

Announced Inspection Report: Independent Healthcare

Service: The Berkeley Clinic, Glasgow

Service Provider: Berkeley Clinic UK Ltd

5 November 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 The Berkeley Clinic on Wednesday 5 November 2025. We spoke with a number of staff during the inspection and received feedback from nine patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection of this service.

Based in Glasgow, The Berkeley Clinic is an independent clinic providing dental care, non-surgical and minor surgical treatments.

The inspection team was made up of four inspectors.

What we found and inspection grades awarded

For The Berkeley Clinic, 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
<p>The service had identified a purpose and vision, as well as a general strategy statement and key performance indicators. However, a more formal strategy with defined aims and objectives and measurable key performance indicators would help the service measure its performance.</p> <p>A standardised agenda template should be introduced for staff meetings.</p>		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patient and staff feedback was actively encouraged and improvements made, where appropriate. Key policies and procedures were in place to make sure patient care and treatment was delivered safely. Patients felt involved in decisions about their treatment and care. Staff development was actively encouraged and supported. New and innovative practices were being used to improve the way the service communicated with patients.</p> <p>Duty of candour reports must be produced and published each year. Key checks must be carried out regularly to make sure staff remain safe to work in the service. Effective systems must be introduced that demonstrate the proactive management of risks. Policies should have a clear review process. A quality improvement plan and audit programme should be developed.</p>		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The service was provided from a clean and well-maintained environment. Appropriate infection control measures were in place. Staff had been recruited safely and patients spoke very positively about their experience of using the service.</p> <p>Evidence of appropriate health clearance and immunisation status must be obtained for all staff, as appropriate. Sedation staff must receive appropriate training and evidence of this retained in staff files. Patient care records should contain</p>		✓ Satisfactory

appropriate information about local anaesthetic dose and sedation observations. The local rules for the hand-held intraoral device and the sedation protocol should be updated.	
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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 Berkeley Clinic UK Ltd to take after our inspection

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

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

This inspection resulted in five requirements and nine recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should continue to develop its strategy and set out its purpose and vision, clear aims and objectives, and measurable key performance indicators that will help demonstrate how its purpose and vision are being achieved. This should be shared with staff and patients (see page 12).</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>
b	<p>The service should create a standardised agenda template with regular operational standing agenda items that will be discussed and monitored at every meeting (see page 12).</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	<p>The provider must produce and publish a duty of candour report each year and make this available to patients (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(2)</i> <i>The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p>
2	<p>The provider must ensure that key checks are repeated at regular intervals to ensure staff remain safe to work in the service. These include professional registration status, health clearance status, medical indemnity insurance and Disclosure Scotland checks (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 12</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
3	<p>The provider must develop effective systems that demonstrate the proactive management of risks to patients. This must include:</p> <ul style="list-style-type: none"> a) appropriate risk assessments, and b) a risk register of key risks that are regularly reviewed (see page 18). <p>Timescale – by 28 February 2026</p> <p><i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
c	<p>The service should update its recruitment policy to include the health clearance and immunisation requirements for individual job roles (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

Implementation and delivery (continued)	
Recommendations	
d	<p>The service should implement a planned review process for its policies and procedures to ensure that current legislation and best practice is always being followed (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
e	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans developed (see page 18).</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>
f	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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>

Results	
Requirements	
4	<p>The provider must obtain evidence of appropriate health clearance and immunisation status for all staff members carrying out exposure prone procedures (see page 22).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
5	<p>The provider must ensure that sedation staff receive training appropriate to the work they perform and that evidence is retained in staff files (see page 22).</p> <p>Timescale – immediate</p> <p><i>Regulation 12(c)(ii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Results (continued)	
Recommendations	
g	<p>The service should ensure that appropriate information about local anaesthetic dose and sedation observations are consistently recorded in patient care records (see page 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
h	<p>The service should update its local rules for the hand-held intraoral device to detail how the device should be turned off and isolated. It should also be made clear that the device should be held in the same horizontal alignment as the teeth during use (see page 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
i	<p>The service should update its sedation protocol to detail the criteria to be used for assessing a patient's suitability for sedation treatment (see page 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</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](#)

Berkeley Clinic UK Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Berkeley Clinic for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

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

Our findings

The service had identified a purpose and vision, as well as a general strategy statement and key performance indicators. However, a more formal strategy with defined aims and objectives and measurable key performance indicators would help the service measure its performance.

A standardised agenda template should be introduced for staff meetings.

Clear vision and purpose

The service provided general, cosmetic and restorative dentistry, including implants, endodontics (root canal treatment) and orthodontics (braces, aligners and retainers). It also provided conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place), facial aesthetic treatments and limited minor surgical procedures. The majority of patients referred themselves to the service, but dentists could also refer patients, if required.

