Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Integrated Dentalcare, Edinburgh

Service Provider: Integrated Dentalcare Limited

21 January 2026

NHS SCOTLAND

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

First published March 2026

www.healthcareimprovementscotland.scot

Contents

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 Integrated Dentalcare on Wednesday 21 January 2026. We spoke with a number of staff during the inspection. We received feedback from 17 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 to this service.

Based in Edinburgh, Integrated Dentalcare is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Integrated Dentalcare, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The service had identified a mission and key performance indicators to help measure how well the service was performing. Regular meetings were held and clear governance systems and processes were in place. A strategic plan should be developed to help formalise how performance in the service would be managed.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patient and staff feedback was encouraged and improvements made where appropriate. Key policies and procedures were in place to support safe patient-centred care. Patients felt involved in decisions about their care. A quality improvement plan and audit programme helped to ensure patient care and treatment was regularly reviewed. Duty of candour reports must be produced and published each year. Actions must be taken to address the service's current electrical installation condition report and the laser safety risk assessment.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The service was provided from a clean and well-maintained environment. Appropriate infection control measures were in place. Key background and health clearance checks must be carried out for staff both before and after they are recruited to ensure they continue to remain safe to work in 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 Integrated Dentalcare 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 five requirements and one recommendation.

Direction	
Requirements	
None	
Recommendation	
a	The service should develop a strategic plan that incorporates its mission statement and links this to the service's identified key performance indicators to help demonstrate how it will achieve its mission (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
1	The provider must produce and publish an annual duty of candour report (see page 16). Timescale – immediate *Regulation 5(2)* *The Healthcare Improvement Scotland (Inspections) Regulations 2011*
2	The provider must ensure that the remedial works identified in the service's 2023 electrical installation condition report are carried out and then arrange for a new electrical installation condition report to be carried out to demonstrate that the electrical installation is in a satisfactory condition (see page 16). Timescale – by 30 April 2026 *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
3	The provider must arrange for an external contractor to service the emergency lighting, and regular in-house testing should also be introduced (see page 16). Timescale – by 30 April 2026 *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
4	The provider must ensure that all actions highlighted in the laser protection advisor's risk assessment report are resolved (see page 16). Timescale – by 30 April 2026 *Regulation 3(d)(v)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
None	

Results	
Requirement	
5	The provider must ensure that appropriate Disclosure Scotland background checks and health clearance checks are carried out: a) on all staff before they begin working in the service, and b) on all staff currently working in the service. Checks must be recorded and retained on staff files (see page 19). Timescale – by 30 April 2026 *Regulation 8(1)* *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

Integrated Dentalcare 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 Integrated Dentalcare 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The service had identified a mission and key performance indicators to help measure how well the service was performing. Regular meetings were held and clear governance systems and processes were in place.

A strategic plan should be developed to help formalise how performance in the service would be managed.

Clear vision and purpose

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

The service's mission statement stated that it 'strives to provide an exceptional and personalised experience, delivering… dentistry in a caring manner that leaves our client informed, confident and smiling with a healthier mouth'.

Several key performance indicators had been identified by the service to help monitor and measure its quality and effectiveness. These were discussed with the team and reviewed regularly. They included:

- workflow compliance
- cancelled appointments, and
- patient no shows.

What needs to improve

Although the service had a mission statement and had identified key performance indicators, an overall strategic plan had not been developed. Having a strategic plan that links to the service's key performance indicators will provide a structured approach to improvement and help the service to demonstrate to its patients how its mission is being achieved (recommendation a).

- No requirements.

Recommendation a

- The service should develop a strategic plan that incorporates its mission statement and links this to the service's identified key performance indicators to help demonstrate how it will achieve its mission.

Leadership and culture

The service was staffed by a team of dentists, a dental therapist, dental nurses, a receptionist and a practice manager who was also the registered manager of the service with Healthcare Improvement Scotland. The management team comprised of a principal dentist, a human resources (HR) and operations director, a business manager and the practice manager.

The management team operated within a clear governance framework. We were told lines of accountability and reporting were well-defined and understood by staff.

Governance systems and processes were in place to help support staff to deliver care safely and make sure the service was continually improving. These included data from risk registers, audits, adverse event reviews, complaints, inspections, and both patient and staff feedback.

Various regular meetings were held to communicate and share information with staff. This included daily huddles, management, administration and clinician meetings, and regular 'all staff' clinic meetings. The principal dentist regularly met with individual clinicians for peer review where patient cases were discussed. Set core agenda items made sure key areas were always discussed and meeting notes with clear actions were recorded. Staff were able to access all meeting notes on the staff room noticeboard, or through an online messaging and communication forum.

The service's values - quality of care, respect and dignity, strong team culture and efficiency - were integrated into daily practice. These were shared during staff recruitment, induction, one-to-one meetings, performance reviews and team training sessions.

