



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Focused Inspection Report: Independent Healthcare

Service: Eilertsen Dental Care, Inverness

Service Provider: The Real Good Dental Company
Limited

13 May 2026

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

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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 previously carried out an announced inspection of Eilertsen Dental Care on 17 July 2025, while the service was provided by Eilertsen Dental Care Ltd. In August 2025, a new provider, The Real Good Dental Company Limited, was formally registered with Healthcare Improvement Scotland to provide the service.

As a result of this change in provider, our July 2025 inspection did not lead to a published inspection report. However, The Real Good Dental Company Limited agreed to take responsibility for the findings in our unpublished July 2025 inspection report as part of its conditions of registration.

We carried out a further announced focused inspection of Eilertsen Dental Care on Wednesday 13 May 2026. The purpose of this inspection was to review progress with the 23 requirements and 15 recommendations we made at our July 2025 inspection, before the service provider changed. We also reviewed the service against its conditions of registration, which included the new provider's agreement to comply with the requirements and recommendations from that inspection. We spoke with the operations manager and the service manager during the inspection. This was our first inspection of this service under the new provider.

Based in Inverness, Eilertsen Dental Care is an independent clinic providing dental care and non-surgical treatments, namely facial aesthetic treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Eilertsen Dental Care, the following grades have been applied.

		Grade awarded
Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	✓ Satisfactory

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

More information about grading can be found on our website at:

[Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

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 The Real Good Dental 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 no requirements and no recommendations.

We would like to thank all staff at Eilertsen Dental Care 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
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

What the service had done to meet the requirements and recommendations we made at our last inspection under the previous provider on 17 July 2025

Clear vision and purpose

Recommendation

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

Action taken

The service had developed a document setting out its strategic aims and objectives. These included:

- clinical quality and patient care
- operational excellence and centralised support, and
- developing a patient-focused digital and feedback strategy.

Linked to these were key performance indicators that the service would measure to help demonstrate its strategic aims and objectives were being met. These key performance indicators included:

- appointment engagement
- online review performance
- patient feedback volume
- practice growth
- staff efficiency, and
- team expansion.

Leadership and culture

Requirement

The provider must ensure that the registered manager of the service is in full-time day-to-day charge of the service. This means being onsite when the service is open.

Action taken

At our July 2025 inspection, we found that a manager had recently been appointed and registered with Healthcare Improvement Scotland as the service manager. However, they were also a multi-site practice manager and split their time between multiple services. This meant they were not always on site when this service was open. At this inspection, we found that a dental nurse already working at the service had now been temporarily appointed as the registered manager. They were currently now in full-time day-to-day charge of the service. We were told that the provider was in the process of recruiting a new practice manager to the service, who would then be appointed as the registered manager. **This requirement is met.**

Recommendation

The service should create a standardised agenda template with regular operational standing agenda items that will be discussed and monitored at every meeting. 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

A standardised meeting agenda template had now been introduced for staff meetings. This included key standing agenda items to discuss at each meeting, for example staff and patient feedback, progress against key performance indicators and staff values. We suggested adding updates from the service's risk register as an additional standing agenda item. We will follow this up at the next inspection.

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

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.

Requirement

The provider must ensure that the process for the pre- and post-sterilisation of dental instruments is clear, for the use of both vacuum and non-vacuum autoclaves.

Action taken

The decontamination 'dirty to clean' workflow process was now much clearer and easier to understand. The room had been decluttered ensuring extra counter space was now available to enable more effective inspection of dental instruments between each stage of the decontamination process. **This requirement is met.**

Requirement

The provider must ensure that all excess equipment is removed from the decontamination room.

Action taken

The decontamination room had been cleared of all excess equipment. **This requirement is met.**

Requirement

The provider must produce evidence of the installation, validation and revalidation for the two non-vacuum autoclaves. This equipment must then be revalidated each year to make sure it remains safe to use.

Action taken

We saw certification showing that all autoclaves (used to clean and sterilise equipment) had been installed and revalidated in April 2026. **This requirement is met.**

Requirement

The provider must produce evidence of testing and inspection for the dental compressors. This equipment must then be tested and inspected according to its written scheme of examination to make sure it remains safe to use.

Action taken

We saw evidence of testing and inspection for both dental compressors (used to power some items of dental equipment) carried out in October 2025. **This requirement is met.**

Requirement

The provider must implement a procedure for changing and cleaning dental unit waterlines and ensure appropriate staff are trained in this.

Action taken

A procedure had been implemented for changing and cleaning dental unit waterlines (used to allow water flow to the dental chair and attached equipment), using products recommended by each dental chair manufacturer. A copy of the procedure was available in each surgery and staff had been trained in this procedure. **This requirement is met.**

Requirement

The provider must convert the 3-in-1 holder in surgery 4 to accept single-use tips. Reusable tips must be removed from use and only single-use tips used.

