



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** St Ninian House, Nairn

**Service Provider:** Doctor Denture Limited

26 March 2025

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## 1 Progress since our last inspection

### What the provider had done to meet the requirement we made at our last inspection on 11 February 2020

#### Requirement

*The provider must update the patient information to make it clear to the complainant that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.*

#### Action taken

The service's complaints policy now made clear that patients could contact Healthcare Improvement Scotland at any time. **This requirement is met.**

### What the service had done to meet the recommendations we made at our last inspection on 11 February 2020

#### Recommendation

*The service should follow its participation policy so that patient feedback is gathered and analysed in a structured manner.*

#### Action taken

The service was now asking patients to complete a patient satisfaction survey at the end of their treatment plan, using a QR code displayed in the treatment room. The information from these surveys was reviewed each week and once a year to see if there were any improvements that could be made. While no negative comments had been made in recent surveys, the practitioner planned to compare results against previous years to see if they could identify any learning and continue to maintain a high standard of care.

#### Recommendation

*The service should develop a duty of candour policy.*

#### Action taken

A duty of candour policy had now been implemented (where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong). This set out the process the practitioner would follow to manage duty of candour incidents and publish annual duty of candour reports.

### **Recommendation**

*The service should implement a programme of audit to assess its safety and effectiveness. Audits should include infection control procedures and patient care records.*

### **Action taken**

No progress had been made against this recommendation. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation d on page 19).

### **Recommendation**

*The service should develop its safeguarding policy to include the contact details of where concerns should be escalated.*

### **Action taken**

The service's safeguarding policy now included details of where staff would report any safeguarding (public protection) concerns.

### **Recommendation**

*The service should complete an environmental risk assessment and implement a process to review it to ensure the safety of patients and those working in the service.*

### **Action taken**

A general risk assessment had now been undertaken that identified the key environmental risks in the service, along with actions taken to ensure the risks were being reduced.

### **Recommendation**

*The service should ensure that 'before-and-after' photographs are held confidentially in the patient care record and not retained on a personal mobile phone.*

### **Action taken**

Patient photographs were no longer being stored. Once viewed, they were deleted or printed and kept in a locked filing cabinet with the patient's care record.

**Recommendation**

*The service should develop a quality improvement plan to help with service change and development.*

**Action taken**

A quality improvement plan had now been developed. Some actions identified in the plan included the introduction of a new website, and a focus on patient appointment reminder and follow-up texts.

## **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 St Ninian House on Wednesday 26 March 2025. We spoke with the manager (sole practitioner) during the inspection. We received feedback from 11 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Nairn, St Ninian House is an independent clinic providing dentures.

The inspection team was made up of one inspector.

## What we found and inspection grades awarded

For St Ninian House, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
<b>Summary findings</b>	<b>Grade awarded</b>
The service's mission and purpose had been published on its new website. A close working relationship had been built with a referring dental practice, to benefit patients' continuity of care. Developing formalised aims and objectives with measurable key performance indicators would help the service monitor and evaluate its performance.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Information about the treatments provided was available for patients. Patients were encouraged to provide feedback and the service used this to improve where appropriate. Adequate policies and procedures were in place to support the safe delivery of care. The practitioner kept their skills and competence up to date. Risk assessments had been carried out and a quality improvement plan helped to support continuous improvement of the service.</p> <p>A full emergency medical kit must be obtained and training undertaken in dealing with medical emergencies. A chaperone must be appointed. Evidence of appropriate health clearance and immunisation status for the practitioner, and any other staff employed, must be available. Duty of candour reports must be produced each year. Appropriate infection control training should be undertaken. A business continuity plan should be developed, and an audit programme introduced.</p>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment and equipment were clean and well maintained. Patients were positive and complimentary about the service and practitioner. Patient care records were comprehensively completed.	✓✓ 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 Doctor Denture 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 four requirements and four recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered (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 4.19</p>

## Implementation and delivery

### Requirements

- 1** The provider must produce annual duty of candour reports (see page 17).

