Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Scottish Centre for Excellence in Dentistry, Glasgow

Service Provider: Portman Healthcare Limited

5 February 2026

NHS SCOTLAND

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Contents

1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 17 January 2024

Requirement

The provider must ensure staff are using the most up-to-date version of policies and procedures at all times.

Action taken

All of the service's policies and procedures were now held on an electronic database which staff could access. All policies and procedures we checked were in date and were regularly reviewed. **This requirement is met**.

Requirement

The provider must ensure the reversal drug (flumazenil) is obtained before any further conscious sedation is undertaken. This drug must then be held in stock at all times.

Action taken

Reversal drugs (used to reverse the effects of sedation drugs) were still not being stored on-site. **This requirement is not met** and is reported in Domain 4 (Quality improvement). **A new requirement has been made** (see requirement 3 on page 22).

Requirement

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

Action taken

Regular image quality control testing on the 3D scanner was now being carried out by an external company. **This requirement is met**.

Requirement

The provider must ensure the pulse oxygen monitor is appropriately serviced and calibrated at all times.

Action taken

The pulse oxygen monitor used to monitor a patient's pulse and oxygen levels was now being serviced and calibrated regularly. **This requirement is met**.

Requirement

The provider must ensure the sedation team undertakes sedation-related scenario-based emergency training every 6 months.

Action taken

This training had not been undertaken. This **requirement is not met** and is reported in Domain 4 (Quality improvement) (see requirement 4 on page 22).

Requirement

The provider must ensure that appropriate recruitment checks are carried out for staff before they begin working in the service. These must be recorded and retained on staff files.

Action taken

Appropriate recruitment checks, including Disclosure Scotland and health clearance checks, had now been carried out and were recorded on all of the staff files we reviewed. **This requirement is met.**

Requirement

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

Action taken

A risk assessment had been carried out describing the ventilation specification in each treatment room and the decontamination room and set out what actions had been taken to reduce the risks identified. **This requirement is met.**

Requirement

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

Action taken

A risk assessment had been carried out that demonstrated a commitment to upgrade the clinical hand wash basins and taps in the treatment rooms and decontamination room at the next refurbishment of each area. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 17 January 2024

Recommendation

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

Action taken

A monthly patient newsletter had been introduced as a way of sharing changes and updates about the service with patients.

Recommendation

The service should produce and publish an annual duty of candour report.

Action taken

No progress had been made against this recommendation. **A new requirement has been made** and is reported in Domain 4 (Quality improvement) (see requirement 5 on page 22).

Recommendation

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

Action taken

No progress had been made against this recommendation. This recommendation is reported in Domain 4 (Quality improvement) (see recommendation a on page 22).

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 the Scottish Centre for Excellence in Dentistry on Thursday 5 February 2026. We spoke with a number of staff during the inspection. We received feedback from three patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, the Scottish Centre for Excellence in Dentistry is an independent clinic providing dental care, including treatments under sedation.

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

For the Scottish Centre for Excellence in Dentistry, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The provider's vision, purpose and mission were set out in a strategic plan and published on the service's website for patients to view. Core values and behaviours had been identified, along with aims and objectives and measurable key performance indicators to show how the service was performing. Leadership was visible and supportive, with regular staff meetings held. Staff were motivated to provide patients with a personal level of service.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patient and staff feedback was actively encouraged and changes made where appropriate. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely. An audit programme and corporate quality improvement approach helped to review day-to-day activities. Patients were involved in planning their care. There was a clear programme for induction of new staff. Sedation treatments with opiates must only be undertaken when appropriate reversal drugs are held on-site. The sedation team must undertake regular team-based sedation-related emergency training. They must also read, understand and adhere to the provider's national sedation policy. Annual duty of candour reports must be produced and published, and all clinical staff should be trained in duty of candour principles.	✓ Satisfactory

Results	*How well has the service demonstrated that it provides safe, person-centred care?*
Summary findings	**Grade awarded**
The service was provided from a clean, comfortable and well-maintained environment. Appropriate infection prevention and control practices were in place. Staff had been recruited safely with all required background and health clearance checks carried out. Patient care records were of a high standard, and patients spoke very positively about their experience of using the service. The consultant anaesthetist (sedationist) must appropriately assess patients before providing sedation treatment, in line with the provider's national sedation policy. Conscious intravenous sedation must only be provided to patients that meet the appropriate assessment criteria. The consultant anaesthetist (sedationist) must sign the contract of agreement relating to sedation provision in the service.	✓ 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 eight requirements and one recommendation.

