



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Cherrybank Dental Spa (Edinburgh),
Edinburgh

Service Provider: Cherrybank Edinburgh Limited

14 May 2024

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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 31 October 2022

Requirement

The provider must produce evidence of the following:

- a) *pressure vessel insurance*
- b) *radiation protection file, and*
- c) *contract or letter of appointment of a laser protection advisor.*

Action taken

We saw evidence of pressure vessel insurance for the dental compressors and a radiation protection file. As laser treatments were no longer carried out at the service, a letter showing the appointment of a laser protection advisor was no longer necessary. **This requirement is met.**

Requirement

The provider must remove the vacuum autoclave from use and replace with an appropriately serviced and tested vacuum autoclave until the original machine has been satisfactorily serviced and tested.

Action taken

The current vacuum autoclave had been appropriately serviced and tested. **This requirement is met.**

Requirement

The provider must produce evidence of medical emergency and life support training for all of the sedationists.

Action taken

We saw evidence of up-to-date medical emergency and life support training for all sedationists. **This requirement is met.**

Requirement

The provider must repair or replace the damaged dental chair head rest in surgery four to ensure it can be effectively cleaned.

Action taken

The damaged dental chair had been replaced with a new dental chair. **This requirement is met.**

Requirement

The provider must ensure it can demonstrate evidence of appropriate background checks and health clearance status for all self-employed or visiting clinicians before they start working in the service.

Action taken

Appropriate background checks and health clearance status checks were still not available for some self-employed and visiting clinicians. **This requirement is not met** and is reported in Domain 7 (Quality control) (see requirement 6 on page 23).

What the service had done to meet the recommendations we made at our last inspection on 31 October 2022

Recommendation

The service should update its consent policy to reflect the Children (Scotland) Act 1995 for children and young people consenting to medical and dental treatment.

Action taken

The service's consent policy had been updated to reflect national legislation for children and young people consenting to dental treatment.

Recommendation

The service should update its protocol for informing patients if the practice closes or their dentist leaves to accurately reflect that the service is regulated by Healthcare Improvement Scotland.

Action taken

The service's protocol for informing patients if the service closes or their dentist leaves had been updated to reflect that the service was regulated 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 Cherrybank Dental Spa (Edinburgh) on Tuesday 14 May 2024. We spoke with a number of staff during the inspection. We received feedback from three patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Edinburgh, Cherrybank Dental Spa (Edinburgh) is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Cherrybank Dental Spa (Edinburgh), 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>The provider had a clear mission to provide pain free dentistry to its patients, and had a number of core organisational values. Key performance indicators had been identified to measure performance and were being monitored. Leadership was visible and supportive. Regular staff meetings were held.</p>	✓✓ Good	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patient and staff feedback was actively sought and encouraged, and patients were involved in planning their care. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely, and an audit programme was in place to monitor these.</p> <p>The service's website must be updated to provide information on how patients can make a complaint. Rectangular collimators must be routinely used on the intraoral X-ray machines. Actions highlighted in radiation safety assessment reports must be carried out. A standard operating procedure must be developed for the platelet rich fibrin (PRF) machine. Sedation audits should be introduced. Duty of candour reports must be published each year and clinical staff should be trained in the duty of candour principles.</p>	✓✓ Good	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The care environment and patient equipment were clean and well maintained. Patient care records were of a good quality and patients spoke positively about the service delivered. Appropriate background and health clearance checks must be undertaken for all staff.</p>	✓ 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 Cherrybank Edinburgh 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 six requirements and six recommendations.

Implementation and delivery	
Requirements	
1	<p>The provider must amend its complaints procedure on its website to ensure it:</p> <ul style="list-style-type: none">a) highlights the patient’s right to contact Healthcare Improvement Scotland at any time, andb) provides the full contact information for Healthcare Improvement Scotland (see page 20). <p>Timescale – immediate</p> <p><i>Regulation 15(6) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)

Requirements

- 2** The provider must ensure rectangular collimators (used to reduce the radiation dosage to patients and increase the image quality of X-rays) are routinely used for all patients receiving an intraoral X-ray (X-rays taken inside the patient's mouth) (see page 20).

Timescale – immediate

Regulation 3(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 3** The provider must ensure all actions highlighted in the radiation safety assessment reports for the intraoral X-ray machine are carried out and recorded (see page 20).

Timescale – immediate

Regulation 3(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 4** The provider must develop and implement a standard operating procedure for use of the platelet rich fibrin (PRF) machine (see page 20).

Timescale – 8 August 2024

Regulation 3(d)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 5** The provider must publish an annual duty of candour report (see page 20).