Timescale – immediate

*Regulation 5(2)*

*The Healthcare Improvement Scotland (Inspections) Regulations 2011*

- 2** The provider must:
- a) provide appropriate medical emergency drugs and equipment as set out in the Scottish Government's *Emergency Drugs and Equipment in Primary Dental Care* guidance, and
  - b) undertake appropriate medical emergency training that covers life support, airway management and the administration of medical emergency drugs (see page 17).

Timescale – by 22 August 2025

*Regulation 3(a) and 12(a)*

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

- 3** The provider must ensure that a chaperone is appointed to the service to accompany the practitioner whenever a patient is treated. The chaperone must be a dental professional registered with the General Dental Council (GDC) or other healthcare regulator (see page 18).

Timescale – by 22 November 2025

*Regulation 12(a)*

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

- 4** The provider must produce evidence of appropriate health clearance and immunisation status for the practitioner, and any other newly appointed staff members (see page 18).

Timescale – by 22 August 2025

*Regulation 3(a)*

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

Implementation and delivery (continued)	
Recommendations	
<b>b</b>	<p>The service should ensure that all staff undertake the NHS Education for Scotland (NES) foundation layer Scottish infection prevention and control education pathway (SIPCEP) training course (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>
<b>c</b>	<p>The service should produce a formal business continuity plan that sets out how patient aftercare and follow up will be managed if the business has to temporarily close or permanently cease trading (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>
<b>d</b>	<p>The service should develop and implement an audit programme to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 19).</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> <p>This was previously identified as a recommendation in the February 2020 inspection report for St Ninian House.</p>

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

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

Doctor Denture 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 St Ninian House 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's mission and purpose had been published on its new website. A close working relationship had been built with a referring dental practice, to benefit patients' continuity of care. Developing formalised aims and objectives with measurable key performance indicators would help the service monitor and evaluate its performance.**

#### *Clear vision and purpose*

The service provides dentures to adults over 18 and is managed and provided by one practitioner who is an experienced clinical dental technician registered with the General Dental Council (GDC).

The service's mission was to provide 'first-class independent and tailored dentures for its customers' and its purpose was to 'offer the general public access to a greater patient focused denture service'. To achieve this mission and purpose, the service had identified three key priorities which were to:

- build close working relationships with local dental practices to establish effective referral pathways
- stay up to date with the latest dentistry techniques and innovations, and
- keep pushing the boundaries of what is possible in removable prosthodontics (replacement of missing or damaged teeth) using peer review, self-evaluation and reflection.

These key priorities had been published on the service's website.

To help work towards its first key priority, the practitioner had built a close working relationship with a local dental practice where the service referred patients who needed general dental treatment as part of their denture treatment plan. This was a reciprocal arrangement where the dental practice referred its patients to the service for denture treatment. This helped to ensure that patients received a joined-up approach to their treatment and care and helped them achieve the best treatment outcome.

### **What needs to improve**

While the service had set out its mission, purpose and priorities, it had not identified aims and objectives, or key performance indicators, to describe how it would meet them. There was also no evidence that the service had a process in place to show how it would measure its performance against key performance indicators (recommendation a).

- No requirements.

### **Recommendation a**

- The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered.

## 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

Information about the treatments provided was available for patients. Patients were encouraged to provide feedback and the service used this to improve where appropriate. Adequate policies and procedures were in place to support the safe delivery of care. The practitioner kept their skills and competence up to date. Risk assessments had been carried out and a quality improvement plan helped to support continuous improvement of the service.

A full emergency medical kit must be obtained and training undertaken in dealing with medical emergencies. A chaperone must be appointed. Evidence of appropriate health clearance and immunisation status for the practitioner, and any other staff employed, must be available. Duty of candour reports must be produced each year. Appropriate infection control training should be undertaken. A business continuity plan should be developed, and an audit programme introduced.

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

The practitioner engaged with both patients and external dental colleagues on a daily basis. They told us they felt the service's success was based on their patient focus as they placed great importance on making patients feel listened to and adopting an empathic, considerate approach. They did this by taking time to understand their patients' lives and backgrounds and felt this was key to shaping great treatment outcomes. They were open to, and happy to implement changes from, suggestions, if relevant.

