

Announced Follow-up Inspection Report: Independent Healthcare

Service: DentOutline, Edinburgh

Service Provider: DentOutline

11 March 2025

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected DentOutline on 20 May 2024. That inspection resulted in seven requirements and 11 recommendations. As a result of that inspection, the provider produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

About our follow-up inspection

We carried out a short notice announced follow-up inspection to DentOutline on Tuesday 11 March 2025. The purpose of the inspection was to follow up on the progress the service has made in addressing the seven requirements and 11 recommendations from the last inspection. This report should be read along with the May 2024 inspection report.

We spoke with the registered manager and dental nurse during the inspection.

The inspection team was made up of two inspectors.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

		Grade awarded
Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	Unsatisfactory

The grading history for DentOutline can be found on our website.

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](#)

We found that the provider still had work to do to address the requirements made at our previous inspection. It had taken steps to act on some of the recommendations we made.

Of the seven requirements made at the previous inspection on 20 May 2024, the provider has:

- met five requirements, and
- not met two requirements.

What action we expect DentOutline to take after our inspection

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

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

This inspection resulted in two requirements and five recommendations which remain outstanding, and one new requirement.

Implementation and delivery

Requirements

- | | |
|----------|--|
| 1 | The provider must ensure that the operator selects equipment and methods to ensure that, for each exposure, the dose of ionising radiation to the patient is as low as reasonably practicable and consistent with the intended diagnostic purpose. This must be done in consultation with the provider's appointed medical physics expert (see page 11). |
|----------|--|

Timescale – immediate

Regulation 3(a)

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

Regulation 12(3) and Regulation 14 The Ionising Radiation (Medical Exposure) Regulations 2017

This was previously identified as a requirement in the May 2024 inspection report for DentOutline.

- 2** The provider must demonstrate the criteria used by the practitioner to justify radiation exposures, particularly when using equipment and techniques that do not align with UK good practice guidelines. These must support the provider's clinical approach to diagnosis and treatment and demonstrate how radiation exposures will be kept as low as reasonably practicable (see page 11).

Timescale – by 11 August 2025

Regulation 11(1)(b) The Ionising Radiation (Medical Exposure) Regulations 2017

Recommendations

- a** The service should develop a formalised strategy that sets out its vision, purpose, aims and objectives. It should also identify key performance indicators to help it achieve its aims and objectives, and a process for monitoring and measuring these (see page 9).

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

This was previously identified as a recommendation in the May 2024 inspection report for DentOutline.

- b** The service should develop and implement a patient participation policy that sets out a structured way for obtaining patient feedback and using the feedback to improve the service (see page 10).

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

This was previously identified as a recommendation in the May 2024 and May 2022 inspection reports for DentOutline.

Implementation and delivery (continued)

Recommendations

- c** The service should consider moving to a single patient care record system for storing patient information (see page 14).

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

This was previously identified as a recommendation in the May 2024 and May 2022 inspection reports for DentOutline.

- d** The service should further develop its programme of regular audits to cover key aspects of care and treatment. Audit results should be documented, and action plans implemented (see page 14).

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

This was previously identified as a recommendation in the May 2024 and May 2022 inspection reports for DentOutline.

- e** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 14).

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

This was previously identified as a recommendation in the May 2024 and May 2022 inspection reports for DentOutline.

Results	
Requirement	
3	<p>The provider must improve the standard of record keeping to ensure all patient care records contain appropriate details about patient assessment, treatment, medicines administered, aftercare advice and reporting of X-ray images (see page 15).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the May 2024 and May 2022 inspection reports for DentOutline.</p>
Recommendations	
None	

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

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

We would like to thank all staff at DentOutline for their assistance during the inspection.

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 20 May 2024

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

Clear vision and purpose

Recommendation

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

Action taken

No action had been taken to address this recommendation. The service had not identified an overall vision or any aims and objectives to direct its approach. There was no formal, documented strategy or any key performance indicators to measure performance and help the service achieve its aims and objectives.

Developing a vision, aims, objectives and key performance indicators are important, even in small services. These will support the service to continually improve the quality of care and undertake the required review of the quality of treatment provided to patients (**see recommendation a on page 6**).

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

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

Recommendation

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

Action taken

No action had been taken to address this recommendation. There were still no patient participation policy or formal methods of seeking or evaluating patient feedback. Staff continued to gather feedback from patients in an informal way by asking them about their experience immediately after their appointment. They also encouraged patients to provide online reviews. These informal methods meant it was difficult for the service to draw any conclusions or identify trends that could be used to help improve the service.

We were told by the practitioner about the ongoing difficulties of engaging with patients and obtaining meaningful constructive feedback to inform how the service continued to develop. We discussed with the service the possible benefits of auditing online reviews and preparing a report that summarised these along with some analysis of the ratings system used.

A patient participation policy would help the service demonstrate a more structured way of seeking and using patient feedback to improve how the service was delivered. For example, by setting out:

- the different methods used to gather feedback
- how results would be evaluated and used to implement change where possible, and
- how the impact of improvements would be measured (**see recommendation b on page 6**).

