



Healthcare  
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Scotland

Inspections  
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To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** The Row Dental, Edinburgh

**Service Provider:** G46Consulting Limited

5 August 2025

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First published October 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 Row Dental on Tuesday 5 August 2025. We spoke with a number of staff during the inspection and received feedback from 18 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 Edinburgh, The Row Dental is an independent clinic providing dental care.

The inspection team was made up of four inspectors.

## What we found and inspection grades awarded

For The Row Dental, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
<b>Summary findings</b>	<b>Grade awarded</b>
The service had a clear mission and vision which was available on its website. Core organisational values were regularly discussed with staff and key performance indicators were regularly monitored to measure how the service was performing. Leadership was visible and supportive, and regular staff meetings were held.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patient and staff feedback was actively encouraged and improvements made to the service, where appropriate. Clinicians and staff worked with each other to plan care with patients and ensure a good patient experience. There was a clear induction programme for new staff. Key policies, procedures and systems were in place to make sure care and treatment was delivered safely. A quality improvement approach was a key part of the service, also helping to ensure patient treatment and care was delivered safely.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The service was delivered from a high quality, clean and well-equipped environment. Safe recruitment processes were in place. Patient care records were comprehensively completed and patients spoke very positively about the service delivered.	✓✓ Good

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

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

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

## What action we expect G46Consulting Limited to take after our inspection

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

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

This inspection resulted in two recommendations.

Implementation and delivery	
Requirements	
None	
Recommendation	
a	<p>The service should display fire exit floor plans within or outside rooms that patients have access to, that provide clear instructions on what to do in the event of a fire (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>

Results	
Requirements	
None	
Recommendation	
b	<p>The service should complete and submit a self-evaluation as and when requested by Healthcare Improvement Scotland (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 4.19</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](#)

We would like to thank all staff at The Row Dental 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 a clear mission and vision which was available on its website. Core organisational values were regularly discussed with staff and key performance indicators were regularly monitored to measure how the service was performing. Leadership was visible and supportive, and regular staff meetings were held.**

#### *Clear vision and purpose*

The service provided general, cosmetic and restorative dentistry, including implants, endodontics (root canal treatment) and orthodontics (braces, aligners and retainers). Patients could register themselves at the service for general dental health care. Dentists could also refer patients to the service for specialist treatments, such as implants. The service also provided conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place) and facial aesthetic treatments.

The service's mission was 'making beautiful smiles' through a vision of 'making outstanding cosmetic treatments and everyday care accessible to all.' This was published on its website. Aims and objectives had been identified to help the service achieve its mission and vision. We were told an operational plan was currently being developed that would set out the vision and mission, and aims and objectives, for the year ahead.

A large number of key performance indicators were continuously tracked on a spreadsheet to help monitor how well the service was meeting its aims and objectives. They included:

- patient feedback monitoring and satisfaction rates
- staff communication
- quality issues (such as numbers of missed calls from patients)
- audit results, and
- training.



The service discussed its key performance indicators as part of staff recruitment and induction, as well as at one-to-one appraisals and staff meetings.

- No requirements.
- No recommendations.

### ***Leadership and culture***

The service was provided by a team that included dentists, dental care professionals and a small administration team. 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 daily management, administration and clinician meetings, and monthly 'all staff' clinic meetings. Set core agenda items made sure key areas were always discussed and meeting notes with clear actions were recorded. Staff were able to access all meeting notes on the clinic's computer system. We found that communication between the leadership team and staff was open and transparent, with both sides being free to speak up.

The service had a number of core organisational values, which included excellence, integrity and respect. These were discussed as part of staff recruitment and induction, as well as at one-to-one appraisals and staff meetings.

Staff were highly motivated to provide bespoke, person-centred care and treatment to patients. They told us that leadership was visible and supportive with an open, caring and collaborative approach. They were very engaged and enthusiastic about performing their roles to the best of their ability.