A participation policy was in place and the practitioner asked all patients to complete a patient satisfaction survey at the end of their treatment plan using a QR code displayed in the treatment room. They reviewed the results each week and analysed the survey as a whole at the end of each year to see what improvements could be made. Results were also compared against the previous year to measure improvement and maintain a high standard of care. Outcomes from patient feedback were fed back to patients directly.

An example of a recent improvement made as a result of patient feedback was the creation of the service's new website. This new website now aimed to provide better information for patients, for example to help them locate the

service. It also included information on the practitioner, treatments, benefits and alternatives, costs and aftercare.

The practitioner told us they sometimes found that obtaining patient feedback could be challenging as many of the service's patients did not use smart phones so could not access the QR code. However, all of the feedback that had been received by the service was positive. All patients that responded to our online survey were also very happy with the service and the treatment and care provided. Comments included:

- '[...] goes above and beyond for his patients I wouldn't go anywhere else. What he does is absolute amazing work from start to finish. Keeping you up to date from start to finish. The aftercare is amazing not much places would help you out of hours. [...] is an absolute star.'
  - 'They are so friendly. They take all your needs and do it in such a great manner. Making sure that you are comfortable and coping every step of the way.'
- No requirements.
  - No recommendations.

### ***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 service was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance.

We saw adequate policies in place to help deliver safe person-centred care, including those for:

- duty of candour
- safeguarding (public protection)
- infection prevention and control, and
- information management.

A complaints policy detailed the process for managing a complaint and the timescales the service would follow. The policy stated that patients could complain to Healthcare Improvement Scotland at any time and included our

contact information. Information about how to make a complaint was available to patients in the service. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered with us in March 2018.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong) and the practitioner had completed training on duty of candour principles.

Consultations were by appointment only. We were told that patients had face-to-face consultations and were appropriately assessed, consented and given information about aftercare and follow up.

Patients who responded to our online survey told us they felt involved in the decisions about their care. Some comments we received included:

- 'I got to choose shades and shapes etc. I did leave it up to him though as I have seen his work and I knew he would pick the perfect new teeth.'
- '... everything was explained so well from start to finish.'
- 'I was able to change my mind before my second appointment and it was absolutely no problem. It's all about the client.'

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). This provides a level of assurance that confidential information is safely secured and accessed only by relevant clinical staff. Patient care records were in paper format and stored in a locked filing cabinet. The provider was considering going paperless and was in the process of researching appropriate software packages that would meet the service's needs.

Maintenance contracts for the fire safety equipment and fire detection system were up to date. A fire risk assessment had been carried out and was due to be repeated in the next 2 months. Fire safety signage was in place and we saw an up-to-date electrical installation condition report for the fixed electrical wiring. An oxygen cylinder was kept for emergencies and was serviced each year.

The practitioner kept up to date with current developments in the dental industry by attending relevant courses to complement their existing skills. The General Dental Council also monitored their competence through continuing professional development requirements. We noted they had recently won 'case of the month' in a Scottish dental specialists group. This led to them being asked to contribute to the group's online dental blog.



### **What needs to improve**

The service was not producing annual duty of candour reports. 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. These reports should be made available to the public (requirement 1).

With the exception of oxygen, no emergency medical kit was held by the service and the practitioner had not received training in the administration of emergency drugs (requirement 2).

There was no chaperone appointed to the service to accompany the practitioner when treating patients. The General Dental Council (GDC) standards state that practitioners should be supported by a dental professional registered with the GDC or other healthcare regulator (requirement 3).

As an exposure prone procedure (EPP) worker, the practitioner must be able to demonstrate evidence of their health clearance and immunisation status for hepatitis A and B, tetanus and HIV. These are procedures where a practitioner's gloved hand may be in contact with sharp tissues inside a patient's mouth and could result in exposure to the patient's open tissues or blood. The provider also has a duty to check the health clearance and immunisation status when a chaperone is appointed (requirement 4).