The service's identified purpose was to provide 'excellent dentistry and dental care to all of its patients, by treating all patients equally, without judgement or prejudice and with respect'. We were told the service's vision was to continue to grow in terms of the treatments provided, and to keep up to date with the latest advances in dental treatment techniques and technology. The service planned to add its purpose and vision to its new website which was in the process of being developed.

What needs to improve

While we were told that key performance indicators had been identified, these were not yet being used to measure performance. The service had also prepared a written strategy statement setting out its general strategic approach based on its purpose and vision. However, no clear aims and objectives had yet been identified (recommendation a).

- No requirements.

Recommendation a

- The service should continue to develop its strategy and set out its purpose and vision, clear aims and objectives, and measurable key performance indicators that will help demonstrate how its purpose and vision are being achieved. This should be shared with staff and patients.

Leadership and culture

The service's team included a range of dental healthcare professionals, as well as doctors, nurses, treatment co-ordinators, receptionists and a practice manager who was also the registered manager of the service with Healthcare Improvement Scotland. 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.

Various regular meetings were held to communicate and share information with staff. This included full team meetings every month and regular separate clinician meetings for different staff groups. Minutes were documented and shared with staff. Additional daily huddles were held and an online group messaging app was used to informally keep staff updated on day-to-day issues. A communications sheet was also used for communicating daily issues with staff. We found that communication between the leadership team and staff was open and transparent, with both sides being free to speak up.

We saw a written statement of organisational values and behaviours which highlighted a core value of 'providing safe and proficient dental care to all, in a non-judgemental and safe environment'. This statement had been shared and discussed with staff during staff meetings.

What needs to improve

We found that the staff meetings did not always have a set agenda. Having operational standing agenda items for every meeting, such as staffing, quality improvement activity, risk, and health and safety would ensure that key areas are monitored regularly (recommendation b).

- No requirements.

Recommendation b

- The service should create a standardised agenda template with regular operational standing agenda items that will be discussed and monitored at every meeting.

Key Focus Area: Implementation and delivery

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

Our findings

Patient and staff feedback was actively encouraged and improvements made, where appropriate. Key policies and procedures were in place to make sure patient care and treatment was delivered safely. Patients felt involved in decisions about their treatment and care. Staff development was actively encouraged and supported. New and innovative practices were being used to improve the way the service communicated with patients.

Duty of candour reports must be produced and published each year. Key checks must be carried out regularly to make sure staff remain safe to work in the service. Effective systems must be introduced that demonstrate the proactive management of risks. Policies should have a clear review process. A quality improvement plan and audit programme should be developed.

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

Information about fees, treatments and care delivered by the service was available on the service's website, in the service and also on its social media accounts.

The service had a patient participation policy and process for gathering feedback from patients and using this to make improvements to the way the service was delivered. Patient feedback was collected through a suggestion box, website reviews and online testimonials. Patients were also contacted the day after their treatment either by telephone or an app-based messaging service to ensure they were satisfied with the level of care received. The practice manager checked patient feedback and reviews regularly, responding where appropriate, and shared feedback with the rest of the team at daily huddles. A recent example of patient feedback being used to improve the service included new coffee cups being purchased.

Patients who responded to our online survey said they felt involved in decisions about their treatment and care, and were informed about the benefits, potential risks, side effects and costs before going ahead with treatment.

- 'I've had treatment... for many years and they always explain all procedures and treatments, costs, benefits and possible risks and side effects. The treatment by my dental surgeon is the absolute best I've ever had... answers all my questions too as I like to know as much as I can about my dental treatment.'
- 'Everything was made clear to me throughout my treatment. I was pleasantly surprised with the completeness and transparency.'
- 'The treatment was explained in great detail and repeated every step of the way. I was encouraged to visit the hygienist after the procedure to learn more about aftercare.'

Staff feedback was encouraged through regular team meetings. A nurses book was also used as an anonymous way for staff to leave suggestions and feedback. The practice manager reviewed the comments regularly, providing any necessary feedback to senior management. We were told that staff were involved in decision making through encouraging a culture of continuous improvement, shared responsibility and maintaining open communication.

An artificial intelligence (AI) telephone database had recently been introduced to record and transcribe staff's telephone conversations with patients and rate staff on their performance. The service had further plans to introduce AI programme management software that would integrate with its telephone database.

- 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 registered manager was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, in line with our notifications guidance.

The service had a comprehensive range of policies and procedures which staff were able to easily access through the clinic's computer system. An external human resources company regularly reviewed the service's policies and

procedures to make sure they were up to date with any changes in legislation and best practice. The practice manager then made sure all staff reviewed any policy changes and signed to say they understood them.

