



Healthcare
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Inspections
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To drive improvement

Announced Inspection Report: Independent Healthcare

Service: The Smile Boutique, Newton Mearns

Service Provider: AAA BDS Ltd

27 August 2025

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	9
<hr/>		
	Appendix 1 – About our inspections	19
<hr/>		

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 Smile Boutique on Wednesday 27 August 2025. We spoke with a number of staff during the inspection. We received feedback from 14 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 Newton Mearns, The Smile Boutique is an independent clinic providing general dental treatments.

The inspection team was made up of four inspectors.

What we found and inspection grades awarded

For The Smile Boutique, 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
The service's vision and mission were published on its website, and it had set out clear aims, objectives and organisational values linked to these. Key performance indicators were regularly monitored to measure how the service was performing. Although staff met regularly to share information, a standardised agenda template should be introduced for staff meetings.	✓✓ Good
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. A quality improvement plan and audit programme also helped to ensure patient care and treatment was regularly reviewed.</p> <p>A medicine management policy must be implemented and the controlled drugs policy updated to reflect how medicines will be safely managed in the service. Duty of candour reports must be produced and published each year. The clinical team performing sedation-related cases must undertake regular sedation-related emergency training.</p>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The service was provided from a clean and well maintained environment. Appropriate infection control measures were in place. Staff had been recruited safely, patient care records were of a good standard and patients spoke very positively about their experience of using the service.	✓✓ 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 AAA BDS 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 three requirements and one recommendation.

Direction	
Requirements	
None	
Recommendation	
a	<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 10).</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** The provider must:
- a) develop a medicine management policy that sets out how medicines will be safely managed in the service and identifies who is responsible for each stage of the process, and
 - b) review and update its controlled drugs policy to detail how controlled drugs will be controlled from receipt to disposal (see page 15).

Timescale – by 4 December 2025

Regulation 3(d)(iv)

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

- 2** The provider must produce and publish a duty of candour report each year and make this available to patients (see page 15).

Timescale – by 4 December 2025

Regulation 5(2)

The Healthcare Improvement Scotland (Inspections) Regulations 2011

- 3** The provider must ensure that the clinical team performing sedation-related cases undertakes sedation-related emergency training either every 6 months or before ad hoc sedation-related cases are carried out (see page 16).

Timescale – immediate

Regulation 12(c)(ii)

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](#)

AAA BDS 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 Smile Boutique 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's vision and mission were published on its website, and it had set out clear aims, objectives and organisational values linked to these. Key performance indicators were regularly monitored to measure how the service was performing. Although staff met regularly to share information, 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) and facial aesthetic treatments. The majority of patients referred themselves to the service, but dentists could also refer patients, if required.

The service's vision was 'helping to create a better future by improving people's dental health'. Its mission was 'to provide high-quality dentistry with excellent service in a safe and friendly environment'. Aims and objectives had been set which aligned with the service's vision and mission. These included providing a high quality and comfortable environment, with qualified, friendly and welcoming staff, and always putting patients first.

Both the vision and mission were published on the service's website. They had also been shared with staff at team meetings, along with the aims and objectives, to ensure everyone understood their role in achieving them.

Measurable key performance indicators had been identified to help the service demonstrate that its aims and objectives were being met. These included:

- achieving over a 95% patient satisfaction score
- reducing average patient wait time to under 10 minutes
- increasing patient recall compliance rate to over 80%, and
- providing each team member with at least 20 hours of continuing professional education each year.

Key performance indicators were monitored by the practice manager through an electronic 'dashboard' which gathered and compared results with outcomes shared at staff meetings.

- No requirements.
- No recommendations.

Leadership and culture

The service's team included dentists, dental nurses, trainee dental nurses, a hygienist, a dental sedationist, a receptionist 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 on staff noticeboards, with individual team members identified for taking forward any documented actions. Additional daily huddles were held where necessary, for example if more complex treatments were planned. An online group messaging forum was used to informally keep staff updated on day-to-day issues. We found that communication between the leadership team and staff was open and transparent, with both sides being free to speak up.

Organisational values had been set which aligned with the service's vision and mission, and these were shared with staff at team meetings. For example, always putting patients first, and being friendly and welcoming. The service had a staff recognition programme where they were encouraged to nominate colleagues that had demonstrated one or more organisational values for an employee of the month award, such as a voucher.

What needs to improve

The service's 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 a).

- No requirements.

Recommendation a

- 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. A quality improvement plan and audit programme also helped to ensure patient care and treatment was regularly reviewed.

A medicine management policy must be implemented and the controlled drugs policy updated to reflect how medicines will be safely managed in the service. Duty of candour reports must be produced and published each year. The clinical team performing sedation-related cases must undertake regular sedation-related emergency training.

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 pages. Information was available in a variety of formats to ensure it was accessible to everyone. This included digital and verbal information, and information in larger print or different languages where requested.

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 satisfaction surveys, questionnaires, follow-up calls, website reviews and online testimonials. The practice manager checked patient feedback and reviews regularly, responding where appropriate, and shared feedback with the rest of the team at staff meetings.