There was no evidence that the practitioner had undertaken appropriate infection prevention and control training. Once a chaperone is appointed, this person should also undertake the same training (recommendation b).

### **Requirement 1 – Timescale: immediate**

- The provider must produce annual duty of candour reports.

### **Requirement 2 – Timescale: by 22 August 2025**

- The provider must:
  - a) provide appropriate medical emergency drugs and equipment as set out in the Scottish Government's *Emergency Drugs and Equipment in Primary Dental Care* guidance, and
  - b) undertake appropriate medical emergency training that covers life support, airway management and the administration of medical emergency drugs.

### **Requirement 3 – Timescale: by 22 November 2025**

- The provider must ensure that a chaperone is appointed to the service to accompany the practitioner whenever a patient is treated. The chaperone must be a dental professional registered with the General Dental Council (GDC) or other healthcare regulator.

### **Requirement 4 – Timescale: by 22 August 2025**

- The provider must produce evidence of appropriate health clearance and immunisation status for the practitioner, and any other newly appointed staff members.

### **Recommendation b**

- The service should ensure that all staff undertake the NHS Education for Scotland (NES) foundation layer Scottish infection prevention and control education pathway (SIPCEP) training course.

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

A risk assessment had been carried out which helped to make sure that care and treatment was delivered in a safe environment, with actions taken to reduce any risks to patients and the practitioner.

The practitioner told us they were considering purchasing dental record management software in order to move away from paper records. They then planned to carry out patient care record audits every month.

A quality improvement plan had recently been developed that set out how the service would continually improve how treatment and care was delivered, leading to better patient outcomes. Examples of initiatives included in the quality improvement plan included the new website, and a focus on patient appointment reminder and follow-up texts.

### **What needs to improve**

Although the service had an informal business continuity arrangement with a local dental practice for any unexpected circumstances where the service had to temporarily close and patients needed to be cared for elsewhere, a formal business continuity plan should be developed (recommendation c).

There was no formal audit programme in place. While the service was small, carrying out some key audits would help the service in its quality improvement approach. For example, auditing patient care records at regular intervals to check there are no gaps in the information recorded (recommendation d).

- No requirements.

#### **Recommendation c**

- The service should produce a formal business continuity plan that sets out how patient aftercare and follow up will be managed if the business has to temporarily close or permanently cease trading.

#### **Recommendation d**

- The service should develop and implement an audit programme to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

## 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

**The environment and equipment were clean and well maintained. Patients were positive and complimentary about the service and practitioner. Patient care records were comprehensively completed.**

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

Treatment was delivered from clean and well-maintained premises. The provider had recently purchased the building, modernised the communal areas and had further plans to refurbish the treatment room.

All equipment we saw was clean and in a good state of repair. We saw a good supply of alcohol-based hand rub, and appropriate personal protective equipment such as disposable gloves. A waste management contract was in place for the safe disposal of clinical waste. No reusable dental instruments were used and there was a good supply of single-use equipment available to prevent the risk of cross-infection. Shade guides (used to help select the correct colour of prosthetic teeth, such as dentures) were cleaned using an appropriate medical device disinfectant, in line with the manufacturer's instructions.

Although the service had a patient dental chair, the waterline had been disconnected and the spittoon was not used. Patients used a dedicated sink to spit into following the taking of dental impressions. This sink was appropriately cleaned between each use.

Patients who responded to our online survey told us they felt safe and were happy with the cleaning measures in place to reduce the risk of infection in the service. Some comments we received from patients included:

- 'Very clean and well organised establishment.'
- 'Modern and clean facilities.'
- 'I've never had an impression taken like this before, it really is up a level.'

We reviewed four patient care records and saw that all appropriate details about the patient had been documented, such as:

- name and address
- date of birth
- GP and dentist details
- medical history, and
- treatment plan.

The patient care records we reviewed also included a consent form that the patient and practitioner had signed on the day of treatment.

- No requirements.
- No recommendations.

## 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:

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

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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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