

Announced Inspection Report: Independent Healthcare

Service: Mariner House Dental Care, Glasgow

Service Provider: Portman Healthcare Limited

15 September 2025

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1 A summary of our inspection

Background

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

Our focus

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

About our inspection

We carried out an announced inspection to Mariner House Dental Care on Monday 15 September 2025. We spoke with a number of staff during the inspection. We did not receive any feedback to the online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Glasgow, Mariner House Dental Care is an independent clinic providing dental care.

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

For Mariner House Dental Care, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
Leadership was visible and supportive. Regular staff meetings were held. The provider's vision and ethos was published on the service's website for patients to view. Performance against key performance indicators was monitored to show how the service was performing.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Policies and procedures were in place to support the safe delivery of care and treatment. Key risk assessments had been carried out and business continuity arrangements were in place. Regular checks of medical emergency equipment must be carried out. Results from patient feedback should be fed back to patients.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The service was provided from modern, safe and accessible premises. Appropriate infection control measures were in place. Staff had been recruited safely and patient care records were of a good standard.		✓ 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:
[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 Portman Healthcare 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 one requirement and three recommendations.

Implementation and delivery	
Requirement	
1	The provider must ensure an effective process is in place for carrying out checks of all medical emergency equipment to make sure all items are in date and available for use at all times (see page 13). Timescale – immediate <i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>
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 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should develop a formal agreement with the dental practice located immediately opposite for additional support when required, including for assisting with medical emergencies (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

Results	
Requirements	
None	
Recommendation	
c	The service should complete and submit a self-evaluation as and when requested by Healthcare Improvement Scotland (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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](#)

Portman Healthcare Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Mariner House Dental Care for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

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

Our findings

Leadership was visible and supportive. Regular staff meetings were held. The provider's vision and ethos was published on the service's website for patients to view. Performance against key performance indicators was monitored to show how the service was performing.

Clear vision and purpose

The service provided orthodontic dental care (using braces, aligners and retainers to correct the positioning of teeth) and a tooth whitening service. Patients could be referred by their general dental practitioner or could self-refer.

The service was part of a large group of approximately 375 dental practices across the UK and Europe, provided by Portman Healthcare Limited. The provider's vision was about putting the patient at the heart of everything, using an ethos of providing the highest standard of care to patients by providing a first-class service, clinical excellence and state-of-the-art technology. Information about this vision and values was provided on the service's website.

Key performance indicators to monitor the service's performance had been set by the provider. The service's leadership team had developed a plan for how the key performance indicators would be achieved. Progress with key performance indicators was monitored and discussed at staff meetings. Examples of the key performance indicators included the use of clinical space, the number of new patients attending the service and patient satisfaction.

- No requirements.
- No recommendations.

Leadership and culture

The service was provided by a small team of dentists and dental care professionals. The team regularly joined with another orthodontics practice within the provider group. This included for shared governance related activities and joint staff meetings where there was a set agenda with minutes recorded. During these meetings, we saw that topics covered included safeguarding (public protection), training, complaints, revenue update, patient satisfaction and 'colleague of the month'. Minutes included action plans and were emailed to all staff following the meetings.

A regional manager and regional clinical lead supported the service's leadership team and clinicians. Additional support was provided with compliance and regulation by the provider's centralised teams. These teams also reviewed the service's performance and benchmarked it against other practices in the wider group to help drive improvement. The provider regularly communicated and shared information and updates with the service to support staff in keeping up to date with emerging dental and clinical issues.

Staff told us they felt supported in their role and there were good development opportunities, including radiography training for dental nurses and an annual practice manager conference organised by the provider's corporate team.

- 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

Policies and procedures were in place to support the safe delivery of care and treatment. Key risk assessments had been carried out and business continuity arrangements were in place.

Regular checks of medical emergency equipment must be carried out. Results from patient feedback should be fed back to patients.

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

Information about the treatments and care delivered by the service was available on the service's website. This included information on fees which were also available in the waiting area. The team stayed in regular contact with patients. This included an automatic request for online testimonial and feedback using a QR code and survey link sent to every patient. Online reviews were reviewed each week by the provider, replied to and then shared with the service. Survey results and other types of feedback were reviewed and acted on by the practice manager, where appropriate. Outcomes were shared with staff at meetings and through an online group messaging forum. Follow-up calls to patients were made by the team to request further information if any negative feedback was received. An example of action taken as a result of patient feedback was the introduction of a room atomizer to create a relaxing environment in the waiting area.

As well as through staff meetings, staff were also given an opportunity to provide feedback using an annual online company survey issued to all staff. Feedback was reviewed by the provider's marketing team and results fed back to the practice manager. This included national feedback data for all of the provider's services, as well as feedback specific to the service. An example of action taken as a result of staff feedback was the introduction of staff pay banding across the provider group.