Staff were motivated to provide personalised care and treatment to patients. They told us that leadership was visible and supportive with an open, caring and collaborative approach. It was clear that they were engaged about performing their roles to the best of their ability.

A whistleblowing policy was available in the staff handbook setting out how staff could raise a concern about risks to patient safety and/or poor practice.

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

- 'That is the reason I always return to the practice - they always deliver a professional service to my requirements.'
- 'They are very professional and well organised. I always feel happy after treatment.'
- 'Prompt replies to any queries. Timely appointments and flexibility when required. Responsive to my needs.'

    - 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
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

Patient and staff feedback was encouraged and improvements made where appropriate. Key policies and procedures were in place to support safe patient-centred care. Patients felt involved in decisions about their care. A quality improvement plan and audit programme helped to ensure patient care and treatment was regularly reviewed.

Duty of candour reports must be produced and published each year. Actions must be taken to address the service's current electrical installation condition report and the laser safety risk assessment.

Co-design, co-production *(patients, staff and stakeholder engagement)*
Information about the treatments and care delivered by the service was available on the service's website. This included a fee guide which was also available in the waiting area. An information TV screen in the waiting area also advised patients of practice information such as treatments available. We were told that staff made every effort to provide a personalised service and stay in regular contact with patients.

The service's participation policy outlined the various ways in which the service gathered patient feedback, including encouraging verbal feedback after each visit and sending online review requests following treatment. Feedback was reviewed and shared with staff at staff meetings.

We saw that feedback from staff and patients was consistently reviewed and improvements made to the service as a result. This reflected a proactive approach to new challenges and organisational needs. For example, an audit had been carried out following patient feedback about the clinic running late. Improvements had been identified and actions taken such as more considered patient appointment scheduling to reduce the risk of this happening.

Staff were actively encouraged to contribute to help develop and improve the service. For example, they had completed a 'What would you start/ stop/ continue?' survey. We were told this created a greater awareness among the management team of staff views and improved communication among the team.

Staff members were recognised through a 'Star of the month' nomination process, based on how well they were seen to adhere to the service's values. The winner received a cash gift and all those nominated were given chocolates.

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:

- 'Preferences and any worries I had were taken note of and the treatment was adjusted to suit me.'
- 'I was consulted and had adequate opportunities to share my requirements, collectively came to the best treatment and follow up.'

  - 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 practice manager was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, in line with our notifications guidance.

An accident, incident and adverse events policy was in place, and a specific log book was used by staff to log any accidents and incidents that occurred in the service.

The service had a comprehensive range of policies and procedures. Staff were able to easily access these through the staff handbook which was available both in hard copy and on the practice's computer system. All were in date and reviewed regularly to make sure they reflected current legislation and best practice.

Infection prevention and control policies and procedures were in line with national best practice. The onsite decontamination room was equipped with a washer 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.

The treatment rooms had intraoral X-ray machines (used for taking X-rays inside patients' mouths). The X-ray equipment was all digital with a range of image receptor sizes available to allow the most appropriate image to be recorded for each patient. All X-ray machines had appropriate safety checks and testing carried out. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. The radiation protection file was up to date. The service also had a 3D intraoral scanner that took life-like non-radiographic images of patients' teeth.

Sedation was provided by an external sedationist. The sedation team had been suitably trained in the sedation techniques used and we were told that scenario-based sedation-related emergency training was carried out before each sedation patient case. All equipment used to monitor patients' pulse and oxygen levels during conscious sedation had been appropriately serviced and calibrated.

We saw that a system was in place to regularly check portable electrical appliances to make sure they were safe to use. Fire safety signage was displayed and we saw evidence showing that the fire safety equipment was appropriately maintained. A legionella (a water-based bacteria) risk assessment had been undertaken by a specialist company. They had also created a water safety management plan for the service to follow, which included regular water monitoring and testing.

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. Arrangements were in place to make sure that staff could quickly support patients in the event of a medical emergency. All staff carried out annual medical emergency training.

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. Appropriate clinical staff had undertaken duty of candour training. There had been no duty of candour incidents since the service was registered with Healthcare Improvement Scotland in December 2023.

The service's complaints policy was available in the service, included contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. Information on how to make a complaint was available in the waiting area and on the service's website. We noted that a small number of complaints had been received by the service in the last 12 months. These had all been resolved and dealt with in line with the service's complaints policy. No complaints had been received by Healthcare Improvement Scotland since the service was registered.

Patients were involved in planning their treatment, with costs discussed as part of the consultation and assessment process. They were provided with a range of treatment plan options and given time to discuss and ask questions before, during and after the consent process. They were also sent links to online videos recorded by the principal dentist. These aimed to explain some of the different treatment types to help with their understanding of their planned treatment. Signed consent was obtained from all patients before starting any treatment.