Implementation and delivery	
Requirements	
1	The provider must develop and implement a standard operating procedure for use of the platelet rich plasma (PRP) centrifuge machine (see page 21). Timescale – immediate *Regulation 3(d)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
2	The provider must ensure that the clinical team involved in the management of patients who are being treated under sedation read, understand and adhere to the provider's national sedation policy (see page 21). Timescale – immediate *Regulation 12(d)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

Implementation and delivery (continued)	
Requirements	
3	The provider must only undertake sedation treatments when appropriate reversal drugs needed to reverse the effects of sedation drugs are held on site (see page 22). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* This was previously identified as a requirement in the January 2024 inspection report for the Scottish Centre for Excellence in Dentistry.
4	The provider must ensure that the clinical team involved in the management of patients who are being treated under sedation undertake team-based sedation-related emergency training at least every 6 months (see page 22). Timescale – immediate *Regulation 12(c)(ii)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* This was previously identified as a requirement in the January 2024 inspection report for the Scottish Centre for Excellence in Dentistry.
5	The provider must produce an annual duty of candour report and make this available to its patients (see page 22). Timescale – immediate *Regulation 5(2)* *The Healthcare Improvement Scotland (Inspections) Regulations 2011* This was previously identified as a recommendation in the January 2024 inspection report for the Scottish Centre for Excellence in Dentistry.

Implementation and delivery (continued)

Recommendation

a The service should ensure that all clinical staff are trained in the duty of candour principles (see page 22).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

This was previously identified as a recommendation in the January 2024 inspection report for the Scottish Centre for Excellence in Dentistry.

Results

Requirements

6 The provider must ensure that conscious intravenous sedation is only provided to patients that meet the appropriate assessment criteria, as detailed in the provider's national sedation policy (see page 26).

Timescale – immediate

Regulation 3(a)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

7 The provider must ensure that the external consultant anaesthetist (sedationist) appropriately assesses patients before sedation treatment, using the provider's national sedation policy (see page 26).

Timescale – immediate

Regulation 3(a)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Results (continued)
Requirements
8 The provider must ensure that the external consultant anaesthetist (sedationist) agrees to and signs the contract of agreement relating to sedation provision in the service (see page 26). Timescale – immediate *Regulation 12(d)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations
None

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: Find an independent healthcare provider or service – Healthcare Improvement Scotland

Portman Healthcare 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 the Scottish Centre for Excellence in Dentistry 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The provider's vision, purpose and mission were set out in a strategic plan and published on the service's website for patients to view. Core values and behaviours had been identified, along with aims and objectives and measurable key performance indicators to show how the service was performing. Leadership was visible and supportive, with regular staff meetings held. Staff were motivated to provide patients with a personal level of service.

Clear vision and purpose

The service was a large dental clinic providing dental treatments, including implants, oral surgery, endodontics (root canal treatment), orthodontics (correcting the position of teeth), sedation, dental hygiene and facial aesthetics. Patients could be referred by their general dental practitioner or 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.

As part of the Portman group, the provider's vision was 'a passion to treat patients as we would like to be treated ourselves'. Its purpose was to be 'the best dental group in the world', with a mission of 'creating happier, healthy lives one smile at a time'. Information about this vision, purpose and mission was published on the service's website and in a strategic plan. In order to achieve these, the provider had identified four values and behaviours for its staff. These included:

- aiming higher
- growing together
- focusing on what matters, and
- caring.

A number of aims and objectives had also been set out by the provider such as leading with innovation and transforming patient care. Key performance indicators had been identified to help the service demonstrate its performance

against these aims and objectives. Examples included patient feedback, staff progression, clinical audits and patient recall percentages. Progress against key performance indicators was monitored and discussed at staff meetings.

- No requirements.
- No recommendations.

Leadership and culture

The service was provided by a large team that included specialist dentists**,** dental care professionals, treatment co-ordinators, laboratory technicians, receptionists and an administration team. A practice manager and lead dental nurse formed the leadership team and several clinicians provided support to the clinical team.

