

# Announced Inspection Report: Independent Healthcare

**Service:** Bupa Dental Care Dundee, Broughty Ferry

**Service Provider:** Xeon Smiles UK Limited

11 November 2025

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## 1 Progress since our last inspection

### What the provider had done to meet the requirements we made at our last inspection on 25 October 2022

#### Requirement

*The provider must review its complaints procedure to ensure it accurately reflects the correct process for making a complaint, including making clear that complainants can contact Healthcare Improvement Scotland at any time.*

#### Action taken

The complaints procedure had now been updated, and included up-to-date contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. **This requirement is met.**

#### Requirement

*The provider must use the washer disinfector as the primary method of disinfecting dental instruments.*

#### Action taken

The primary method of disinfecting dental instruments was now the washer disinfector. **This requirement is met.**

#### Requirement

*The provider must install an appropriate clinical hand wash basin in the decontamination room that complies with national guidance for sanitary fittings.*

#### Action taken

The decontamination room still did not have an appropriate clinical hand wash basin. **This requirement is not met** and is reported in Domain 7 (Quality control). A new requirement has been made (see requirement 3 on page 24).

#### Requirement

*The provider must ensure that a copy of each employer's procedure is kept in the radiation protection file so that staff can easily access them.*

#### Action taken

The radiation protection file had now been updated to include all employer's procedures setting out how patients' exposure to ionising radiation will be safely managed. **This requirement is met.**

### **Requirement**

*The provider must ensure a range of intraoral direct sensor sizes is available for each patient to achieve adequate image quality, minimise the number of X-rays taken and minimise patients' exposure to radiation.*

### **Action taken**

A range of intraoral direct sensor sizes was now available to allow the most appropriate image to be recorded for each patient. **This requirement is met.**

### **Requirement**

*The provider must arrange for the 3D X-ray and mobile intraoral X-ray machines to be serviced and appropriate action taken against any recommendations made.*

### **Action taken**

The 3D X-ray and mobile intraoral X-ray machines (used for taking X-rays inside the patient's mouth) had now been serviced. However, the plug for the mobile intraoral X-ray machine should be repositioned so that the machine can be switched off in an emergency without entering the controlled area. **This requirement is not met** and is reported in Domain 7 (Quality control). **A new requirement has been made** (see requirement 4 on page 24).

### **Requirement**

*The provider must ensure that isolator switches for the intraoral X-ray machines are safely positioned in case the machines need to be switched off in an emergency or if the machine malfunctions.*

### **Action taken**

The isolator switches (to be used if the X-ray machine malfunctions) for the intraoral X-ray machines had been appropriately repositioned so that they could be easily reached if the machines needed to be isolated and switched off. **This requirement is met.**

### **Requirement**

*The provider must carry out the remedial actions detailed in the electrical installation condition report and produce evidence of completion along with a further satisfactory electrical installation condition report.*

### **Action taken**

We saw that all outstanding actions from the previous electrical installation condition report received in 2021 had now been addressed. **This requirement is met.**

### **Requirement**

*The provider must ensure that the portable suction motor is either vented externally or an air filter is fitted to the equipment.*

### **Action taken**

The portable suction motor (used to suck saliva, blood and other bodily fluids out of the way during treatment) had been replaced and an air filter had been fitted. **This requirement is met.**

### **Requirement**

*The provider must arrange for the whole sedation team to undertake sedation-related emergency training and ensure refresher training is carried out at least once a year.*

### **Action taken**

The sedation team had received sedation-related emergency training in June 2025 and refresher training had been arranged. **This requirement is met.**

## **What the service had done to meet the recommendations we made at our last inspection on 25 October 2022**

### **Recommendation**

*The service should develop a protocol for informing patients if the practice closes or their dentist will no longer be working there.*

### **Action taken**

A protocol had now been produced which detailed how patients would be notified if the service closed or their dentist no longer worked in the service.

### **Recommendation**

*The service should implement a programme of quality improvement audits for sedation-related activities. Audits should be documented and action plans implemented.*

### **Action taken**

The service's audit programme now included sedation-related activities. We also saw evidence of action plans being developed.

**Recommendation**

*The service should ensure policies and procedures are regularly reviewed and updated to make sure staff always have access to the most up-to-date information.*

**Action taken**

An online compliance system flagged when policies and procedures were due to be reviewed by the provider's compliance team. Staff had access to the current policies and procedures through this online system.