A colleague of the month staff recognition scheme was in place where staff could nominate colleagues who had gone beyond their core job roles or helped other staff members. Staff were recognised with a thank you email and, on occasion, a gift voucher.

What needs to improve

There was no evidence that results of feedback was shared with patients (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 registered manager was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, in line with our notifications guidance.

Policies were comprehensive and were reviewed regularly by the centralised corporate team. All policies were up to date and located on an electronic risk, quality and compliance management system which all staff could access, as well as a copy of the staff handbook.

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 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. Appropriate clinical staff had undertaken duty of candour training and duty of candour reports were produced each year and were available in the service.

The service's complaints policy was available in the service. This included up-to-date contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. Information on how to make a complaint was available in the waiting area. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered with us in August 2023.

Separate safeguarding (public protection) policies were in place for both children and adults, and these included who to contact for both groups if staff had any safeguarding concerns.

The onsite decontamination room was well equipped with a washer disinfectant and autoclave used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and decontamination room. Staff knew the service's decontamination process and clear procedures were in place to ensure effective decontamination of instruments. During the inspection, a staff member demonstrated how the team safely processed instruments.

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

A welcome pack was provided to every patient after their assessment. This included written treatment plans and detailed estimates for treatment costs. Patients were given time to discuss and ask questions about their treatment plan with the treating practitioner before, during and after the consent process. Aftercare advice was given to all patients and patients were regularly reviewed. This was recorded in the patient care records.

Patient care records were kept in electronic format on the service's practice management software system. A suitable back-up system was in place in case of system failure. 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.

The service used an external company to manage health and safety matters. This included risk management and carrying out audits. Another company managed all fire safety and maintenance for the service. An appropriate water management system was in place to manage the risks from legionella (a water borne bacteria).

There was a comprehensive staff induction (role specific) procedure with 'check-ins' with staff every 3 months. The electronic risk, quality and compliance management system advised when annual checks such as professional registration and indemnity insurance were due to ensure staff remained safe to work in the service. Staff appraisals were carried out annually and these were aligned with the corporate values. An individualised action plan was produced for each staff member after their appraisal.

The service expected staff to complete further mandatory training as part of their own ongoing development, as well as helping to support the overall development and improvement of the service. A system was in place to automatically track progress for all staff. The online training and education modules included:

- health, safety and wellbeing at work
- clinical care
- safeguarding (public protection), and
- infection control.

What needs to improve

Although the service carried out checks on its medical emergency equipment, we found some equipment was missing and out of date (requirement 1).

We were told an agreement was in place with another of the provider's nearby dental practices for support in an emergency. However, there was no policy to indicate what this support was and how communication would be made (recommendation b).

Requirement 1 – Timescale: immediate

- The provider must ensure an effective process is in place for carrying out checks of all medical emergency equipment to make sure all items are in date and available for use at all times.

Recommendation b

- The service should develop a formal agreement with the dental practice located immediately opposite for additional support when required, including for assisting with medical emergencies.

Planning for quality

The service used an electronic risk, quality and compliance management system to manage compliance and consistency of approach with operational matters and quality improvement. All results of audits, complaints, adverse events, duty of candour incidents and accidents were logged on this system. Results were compared at national level by the provider and then shared with individual services. Any lessons learned were discussed at staff meetings. Every 3 months, the provider issued a document to all staff which gave examples and learning from the past 3 months. This included information from near misses, incidents and adverse events that had happened at any of the group practices and beyond.

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

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

We saw evidence of regular cleaning audits and testing of local decontamination unit equipment. The patient care record audit was completed annually.

What needs to improve

The service only had a small number of patients attending and carried out its patient care record audit once a year. We discussed with the service that this could result in issues being missed for a long period of time and, if this audit was carried out more regularly, these could be addressed sooner. We will follow this up at our next inspection.

- No requirements.
- No recommendations.

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 service was provided from modern, safe and accessible premises. Appropriate infection control measures were in place. Staff had been recruited safely and patient care records were of a good standard.

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

The service was delivered from a modern, safe and accessible environment with appropriate equipment. The fabric and finish of the building was 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. 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 four staff files and saw that the appropriate background and health clearance checks had been carried out for all staff.

We reviewed several electronic patient care records stored on the practice management software system. These were of a very good standard, often using template notes to help ensure all required information was documented. These included information on clinical examinations and orthodontic treatment carried out. The X-ray images held in patient care records were of good quality and well reported.

What needs to improve

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

- No requirements.

Recommendation c

- The service should complete and submit a self-evaluation as and when 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

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.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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