



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Waverley Dental, Aberdeen

Service Provider: Ross McLelland & Company Limited

10 March 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 28 February 2023

Requirement

The provider must ensure a process is in place to allow access to a range of image receptor sizes to allow best possible receptor positioning and maximise comfort for patients.

Action taken

Whilst only one image receptor size (used when X-rays are taken) remained available in the service, a process was now in place to refer patients that needed a different size image receptor to another appropriate dental practice.

This requirement is met.

Requirement

The provider must install an appropriate instrument rinsing sink in the decontamination room.

Action taken

Whilst an instrument rinsing sink had not been installed, the provider had a system in place to manually process dental instruments in the event of the washer disinfectant and ultrasonic cleaner both failing. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 28 February 2023

Recommendation

The service should obtain structured feedback from patients, and develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Action taken

A participation policy had now been developed and we saw evidence of patient feedback being used to make improvements to the service.

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

A quality improvement plan was now in place and we saw evidence of current quality improvement activities documented in the plan.

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 Waverley Dental on Tuesday 10 March 2026. We spoke with the lead dentist and a dental nurse during the inspection. We received feedback from 291 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Aberdeen, Waverley Dental is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Waverley Dental, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
<p>A vision and purpose for the service had been identified, with a strategic plan and person-centred aims to help achieve these. Key performance indicators had also been identified to help measure how well the service was performing. Patients told us the service was professional and well led.</p> <p>The service's vision and purpose should be shared with patients and staff. Formal staff meetings should be introduced.</p>	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Patient 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. We saw evidence of the proactive management of risks, and a quality improvement plan and audit programme helped to ensure patient care and treatment was regularly reviewed.</p> <p>Unused equipment should be removed from the decontamination room.</p>	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>The clinic environment was clean and well maintained. Appropriate infection prevention and control practices for the environment were in place. Staff had been recruited safely. Patient care records were of a good standard. Patients were happy with the service provided.</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 Ross McLelland & Company Limited to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in four recommendations.

Direction	
Requirements	
None	
Recommendations	
a	The service should share its vision and purpose with patients and staff (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
b	The service should introduce formal staff meetings. These should be documented, and include any actions identified and those responsible for taking the actions forward (see page 11). 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	
None	
Recommendations	
c	The service should ensure that patients are kept informed of any changes made to the service as a result of their feedback (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
d	The service should remove all unused equipment from the onsite decontamination room (see page 15). Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.24

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](#)

We would like to thank all staff at Waverley Dental 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 vision and purpose for the service had been identified, with a strategic plan and person-centred aims to help achieve these. Key performance indicators had also been identified to help measure how well the service was performing. Patients told us the service was professional and well led.

The service's vision and purpose should be shared with patients and staff. Formal staff meetings should be introduced.

Clear vision and purpose

The service provided general dentistry and referred patients outwith the practice for specialised dental services, if required.

The provider had identified its purpose as delivering 'safe, high-quality, and compassionate dental care that supports the health, confidence, and wellbeing of every individual... .' Its vision was to be 'recognised as a leading person-centered dental practice that combines clinical excellence with a caring, supportive approach.'

To achieve this purpose and vision, a strategic plan had been developed that focused on ensuring that care was truly centered around the individual to address their needs, promote prevention of dental disease and continually enhance the quality of the service provided. These person-centered aims included:

- individualised care
- empathy and respect
- empowering patients to prevent dental disease
- safety and quality, and
- team engagement.

Several key performance indicators had been identified to help monitor and measure the quality and effectiveness of the service provided. These included:

- delivering high levels of patient satisfaction
- improving access to care
- maintaining excellence in clinical governance
- ensuring safe and evidence-based treatment
- continuous quality improvement
- maintaining high record keeping standards
- reducing the incidence of new dental decay in registered patients
- increasing patient awareness of self-care, and
- motivating and supporting staff.

What needs to improve

The service's vision and purpose were not visible in the service and there was no evidence that they had been shared with patients and staff (recommendation a).

- No requirements.

Recommendation a

- The service should share its vision and purpose with patients and staff.

Leadership and culture

The service was staffed by a small team that included one dentist (who was also the registered service manager with Healthcare Improvement Scotland), two dental nurses and a receptionist. Staff turnover was low and some of the team had been working together for in excess of 30 years.

Staff we spoke with were motivated to provide patients with person-centred care and treatment. 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.

Due to the team being small, we were told that communication and information sharing was done informally and verbally.

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

- 'I always feel in safe hands when I visit the practice.'
- 'My whole family use the practice and have been with them for a long time and we are all happy with the high standards.'
- 'Absolutely delighted with the level of professionalism, care and service provided.'
- 'From the time you step inside the staff are all very professional. They always seem to be able to answer any questions I ask, at the same time making me feel welcome and relaxed.'
- 'The practice is small and as a patient you feel part of it. The practice is extremely good if emergency appointments are required and appointments are generally well organised.'

What needs to improve

No formalised staff meetings took place to demonstrate that key operational areas, such as staffing, quality improvement activity, risk, and health and safety, were being discussed. This would ensure that these key areas were being monitored regularly, and actions taken to resolve any issues identified. Sharing minutes with staff and delegating responsibilities to the team for taking forward any actions, as appropriate, would also encourage shared accountability (recommendation b).