A regional manager and clinical lead supported the service's leadership team and clinicians. The provider's compliance team, and a governance and risk team, supported the service's leadership team with issues relating to compliance and regulation. These teams also reviewed practice performance, and benchmarked practices against each other 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.

A range of different meetings were regularly held to communicate and share information with staff. This included leadership team meetings, clinician meetings, dental nurse meetings and full practice meetings. Minutes, with clear actions, were recorded and shared with staff following meetings.

It was clear that staff we spoke with were motivated to provide patients with a personal level of service, and they told us that the leadership team was visible and supportive. There was enough staff for the volume of work undertaken. Staff understood their individual roles and were clear about each other's responsibilities. They were also aware of who to contact if they needed information or an issue needed to be resolved.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

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

Our findings

Patient and staff feedback was actively encouraged and changes made where appropriate. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely. An audit programme and corporate quality improvement approach helped to review day-to-day activities. Patients were involved in planning their care. There was a clear programme for induction of new staff.

Sedation treatments with opiates must only be undertaken when appropriate reversal drugs are held on-site. The sedation team must undertake regular team-based sedation-related emergency training. They must also read, understand and adhere to the provider's national sedation policy. Annual duty of candour reports must be produced and published, and all clinical staff should be trained in duty of candour principles.

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

Information about the treatments offered was available on the service's website, in leaflets and posters in the service, and on the service's social media channels.

Patient feedback was encouraged through a clear patient participation process. We saw a variety of ways for patients to provide input into how the service continued to develop. For example, patients were asked for verbal feedback and were sent a text message after each appointment. This included a link to a survey asking for their opinions on the service and the care and treatment they had received. Some patients were also asked for a testimonial if a treatment co-ordinator was involved in their care.

The provider used an electronic system to capture completion of patient feedback surveys in real time. This meant the practice manager received feedback immediately and could respond if necessary. The practice manager shared patient feedback with the team through regular staff emails and also at staff meetings. They also gave individual feedback where patients had specifically praised staff members. If any negative feedback was provided, the practice manager would contact the patient to discuss their feedback and also discuss with any staff involved.

The service employed a marketing officer whose role included reviewing any patient feedback and reviews that had been left online, for example social media testimonials. They tracked feedback and reviews to make sure any negative comments were responded to and actioned where appropriate.

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. Comments included:

- 'Consulted and advised throughout.'
- 'Always greeted by name, some humour to relax the situation and checking I was ok throughout.'
- 'Very efficient service throughout with pleasant and caring staff.'

The service issued a staff feedback survey every 3 months. A more extensive 'Your Voice' questionnaire was also sent to all staff each year. Both surveys were anonymised so that staff could provide feedback without being identified. Results were reviewed by the provider and outcomes fed back to the service's leadership team, who then discussed them with staff during monthly meetings and appraisals, where appropriate. Staff told us about a recent change the service had made following staff feedback, where the treatment co-ordinator role had been extended to include enrolling patients into a routine dental plan at their first visit.

A nomination-based staff awards system was operated by the provider, for example practice manager of the year. A staff bonus structure was also in place which was linked to performance against the key performance indicators. These systems helped to keep staff engaged and motivated. There was also a nominations scheme for staff to attend the provider's leadership conference.

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

The complaints policy was easily accessible on the service's website, included up-to-date contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. Specific software was used to log any complaints, as well as recording and managing any adverse events that occurred in the service. We reviewed the small number of complaints received by the service over the past 6 months, all of which we found to have been appropriately investigated, recorded and resolved. No complaints had been received by Healthcare Improvement Scotland since the service was registered in March 2022.

A duty of candour policy set out the service's professional responsibility to be honest with people when something goes wrong.

The majority of the treatment rooms had intraoral X-ray machines (used for X-rays taken inside the mouth). There was also a dedicated room that had an X-ray scanner that took 3D images. The X-ray equipment was all digital with a range of sensor sizes available to allow the most appropriate image to be recorded for each patient. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. The radiation protection file was up to date. All X-ray machines had appropriate safety checks and testing carried out. We noted the two ceiling mounted microscopes were covered when not in use. A range of 3D intraoral scanners were in use that took non-radiographic life-like images of patients' teeth.