The service had a dedicated room with a 3D X-ray machine that took 3D radiographic images of patients' teeth. It also had a hand-held intraoral X-ray machine (used for taking X-rays inside patients' mouths). The X-ray equipment was digital and a range of image receptor sizes was available to allow the most appropriate image to be recorded for each patient. X-ray machines had appropriate safety checks and testing carried out. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. The radiation protection file was up to date.

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 carried out regular medical emergency training. The sedation team had been suitably trained in the sedation techniques used in the service. All equipment used to monitor patients' pulse and oxygen levels during conscious sedation had been appropriately serviced and calibrated.

Infection prevention and control policies and procedures were in line with national best practice. The onsite decontamination room was equipped with a washer disinfectant and autoclaves for cleaning and sterilising equipment. Dental instruments could be safely and easily transported between the treatment rooms and the decontamination room. The service's decontamination processes were clear and were understood by staff. During the inspection, a staff member demonstrated how the team safely processed instruments to ensure effective decontamination. Regular appropriate testing of decontamination equipment had been undertaken.

We saw certification to show that the fixed electrical installation was being maintained in satisfactory condition, and a system was in place to regularly check portable electrical appliances to make sure they were safe to use. Fire safety signage was displayed and we saw evidence showing that the fire safety equipment was appropriately maintained. A legionella (a water-based bacteria) risk assessment had been undertaken by a specialist company, who had created a water safety management plan for the service to follow. This included carrying out regular water monitoring and testing.

A duty of candour policy set out the service's professional responsibility to be honest with people when something goes wrong. Appropriate clinical staff had undertaken duty of candour training. There had been no duty of candour incidents since the service was registered with Healthcare Improvement Scotland in March 2023.

The service's complaints policy was available in the service, 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. We noted that two complaints had been received by the service and these had been appropriately dealt with.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. They were provided with a range of treatment plan options along with expected costs, and given time to discuss and ask questions about their treatment plan before going ahead. A system was in place to ensure all patients had signed their consents before any treatment took place.

A system was in place to regularly review patients, with recall and hygiene appointments set at defined intervals based on an 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, and a suitable back-up system was in place in case this system failed. Access to the practice management software system and patient care records was password protected. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

An appropriate recruitment and induction policy and process was in place, and an induction checklist was used to make sure staff were appropriately inducted into their role. This included an introduction to members of staff, key health and safety information, and information on managing medical emergencies. A 'buddy' system was also in place where a more senior colleague mentored a new staff member.

The practice manager used a computer database to plan daily staff rotas to make sure there was always an appropriate number and skill mix of staff for the work planned. A staff training policy and tracking system were used to make sure staff kept up to date with mandatory training modules. Regular comprehensive appraisals were undertaken with staff every year, with one-to-one catch-ups every 6 months to check progress.

The service actively encouraged further education and training. Staff were supported with continuing professional development activities that were of professional interest to them through a study leave budget. Recent examples of staff development for dental nurses included training in sedation, clinical photography and dental implants. Some dental therapists had undertaken a

composite course (materials used for restoring teeth) and other staff had undertaken a laser safety course. We also noted that some staff members had recently been promoted to more senior positions. We were told the service was considering introducing a staff recognition programme.

What needs to improve

Annual duty of candour reports were not being produced. Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year, even where no incidents occur requiring the need to implement the duty of candour procedure. The report should be made available to patients, for example in the service or published on the service's website (requirement 1).

No system was in place for carrying out key ongoing checks on staff to make sure they remained safe to work in the service. These include the professional registration status of healthcare professionals, medical indemnity insurance renewal, health clearance status and Disclosure Scotland status (requirement 2).

The service's recruitment policy did not detail how the appropriate health clearance and immunisation status for different staff groups would be determined. For example, staff performing exposure prone procedures (where the staff member'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) would need a higher level of health clearance (recommendation c).

The service used an external human resources company to help develop its policies and procedures. However, no clear review process was in place for the policies and procedures (recommendation d).

Requirement 1 – Timescale: immediate

- The provider must produce and publish a duty of candour report each year and make this available to patients.

Requirement 2 – Timescale: immediate

- The provider must ensure that key checks are repeated at regular intervals to ensure staff remain safe to work in the service. These include professional registration status, health clearance status, medical indemnity insurance and Disclosure Scotland checks.

Recommendation c

- The service should update its recruitment policy to include the health clearance and immunisation requirements for individual job roles.

Recommendation d

- The service should implement a planned review process for its policies and procedures to ensure that current legislation and best practice is always being followed.

Planning for quality

Some specialist risk assessments had been undertaken by external companies, for example for radiation, fire and legionella risks.

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.

