



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: New Life Teeth, Edinburgh

Service Provider: New Life Dental Limited

20 January 2026

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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 1 February 2024

Requirement

The provider must amend its complaints procedure on its website to ensure it:

- a) highlights the patient's right to contact Healthcare Improvement Scotland at any time, and*
- b) provides the full contact information for Healthcare Improvement Scotland.*

Action taken

The service's complaints procedure, published on its website, now highlighted the patient's right to complain to Healthcare Improvement Scotland at any time and provided our full contact details. **This requirement is met.**

Requirement

The provider must ensure that all clinical staff, including the clinic administration team, undertakes life support and medical emergency training and then continues to ensure that staff receive refresher training at appropriate intervals.

Action taken

All staff had now undertaken basic life support training. Dentists and dental nurses had also undertaken intermediate life support training. **This requirement is met.**

Requirement

The provider must ensure local rules for treatment rooms one and three are updated to detail the safe operating procedure for the handheld X-ray machines, taking into account the internal and external glass partitions.

Action taken

The local rules (local arrangements to manage radiation safety) for treatment rooms one and three had been reviewed by the service's radiation protection advisor. These had now been updated to take account of the internal and external glass partitions in these rooms to ensure the X-ray machines would be operated safely. **This requirement is met.**

Requirement

The provider must ensure appropriate routine in-house quality control testing is carried out on the 3D scanner at all times.

Action taken

External testing had now been carried out on the 3D X-ray scanner and staff told us that in-house testing would be carried out going forward. **This requirement is met.**

Requirement

The provider must develop and implement a standard operating procedure for use of the platelet rich fibrin (PRF) machine.

Action taken

Although a standard operating procedure had been developed, we noted the platelet rich fibrin machine was no longer in use. **This requirement is no longer applicable.**

Requirement

The provider must ensure that appropriate Disclosure Scotland background 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.

Action taken

We saw evidence that appropriate Disclosure Scotland background checks had now been carried out on all the staff files we reviewed. A process was also now in place to make sure these checks were carried out before staff began working in the service. **This requirement is met.**

Requirement

The provider must ensure that appropriate 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.

Action taken

We saw evidence that appropriate health clearance checks had now been carried out on all the staff files we reviewed. A process was also now in place to make sure these checks were carried out before staff began working in the service. **This requirement is met.**

Requirement

The provider must repair the flooring in treatment room one and the dental chair back and seat covering in treatment room two.

Action taken

The flooring in treatment room one and the dental chair covering in treatment room two had both now been repaired. **This requirement is met.**

Requirement

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.

Action taken

We were told that a risk assessment had been carried out and that any future improvements to upgrade the treatment rooms would include ensuring that the ventilation meets national guidance. **This requirement is met.**

Requirement

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

Action taken

Although a risk assessment had not been completed, we were assured by the service that any future refurbishment will include the installation of clinical hand washing facilities that meet current national guidance. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 1 February 2024

Recommendation

The service should develop a formalised strategy that sets out its vision, purpose, aims and objectives. It should also identify key performance indicators to help it achieve its aims and objectives, and a process for monitoring and measuring these.

Action taken

A strategy (corporate plan) had now been developed setting out the service's vision, mission and purpose. Core values, aims and objectives, and key performance indicators had also been identified, as well as a process for monitoring performance against the key performance indicators.

Recommendation

The service should have more regular meetings with its team. A record of discussions and decisions reached at these meetings should be kept. These should detail staff responsible for taking forward any actions.

Action taken

Regular staff meetings were now being held and minuted.

Recommendation

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

Action taken

We were told that the service was planning to introduce a 'You said, We did' display in the reception area to inform patients of any changes or improvements made as a result their feedback.

Recommendation

The service should produce a duty of candour report each year and make it available to its patients.

Action taken

Duty of candour reports were not being produced. This recommendation is reported in Domain 4 (Quality improvement) (see requirement 1 on page 19).

Recommendation

The service should ensure all clinical staff are trained in the duty of candour principles.

Action taken

Staff had now undertaken training in the duty of candour principles.

Recommendation

The service should further develop its clinical audit programme to cover key aspects of care and treatment. This should include a sedation audit. Audits should be documented, and improvement action plans implemented.

Action taken

A more comprehensive audit programme had now been developed that covered both clinical and non-clinical topics, including sedation-related audits. We reviewed several examples of recent audits and saw that action plans had been developed to demonstrate improvements being made.

Recommendation

The service should develop and implement a quality improvement plan to help structure and record improvement processes and outcomes, and demonstrate how it measures the impact of change.