The service had a comprehensive range of policies and procedures, and staff were able to easily access these through the clinic's online communication system. All were in date and reviewed regularly to make sure they reflected current legislation and best practice.

Infection prevention and control policies and procedures were in line with national best practice. The onsite decontamination room was equipped with a washer disinfector 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 dental instruments to ensure effective decontamination. Regular appropriate testing of decontamination equipment had been undertaken.

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, appropriate to their role.

All equipment used to monitor patients' vital signs during conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place) such as blood pressure and oxygen levels had been appropriately serviced and calibrated. We were told that a new vital signs monitor would be purchased that included a capnograph along with blood pressure, pulse and oxygen saturation monitoring.

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.

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

Patients were provided with a comprehensive and detailed written treatment plan and estimates for treatment costs at their second consultation appointment. They were given time to discuss and ask questions about their treatment plan with the treatment co-ordinator, as well as being given the opportunity to ask questions to the treating practitioner before, during and after the consent process.

The service used an external consultant anaesthetist for more complex patient cases where advanced sedation techniques were needed. We saw evidence that patients had been comprehensively assessed before treatment with the anaesthetist present.

Aftercare advice was given to all patients following treatment. Patients who had undergone more complex treatments such as oral surgery, dental implants or treatments requiring sedation were also called the day after their treatment to check how they were feeling and if they needed any additional advice.

Patients were regularly reviewed after their treatment 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 information was stored on a practice management software system and a suitable back-up system was in place in case of failure. Each staff member had their own password to access the appropriate information they needed. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

A comprehensive induction programme was in place for new staff, and we saw an example of a recently completed staff induction checklist. This included an introduction to key members of staff, and training on the service's policies and procedures. We saw good record keeping of all recruitment information using an online human resources (HR) system.

Staff appraisals were carried out annually to help staff identify any training and development needs and opportunities. This information was recorded on the HR system, as well as details of staff training, including recommended modules to be completed. 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.

Through the provider's HR system, annual prompts highlighted to the practice manager and individual staff member when, for example, their professional registration status and professional indemnity insurance renewal were due to be checked. Evidence had to be uploaded to the system to ensure compliance. If these checks were not undertaken, the system would flag this to both the practice manager and the staff member. If no action was taken, the regional manager would be informed and they would take this forward. This provided assurance that all staff remained safe to continue working in the service.

What needs to improve

The service had a centrifuge machine for platelet rich plasma (PRP) treatment, a type of treatment to help gums heal following dental surgery. This involves taking a small sample of a patient's blood and using a centrifuge machine to separate the blood into its component parts. The plasma is then injected back

into the patient's gum to help with healing. However, there was no standard operating procedure in place for the use of this equipment (requirement 1).

We found the clinical team involved in the management of patients being treated under sedation were not aware of, or following, the provider's national sedation policy (requirement 2).

The provider's national sedation policy states that a specific critical medicine used to reverse the effects of an overdose must be available at the point of use during sedation. Although the visiting sedationist had their own stock of this medicine, it was not held in the service (requirement 3).

The provider's national sedation policy also states that regular scenario-based team training must be undertaken in the management of potential complications associated with conscious sedation. This type of training is different to life support training and must be undertaken if sedation treatment is provided. There was no evidence that this type of training had taken place (requirement 4).

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. While there had not been any duty of candour incidents since the service was registered, the service was not producing a duty of candour report each year and making this available to its patients (requirement 5).

We also found that clinical staff had not been trained in the duty of candour principles (recommendation a).

Requirement 1 – Timescale: immediate

- The provider must develop and implement a standard operating procedure for use of the platelet rich plasma (PRP) centrifuge machine.

Requirement 2 – Timescale: immediate

- The provider must ensure that the clinical team involved in the management of patients who are being treated under sedation read, understand and adhere to the provider's national sedation policy.

Requirement 3 – Timescale: immediate

- The provider must only undertake sedation treatments when appropriate reversal drugs needed to reverse the effects of sedation drugs are held on site.

Requirement 4 – Timescale: immediate

- The provider must ensure that the clinical team involved in the management of patients who are being treated under sedation undertake team-based sedation-related emergency training at least every 6 months.

Requirement 5 – Timescale: immediate

- The provider must produce an annual duty of candour report and make this available to its patients.