## 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

Xeon Smiles UK Limited is a subsidiary of Bupa Dental Care and is the registered provider for Bupa Dental Care Dundee. The service operates within Bupa Dental Care corporate frameworks and policies. For the purposes of this report, we will refer to Bupa (the parent company) when referring to Bupa Dental Care, and Xeon Smiles UK Limited when referring to the provider.

We carried out an announced inspection to Bupa Dental Care Dundee on Tuesday 11 November 2025. We spoke with a number of staff during the inspection. We received feedback from five patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Broughty Ferry, Bupa Dental Care Dundee is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

## What we found and inspection grades awarded

For Bupa Dental Care Dundee, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
	<p>The service had developed a strategic plan, and identified key principles and key performance indicators to measure how well the service was performing. However, the strategic plan should be further developed to ensure that its key principles are easily understood and consistently interpreted by staff. Regular team meetings should be reintroduced.</p>	✓✓ 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. Key policies and procedures were in place to make sure patient care and treatment was delivered safely. Staff development was actively encouraged and supported. Quality improvement was central to the way the service operated, and included comprehensive risk management and audit processes. Patients should be informed of the results of their feedback.</p>	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
	<p>The service was provided from modern, safe premises. Staff had been recruited safely and patient care records were of a good standard. Although appropriate infection control measures were in place, the decontamination room must be refurbished and risk assessments undertaken for the sinks in the treatment rooms.</p>	✓ 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](https://www.hisc.org.uk/~/media/assets/announced-inspections/announced-inspection-report/announced-inspection-report-2023/announced-inspection-report-2023-announced-inspection-report-2023-1.ashx)

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 Xeon Smiles UK 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 four requirements and four recommendations.

Direction
<b>Requirements</b>
None
<b>Recommendations</b>
<p><b>a</b> The service should continue to develop its strategic plan to ensure that its key principles are easily understood and consistently interpreted by staff. These key principles should also be made available to patients (see page 15).</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>
<p><b>b</b> The service should reintroduce its programme of regular team meetings (see page 16).</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

None

### Recommendation

**c** The service should develop a process of keeping patients informed about the impact their feedback has on the service (see page 18).

Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

## Results

### Requirements

**1** The provider must undertake a risk assessment that details how and when the ventilation in the treatment rooms will be upgraded to meet national guidance for specialised ventilation for healthcare services (see page 23).

Timescale – immediate

*Regulation 10(2)(c)*

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

**2** The provider must carry out a full refurbishment of the decontamination room to ensure that the service complies with national guidance about the decontamination process for dental instruments (see page 24).

Timescale – immediate

*Regulation 3(d)(ii)*

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

## Results (continued)

### Requirements

**3** The provider must undertake a risk assessment that details how and when the clinical hand wash basins and taps in the treatment rooms will be upgraded to meet current guidance about sanitary fittings in healthcare premises (see page 24).

Timescale – immediate

*Regulation 3(d)(i)*

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

This was previously identified as a requirement in the October 2022 inspection report for Bupa Dental Care Dundee.

**4** The provider must update the local rules for the mobile intraoral X-ray machine to reflect the correct positioning of the plug to ensure the machine can be switched off without entering the controlled area (see page 24).

Timescale – immediate

*Regulation 13(2)(a)*

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

This was previously identified as a requirement in the October 2022 inspection report for Bupa Dental Care Dundee.

### Recommendation

**d** The service should ensure the portable suction motor has a regular programme of maintenance and air filter checking in line with the manufacturer's guidance (see page 24).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

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](#)

Xeon Smiles UK 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 Bupa Dental Care Dundee 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
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

#### Our findings

**The service had developed a strategic plan, and identified key principles and key performance indicators to measure how well the service was performing. However, the strategic plan should be further developed to ensure that its key principles are easily understood and consistently interpreted by staff. Regular team meetings should be reintroduced.**

##### ***Clear vision and purpose***

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

The service's strategic plan (performance health strategy) was incorporated into its quality improvement plan and set out what it wanted to achieve throughout the year. The strategy was structured around four key principles to demonstrate how performance health was measured. These were:

- people health
- practice health
- patient health, and
- planet health.