Timescale – immediate

Regulation 5(2)

The Healthcare Improvement Scotland (Inspections) Regulations 2011

Implementation and delivery (continued)

Recommendations

- a** The service should ensure patients are kept informed of any changes made to the service as a result of their feedback (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

- b** The service should repair, replace or remove the intraoral X-ray machine in treatment room 3 (see page 20).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.24

- c** The service should ensure all clinical staff are trained in the duty of candour principles (see page 20).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

- d** The service should introduce routine sedation audits to provide assurance of the way sedation procedures are carried out. Audits should be documented, and improvement action plans implemented (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

- e** The service should continue to develop its clinical audit programme to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results	
Requirement	
6	<p>The provider must ensure that appropriate Disclosure Scotland background checks and health clearance checks are carried out:</p> <ul style="list-style-type: none"> a) on all staff before they begin working in the service, and b) on all staff currently working in the service. <p>Checks must be recorded and retained on staff files (see page 23).</p> <p>Timescale – immediate</p> <p><i>Regulation 9</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the October 2022 inspection report for Cherrybank Dental Spa (Edinburgh).</p>
Recommendation	
f	<p>The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 23).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Cherrybank Edinburgh 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 Cherrybank Dental Spa (Edinburgh) for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The provider had a clear mission to provide pain free dentistry to its patients, and had a number of core organisational values. Key performance indicators had been identified to measure performance and were being monitored. Leadership was visible and supportive. Regular staff meetings were held.

Clear vision and purpose

The service provided general dental services, with a focus on cosmetic dentistry, orthodontics (correcting the position of teeth) and implants. Patients could be referred to the service by their general dental practitioner or self-refer. The provider was part of the Pain Free Dentistry Group, a group of dental practices based mainly in Scotland, and the service operated within Pain Free Dentistry Group's corporate frameworks and policies.

The provider's mission was to offer pain free dentistry to its patients, following Pain Free Dentistry Group's principles and techniques to make sure patients feel no pain during their treatment. The provider's strategic plan set out its short- and longer-term vision. This plan included goals about team culture and leadership, as well as business goals. The plan had been communicated to all team members and was discussed at leadership meetings held every 3 months. These meetings were always led by an executive team member, such as a regional manager or a Group director and reviewed the progress of both the short and long-term goals. A video from the Group's managing director was played at each meeting to discuss current progress and the ongoing vision.

The provider had identified key performance indicators to assess the service's performance. These included patient satisfaction rates, call handling rates and patient comfort levels. These key performance indicators linked to the overall mission of providing pain free dentistry to patients. Key performance indicators were monitored and discussed at monthly team meetings and the 3-monthly leadership meetings.

Five core organisational values had been identified and were discussed with all staff as part of their induction. These were:

- team work
- positivity
- respect
- sustainability, and
- accountability.

The management team told us they were not afraid of staff making mistakes but wanted them to take accountability for reporting and learning from them. Each week, one of the core values was set as a focus for the team, with a voucher prize awarded to the team member that had best demonstrated this value.

- No requirements.
- No recommendations.

Leadership and culture

The service was provided by a large team that included dentists, a number of dental care professionals, treatment co-ordinators and an administration team. A clinic manager, lead dental nurse and head receptionist formed the clinic leadership team with support from a lead clinician.

Staff we spoke with were motivated to provide good patient care and told us that leadership was visible and supportive.

A regional manager and clinical lead supported the service's leadership team and clinicians. The provider regularly communicated and shared information and updates with the service to support staff in keeping up to date with emerging dental and clinical issues.

A range of different meetings were regularly held to communicate and share information with staff. This included leadership team meetings, clinician meetings and team meetings. Core agenda items were discussed at all meetings, and minutes with clear actions were recorded and shared with staff following meetings. A red/amber/green (RAG) rating system was used to determine the level of importance of each action and highlight whether the action was completed, in progress or not yet started.

There was enough appropriately trained 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.

- 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 sought and encouraged, and patients were involved in planning their care. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely, and an audit programme was in place to monitor these.

The service's website must be updated to provide information on how patients can make a complaint. Rectangular collimators must be routinely used on the intraoral X-ray machines. Actions highlighted in radiation safety assessment reports must be carried out. A standard operating procedure must be developed for the platelet rich fibrin (PRF) machine.

Sedation audits should be introduced. Duty of candour reports must be published each year and clinical staff should be trained in the duty of candour principles.

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

Information about the treatments offered was available on the service's website. The service had active social media channels and engaged with its followers to provide patient and referrer information, information on treatments offered and to share patient video testimonies.

The service encouraged patient feedback and a clear patient participation process was in place. We saw a variety of ways for patients to provide input into how the service continued to develop. Patients were asked for their verbal feedback after every appointment and were encouraged to provide feedback through online review sites. The service had recently changed its electronic feedback system due to low return rates and had seen a significant improvement in the return rate of patient feedback questionnaires as a result.