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

- 'The appointment was very professional. It was on time, I was explained the full procedure for [...] along with the prospective timeline and cost. I was given ample time to ask questions and make a plan for next steps.'
  - 'From the moment of booking the appointment you get thorough guidance until your first treatment and throughout.'
  - 'Everything is very well organised and very professional.'
- No requirements.
  - No recommendations.

## Key Focus Area: Implementation and delivery

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

### Our findings

**Patient and staff feedback was actively encouraged and improvements made to the service, where appropriate. Clinicians and staff worked with each other to plan care with patients and ensure a good patient experience. There was a clear induction programme for new staff. Key policies, procedures and systems were in place to make sure care and treatment was delivered safely. A quality improvement approach was a key part of the service, also helping to ensure patient treatment and care was delivered safely.**

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

Information about the treatments and care delivered by the service was available on the service's website. This included a fee guide which was also available in the waiting area. The team made every effort to provide a personalised service and stay in regular contact with patients.

The service used video calls for some patients to enhance their understanding of their planned treatment. These were recorded and sent to the patient as well as being stored on the practice management software system.

The service's patient participation policy detailed the various ways in which the service gathered patient feedback, including encouraging verbal feedback after each visit and sending online review requests following treatment. Feedback was reviewed and shared with staff through staff meetings. A newsletter was also sent to patients each month which covered items such as general staff updates and information on new treatments. We were told the manager was considering adding regular feedback surveys to the newsletter. We were told that the service had recently provided a 3-day wellness event for patients that included yoga and talks on perimenopause as a result of patient feedback.

Staff were actively encouraged to contribute to help develop and improve the service. Anonymous employee satisfaction surveys were carried out every 6 months, and any changes or improvements taken forward, as required. For example, the service was about to introduce a staff newsletter following feedback from staff.

- 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 and staff were able to easily access these through the clinic's computer 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 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.

The treatment rooms had intraoral X-ray machines (used for taking X-rays inside patients' mouths). The X-ray equipment was all digital with a range of image receptor sizes available to allow the most appropriate image to be recorded for each patient. All 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 also had a 3D intraoral scanner that took life-like non-radiographic images of patients' teeth.

The sedation team had been suitably trained in the sedation techniques used and we were told that scenario-based sedation related emergency training was planned. All equipment used to monitor patients' pulse and oxygen levels during conscious sedation had been appropriately serviced and calibrated.

Temporary retainers for patients were being made on site using a 3D printing machine. The service was registered with the Medicines and Healthcare products Regulatory Agency (MHRA) to be able to do this.

We saw certification 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. They had also created a water safety management plan for the service to follow, which included regular water monitoring and testing.

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 annual medical emergency training.

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. Appropriate clinical staff had undertaken duty of candour training and duty of candour reports were produced each year. We saw the most recent report was available for patients to view in the waiting area and on the service's website. There had been no duty of candour incidents since the service was registered with Healthcare Improvement Scotland in January 2023.

The service's complaints policy was available in the service, and 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 and on the service's website. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered.

Patients were involved in planning their treatment, with costs discussed as part of the consultation and assessment process. They were provided with a range of treatment plan options and given time to discuss and ask questions before, during and after the consent process. Signed consent was obtained from all patients before starting any treatment.

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's care record. General dental practitioners who had made a patient referral were also kept informed of their patient's treatment plan options, the treatment undertaken and any post-treatment plans.

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 and all individual clinicians were 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. An induction checklist was used to make sure staff were appropriately inducted into their role and ensure all necessary information was discussed with them. This included an introduction to members of staff, key health and safety information, and information on managing medical emergencies. Regular checks were carried out to ensure staff had up-to-date indemnity insurance and that their professional registration status also remained up to date.

Staff had appraisal meetings each year to discuss their personal development plan. This allowed them to discuss how supported they felt to be able to perform their role and responsibilities to a high standard.

We saw that the whole team was motivated to provide a high quality service to patients. Staff told us they felt supported and encouraged to carry out further training and education. We saw evidence of training records for all staff and could see the investment by the service in their development.