What needs to improve

While some specialist external risk assessments had been carried out, there was no evidence to demonstrate that general risks within the service had been assessed. There was also no overarching risk register in place to monitor key risks on an ongoing basis (requirement 3).

While regular X-ray audits were being carried out, there was no evidence of audits for other key areas, such as infection prevention and control, the care environment, patient care records or sedation-related activity (recommendation e).

While staff carried out some quality improvement activities, there was no overarching quality improvement plan. This would help the service to structure and record its service improvement processes and outcomes, such as setting out what improvement activities were planned for the year ahead. It would also allow the service to measure the impact of any changes and demonstrate a continuous cycle of improvement (recommendation f).

Requirement 3 – Timescale: by 28 February 2026

- The provider must develop effective systems that demonstrate the proactive management of risks to patients. This must include:
 - a) appropriate risk assessments, and
 - b) a risk register of key risks that are regularly reviewed.

Recommendation e

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans developed.

Recommendation f

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

Key Focus Area: Results

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

Our findings

The service was provided from a clean and well-maintained environment. Appropriate infection control measures were in place. Staff had been recruited safely and patients spoke very positively about their experience of using the service.

Evidence of appropriate health clearance and immunisation status must be obtained for all staff, as appropriate. Sedation staff must receive appropriate training and evidence of this retained in staff files. Patient care records should contain appropriate information about local anaesthetic dose and sedation observations. The local rules for the hand-held intraoral device and the sedation protocol should be updated.

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.

The service was delivered from premises that provided a safe environment for patient care and treatment. 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. 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.

Patients who responded to our online survey told us they were satisfied with the facilities and equipment in the environment they were treated in.

Comments included:

- 'The clinic is state of the art in technology whilst also being incredibly warm and friendly and the waiting room is like sitting in a beautiful big cosy living room.'
- 'The facilities are very modern and comfortable.'
- 'The patient lounge... is very comfortable and restful. The surgeries I have been in are immaculately clean.'

We reviewed 22 staff files and saw that appropriate background and health clearance checks had been carried out for the vast majority of staff.

We reviewed several electronic patient care records stored on the practice management software system and found the majority were of a high standard. Standard templates were used to detail assessment and clinical examinations, scans, clinical photographs and treatment, including the medicines given to patients, and aftercare information. There was evidence to show that the risks and benefits of all appropriate treatment options had been provided to patients. Patient care records also included a range of X-ray images which we found to be of good quality and well reported.

Patients who responded to our online survey said the service was professional and well organised. Comments included:

- 'The staff are very professional, you don't wait for long to go in to get treatment and everyone is very friendly.'
- 'I find the clinic to have a well organised and professional approach from all of the staff not only in the dentists but also receptionists, hygienists and dental nurses.'
- 'The whole clinic works well, from the reception to the nurses and dental surgeons. Every department is competent and efficient, friendly and knowledgeable. I actually enjoy visiting. They also work with people who have fears of the dentist which is a wonderful thing.'

What needs to improve

There was no evidence of appropriate health clearance for one of the dentists carrying out exposure prone procedures (requirement 4).

There was no evidence of appropriate sedation-related training and continuing professional development for two of the dental sedationists (requirement 5).

In some patient care records we reviewed, local anaesthetic recording was limited in terms of detailing drug percentages and adrenaline content. There were also gaps in the sedation-related patient care records. For example, the sedation log (used to record which patients had undergone sedation and what drugs had been administered) had not been kept up to date. Patients' blood pressure readings were also not being regularly recorded during treatment being undertaken with intravenous sedation (recommendation g).

The local rules (local arrangements developed by a laser protection advisor to manage radiation safety) for the hand-held intraoral device did not detail how to turn off or isolate the device. They also did not detail that the device should be held in the same horizontal alignment as the teeth during use to ensure that the X-ray beam travels directly through the intended contact area (recommendation h).

The service's sedation protocol did not make clear the criteria to be used when assessing whether sedation treatment was suitable for a patient (recommendation i).

Requirement 4 – Timescale: immediate

- The provider must obtain evidence of appropriate health clearance and immunisation status for all staff members carrying out exposure prone procedures.

Requirement 5 – Timescale: immediate

- The provider must ensure that sedation staff receive training appropriate to the work they perform and that evidence is retained in staff files.

Recommendation g

- The service should ensure that appropriate information about local anaesthetic dose and sedation observations are consistently recorded in patient care records.

Recommendation h

- The service should update its local rules for the hand-held intraoral device to detail how the device should be turned off and isolated. It should also be made clear that the device should be held in the same horizontal alignment as the teeth during use.

Recommendation i

- The service should update its sedation protocol to detail the criteria to be used for assessing a patient's suitability for sedation treatment.

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.ihtregulation@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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or email his.contactpublicinvolvement@nhs.scot

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