Action taken

A quality improvement plan had now been developed.

Recommendation

The service should update its recruitment policy to include details of the background checks and health clearance checks that will be carried out for healthcare workers during the recruitment process.

Action taken

The service's recruitment policy now included details of the background and health clearance checks that must be carried out for different staff groups during the recruitment process.

Recommendation

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

Action taken

The registered service manager was aware that they should submit the service's self-evaluation when requested by Healthcare Improvement Scotland.

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 New Life Teeth on Tuesday 20 January 2026. We spoke with a number of staff during the inspection. We received feedback from nine patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Edinburgh, New Life Teeth is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For New Life Teeth, 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
A corporate plan directed the way the service was delivered. This included measurable key performance indicators to help demonstrate progress against the service's aims and objectives. Staff were motivated to provide a high level of personal care to patients. Leadership was supportive and visible, and regular staff meetings were held.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patient and staff feedback was actively encouraged and patients felt involved in decisions about their care. Key policies and procedures helped to make sure patient care was delivered safely, and quality assurance and improvement processes helped the service demonstrate continuous improvement. This included an audit programme, risk management processes and a quality improvement plan. The service was the only Scottish dental practice to be part of a global network of specialised implantology centres. A duty of candour report must be produced and published each year.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The service was provided from a clean, comfortable and well-maintained environment. Appropriate infection prevention and control practices were in place. Staff had been recruited safely with all required background and health clearance checks carried out. Patient care records were of a high standard, and patients spoke very positively about their experience of using the service.	✓✓ Good

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

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

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

What action we expect New Life Dental 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.

Implementation and delivery	
Requirement	
1	<p>The provider must produce and publish a duty of candour report each year and make this available to patients (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(2)</i> <i>The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p> <p>This was previously identified as a recommendation in the February 2024 inspection report for New Life Teeth.</p>
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](#)

New Life Dental 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 New Life Teeth 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

A corporate plan directed the way the service was delivered. This included measurable key performance indicators to help demonstrate progress against the service's aims and objectives. Staff were motivated to provide a high level of personal care to patients. Leadership was supportive and visible, and regular staff meetings were held.

Clear vision and purpose

The service provided a range of dental services, including implant dentistry, hygiene services and conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). Patients could be referred to the service by their general dental practitioner or self-refer.

The service was part of a wider group of independently owned dental clinics across the UK. The provider's ethos and philosophy was its 'belief in changing people's lives for the better'. This had been published on the service's website.

The service had further developed its core vision, mission and purpose since our last inspection in 2024. This was to:

- deliver safe, effective and person-centred dental implant care that improves oral health, function, confidence and overall quality of life.
- restore confidence and function through high-quality, evidence-based dental implant treatment, delivered with compassion, professionalism and transparency.
- be recognised as a leading dental implant clinic in Edinburgh, trusted by patients, staff and regulators for consistently delivering high-quality outcomes within a safe and supportive environment.

The practice manager had taken a lead role in developing the vision, mission and purpose, as well as defining core values for the service. The values included being person-centred, safe, effective, equitable and efficient. These values were discussed as part of staff recruitment and induction, as well as at one-to-one staff meetings and appraisals.

The service had gathered all of this information into a corporate plan that directed the way the service was delivered. The plan identified aims and objectives, and key performance indicators that aligned with the service's core values. For example:

- person-centred care performance indicators included patient satisfaction scores, evidence of patient feedback informing service improvement and the percentage of complaints resolved within agreed timescales.
- safety performance indicators included the number of clinical incidents and near misses reported, infection prevention and control audit compliance scores and staff immunisation compliance rates.

Performance against key performance indicators was discussed at staff meetings.

- No requirements.
- No recommendations.

Leadership and culture

The service was provided by a team that included several dentists, dental nurses, a practice manager (who was also a dental nurse and the registered service manager with Healthcare Improvement Scotland), a treatment co-ordinator and an administration team. The provider group's clinical lead provided support to the clinical team, and a compliance officer provided additional support by visiting the service every 6 weeks.

Staff we spoke with were motivated to provide patients with a personal level of service and a high standard of care and treatment, and told us they felt supported by the leadership team. There was enough staff for the volume of work undertaken. Staff understood their individual roles, were clear about each other's responsibilities and knew who to contact if they needed information or an issue needed to be resolved.

Various staff meetings were held regularly. The provider group's Board and clinical advisory team held meetings each month with relevant information shared with the service. The service held its own full practice meetings every 3 months for all staff, with further subgroup meetings for dentists and dental nurses. Minutes of meetings were kept along with a record of any actions to be taken. Daily safety huddles also took place where plans for the day's treatments and patients were discussed.