Some recent examples of feedback being used to improve the service included:

- improvements to the service's appointment system
- reception staff sending out patient reminders
- increased communication in the waiting area to reduce patient anxiety, and
- uploading a video demonstration on its social media pages to show patients where to park near the practice.

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.

- ‘My procedure was explained in depth and put me at ease about my treatment. All of my questions were comprehensibly addressed.’
- ‘The process was fully explained to me. I was provided a[n] honest opinion of expected outcome and longevity of results. This gave me confidence in my decision.’
- ‘I was given options for my treatment, all with the positives and negatives. I felt informed and confident I was receiving the best advice and treatment.’
- ‘It’s always explained in great detail the pros and cons of the treatment and my decision is always paramount.’

Staff feedback was encouraged through regular team meetings, anonymous suggestion boxes and one-to-one catch-ups. We were told that staff were involved in decision making through encouraging a culture of continuous improvement and shared responsibility, and maintaining open communication. We were also told that the service made it a priority to share outcomes with staff openly and regularly. For example, results of patient feedback surveys, audit findings and progress on quality improvement initiatives. Some examples of recent improvements made as a result of staff feedback included working hours being adjusted, more team days out for team bonding and an extra day’s holiday for staff birthdays.

- 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. 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.

Each treatment room had an 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. 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 dedicated room with a 3D X-ray machine that took life-like non-radiographic images of patients' teeth.

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 medical emergency training regularly. The sedation team had been suitably trained in the sedation techniques used. 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 February 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. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered.

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 planned daily staff rotas on a computer database 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 appraisals were undertaken with staff. These were done formally each year, with one-to-one catch-ups every 3 months to check progress.

The service helped its staff to develop where possible by paying for further education, benefiting both the individual staff member and also the way the service was delivered. For example, all dental nurses were currently being supported to undertake a dental implant training course.

What needs to improve

Although the service had a controlled drugs policy (medications that require to be controlled more strictly, such as some types of painkillers), there was no overarching medicine management policy setting out how all medicines used in the service (including the medical emergency kit and any controlled drugs) would be ordered, received, stored, prescribed, administered, disposed of and audited. The controlled drugs policy also needed more detail about the governance process for controlled drugs from receipt to disposal, including what drugs will be used and held in stock, who the accountable officer is and which staff will handle controlled drugs at every stage of the process (requirement 1).

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 2).

We were told the practice had not had a recent case requiring a patient to be sedated. As a result, sedation-related emergency training had not been undertaken within the last year. Normally, regular sedation-related emergency training should be carried out at 6-monthly intervals, and should include the entire clinical team involved with treatment under sedation. This training could be provided by the dental sedationist working in the service or a suitable external provider. However, if the provision of treatments requiring sedation is not common in the service, then emergency training that covers roles and responsibilities in the event of over-sedation must take place before the team undertakes a sedation-related case (requirement 3).

Requirement 1 – Timescale: by 4 December 2025

- The provider must:
 - a) develop a medicine management policy that sets out how medicines will be safely managed in the service and identifies who is responsible for each stage of the process, and
 - b) review and update its controlled drugs policy to detail how controlled drugs will be controlled from receipt to disposal.

Requirement 2 – Timescale: by 4 December 2025

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

Requirement 3 – Timescale: immediate

- The provider must ensure that the clinical team performing sedation-related cases undertakes sedation-related emergency training either every 6 months or before ad hoc sedation-related cases are carried out.

- No recommendations.

Planning for quality

A range of risk assessments had been undertaken, including a radiation risk assessment and a fire 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 and monthly audits were carried out and we saw evidence of recent audits for:

- information governance
- medical emergency drugs and equipment checks
- infection prevention and control practice
- patient experience, and
- radiography records.

These were led by the practice manager and undertaken by different members of the team. Results were shared with the team with additional staff training provided, if appropriate.

Staff carried out a range of quality improvement activities, and the service's quality improvement plan set out what improvement activities were planned for the year ahead. These were linked to the service's key performance indicators, and a current example of an improvement activity was to reduce missed patient appointments by 25%.

- 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 and well maintained environment. Appropriate infection control measures were in place. Staff had been recruited safely, patient care records were of a good standard and patients spoke very positively about their experience of using 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 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:

- ‘... has a very relaxing atmosphere. It is spotlessly clean and you can see that the staff take great care and pride in their environment and equipment used.’
- ‘Amazing technology and a fantastic, clean and cared for environment.’

We reviewed 14 staff files and saw that appropriate background and health clearance checks had been carried out for all staff.

We reviewed a number of electronic patient care records stored on the practice management software system. These were of a high standard, templates were used detailing assessment and clinical examinations, scans, clinical photographs, 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:

- ‘Always a warm welcome and clearly well organised with patient comfort at the centre of the service.’
 - ‘From start to finish, I received professional service from all the team.’
 - ‘Professional service at all times and highly organised.’
-
- No requirements.
 - 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.



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.ihsregulation@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

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