Key performance indicators had also been identified to help the service to monitor and measure its quality and effectiveness. These included patient feedback, financial performance and compliance with audits. These were regularly monitored and discussed at staff meetings.

## What needs to improve

Although key principles had been identified, we found that staff were not consistently clear on what these meant in practice, and how these were measured and taken forward (recommendation a).

- No requirements.

## Recommendation a

- The service should continue to develop its strategic plan to ensure that its key principles are easily understood and consistently interpreted by staff. These key principles should also be made available to patients.

## *Leadership and culture*

The service's team included dentists, dental nurses, hygienists, a receptionist and a practice manager who was also the registered manager of the service with Healthcare Improvement Scotland. There was also an area manager and other support available from the provider. Due to a recent team bereavement, staff were being supported by managers from other Bupa dental practices until a new key staff member had been recruited.

Centralised governance systems and processes were in place to help support staff to deliver care safely and make sure the service was continually improving.

Until recently, full team meetings were held regularly, with regular informal huddles also held. The provider also sent a weekly update to the service which included information from the wider provider organisation, for example patient feedback received. We saw that all staff meetings that took place had a standardised agenda, were minuted, and staff were identified to take forward documented actions. Minutes were shared with staff through email and an online group messaging system. Regular group practice manager meetings were held which offered further support where required.

Leadership was supportive and visible. Staff felt empowered to make suggestions and felt safe to do so. Feedback the service received from staff surveys, and from our own discussions with staff during the inspection, highlighted open communication between dentists and support staff, with the management team being approachable and responsive to concerns.

### **What needs to improve**

We noted that the regular team meetings had not been held for a number of months (recommendation b).

- No requirements.

### **Recommendation b**

- The service should reintroduce its programme of regular team meetings.

## 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. Key policies and procedures were in place to make sure patient care and treatment was delivered safely. Staff development was actively encouraged and supported. Quality improvement was central to the way the service operated, and included comprehensive risk management and audit processes.**

**Patients should be informed of the results of their feedback.**

#### ***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. Written information, including a fee guide, was also available in the service. A patient portal enabled patients to access their treatment information and manage their appointments.

Patients were asked to complete an online survey after each visit. They could also provide verbal feedback at any time during their treatment. A 'customer experience hub' was also available through the patient portal where patients could also provide feedback. Feedback was reviewed by the practice manager and discussed at team meetings. Staff also encouraged patients to provide online testimonials.

Staff were recognised through the group dental health awards held every 3 months where staff were voted for by the teams they work alongside. The practice manager also had a budget available each month to reward staff for any special reason. Staff had access to an online app which offered staff discounts and a private healthcare plan available should they require mental health support, or medical or dental treatment. Anonymous staff surveys were issued by the wider provider group every 6 months. The service's results were then shared and discussed between the practice manager and area manager, and any required actions addressed.

## What needs to improve

Although patient feedback was gathered and reviewed, it was not clear how patients were informed of changes made to the service to demonstrate the impact their feedback has on improving the service (recommendation c).

- No requirements.

## Recommendation c

- The service should develop a process of keeping patients informed about the impact their feedback has on the service.

## *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 service had a comprehensive range of policies and procedures, and staff were able to easily access these through the online compliance system. The provider regularly reviewed policies 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.

Infection prevention and control policies 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 instruments to ensure effective decontamination. Regular appropriate testing of decontamination equipment had been undertaken.

An online compliance system was used to ensure that all of the service's facilities were kept up to date, for example highlighting when portable electrical appliance testing was due to make sure electrical equipment remained safe to use. We saw certification that the fixed electrical installation was being maintained in satisfactory condition. Fire safety signage was displayed, and we saw evidence showing that the fire safety equipment was appropriately maintained. A water safety management plan was in place, which included regular water monitoring and testing.

Most of the treatment rooms had an intraoral X-ray machine (used for taking X-rays inside the patient's mouth) and one of the surgeries had a mobile intraoral X-ray machine. 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 specialised images of patients' mouths.

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. Arrangements were in place to make sure that staff could quickly support patients in the event of a medical emergency. All staff carried out regular medical emergency training. The sedation team had been suitably trained in the sedation techniques used in the service. All equipment used to monitor patients' pulse and oxygen levels during conscious sedation had been appropriately serviced and calibrated.