Recommendation a

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

Planning for quality

An electronic risk, quality and compliance management system was used to manage compliance and quality improvement activity. 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.

A range of risk assessments had been undertaken, including a radiation risk assessment, a fire risk assessment, a legionella risk assessment and a general risk assessment. These were reviewed regularly and a risk register was in place to make sure key risks were monitored on an ongoing basis.

A comprehensive 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.

A programme of weekly, monthly, 6-monthly and annual audits were carried out. This included:

- emergency drugs and equipment
- infection prevention and control
- clinical notes
- sedation record keeping, and
- radiography record keeping.

We saw evidence of a range of recent audits that had been carried out by different staff members, along with action plans where improvements had been identified. Results were reviewed, shared at staff meetings and improvements made, if required.

A quality improvement plan set out how the service used four structured and systematic stages in its approach to improving quality. These included:

- diagnosis - using quality assurance processes such as audits, patient feedback data and clinical performance to identify strengths and opportunities for improvement.
- testing - through peer-to-peer case reviews and sharing expertise to encourage reflective practice and test improvement strategies.
- measurement - using key performance indicators to measure the impact of improvement initiatives through patient feedback analysis and compliance tracking.
- implementation - where successful changes were established as everyday practice.

- No requirements.
- No recommendations.

Key Focus Area: Results

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

Our findings

The service was provided from a clean, comfortable and well-maintained environment. Appropriate infection prevention and control practices were in place. Staff had been recruited safely with all required background and health clearance checks carried out. Patient care records were of a high standard, and patients spoke very positively about their experience of using the service.

The consultant anaesthetist (sedationist) must appropriately assess patients before providing sedation treatment, in line with the provider's national sedation policy. Conscious intravenous sedation must only be provided to patients that meet the appropriate assessment criteria. The consultant anaesthetist (sedationist) must sign the contract of agreement relating to sedation provision in the service.

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 and comfortable 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 were 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. One patient commented that the service was 'clean, welcoming and professional'.

We reviewed a number of electronic patient care records stored on the practice management software system. These were of a high standard, with templates used detailing assessment and clinical examinations, scans, clinical photographs, treatment, medicines used and aftercare information. We saw evidence that showed patients had been informed about the risks and benefits of their treatment options before they were treated. Patient care records also included a range of X-ray images which we found to be of good quality and well reported.

We reviewed 19 staff files and saw that all appropriate background and health clearance checks had been carried out.

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

- 'Excellence in dentistry, caring staff and easy parking.'
- 'Treated by well-respected clinicians and staff.'

What needs to improve

Our review of sedation records showed that two patients, who had been treated with specific medicines used to induce conscious sedation, had been incorrectly categorised as ASA 2 (patients with mild systemic disease) when they were actually ASA 3 (patients with severe systemic disease) according to the American Society of Anesthesiologists (ASA) physical classification system. The provider's national sedation policy states that patients with an ASA category of 3 and above are an 'absolute contraindication for conscious intravenous sedation'. This is when a specific condition or factor (such as age, body mass index or another illness) makes a particular treatment, medication or procedure inadvisable as it could cause harm or possible complications for the patient. Therefore, these patients should not have been treated (requirement 6).

We noted that the initial assessments for these patients had been carried out by a dental nurse and reviewed by the external consultant anaesthetist (sedationist). The sedationist is responsible for making sure patients have been appropriately scored for sedation before treatment (requirement 7).

We also noted that the contract of agreement between the service provider and the external consultant anaesthetist (sedationist) had not been signed by the consultant anaesthetist (sedationist) (requirement 8).

Requirement 6 – Timescale: immediate

- The provider must ensure that conscious intravenous sedation is only provided to patients that meet the appropriate assessment criteria, as detailed in the provider's national sedation policy.

Requirement 7 – Timescale: immediate

- The provider must ensure that the external consultant anaesthetist (sedationist) appropriately assesses patients before sedation treatment, using the provider's national sedation policy.

Requirement 8 – Timescale: immediate

- The provider must ensure that the external consultant anaesthetist (sedationist) agrees to and signs the contract of agreement relating to sedation provision in the service.

- 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**

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.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP
0131 623 4300	0141 225 6999

www.healthcareimprovementscotland.scot