in date and reviewed regularly.

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 washer disinfectors and autoclaves used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and the decontamination room. Staff knew the service's decontamination process and clear processes were in place to ensure effective decontamination of instruments. During the inspection, a staff member demonstrated how the team safely processed instruments.

Each treatment room had an intraoral X-ray machine that took radiographic (X-ray) images inside the mouth, and there was also a dedicated room with an X-ray scanner that took 3D images of patients' teeth. All X-ray equipment was digital and radiographic images were stored securely on an electronic X-ray filing system. The service also had a 3D intraoral scanner that took non-radiographic life-like images of patients' teeth.

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. All staff completed annual training in the management of medical emergencies.

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 included up-to-date contact details for Healthcare Improvement Scotland. The complaints process was available in the service and on its website. No complaints had been received by the service or Healthcare Improvement Scotland since it was registered in September 2018.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. Patients undergoing implant treatment had access to the treatment co-ordinator who supported patients in their treatment journey from initial consultation right through until discharge and for follow-up care.

Written treatment plans and detailed estimates for treatment costs were provided to patients. They were then given time to discuss and ask questions about their treatment plan before, during and after the consent process. Aftercare advice was also given and patients who had undergone larger treatments such as implants were also called the day after their treatment to

check how they were feeling and if they needed any additional advice. There was a system in place to regularly review patients after their treatment, with recall and hygiene appointments set at defined intervals based on individualised patient risk assessment. This was recorded in the patient care records.

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

A recruitment and induction process was in place and an induction checklist was used to make sure staff were properly inducted to their new role. All employed staff had a range of online induction training modules to complete that were tailored to each person's job role. A system was in place to automatically inform the practice manager when training modules had been completed and whether the induction process was on track or behind schedule. This meant the practice manager could track any new staff member's progress to make sure their induction process was completed within the assigned timescale.

The service expected staff to complete mandatory training as part of their own ongoing development, as well as helping to support the overall development and improvement of the service. Defined modules for each staff role had to be completed at different time intervals. This was all tracked on Bupa's personnel system and the practice manager was informed when the staff member had completed their training.

The online mandatory training and education modules included:

- fire safety
- legionella (a water-based infection)
- safeguarding (public protection), and
- duty of candour.

Staff appraisals were carried out every 6 months to help identify training and development needs and opportunities. Individual key performance indicators were identified at these meetings and progress against these were monitored at staff one-to-one meetings each month.

As part of Bupa's personnel system, the practice manager received a prompt each year when a staff member's professional registration status needed to be checked or their professional indemnity insurance was due for renewal. Staff were also prompted and, if these checks were not undertaken, the system would flag this to the practice manager and individual staff member concerned. If no action was taken, the regional manager would also be informed and they would take this forward. This provided assurance that all staff remained safe to continue working in the service.

### **What needs to improve**

The local rules in treatment room one used to make sure radiation equipment is managed safely did not detail how the X-ray machine would be safely isolated in case of a malfunction (requirement 1).

There was no evidence that monthly in-house quality control testing had been carried out for the X-ray scanner that took 3D images, as detailed in the manufacturer's instructions for the safe operation of the equipment (requirement 2).

An electrical installation condition report had been carried out by an external contractor in February 2021. This had certified the service's electrical installation as 'unsatisfactory'. We did not see any evidence to demonstrate the remedial work identified in the report had been undertaken or that a new electrical installation condition report had been carried out to ensure the electrical installation was now satisfactory (requirement 3).

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

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 (recommendation b).

### **Requirement 1 – Timescale: by 15 May 2024**

- The provider must ensure local rules for the radiation equipment in treatment room one are updated to detail how the X-ray equipment will be safely isolated in the case of a malfunction.

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

- The provider must ensure appropriate routine in-house quality control testing is carried out on the 3D scanner at all times.

### **Requirement 3 – Timescale: by 15 May 2024**

- The provider must ensure that the remedial works identified in the service's February 2021 electrical installation condition report are carried out and then arrange for a new electrical installation condition report to be carried out to demonstrate that the electrical installation is in a satisfactory condition.

### **Requirement 4 – Timescale: by 15 July 2024**

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

### **Recommendation b**

- The service should produce a duty of candour report each year and make it available to its patients.

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

The service had a comprehensive approach to quality assurance which was in-line with Bupa's corporate approach. All results of audits, complaints, adverse events, duty of candour incidents and accidents were logged on Bupa's electronic risk, quality and compliance management system. Results were compared at national level by Bupa and then shared with individual services. Any lessons learned were discussed at staff meetings and at a national level, if appropriate. We were told the system was in the process of being updated to align better with Scottish standards and guidance.

