



Healthcare  
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Scotland

Inspections  
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# Announced Inspection Report: Independent Healthcare

**Service:** Visage Cosmetic Dental Clinic, Glasgow

**Service Provider:** Avsan Visage Limited

24 July 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 3 August 2022

#### Requirement

*The provider must ensure the correct sensor size is used for each patient to achieve adequate image quality, minimise the number of X-rays taken and minimise patient's exposure to radiation.*

#### Action taken

A range of sensors in different sizes was now available in the service. **This requirement is met.**

#### Requirement

*The provider must arrange for the whole sedation team to undertake sedation-related emergency training and ensure this training is repeated at least annually thereafter.*

#### Action taken

The full sedation team had now undertaken sedation-related emergency training and arrangements were in place for this training to be repeated at least every 6 months. **This requirement is met.**

### What the service had done to meet the recommendations we made at our last inspection on 3 August 2022

#### Recommendation

*The service should amend its complaint policy and procedure, to make the correct procedure clear for patients.*

#### Action taken

The service's complaints policy and procedure now made clear that patients could complain to Healthcare Improvement Scotland at any time and included our contact details.

#### Recommendation

*The service should develop a protocol for informing patients what to do if the practice closes or their dentist will no longer be working at the practice.*

#### Action taken

A protocol had now been developed to inform patients if the practice closed or if their dentist was no longer working at the practice.

### **Recommendation**

*The service should implement a programme of quality improvement audits for sedation-related activities. Audits should be documented and action plans implemented.*

### **Action taken**

A formal sedation-related audit had been carried out since the last inspection. We noted that no action plan was required due to the positive results found from the audit. We were told this audit would be carried out again later this year.

### **Recommendation**

*The service should standardise its recruitment procedures to ensure it has evidence of immunisation against tuberculosis, hepatitis B and hepatitis C, as well as proof of HIV status for all new clinical staff before they are employed.*

### **Action taken**

We saw evidence of appropriate immunisation and health clearance checks for clinical staff working in the practice. However, the service's recruitment policy did not set out the specific requirements for health clearance and immunisation for staff who practiced exposure prone procedures. These are procedures where the staff member's gloved hand may be in contact with sharp tissues inside a patient's mouth and could result in exposure to the patient's open tissues or blood. This recommendation is reported in Domain 4 (Quality improvement) (see recommendation b on page 19).

## **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 Visage Cosmetic Dental Clinic on Wednesday 24 July 2024. We spoke with a number of staff during the inspection. We received feedback from two patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, Visage Cosmetic Dental Clinic is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

## What we found and inspection grades awarded

For Visage Cosmetic Dental Clinic, the following grades have been applied.

| <b>Direction</b>  | <i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i> |                      |
|---|--|----------------------|
| <b>Summary findings</b>   |  | <b>Grade awarded</b> |
| The service was part of the Bupa group and worked in line with Bupa's vision and purpose. Key performance indicators to measure performance were being monitored. Leadership was visible and staff were supported to develop. Regular staff meetings were held.   |  | ✓✓ Good              |
| <b>Implementation and delivery</b>  | <i>How well does the service engage with its stakeholders and manage/improve its performance?</i>      |                      |
| Patient, staff and stakeholder feedback was actively sought and encouraged, and changes made where appropriate. Patients were involved in planning their care. There was a clear induction programme for new staff. Key policies, procedures and systems, including an audit programme and corporate quality assurance approach, helped to ensure patient treatment and care was delivered safely.<br><br>Care and treatment must be provided within the service's conditions of registration. A standardised approach to storing all patient care information should be developed. |  | ✓✓ Good              |
| <b>Results</b>  | <i>How well has the service demonstrated that it provides safe, person-centred care?</i>               |                      |
| The service was delivered from clean and well-equipped premises. Patients spoke positively about the service delivered. Administration of medicines must be recorded consistently in all patient care records. A risk assessment must be carried out for the service's ventilation system.  |  | ✓✓ 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 Avsan Visage 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 three requirements and two recommendations.