Quality improvement

Requirement

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

Action taken

New adult and paediatric defibrillator pads had been purchased with an expiry date of 2026. The expired defibrillator pads had been removed and were no longer available for use. **This requirement is met.**

Requirement

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

Action taken

No action had been taken to address this requirement. The provider was continuing to use only one method of taking X-rays and could not provide evidence of any consultation about this with its appointed medical physics expert. This meant that the provider could not assure us that the dose of ionising radiation delivered to patients was as low as reasonably practicable. An integral part of the operator justifying radiation exposures is the consideration of risk versus benefit of the equipment selected. A higher radiation exposure should not be justified when alternative equipment would provide adequate diagnostic information with a lower dose. **This requirement is not met (see requirement 1 on page 5).**

We discussed the referral criteria used by the treating clinician and how they were justifying radiation exposures for clinical imaging. In particular, the efficacy, benefits and risk of available alternative techniques having the same objective but involving no or less exposure to ionising radiation. They told us that, in some cases, they would use other clinical methods to determine dental caries (tooth decay) and periodontal (gum health) issues instead of using radiographs (X-rays). However, the provider's documentation did not provide enough information to describe how the operator justified radiation exposures, particularly when using equipment and techniques that did not align with UK good practice guidelines. The provider must be able to demonstrate that they have given appropriate weight to the efficacy, benefit and risk of available alternative techniques, having the same objective but involving no or less exposure to ionising radiation, when justifying an exposure. **A new requirement has been made (see requirement 2 on page 6).**

Requirement

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

Action taken

We saw evidence that all clinical staff had completed certified life support and emergency training in June 2024. **This requirement is met.**

Requirement

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

Action taken

We saw evidence that all staff had completed infection control and decontamination training in September 2024. **This requirement is met.**

Requirement

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

Action taken

An external contractor had completed a fire risk assessment of the premises in September 2024 and this was due to be reviewed in September 2025. Although most of the areas for improvement identified in the risk assessment had been addressed, the accompanying action plan had not been completed. **This requirement is met.** However, we will follow up the outstanding areas for improvement from the risk assessment at the next inspection.

Recommendation

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

Action taken

These policies had been updated and now reflected the correct process for an independent clinic by referring to Healthcare Improvement Scotland as appropriate.

Recommendation

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

Action taken

Although a policy for managing accidents, incidents and adverse events had been implemented in October 2024, training for staff had yet to be provided. We were told training would be provided when a suitable external training provider was identified.

Recommendation

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

Action taken

The treating clinician had undertaken some online radiography training since our last inspection. The learning outcomes for the continuing professional development (CPD) courses taken included the:

- safety aspects for intraoral radiography (X-rays taken inside the mouth)
- safety aspects for the use of hand-held X-ray units
- process of X-ray and image production
- mechanism of producing an analogue image using intraoral and extraoral (X-rays taken outside the mouth) radiographic film techniques and the processing procedure, and
- techniques for intraoral radiography.

Recommendation

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

Action taken

We saw evidence that all relevant staff had completed training on the duty of candour principles in March 2025.

Recommendation

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

Action taken

No action had been taken to address this recommendation. The service continued to use various electronic and paper systems for its patient care records. This made it difficult to ensure all parts of patient care records could be viewed at the same time **(see recommendation c on page 7)**.

Planning for quality

Recommendation

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

Action taken

We noted that a limited radiology audit had been undertaken since our last inspection. However, no progress had been made in relation to auditing patient care records or carrying out any other types of audit. We were told the service was working with an external consultant to develop an audit programme **(see recommendation d on page 7)**.

Recommendation

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

Action taken

No action had been taken to address this recommendation. A quality improvement plan would enable the service to measure the impact of change and demonstrate a culture of continuous improvement **(see recommendation e on page 7)**.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

Requirement

The provider must ensure that appropriate health clearance checks are carried out:

- *on all staff before they begin working in the service, and*
- *on all staff currently working in the service.*

Checks must be recorded and retained on staff files.

Action taken

Appropriate health clearance checks had now been undertaken on all staff currently working in the service. We were assured that the provider was aware of the need to do this for any new staff employed in the future. **This requirement is met.**

Requirement

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

Action taken

We noted a small improvement in the standard of record keeping since our last inspection. However, the general standard remained poor, particularly where the treating clinician had recorded very minimal information in the patient care records. We had identified this as a requirement at previous inspections in May 2024 and May 2022. The standard of record keeping requires urgent and significant improvement to avoid Healthcare Improvement Scotland taking enforcement action against the provider. **This requirement is not met (see requirement 3 on page 8).**

Recommendation

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

Action taken

A documented stock checking system for emergency drugs and equipment had now been implemented as well as a system to manage stock medication.

Recommendation

The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland.

Action taken

The service has now submitted a self-evaluation to Healthcare Improvement Scotland.

Appendix 1 – About our inspections

Our quality of care approach and the quality assurance framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach 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

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:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihtregulation@nhs.scot

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

Healthcare Improvement Scotland

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

0131 623 4300

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

0141 225 6999

www.healthcareimprovementscotland.scot