Action taken

The 3-in-1 holder in surgery 4 had been converted to accept single-use tips (used to provide air, water and mist for dental procedures). We saw no evidence of any reusable tips in use. **This requirement is met.**

Requirement

The provider must produce evidence of sedation-related continuing professional development within the last 5 years for the dentists carrying out sedation.

Action taken

We saw evidence of recent continuing professional development training within the last year for the two dentists that carried out sedation treatment (using drugs to reduce patient anxiety to allow treatment to take place). **This requirement is met.**

Requirement

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

Action taken

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. A process was now in place for producing and publishing annual duty of candour reports on the service's website. We saw the most recent duty of candour report had been published. **This requirement is met.**

Requirement

The provider must produce full radiation safety assessment reports for all X-ray machines and evidence that all actions identified in interim radiation safety assessment reports and critical examination reports have been resolved.

Action taken

We saw full radiation safety assessments for each X-ray machine had been carried out, with no outstanding actions remaining. **This requirement is met.**

Requirement

The provider must ensure that regular in-house testing is carried out on the 3D X-ray machine, as detailed in the manufacturer's testing regime. If this cannot be achieved, then external testing is required each year.

Action taken

Weekly in-house testing was now being carried out on the 3D X-ray machine, with a checklist used to document each time the machine was tested. **This requirement is met.**

Requirement

The provider must consult with its radiation protection advisor to produce individualised local rules for each surgery that take into account the specific environment in each surgery.

Action taken

The service's radiation protection advisor had carried out a risk assessment in February 2026 that stated that, due to the frosted glass partition walls outside surgeries 2 and 3, additional shielding would be needed if access to the corridor could not be restricted as X-ray beams could pass through the glass. A protocol was then developed and implemented that ensured access to the corridor was physically prohibited by staff when X-ray exposures were taking place in these surgeries. Following our inspection, the service provided an updated copy of the

local rules (local arrangements developed by a radiation protection advisor to manage radiation safety) for surgeries 2 and 3 that included this new protocol. They also confirmed that staff had been made aware of this new protocol. **This requirement is met.**

Requirement

The provider must develop and implement a clear protocol to prevent the X-ray machine in surgery 5 being accidentally triggered. This must be done in consultation with the service's radiation protection advisor.

Action taken

The switch for triggering the X-ray machine in surgery 5 was now encased in a lockable clear plastic box to prevent accidental triggering of the machine. **This requirement is met.**

Recommendation

The service should ensure 3D X-ray images are fully reported or arrange for the reporting of these by an external consultant radiologist.

Action taken

We saw evidence of more detailed reporting of 3D X-ray images. A process was now in place to refer to an external consultant radiologist if more detailed reporting was required.

Recommendation

The service should provide training in duty of candour principles for all clinical staff.

Action taken

We saw evidence that clinical staff had received training in the duty of candour principles.

Recommendation

The service should sign up for Medicines and Healthcare products Regulatory Authority (MHRA) safety alerts.

Action taken

The operations manager was signed up to receive Medicines and Healthcare products Regulatory Authority (MHRA) safety alerts. These alert all healthcare providers of potential issues with medicines and medical devices that may pose a risk to patient health, safety and welfare.

Recommendation

The service should review and update its whistleblowing procedure to make this specific to how concerns should be reported in an independent healthcare service.

Action taken

The whistleblowing policy detailing how staff should report confidential concerns they may have about patient safety or practice had now been reviewed and all unnecessary references to the NHS removed.

Recommendation

The service should review and update its consent policy to describe the consent process for children.

Action taken

The consent policy had now been reviewed to detail how children would be consented for dental treatment.

Recommendation

The service should review and update its controlled drugs policy to accurately describe what happens in the service.

Action taken

The controlled drugs policy had now been updated to describe how controlled drugs (medications that require to be controlled more strictly, such as some types of painkillers) were ordered, received, stored, prescribed, administered and disposed of in the service.

Recommendation

The service should review its policies and procedures to ensure they are all in a consistent format, and include an implementation date, version number, author and clear review process.

Action taken

A policy statement had been developed and added to the service's policy folder describing how policies should be named, reviewed and updated. All policies we saw were consistently named and formatted, and a clear review process was in place.

Planning for quality

Requirement

The provider must develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered.

Action taken

A risk register spreadsheet had now been developed that covered key risks in the service, for example staffing, service closure and patient data confidentiality. Each risk was reviewed regularly at appropriate intervals ranging from every 3 months to annually. **This requirement is met.**

Recommendation

The service should expand its audit programme to include sedation-related audits and ensure that all audits are carried out more frequently.

