

# Announced Inspection Report: Independent Healthcare

**Service:** Vermilion - The Smile Experts, Kelso

**Service Provider:** Vermilion - The Smile Experts Limited

19 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 10 March 2023

#### Requirement

*The provider must have the data logger repaired or replaced on the autoclave.*

#### Action taken

The data logger on the autoclave had now been replaced. This meant that the service could show that the autoclave was sterilising dental instruments as required. **This requirement is met.**

#### Requirement

*The provider must install a single-use water/air tip into treatment room 2.*

#### Action taken

Treatment room 2 now had a single-use water/air tip installed (used to spray water and air into the mouth and onto teeth). **This requirement is met.**

#### Requirement

*The provider must ensure that staff have all appropriate pre-employment checks carried out in line with relevant guidance.*

#### Action taken

We saw that all staff now had all appropriate pre-employment checks carried out. **This requirement is met.**

## 2 A summary of our inspection

### Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

### Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

### About our inspection

We carried out an announced inspection to Vermilion - The Smile Experts (Kelso) on Wednesday 19 November 2025. We spoke with several staff during the inspection. We received feedback from 20 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Kelso, Vermilion - The Smile Experts is an independent clinic providing dental care.

The inspection team was made up of three inspectors.

## What we found and inspection grades awarded

For Vermilion - The Smile Experts (Kelso), 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>	<p>The provider's mission was published on its website for patients to view. Leadership was visible and supportive. Key performance indicators measuring how the service was performing were reviewed and monitored against the strategic plan.</p>	<b>Grade awarded</b> ✓✓ 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. Policies and procedures were in place to support the safe delivery of care and treatment. A strategic road map and a comprehensive audit programme helped to ensure patient care and treatment was regularly reviewed, and that the service continued to improve. Key risk assessments were carried out. The provider's research team helped to inform learning and development in the service, as well as publishing articles for the wider dental community.</p> <p>An effective process must be in place for carrying out checks of all medical emergency equipment. Patients should be kept informed of changes made as a result of 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. Appropriate infection control measures were in place. Staff were recruited safely. Patient care records were of a good standard and patients spoke positively about their experience of using the service.</p>	✓✓ 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 Vermilion - The Smile Experts 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 one requirement and one recommendation.

Implementation and delivery	
Requirement	
1	<p>The provider must ensure an effective process is in place for carrying out checks of all medical emergency equipment to make sure all items are always in date and available for use (see page 15).</p> <p>Timescale – immediate</p> <p><i>Regulation 13(2)(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
a	<p>The service should ensure patients are kept informed of any changes made to the service as a result of their feedback (see page 12).</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](#)

Vermilion - The Smile Experts Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Vermilion - The Smile Experts (Kelso) 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 provider's mission was published on its website for patients to view. Leadership was visible and supportive. Key performance indicators measuring how the service was performing were reviewed and monitored against the strategic plan.**

##### *Clear vision and purpose*

The service provided general, cosmetic and restorative dentistry, including implants, endodontics (root canal treatment) and orthodontics (braces, aligners and retainers). The service also provided conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). Most patients were referred by their own dentist, but patients could refer themselves, if required. The service is part of two independently owned dental clinics, with the other clinic based in Edinburgh.

The provider had clearly stated its mission and values on its website. The mission was that it had a 'patient focused approach to deliver clinical excellence and personalised care tailored to your needs'. The values were built around empathy, consistency, integrity and collaboration and 'striving to make the process seamless for both patients and dental practitioners'. This information was also readily available in the service for staff and patients to view.

Key performance indicators had been set to track progress and monitor business targets. These included:

- number of patient referrals
- types of referrals, and
- patient satisfaction feedback.

We saw evidence that these were monitored regularly and adjusted if necessary. Performance results were shared with the other dental practice in the provider's group to compare results and further improve performance.

A strategic 'road map' had been implemented to define the future direction of the service. This included clinical excellence, referral dentist engagement, patient experience and sustainable growth.

- No requirements.
- No recommendations.

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

The service's team included dentists, dental nurses, a hygienist and receptionist. The practice manager 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. The provider's general manager was also available to help support and lead the service, and visited regularly.

Various regular meetings were held to communicate and share information with staff. This included management, administration and clinician meetings, and 'all staff' clinic meetings every 3 months. Core agenda items made sure key areas were always discussed and meeting notes with clear actions were recorded. Staff were emailed meeting notes to ensure they were kept informed. We found that communication between the leadership team and staff was open and transparent, with both sides being free to speak up.

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

- 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, where appropriate. Policies and procedures were in place to support the safe delivery of care and treatment. A strategic road map and a comprehensive audit programme helped to ensure patient care and treatment was regularly reviewed, and that the service continued to improve. Key risk assessments were carried out. The provider's research team helped to inform learning and development in the service, as well as publishing articles for the wider dental community.

An effective process must be in place for carrying out checks of all medical emergency equipment. Patients should be kept informed of changes made as a result of feedback.

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

Information about the treatments and care delivered by the service was available on the provider's website, and patient information leaflets were available in the service explaining the different procedures. The fees were displayed in the waiting area.

The provider's marketing team, along with the service's clinical staff, engaged regularly with referring dental practitioners with whom the service had a long-standing relationship. This included visits to referring dental practices or inviting them into the clinic to gather feedback on how to improve the referral process. It also provided continuing professional development (CPD) events free of charge for referring practices. The service also regularly updated referring practitioners about their patients' progress.