Aftercare advice was given to all patients following treatment. Patients who had undergone more complex treatments such as oral surgery, dental implants or treatments requiring sedation were also called the day after their treatment to check how they were feeling and if they needed any additional advice.

Patient care records were kept in electronic format on the practice management software system, and a suitable back-up system was in place in case this system failed. Access to the practice management software system and patient care records was password protected. The service, and all individual clinicians, were registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

A recruitment and induction policy and process was in place. An induction checklist was used to make sure staff were appropriately inducted into their role and ensure all necessary information was discussed with them. This included an introduction to members of staff, key health and safety information, and information on managing medical emergencies.

Staff had regular appraisals and ad hoc one-to one-meetings with the practice manager, and HR and operations director. This allowed them to discuss how supported they felt to be able to perform their role and responsibilities to a high standard.

We saw that the whole team was motivated to provide a high-quality service to patients. Staff told us they felt supported and encouraged to carry out further training and education. We saw evidence of training records for all staff and could see the investment made by the service in their continued development. This included customer service and communication training for reception staff and radiography training for one of the dental nurses.

What needs to improve

Annual duty of candour reports were not being produced. Even where no incidents occur requiring the need to implement the duty of candour procedure, a yearly report should be produced and made available to the public (requirement 1).

An electrical installation condition report carried out by an external contractor in 2023 had certified the service's electrical installation as 'unsatisfactory'. We saw no evidence to demonstrate that all the remedial work identified in the report had been undertaken or that a new electrical installation condition report had been carried out to ensure the electrical installation was now satisfactory (requirement 2).

Regular servicing of the emergency lighting by an external contractor had not been carried out. In-house testing had also not been carried out (requirement 3).

Three different types of laser equipment were used in the service. Although a laser protection advisor had been appointed and carried out a laser risk assessment, not all of the recommendations made in the risk assessment report had been acted on by the service (requirement 4).

Requirement 1 – Timescale: immediate

- The provider must produce and publish an annual duty of candour report.

Requirement 2 – Timescale: by 30 April 2026

- The provider must ensure that the remedial works identified in the service's 2023 electrical installation condition report are carried out and then arrange for a new electrical installation condition report to be carried out to demonstrate that the electrical installation is in a satisfactory condition.

Requirement 3 – Timescale: by 30 April 2026

- The provider must arrange for an external contractor to service the emergency lighting, and regular in-house testing should also be introduced.

Requirement 4 – Timescale: by 30 April 2026

- The provider must ensure that all actions highlighted in the laser protection advisor's risk assessment report are resolved.

- No recommendations.

Planning for quality

The service had a comprehensive approach to quality assurance. All results of complaints, adverse events, duty of candour, incidents and accidents were monitored regularly. A comprehensive risk register detailed the key risks identified in the service, and these were regularly monitored at staff meetings.

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 online compliance system had been used to develop the service's quality improvement plan. This used information such as complaints, adverse events, duty of candour, incidents and accidents and generated quality improvement activities to be taken forward, such as highlighting when audits were due.

We saw evidence of a regular programme of audits for:

- infection prevention and control
- hand hygiene
- radiograph compliance
- antibiotic prescribing, and
- timekeeping.

Action plans were developed where improvements had been identified. The results of audits were discussed at team meetings and improvements or changes in practice made, if required.

With patient consent, the principal dentist videoed or photographed all of their cases. This helped them to reflect and review if anything could have been improved. These patient cases were then often used in the clinician-to-clinician peer review meetings and for training purposes.

- 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.

Key background and health clearance checks must be carried out for staff both before and after they are recruited to ensure they continue to remain safe to work in 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 what worked well about the service. Comments included:

- ‘I have always felt that I am in safe hands and felt assured that I will be getting best advice/treatment for my condition.’
- ‘… experienced staff with a high level of expertise. Their care and attention for patients is exceptional.’
- ‘A professional and very friendly place.’

We reviewed 19 staff files and saw that appropriate background and health clearance checks had been carried out for the majority of staff. We also saw evidence of ongoing professional registration status and indemnity insurance checks.

We reviewed several electronic patient care records stored on the practice management software system and found the majority were of a high standard. Standard templates were used to detail assessment and clinical examinations, scans, clinical photographs and 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.

What needs to improve

Although the service had a recruitment policy and procedure in place, it was not always following safe recruitment practice. We found that some staff did not have evidence of Disclosure Scotland background checks or health clearance status checks on their staff file and were not able to provide evidence of this (requirement 5).

Requirement 5 – Timescale: by 30 April 2026

- The provider must ensure that appropriate Disclosure Scotland background checks and health clearance checks are carried out:
  a) on all staff before they begin working in the service, and
  b) on all staff currently working in the service.
  Checks must be recorded and retained on staff files.

- 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**

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

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

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