The new patient feedback system automatically captured the completion of patient feedback surveys in real time. This meant feedback was received immediately, allowing the service manager to respond if necessary. Patient feedback was discussed with staff at monthly team meetings. If any negative feedback was provided, the service manager contacted the patient to discuss their feedback and also any staff members that were involved.

Treatment co-ordinators were now responsible for responding to all online reviews, following a recent Group audit that showed an inconsistent approach to responding to online reviews.

The Group's electronic staff feedback system was used to ask staff across all its services a survey question every week, such as whether they had a regular one-to-one meeting with their line manager. All feedback to this system was anonymous with only the Group executive team knowing which service the feedback came from. Staff could also access the feedback system at any point and provide feedback. Results of staff feedback were reviewed by the Group executive team and, when appropriate, shared with the relevant service's manager and team, with any appropriate action taken where needed. For example, we were told that a staff member had raised concerns about their clinic manager. The regional manager had followed this up with that particular service and manager.

A number of staff reward schemes were in place with staff able to nominate colleagues if they felt they had gone above and beyond to assist a patient or colleague, or felt that they deserved recognition. These schemes provided staff with vouchers of their choice.

What needs to improve

Although we could see that changes had been made based on patient feedback, these changes were not always communicated to patients. Having a consistent approach to informing patients of positive changes made as a result of feedback would help demonstrate the impact their feedback has on improving the service (recommendation a).

- No requirements.

Recommendation a

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

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

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

A range of policies, procedures and systems were in place to ensure patient care and treatment was delivered safely. 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. Contracts were in place to ensure all clinical waste was disposed of safely.

The onsite decontamination room was equipped with washer disinfectors and autoclaves used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and the decontamination room. Staff knew the service's decontamination process and clear processes were in place to ensure effective decontamination of instruments. During the inspection, a staff member demonstrated how the team safely processed instruments.

The majority of treatment rooms had intraoral X-ray machines (used for taking X-rays inside the patient's mouth). There was also a dedicated room that had an X-ray scanner that took 3D images of patients' teeth. 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. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. We noted microscopes were covered when not in use. The service also had a number of 3D intraoral scanners that took non-radiographic life-like images of patients' teeth.

Portable electrical equipment had been tested to ensure it was safe to use. Fire safety signage was displayed and fire safety equipment was serviced every year.

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. The majority of staff were up to date with medical emergency training, with new staff due to undertake this training in the near future.

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.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland, and the process for making a complaint was available in the service. We saw that the service was managing complaints it had received well. No complaints had been received by Healthcare Improvement Scotland since the service was registered in November 2018.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. Patients had access to the treatment co-ordinator who supported them in their treatment journey from initial consultation right through until discharge and for follow-up care, particularly for larger treatment plans such as implant placement. Patients were given time to discuss and ask questions about their treatment plan before, during and after the consent process.

Written and verbal aftercare advice, and a post-surgical pack for larger treatments, was also given to patients. Patients were regularly reviewed after their treatment with recall and hygiene appointments set at defined intervals based on individualised patient risk assessments. This was recorded in the patient care records.

The service provided some dental treatment under conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). A visiting sedationist provided this and was suitably trained in the sedation techniques carried out. The sedation team had also been suitably trained in the sedation techniques undertaken and had completed additional life support training. We were told the service was also planning to undertake in-house sedation-related scenario-based emergency training with the visiting sedationist at their next visit. All equipment used to monitor a patient's pulse and oxygen levels when they were having conscious sedation had been appropriately serviced and calibrated.

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

A recruitment and induction process was in place, and an updated recruitment checklist had recently been introduced to ensure appropriate professional registration, insurance, background and health clearance status checks had been undertaken as part of the recruitment process. An induction checklist was used to make sure staff were properly inducted into their new role. This included an introduction to key members of staff, key health and safety information, a tour of the service and emergency procedures.

One-to-one staff reviews were carried out to help identify training and development needs and opportunities. Each staff member and their line manager met every 3 months to review their ongoing performance, goals and

personal development plan. Staff told us they felt supported to carry out further training and education. For example, staff members had recently had their training costs funded to undertake sedation training and a dental nurse training programme.

What needs to improve

Although the service's complaints policy in the service included up-to-date contact details for Healthcare Improvement Scotland, the complaints procedure on the service's website did not highlight the patient's right to contact Healthcare Improvement Scotland at any time or provide our contact details (requirement 1).

A number of the rectangular collimators (a tool used to reduce radiation dosage to patients and increase the image quality of the X-ray) had been removed from the X-ray machines. These should routinely be used when taking X-rays (requirement 2).