A patient participation policy and process detailed how feedback from patients was gathered and used to make improvements to the way the service was delivered. Patients were asked to complete an online survey after each visit. This gave results in real time which the marketing team could review and respond to. Staff also encouraged patients to provide online testimonials. Any comments received from patients through surveys, testimonials or email were acted on where appropriate. We were told that recent improvements had been

made in the service based on patient feedback. This included changes to the types of music played during treatment, and instructions displayed for using the coffee machine in the waiting area.

Patients who responded to our online survey said they felt involved in decisions about their treatment and care, and were informed about the benefits, potential risks, side effects and costs before going ahead with treatment.

Comments included:

- ‘Discussions at all stages involved my input.’
- ‘All questions answered with an excellent level of detail and knowledge.’
- ‘At no point did I feel pressurised into making a decision.’
- ‘At all times I felt listened to and was able to ask any questions.’

Staff surveys were carried out every year by the provider. Results were reviewed by the provider’s general manager, and then discussed and shared at team meetings or on a one-to-one basis, if requested.

We were told that staff were celebrated on their work anniversary. There were also ad-hoc ‘shout outs’ when they had gone above and beyond to help a patient or another team member.

### **What needs to improve**

There was no evidence that results of feedback, such as changes or improvements made to the service, was shared with patients (recommendation a).

- No requirements.

### **Recommendation a**

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

### ***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 clinic's computer system. These were regularly reviewed to make sure they were in line with current legislation and best practice.

The service's complaints policy was available in the service. This 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 also available on the provider's website. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered with Healthcare Improvement Scotland in February 2021.

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 on the provider's website. There had been no duty of candour incidents since the service was registered with Healthcare Improvement Scotland.

Infection prevention and control policies and procedures were in line with national best practice. The onsite decontamination room was well laid out and was equipped with two washer disinfectors and two 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 also saw that the noticeboard in the decontamination room displayed regular audits and testing required, such as daily cleaning checklists.

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 water safety management plan was in place, which included regular water monitoring and testing.

There was a dedicated room with a digital X-ray machine for taking 3D images of patients' teeth. There was also a portable X-ray machine. Both machines had appropriate safety checks and testing carried out. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system and were easily accessible for review, reporting and checking. The radiation protection file was up to date.

The service had a range of necessary emergency drugs and equipment, including a defibrillator and oxygen. Staff had been appropriately trained to make sure that they could quickly support patients in the event of a medical emergency. All staff carried out medical emergency training every year.

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, 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.

A recruitment process was in place, with a service-level induction checklist 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 process was in place to check that staff had up-to-date indemnity insurance and that their professional registration status remained up to date. Monthly one-to-one meetings were held with their line manager, and formal staff appraisals took place each year, with action plans developed to record progress.

Staff had access to online training and an annual symposium was organised by the provider where training was also provided. The symposium was open to the wider dental community and had recognised key note speakers. The service also provided regular learning opportunities for its team, for example radiography and sedation. The provider had its own research team who had published articles in dental journals.

### **What needs to improve**

We found that the defibrillator pads were significantly out of date. Although we saw evidence that new defibrillator pads had been ordered, it was clear that regular and effective stock checks were not being carried out (requirement 1).

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

- The provider must ensure an effective process is in place for carrying out checks of all medical emergency equipment to make sure all items are always in date and available for use.
- No recommendations.

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

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. These were reviewed regularly, and a risk register was in place to make sure key risks were monitored on an ongoing basis.

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.

An audit programme was in place, and we saw evidence of recent audits for patient care records, clinical record keeping, and infection prevention and control procedures. Audit results were shared at team meetings. The research team also used these audits to inform learning and development in the service. We were told that specific audit results were also shared with referring practitioners.

The strategic road map acted as the service's quality improvement plan. This included describing the activities and measures put in place to ensure a culture of continuous improvement.

- 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. Appropriate infection control measures were in place. Staff were recruited safely. Patient care records were of a good standard and patients spoke 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 modern, purpose-built premises that provided a safe environment for patient care and treatment. The fabric and finish of the building was excellent. 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:

- ‘Definitely high class consulting rooms exceptionally clean, bright and relaxing.’
- ‘Excellent environment and equipment.’
- ‘Spotless premises both front of house and treatment rooms.’

We reviewed six staff files and saw that appropriate background and health clearance checks were carried out for all staff.

We reviewed several electronic patient care records on the practice management software system. These were generally of a good standard, detailing assessment and clinical examinations, treatment and aftercare. Records included:

- comprehensive assessment and clinical examinations, including medical history check
- intraoral scans (images inside patients' mouths) and X-rays
- treatment
- consent to treatments and photographs being taken
- next of kin and emergency contact details
- aftercare information, and
- any communication to the referring practitioner.

We found X-ray images to be of good quality and well reported. There was also evidence to show that the risks and benefits of all appropriate treatment options had been provided to patients.

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

- 'On time, efficient but not rushed.'
- 'Highly professional team.'
- 'From the very first visit everything was so professional.'
- '... competent and professional care. A truly excellent service.'

■ 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.

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



You can read and download this document from our website.  
We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

Healthcare Improvement Scotland

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

[www.healthcareimprovementscotland.scot](http://www.healthcareimprovementscotland.scot)