A range of risk assessments had been carried out, including a radiation risk assessment. An external contractor carried out an independent health and safety audit and risk assessment each year and made recommendations to the leadership team. Progress against these recommendations was tracked in-house using a RAG (red, amber, green) traffic light system.

A business continuity plan set out what steps 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.

The practice team carried out a range of patient care record audits every 6 months, including clinical record keeping, radiography, prescribing and treatment course completion. Results were recorded and shared with Bupa's compliance team where they were collated and benchmarked against other services. The practice manager discussed audit results at staff meetings and an action plan was developed for any trends or issues identified.

An audit programme was in place, and we saw evidence of recent audits for infection prevention and control, medical emergency drugs and equipment, X-ray equipment checks and maintenance of the care environment. These were undertaken by different staff members and results shared with the rest of the team when appropriate. Any issues identified by the practice manager would be assessed and additional training provided if appropriate.

- No requirements.
- No recommendations.

## Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

*How well has the service demonstrated that it provides safe, person-centred care?*

### Our findings

**The service was delivered from clean and well-equipped premises. Administration of medicines must be recorded consistently in all patient care records. Appropriate health clearance checks must be undertaken for all staff. Flooring in treatment room four must be replaced. Risk assessments must be carried out for the service's ventilation system, and clinical hand wash basins and taps.**

The service was delivered from premises that provided an appropriate environment for patient care and treatment. The fabric and finish of the building was generally 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 reviewed eight electronic patient care records stored on the practice management software system. These were generally of a good standard, detailing assessment and clinical examinations, treatment and aftercare information. There was evidence to show that the risks and benefits of all appropriate treatments had been discussed with patients. Patient care records included a range of X-ray images which we found to be of good quality and generally well reported.

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

- ‘Nice surroundings.’
- ‘Clean and always up to date treatment.’
- ‘From the admin to the dentist and dental practitioners everybody is clear about their roles and that they have authority to act on your behalf.’
- ‘Team is very professional, friendly and supportive.’

### **What needs to improve**

Details about the administration of local anaesthetic given to patients were inconsistently recorded in patient care records with the name of the local anaesthetic and dosage not always recorded (requirement 5).

Although the service had a recruitment policy and procedure in place, it was not always followed. Some staff did not have evidence of appropriate health clearance checks on their staff file (requirement 6).

The flooring in treatment room four was damaged in some areas with gaps that prevented adequate cleaning (requirement 7).

There was no evidence to demonstrate that the ventilation system in the treatment rooms and decontamination room met current guidance for ventilation in healthcare premises (requirement 8).

The clinical hand wash basins and taps in the treatment rooms and decontamination room did not meet current guidance about sanitary fittings in healthcare premises (requirement 9).

There was no evidence showing that the service had appointed an appropriate external radiation protection advisor or medical physics expert. A radiation protection advisor ensures there is adequate radiation shielding to protect staff, operators and patients in radiation areas. A medical physics expert gives advice on medical exposures to radiation (requirement 10).

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. We discussed with the service the importance of completing an annual return when requested to do so (requirement 11).

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. We discussed with the service the importance of completing a self-evaluation before an inspection (recommendation c).

#### **Requirement 5 – Timescale: immediate**

- The provider must ensure that the name of the local anaesthetic and dosage given to patients is consistently recorded in patient care records.

#### **Requirement 6 – Timescale: immediate**

- The provider must ensure that appropriate health clearance checks are carried out on all staff before they start working in the service. Steps must be taken to ensure that appropriate health clearance checks can also be demonstrated for staff already appointed.

#### **Requirement 7 – Timescale: by 15 May 2024**

- The provider must replace the damaged flooring in treatment room four.

#### **Requirement 8 – Timescale: by 15 May 2024**

- The provider must undertake a risk assessment that details how and when the ventilation in the treatment rooms and decontamination room will be upgraded to meet national guidance for specialised ventilation for healthcare services.

#### **Requirement 9 – Timescale: by 15 May 2024**

- The provider must undertake a risk assessment that details how and when the clinical hand wash basins and taps in the treatment rooms and decontamination room will be upgraded to meet current guidance about sanitary fittings in healthcare premises.

**Requirement 10 – Timescale: immediate**

- The provider must provide evidence that a radiation protection advisor and medical physics expert have been appointed.

**Requirement 11 – Timescale: immediate**

- The provider must complete and submit an annual return as requested by Healthcare Improvement Scotland.

**Recommendation c**

- 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.

### Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

### During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

### After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## 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

**Telephone:** 0131 623 4300

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

You can read and download this document from our website.  
We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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