- No requirements.

Recommendation b

- The service should introduce formal staff meetings. These should be documented, and include any actions identified and those responsible for taking the actions forward.

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 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. We saw evidence of the proactive management of risks, and a quality improvement plan and audit programme helped to ensure patient care and treatment was regularly reviewed.

Unused equipment should be removed from the decontamination room.

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

The service did not have a website or use social media. Information about the treatments and care delivered by the service was available in the service, including a fee guide. We were told that staff made every effort to provide a person-centred service that was individualised to patients' needs wherever possible.

The service's participation policy outlined the various ways in which patient feedback was gathered and used to improve the service, including encouraging verbal feedback after each visit and occasionally undertaking patient surveys. Feedback was reviewed as it was received and acted on where appropriate. For example, seating and upholstery had been improved to suit patients' different abilities and comfort requirements, a ramp had been provided at the front door and extra safety grab rails placed in the practice.

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

- '[...] always explains the pros and cons of any treatment to allow me to make an informed decision.'
- 'You get your say as to what is the best way forward.'
- 'Proposed treatment options and costs have always been discussed beforehand. The practice is very responsive when any problems have arisen'

between appointments and react quickly and efficiently to emergencies. They also follow up post treatment if necessary.'

What needs to improve

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

- No requirements.

Recommendation c

- The service should ensure that 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 service manager was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, in line with our notifications guidance.

All X-ray equipment was digital and the X-ray machine had appropriate safety checks and testing carried out. Radiographic (X-ray) images were stored securely on an electronic X-ray filing system. The radiation protection file was up to date.

The service had a comprehensive range of policies and procedures, and staff were able to easily access these electronically. 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 an ultrasonic cleaner, washer disinfectant and autoclaves for cleaning and sterilising equipment. Dental instruments could be safely and easily transported between the treatment room and the decontamination room. During the inspection, a staff member demonstrated how the team 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.

We saw certification to show that the fixed electrical installation was being maintained in satisfactory condition. A system was also 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, and a water safety management plan was in place to make sure risks were minimised. This included carrying out regular water monitoring and testing, and cleaning dental water lines (used to allow water flow to the dental chair and attached equipment).

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. They were provided with a written treatment plan and estimates for treatment costs. They were given time to discuss and ask questions about their treatment plan, as well as being given the opportunity to ask questions throughout. 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. 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.

The complaints policy was easily accessible in the service, included up-to-date contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. A process was in place to manage any complaints or adverse events. No complaints had been received by Healthcare Improvement Scotland since the service was registered with us in July 2017.

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 annual duty of candour reports were published. There had been no duty of candour incidents since the service was registered.

We saw evidence that staff had been safely recruited. An induction programme was in place for new staff and we saw an example of a recently completed staff induction checklist. Regular appraisals were carried out, which allowed staff to discuss how supported they felt to be able to perform their role. We saw evidence of training records for all staff.

What needs to improve

A large item of equipment was being stored in the decontamination room that was no longer in use (recommendation d).

- No requirements.

Recommendation d

- The service should remove all unused equipment from the onsite decontamination room.

Planning for quality

A range of risk assessments had been undertaken, including a radiation risk assessment, a fire risk assessment, a legionella 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 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 which included emergency drugs and equipment, instrument decontamination, patient waiting times, 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 shared with staff and improvements made, if required.

A quality improvement plan, based on the service's key performance indicators, helped to direct the way the service demonstrated a culture of continuous improvement. We saw a current example where a more concise hazardous materials folder was being developed with the ultimate aim of making this information available electronically to allow staff to access this more easily.

- 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 clinic environment was clean and well maintained. Appropriate infection prevention and control practices for the environment were in place. Staff had been recruited safely. Patient care records were of a good standard. Patients were happy with the service provided.

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's responses to the self-evaluation made it difficult for the inspection team to use for inspection planning as intended.

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 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:

- 'The treatment environment was comfortable, hygienic, and had modern, well-maintained equipment that made me feel confident in my care.'
- 'I was very satisfied with the facilities and equipment, as the practice is always exceptionally clean, modern, and well maintained. The equipment appears to be state of the art, and the overall environment is professional'

and reassuring, which gives me great confidence in the quality of care provided.'

- 'The reception and waiting area is always clean and tidy and the treatment room is immaculate but without feeling uncomfortably 'sterile', there's a pin board of funny images and postcards above the treatment chair which always makes me smile.'
- 'The practice is always scrupulously clean with impressive equipment. It is a calm and controlled environment.'
- 'Absolutely satisfied. The facilities, equipment and overall environment... is outstanding. I feel privileged to be a patient of theirs.'

We reviewed four staff files and saw that appropriate background and health clearance checks had been carried out. We also saw evidence of ongoing professional registration status checks.

We reviewed several electronic patient care records stored on the practice management software system and found they were all of a good standard. Records included details of clinical assessment, treatment carried out, any medicines administered 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.

- 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.ihcregulation@nhs.scot

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