Action taken

The service's audit programme had been expanded to include regular sedation-related and general record keeping audits every 6 months. We saw evidence of the most recent audits.

Recommendation

The service should reinstate its quality improvement plan to ensure the impact of change is measured and a culture of continuous improvement can be demonstrated.

Action taken

The service's quality improvement plan had been reinstated for 2026-27. Its overall aim was to enhance patient care, safety and satisfaction whilst ensuring compliance with regulatory standards and improving operational efficiency. Its primary goals were to:

- improve patient satisfaction and experience
- enhance clinical outcomes and safety
- streamline workflows to improve efficiency and reduce costs
- ensure compliance with legal, ethical and accreditation standards, and
- foster a culture of continuous improvement among staff.

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

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.

Requirement

The provider must update its sedation protocol to:

- a) ensure the strength of controlled drug medication used to sedate patients is in line with national sedation guidance, and*
- b) ensure that the emergency use of a medication that helps patients wake up in an emergency when they are sedated focuses on the patient's airway and breathing before risk assessing whether this medication should be administered.*

Action taken

The sedation protocol had now been updated to reflect the correct dosage of sedation drugs. It also set out a clear process for prioritising the patient's airway and breathing before considering the use of medication. **This requirement is met.**

Requirement

The provider must ensure that a process is in place for rechecking each staff member's Disclosure Scotland status every 5 years. This will ensure that staff remain safe to work in the service.

Action taken

The service used an external company to carry out all staff background checks on its behalf. The operations manager also kept a spreadsheet as a reminder of when each staff member's background checks were due to be renewed. **This requirement is met.**

Requirement

The provider must ensure that staff have appropriate indemnity cover for the work undertaken at the service.

Action taken

We found that all staff now had the appropriate indemnity (insurance) cover for the work undertaken. **This requirement is met.**

Requirement

The provider must ensure that all staff have received basic life support training before being appointed and this then continues to be carried out at regular intervals.

Action taken

We saw evidence that all staff had undertaken basic life support training within the past year. We were told this training would be carried out each year going forward. **This requirement is met.**

Requirement

The provider must ensure that staff have the appropriate health clearance to carry out their role before being appointed.

Action taken

All staff now had appropriate health clearance for the job role they performed. **This requirement is met.**

Requirement

The provider must ensure that all patient care records contain appropriate information that sets out how the patients' health, safety and care needs are being met.

Action taken

We reviewed eight patient care records and found that all of them were fully completed, with appropriate medical history, patient assessment and treatment information recorded. **This requirement is met.**

Requirement

The provider must ensure that:

- a) all areas of the clinic are kept clean, uncluttered and tidy and that effective monitoring of the standard of cleaning takes place, and*
- b) all equipment and materials are stored appropriately in the service, and that all excess and unused equipment and materials is removed from the service to prevent inadvertent use.*

Action taken

The service was significantly cleaner and tidier than at our last inspection, with less clutter and excess equipment stored. Cleaning standards were being monitored through cleaning checklists, and regular infection prevention and control audits. **This requirement is met.**

Requirement

The provider must ensure that the unboxed X-ray machine is not installed onsite without first notifying Healthcare Improvement Scotland, in line with our notifications guidance.

Action taken

This machine had been removed from the service. **This requirement is no longer applicable.**

Requirement

The provider must implement an effective stock checking system and ensure that any expired materials are disposed of. All staff should be trained in the implementation of this system.

Action taken

We checked the stock cupboards and drawers in each surgery and did not find any expired stock. Staff now carried out regular stock checks to make sure items remained in date and available for immediate use. **This requirement is met.**

Recommendation

The service should either externally vent the two suction motors in the staff kitchen area or develop a written protocol for regularly checking and replacing the bacterial filters in line with the manufacturer's instructions.

Action taken

The suction motors had been checked by an external engineer and a process implemented for in-house checking of the bacterial filters each month, with these then replaced, if required.

Recommendation

The service should carry out medical emergency scenario-based training in surgery 6 to ensure a medical emergency can be properly managed in this room.

Action taken

Staff had now carried out medical emergency scenario-based training specific to surgery 6. This ensured they were now aware of how they should manage a medical emergency in this room should one occur.

Recommendation

The service should implement the use of safer sharps throughout the service to minimise the risk of sharps injuries.

Action taken

We were told that safer sharps were now in use throughout the service such as syringes (needles) for delivering local anesthetic injections and cannulas for intravenous (IV) sedation treatment. We saw no evidence of non-safety sharps being used in the service.

Recommendation

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

Action taken

We did not request a self-evaluation from the service before the inspection. However, the operations manager was aware of the need to submit one as and when requested.

Appendix 1 – About our inspections

Our quality of care approach and the quality assurance framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach 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

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