Staff kept up to date with current regulations and compliance through membership of dental forums, and by networking locally and nationally with other dental practitioners. Some staff members were involved with mentoring dentists from other clinics. We were also told that three student nurses had recently spent a week shadowing dentists at the service to gain an insight into private dental care and treatment.

### **What needs to improve**

There were no fire exit floor plans displayed in rooms that patients accessed. We noted that this was an outstanding action from the fire risk assessment carried out in 2023 (recommendation a).

- No requirements.

### **Recommendation a**

- The service should display fire exit floor plans within or outside rooms that patients have access to, that provide clear instructions on what to do in the event of a fire.

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

The service had a comprehensive approach to quality assurance. All results of audits, complaints, adverse events, duty of candour incidents and accidents were monitored regularly.

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.

The service had a quality improvement plan that set out its ongoing improvement activities, for example audits, treatment outcomes and patient satisfaction. Staff carried out a range of quality improvement activities and peer review was a significant part of the day-to-day running of the service.

The manager told us they were present during some patients' initial consultations to assess how information was explained to them by the clinician. They told us this provided them with valuable insight into what improvements could be made.

An audit programme was in place and we saw evidence of recent audits for clinical record keeping, sedation and radiography. These were undertaken by different staff members and results shared with the rest of the team. Any issues identified were assessed by the lead clinician and additional staff training provided if appropriate.

- No requirements.
- No recommendations.

## Key Focus Area: Results

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

### Our findings

**The service was delivered from a high quality, clean and well-equipped environment. Safe recruitment processes were in place. Patient care records were comprehensively completed and patients spoke very positively about the service delivered.**

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

The service was delivered from a traditional building that had been refurbished and modernised to provide care and treatment. 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 were available.

We saw evidence of appropriate background checks and health clearance checks in all of the staff files we reviewed.

We reviewed several electronic patient care records and found them all to be of a good standard. They included comprehensive templates for recording different types of information, including:

- assessment and clinical examinations
- consent to treatment and clinical photographs
- next of kin and emergency contact details
- 3D scans and X-rays
- medicines prescribed and administered

- treatment
- aftercare information, and
- any communication to the referring dental practitioner.

There was evidence to show that the risks and benefits of all appropriate treatment options had been provided to patients. Patient care records included a range of X-ray images which we found to be of good quality and fully reported. Sedation treatment records were detailed and demonstrated safe practice.

Patients who completed our online survey said they were involved in decisions about their care and treatment and were given sufficient time to reflect on their options before consenting to treatment. Patients also told us they were satisfied with the facilities, equipment and environment where they were treated.

Comments included:

- '[...] always provides expert guidance throughout the treatment. Explaining what is required, why, how it works, what to expect and any alternatives that may be tailored best for me as the unique patient.'
- '[...] was very informative about the process, risks, benefits, expected outcome, cost and aftercare... I feel in very safe hands and can't wait to see the results.'
- 'State of the art equipment and a fantastic setting that makes you feel relaxed and like you are at a prestigious friendly spa hotel.'

They also told us what worked well about the service. Comments included:

- 'The full end to end service of the team is fantastic. So knowledgeable about the treatments and their application and they take time and care to explain them and ensure patients feel confident in making decisions that are right for them.'
- 'There are constant reminders and messages to keep you on track and the staff and dentists are very attentive and have tools to communicate with you if you have questions via your phone or video as well as in person.'
- 'It is very thorough and I left feeling confident about my decision to have [treatment].'



### **What needs to improve**

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

- No requirements.

### **Recommendation b**

- The service should complete and submit a self-evaluation as and when requested by Healthcare Improvement Scotland.

## Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

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

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

### Before inspections

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

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



Before

### During inspections

We use inspection tools to help us assess the service.

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

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



During

### After inspections

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

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

We check progress against the improvement action plan.



After

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

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

## Complaints

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

Our contact details are:

**Healthcare Improvement Scotland**

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

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

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Please contact our Equality and Diversity Advisor on 0141 225 6999  
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