- 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 patients felt involved in decisions about their care. Key policies and procedures helped to make sure patient care was delivered safely, and quality assurance and improvement processes helped the service demonstrate continuous improvement. This included an audit programme, risk management processes and a quality improvement plan. The service was the only Scottish dental practice to be part of a global network of specialised implantology centres.

A duty of candour report must be produced and published each year.

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

A comprehensive description of the treatments provided and the treatment journey that potential patients could expect was available on the service's website. Information also included a fee guide, information about the team, and patient testimonials with before and after photographs and videos of their full mouth restorations. The service also used social medial channels to engage its patients, such as introducing staff members and sharing patient testimonial videos.

A clear patient participation process was in place and staff actively encouraged patient feedback. We saw a variety of ways for patients to provide input into how the service continued to develop. For example, patients were asked for verbal feedback and were also given information after each appointment about how to provide feedback and reviews using online review sites. Patients also received a text message after their appointment with a link to a survey asking for their opinions on the service, and the care and treatment that they had received. Some patients were also asked for a written or video testimonial. Patients that agreed to provide these were asked for written consent to work with a videographer to allow video content to be displayed on the service's website and social media channels.

The service employed a marketing company to review online patient feedback and reviews, and social media testimonials. They tracked feedback and reviews to make sure any negative comments were responded to and actioned where

appropriate. If any negative feedback was received, the practice manager would contact the patient to discuss their feedback. All patient feedback was shared with the team.

We were told about an example of a recent change the service had made due to patient feedback, where the number of appointment reminders had been reduced following patient feedback about receiving too many. The service was currently in the process of establishing a 'You said, We did' display board to share improvements made as a result of patient feedback.

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:

- 'Everything about my treatment and outcome was explained in great detail and all my questions and concerns were answered which put me at ease before treatment started.'
- 'The procedure was clearly explained in detail prior to commencing treatment and appropriate information given regarding medicines. Potential risks and side effects were clarified and discussed, along with benefits, expected outcomes, aftercare and costs, allowing informed choices to be made.'
- 'I was completely involved in every decision, every step of the way regarding my care treatments and complex situation.'

The service requested staff feedback through practice meetings and staff appraisals, with changes or improvements made where appropriate. Staff told us that the leadership team had an open-door policy to receive feedback and suggestions. A whistleblowing policy set out how staff could raise a concern about patient safety and/or practice.

- 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.

The complaints policy was easily accessible on the service's website, included up-to-date contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. Specific software had recently been introduced to log any complaints received. This software was also used to record and manage any adverse events that occurred in the service. We reviewed the small number of complaints received by the service over the past 6 months, all of which had been appropriately investigated, recorded and resolved. No complaints had been received by Healthcare Improvement Scotland since the service was registered in June 2018.

A duty of candour policy set out the service's professional responsibility to be honest with people when something goes wrong. Appropriate clinical staff had undertaken duty of candour training. There had been no duty of candour incidents since the service was registered.

The service used two handheld intraoral X-ray machines to take radiographic (X-ray) images inside the mouth. There was also a dedicated room with an X-ray scanner that took 3D images of patients' teeth. All 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 images were stored securely on an electronic X-ray filing system. The radiation protection file was up to date. There was also a 3D intraoral scanner that took non-radiographic life-like images of patients' teeth.

The service had a comprehensive range of policies and procedures, and staff were able to easily access these through the clinic's online communication system. All were in date and reviewed regularly to make sure they reflected current legislation and best practice.

Infection prevention and control policies and procedures were in line with national best practice. The onsite decontamination room was equipped with a washer disinfectant and autoclaves for cleaning and sterilising equipment. Dental instruments could be safely and easily transported between the treatment rooms and the decontamination room. The service's decontamination processes were clear and were understood by staff. During the inspection, a staff member demonstrated how the team safely processed instruments to ensure effective decontamination. Regular appropriate testing of decontamination equipment had been undertaken.

The 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, appropriate to their role.

The sedation team had been suitably trained in the sedation techniques used in the service. They had also undertaken sedation-related emergency training in 2024, in addition to their immediate life support training. The practice manager told us that, going forward, the sedation team would undertake separate scenario-based training every 6 months.

All equipment used to monitor patients' vital signs during conscious sedation such as blood pressure and oxygen levels had been appropriately serviced and calibrated. We were told that a new vital signs monitor would be purchased that includes a capnograph along with blood pressure, pulse and oxygen saturation monitoring.