There was no evidence that a number of recommendations made in the radiation safety assessment reports for some of the intraoral X-ray machines had been completed (requirement 3).

The service had a centrifuge machine for providing platelet rich fibrin (PRF) treatment. This involves taking a small sample of a patient's blood and using the centrifuge machine to separate the blood into its component parts. The fibrin part of the blood is then placed into the bone of the implant site to speed up the patient's healing process. However, there was no standard operating procedure in place for using this equipment (requirement 4).

Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year, even where the duty of candour has not been invoked (requirement 5).

The intraoral X-ray machine in treatment room 3 was not functioning and we were told there were no plans to repair it (recommendation b).

Some clinical staff had not undertaken training in the duty of candour principles. It is important that staff understand their responsibilities if something goes wrong with a patient's treatment or care (recommendation c).

A recent legionella risk assessment had been undertaken by a specialist contractor, with several recommendations for improvement made. The service was currently acting on these recommendations as part of its legionella management plan. We will follow this up at our next inspection.

It was noted there was a crack in the leather upholstery on one of the operator chairs. The service manager told us the chair would be recovered. We will follow this up at the next inspection.

Requirement 1 – Timescale: immediate

- 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.

Requirement 2 – Timescale: immediate

- The provider must ensure rectangular collimators (used to reduce the radiation dosage to patients and increase the image quality of X-rays) are routinely used for all patients receiving an intraoral X-ray (X-rays taken inside the patient’s mouth).

Requirement 3 – Timescale: immediate

- The provider must ensure all actions highlighted in the radiation safety assessment reports for the intraoral X-ray machine are carried out and recorded.

Requirement 4 – Timescale: 8 August 2024

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

Requirement 5 – Timescale: immediate

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

Recommendation b

- The service should repair, replace or remove the intraoral X-ray machine in treatment room 3.

Recommendation c

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

Planning for quality

A range of risk assessments were in place, including a general health and safety risk assessment, Control of Substances Hazardous to Health (COSHH) assessments and a radiation risk assessment. These helped to ensure the safety of patients and staff.

A business continuity plan was in place in the event that the service experienced a disruptive incident, such as a power failure. The plan provided details of key contacts and contractors to help reinstate services and information on how patients would be kept informed.

We saw some evidence of audits taking place, including radiographic image quality, medical emergency drugs and equipment, and decontamination of equipment. These were undertaken by different staff members and results shared with the rest of the team.

Quality improvement processes were an integral part of the provider's strategic plan, using its key performance indicators and an audit programme to measure performance and demonstrate improvements.

What needs to improve

Sedation audits were not being carried out. This meant there was no monitoring or quality assurance oversight of the way sedation procedures were carried out in the service (recommendation d).

There was also no formal reviews of patient care records or patient treatment outcomes being carried out. These additional audits would help the service monitor performance, identify gaps in record keeping, and plan actions and timescales for improvement (recommendation e).

- No requirements.

Recommendation d

- The service should introduce routine sedation audits to provide assurance of the way sedation procedures are carried out. Audits should be documented, and improvement action plans implemented.

Recommendation e

- The service should continue to develop its clinical audit programme to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented.

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 care environment and patient equipment were clean and well maintained. Patient care records were of a good quality and patients spoke positively about the service delivered. Appropriate background and health clearance checks must be undertaken for all staff.

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.

The service was delivered from newly refurbished premises that provided a safe environment for patient care and treatment. The fabric and finish of the building was very good, and suitable equipment and ventilation had been provided. Clinical handwash basins and taps met current guidance for sanitary fittings for healthcare premises. 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.

We reviewed eight electronic patient care records stored on the practice management software system. These were of a good standard, detailing assessment and clinical examinations, treatment and aftercare. Patient care records included a range of X-ray images which we found to be of good quality and well reported. There was also evidence to show that the risks and benefits of all appropriate treatment options had been provided to patients.

Patients who completed our online survey said they were involved in decisions about their care and treatment, and were given sufficient time to reflect on their options before consenting to treatment. This helped to make sure they

had realistic expectations of any proposed treatment. They also told us they were satisfied with the facilities, equipment and environment where they were treated. Comments included:

- ‘Everything was communicated well.’
- ‘The staff are all very attentive.’
- ‘Reception and clinic area all very new and clean.’

What needs to improve

Although the service had a recruitment policy and procedure in place, it was not always following safe recruitment practice. Some staff did not have evidence of Disclosure Scotland checks or health clearance status checks on their staff file. This had been identified as an issue on previous inspections (requirement 6).

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. Although requested, the service did not submit a self-evaluation before the inspection (recommendation f).

Requirement 6 – Timescale: immediate

- 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.

Recommendation f

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

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

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