

Announced Follow-up Inspection Report: Independent Healthcare

Service: DentOutline, Edinburgh

Service Provider: Dan Doru Topala

22 July 2025

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected DentOutline on 11 March 2025. That inspection resulted in three requirements and five recommendations. As a result of that inspection, the provider produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at:

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

About our follow-up inspection

We carried out an announced follow-up inspection to DentOutline on Tuesday 22 July 2025. The purpose of the inspection was to follow up on the progress the service has made in addressing the three requirements and five recommendations from the last inspection. This report should be read along with the March 2025 inspection report.

We spoke with the manager (practitioner) and the dental nurse during the inspection.

The inspection team was made up of two inspectors.

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

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

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

More information about grading can be found on our website at:
[Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

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

Of the three requirements made at the previous inspection on 11 March 2025, the provider has:

- met two requirements, and
- not met one requirement.

What action we expect Dan Doru Topala 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 which remains outstanding, with an Improvement Notice served on the provider requiring immediate improvement. Two new requirements and one new recommendation have also been made.

Implementation and delivery	
Requirement	
1	<p>The provider must ensure that all treating clinicians are appropriately trained in the taking and reporting of 3D X-ray images before any 3D images are taken (see page 10).</p> <p>Timescale – by 26 November 2025</p> <p><i>Regulation 12(c)(ii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
a	<p>The service should obtain an additional smaller sized sensor and rectangular collimator for the intraoral machine (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.18</p>

Results	
Requirements	
2	<p>The provider must improve the standard of record keeping to ensure all patient care records contain appropriate details about patient assessment, treatment, medicines administered, aftercare advice and reporting of X-ray images (see page 12).</p> <p>Timescale – by 20 October 2025</p> <p><i>Regulation 4(2)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the March 2025, May 2024 and May 2022 inspection reports for DentOutline.</p> <p>An Improvement Notice has been served on the provider in relation to this requirement.</p>

Results (continued)	
Requirements	
3	<p>The provider must ensure that all patient information, X-ray images and photographs are stored securely on clinic devices to ensure appropriate data security can be maintained (see page 12).</p> <p>Timescale – immediate</p> <p><i>Regulation 4</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

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

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

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

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 11 March 2025

Key Focus Area: Direction

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

Our findings

Clear vision and purpose

Recommendation

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

Action taken

A new vision statement had been developed, alongside a formalised purpose of 'providing exceptional evidence-based private dental care tailored to the unique needs of each patient'. These had been shared with staff but not yet published on the service's website. To help achieve the vision and purpose, five core values had been identified, along with strategic aims and objectives such as clinical excellence, patient satisfaction and sustainable growth. Measurable key performance indicators had been developed to help monitor the service's aims and objectives. These included patient satisfaction rates, audit completion rates and staff retention.

We will follow up on the implementation of this at the next inspection.

Key Focus Area: Implementation and delivery

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

Our findings

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

Recommendation

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

Action taken

A new participation policy set out the different methods the service would use to collate patient feedback (including patient satisfaction surveys and a suggestion box), how feedback would be reviewed and how it would then be used and shared with patients using a You Said/We Did noticeboard.

We will follow up on the implementation of this at the next inspection.

Quality improvement

Requirement

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

Action taken

A new intraoral machine had been installed (used for taking X-rays inside patients' mouths) and we saw appropriate installation documentation for this. We reviewed the X-ray images produced by this machine, and found these to be of an acceptable standard. **This requirement is met.**

We noted only one size of sensor was available for the machine and no rectangular collimator (a tool used to reduce radiation dosage to patients and increase the image quality of the X-ray) had been fitted. **A new recommendation has been made (see recommendation a on page 6).**

We noted that 3D X-ray images were not currently being taken of patients' teeth as the practitioner had not yet been trained in the taking and reporting of 3D X-ray images. **A new requirement has been made (see requirement 1 on page 6).**

Requirement

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

Action taken

A new intraoral machine had been installed since our last inspection. This meant that the service now had multiple methods of taking X-ray images and could therefore demonstrate that the dose of ionising radiation delivered to patients was as low as reasonably practicable. **This requirement is met.**

Recommendation

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

Action taken

New dental record keeping software had recently been installed. This software will enable more effective recording of individual tooth details, clinical notes, patients' personal details, appointments and payments all within this one system. It will also allow X-ray images to be directly accessible from the patient care record. As the new software had only just recently been installed, it was too soon to see what benefits this will bring. We will follow this up at the next inspection.

Planning for quality

Recommendation

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

Action taken

An audit programme had been introduced and a range of audits had taken place in recent months, including:

- patient care records
- radiation protection file
- treatment records
- infection prevention and control, and
- a maintenance audit.

Action plans had been developed, and improvement was evident from audits that had been repeated. We will follow up at the next inspection to ensure improvements are being sustained.

Recommendation

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

Action taken

A quality improvement plan had been developed that aligned with the service's strategic aims and objectives. This included improvement actions set out under different headings such as clinical governance, patient safety, patient feedback and staff training. A monitoring and evaluation section described how progress would be reviewed every 3 months through monitoring of the service's key performance indicators. We will follow up at the next inspection to ensure improvements are being sustained.

Key Focus Area: Results

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

Our findings

Requirement

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

Action taken

This has been identified as a requirement in several previous inspection reports. Very little improvement had been made to the standard of record keeping and we continued to find multiple gaps in the recording of key information. Of the 10 patient care records we reviewed during this inspection, we found:

- dental charting was not always accurate
- recording clinical details of treatment provided was generally missing or very limited, and
- there was inadequate recording of local anaesthetic drugs administered, such as the name of drug used, along with the volume and strength.

We also found that often only the patient's first name was used within the appointment system, making it possible that patient care records could get mixed up. **This requirement is not met (see requirement 2 on page 6).**

Healthcare Improvement Scotland has served an Improvement Notice on the provider, requiring immediate improvement in the standard of record keeping. We will follow up on compliance with this Improvement Notice in due course.

We also found that the practitioner had recorded patient notes and patient smile photographs on their personal mobile phone instead of a secure clinic device. **A new requirement has been made (see requirement 3 on page 7).**

Appendix 1 – About our inspections

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

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

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

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihtregulation@nhs.scot

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