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

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. Patients undergoing implant treatment were supported by the treatment co-ordinator from their initial consultation right through until discharge and for follow-up care.

Patients were provided with a comprehensive and detailed written treatment plan and estimates for treatment costs at their second consultation appointment. They were given time to discuss and ask questions about their treatment plan with the treatment co-ordinator, as well as being given the opportunity to ask questions to the treating practitioner before, during and after the consent process.

The service used a specialist anaesthetist for more complex patient cases where advanced sedation techniques were needed. We saw evidence that patients had been comprehensively assessed before treatment with the anaesthetist present.

Aftercare advice was given to all patients following treatment. Patients who had undergone more complex treatments such as oral surgery, 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.

Patients were regularly reviewed after their treatment with recall and hygiene appointments set at defined intervals based on an individualised patient risk assessment. This was recorded in the patient care records.

Patient information was stored on a practice management software system and a suitable back-up system was in place in case of failure. Each staff member had their own password to access the appropriate information they needed. 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 comprehensive induction programme was in place for new staff, and we saw an example of a recently completed staff induction checklist. This included an introduction to key members of staff, and training on the service's policies and procedures. We saw good record keeping of all recruitment information using an online human resources (HR) system. Staff appraisals were carried out regularly, and a personal development plan was put in place for each staff member. This information was recorded on the HR system, as well as details of staff training, including recommended modules to be completed. The system had recently been updated to include reminders for when staff checks were due for professional registration status and professional indemnity insurance renewal.

The service provided regular training and professional development sessions for all external referring practitioners and their teams. The range of training events that had been offered included restoration of implants and dental nurse implant training. Some of the service's staff had been given the opportunity to carry out additional training such as sedation and implant training as part of their development.

What needs to improve

Annual duty of candour reports were not being produced. Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year, even where no incidents occur requiring the need to implement the duty of candour procedure. The report should be made available to patients, for example in the service or published on the service's website (requirement 1).

Requirement 1 – Timescale: immediate

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

- No recommendations.

Planning for quality

A range of risk assessments had been undertaken, including a radiation risk assessment, a fire risk assessment and a general risk assessment. These were reviewed regularly and a risk register was in place to make sure key risks were monitored on an ongoing basis.

A comprehensive business continuity plan set out what steps the service would take in the event of a disruptive incident, such as a power failure. The plan provided details of key contacts and contractors to help reinstate services and when to contact patients.

A programme of weekly and monthly audits were carried out which included emergency drugs and equipment, infection prevention and control, sedation record keeping and radiography record keeping. We saw evidence of a range of recent audits along with action plans where improvements had been identified. Results from audits were reviewed, shared at staff meetings and improvements made, if required.

It was clear that quality improvement was a central part of delivering the service. A quality improvement plan helped to direct the way the service demonstrated a culture of continuous improvement. This took into account areas such as patient feedback, staff satisfaction and creating a more structured approach to data analysis to further develop trends over time.

The service was part of a global network of specialised implantology centres. We noted that the provider's group of services were the only accredited centres in the UK. This meant the service was globally recognised for adhering to the principles of osseointegration (where a metal implant is inserted into bone, allowing the bone cells to grow around, bond with and secure the implant, providing a stable and lasting foundation for artificial teeth).

- 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, comfortable and well-maintained environment. Appropriate infection prevention and control practices were in place. Staff had been recruited safely with all required background and health clearance checks carried out. Patient care records were of a high standard, and patients spoke very positively about their experience of using the service.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

The service was delivered from premises that provided a safe and comfortable 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 were 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:

- 'I was blown away by the facilities and equipment provided, they completely surpassed my expectations.'
- 'Facilities and equipment are excellent.'
- 'The facilities and equipment are modern and up to date. Hygiene, along with health and safety, are of the highest standard.'

We reviewed a number of electronic patient care records stored on the practice management software system. These were of a high standard, and templates were used detailing assessment and clinical examinations, scans, clinical photographs, treatment, medicines used and aftercare information. We saw evidence that showed patients had been informed about the risks and benefits of their treatment options before they were treated. Patient care records also included a range of X-ray images which we found to be of good quality and well reported.

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

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

- ‘First class it’s changed my life.’
 - ‘I will never be able to thank them enough for their unsurpassable professional and organised service.’
 - ‘The service was highly professional, well organised and the team are very approachable and supportive.’
-
- No requirements.
 - No recommendations.

Appendix 1 – About our inspections

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

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

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



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

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

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihtregulation@nhs.scot

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

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