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 and duty of candour reports were produced each year. We saw that the most recent report was available for patients to view in the waiting area. There had been no duty of candour incidents since the service was registered with Healthcare Improvement Scotland in July 2020.

The service's complaints policy was available in the service, included up-to date contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. Information on how to make a complaint was available in the waiting area. 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.

Patient care records were kept in electronic format on the practice management software system. Access to this system was password protected with each staff member having their own password. 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. Staff kept up to date with current regulations and compliance through online training platforms. The provider supported its staff with access to further education where appropriate, benefitting both the individual staff member and the way the service was delivered.

A process was in place to check that staff had up-to-date indemnity insurance and that their professional registration status remained up to date. Formal staff appraisals took place each year, with action plans developed to record progress.

- No requirements.
- No recommendations.

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

Quality improvement was central to the way the service operated. The online compliance system generated the service's quality improvement plan using information such as audit results, risk management, information from accidents and incidents, performance data, and patient and staff feedback.

A range of risk assessments had been undertaken, including a radiation risk assessment, a legionella (a water-based bacteria) risk assessment and a fire risk assessment. The risk assessments were available on the online compliance system and were regularly reviewed by the provider's compliance team. 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.

An audit programme was in place, and we saw evidence of recent audits for:

- record keeping
- medical emergency drugs and equipment checks
- radiographic quality
- standard infection prevention and control precautions, and
- decontamination.

These were undertaken by key lead members of the team and results shared with the rest of the team with additional staff training provided, if appropriate. The audit results were also reported to the provider's quality improvement lead through the online compliance system. The system then generated an action plan for the service.

- 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 provided from modern, safe premises. Staff had been recruited safely and patient care records were of a good standard.**

**Although appropriate infection control measures were in place, the decontamination room must be refurbished and risk assessments undertaken for the sinks in the treatment rooms.**

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 satisfactory self-evaluation.

The service was delivered from premises that provided a safe environment for patient 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, aprons and face masks was available.

We reviewed 16 staff files and saw that appropriate background and health clearance checks had been carried out for all staff.

We reviewed several electronic patient care records stored on the practice management software system. These were of a good standard with evidence that treatment plans, risks and benefits, and costs were discussed with patients. We found X-ray images to be of good quality and well reported.

Patients who responded to our online survey told us they were treated with dignity and respect and given time to reflect on options before going ahead with treatment. They also said the service was professional and well organised.

Comments included:

- ‘Great service, everything explained really well.’
- ‘Very happy with treatment and information. All explained clearly and all staff professional.’

### **What needs to improve**

The ventilation in all treatment rooms must be reviewed as part of a refurbishment programme. The portable ventilation units we noted at the previous inspection were no longer in use and the only option was to open the window to allow a flow of natural air into the rooms (requirement 1).

The decontamination room did not have an appropriate clinical hand wash basin. The room also did not have the appropriate number and types of equipment sinks for decontamination as detailed in current national guidance about the decontamination process for dental instruments. The positioning of the sinks also needs to be reviewed to allow the correct dirty to clean workflow for equipment decontamination and sterilisation (requirement 2).

Some of the treatment rooms did not have an appropriate clinical hand wash basins and taps (requirement 3).

The local rules (local arrangements developed by a radiation protection advisor to manage radiation safety) for the mobile intraoral X-ray machine did not detail where the plug should be positioned to ensure the machine can be switched off in an emergency without entering the controlled area (requirement 4).

The previous portable suction motor (used to suck saliva, blood and other bodily fluids out of the way during treatment) had been replaced with a new machine. However, the air filter should be checked regularly, in line with the manufacturer’s guidance (recommendation d).

### **Requirement 1 – Timescale: immediate**

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

### **Requirement 2 – Timescale: immediate**

- The provider must carry out a full refurbishment of the decontamination room to ensure that the service complies with national guidance about the decontamination process for dental instruments.

### **Requirement 3 – Timescale: immediate**

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

### **Requirement 4 – Timescale: immediate**

- The provider must update the local rules for the mobile intraoral X-ray machine to reflect the correct positioning of the plug to ensure the machine can be switched off without entering the controlled area.

### **Recommendation d**

- The service should ensure the portable suction motor has a regular programme of maintenance and air filter checking in line with the manufacturer's guidance.

## 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](http://www.healthcareimprovementscotland.org)

## 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](mailto:his.ihcregulation@nhs.scot)

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