| Implementation and delivery |   |
|-----------------------------|---|
| <b>Requirement</b>          |   |
| <b>1</b>                    | <p>The provider must operate within its conditions of registration at all times. If it intends to do anything that is not covered under its conditions of registration, it must submit for approval an ‘application to vary, add or remove a condition of registration’ within the timescale indicated in our notifications guidance (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 8<br/>The Healthcare Improvement Scotland (Applications and Registrations) Regulations 2011</i></p> |
| <b>Recommendations</b>      |   |
| <b>a</b>                    | <p>The service should implement a process to ensure all parts of the patient care record are saved in one central location (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27</p>   |



| Implementation and delivery (continued) |  |
|---|--|
| <b>Recommendations</b>                  |  |
| <b>b</b>                                | <p>The service should update its recruitment policy to include the health clearance and immunisations requirements for individual job roles (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p> <p>This was previously identified as a recommendation in the August 2022 inspection report for Visage Cosmetic Dental Clinic.</p> |

| Results                |   |
|------------------------|---|
| <b>Requirements</b>    |   |
| <b>2</b>               | <p>The provider must ensure that the name of the local anaesthetic and dosage given to patients is always recorded in patient care records (see page 22).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)</i><br/><i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>  |
| <b>3</b>               | <p>The provider must undertake a risk assessment of its ventilation system in the treatment rooms and decontamination room and mitigate against any risks associated with using a ventilation system which does not meet national guidance for specialised ventilation for healthcare services (see page 22).</p> <p>Timescale – by 17 October 2024</p> <p><i>Regulation 10(2)(c)</i><br/><i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> |
| <b>Recommendations</b> |   |
| 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](#)

Avsan Visage 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 Visage Cosmetic Dental Clinic 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 service was part of the Bupa group and worked in line with Bupa's vision and purpose. Key performance indicators to measure performance were being monitored. Leadership was visible and staff were supported to develop. Regular staff meetings were held.**

#### *Clear vision and purpose*

The service provided general, cosmetic and restorative dentistry, including oral surgery, implants, endodontics (root canal treatment) and orthodontics (braces, aligners and retainers). Patients could register themselves at the service for general dental health care. Dentists could also refer patients to the service for specialist treatments, such as implants. The service also provided conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). We were told the service was planning to recommence facial aesthetic treatments soon.

The service was provided by Avsan Visage Limited, a subsidiary of Bupa Dental Care. It operated within Bupa Dental Care's corporate frameworks and policies. For the purposes of this report, we will refer to Bupa when referring to Bupa Dental Care, and Avsan Visage Limited when referring to the provider. Bupa's purpose was 'to help people live longer, healthier, happier lives and make a better world'. To achieve this purpose, it had an ambition of being 'the world's most customer-centric healthcare company'. To help achieve this ambition, it provided a broad range of healthcare services, support and advice. As the service operated under Bupa's corporate policies and procedures, it also followed Bupa's purpose and ambition and was guided by Bupa's values. These included being caring and responsible in terms of how it operated, for example how staff worked together and treated each other.

Bupa's key performance indicators included patient feedback, compliance with statutory obligations and finance. The service had developed a plan for how it would achieve these key performance indicators. The service's leadership team regularly monitored progress with the key performance indicators, reported progress to Bupa and made sure staff were kept informed. A regional manager

and a team of staff based at Bupa head office supported the service to make any changes necessary to meet the key performance indicators.

Staff told us about Bupa's 'four pillars' that provided a central focus for decision making. These were also embedded in the service and included:

- people
- patients
- practice, and
- planet.

These pillars were continually emphasised with staff in all communications from Bupa's head office.

- No requirements.
- No recommendations.

### ***Leadership and culture***

Staff at the service included dentists, a hygiene therapist, dental nurses, receptionists and a patient co-ordinator. The practice manager, who was also the registered service manager, had recently started in their role but had been working in the service for over 10 years. The practice manager told us they felt very supported by the clinic team and by other Bupa managers. Staff we spoke with felt supported by the leadership team in the service.

A regional manager and a clinical lead provided direct support to the service. Further support with compliance, human resourcing and marketing was provided from a central team at Bupa's head office. The compliance team also independently reviewed the service's performance and used the results to benchmark it against other Bupa Dental Care services to help drive improvement. Bupa regularly shared information and updates with the service to support staff in keeping up to date with emerging dental and clinical issues.

The practice manager held a daily huddle meeting where plans for the day were discussed with the full clinic team. This included staffing for the day, and any planned larger and more complex patient cases. An 'all staff' meeting was held each month to ensure staff had the most up-to-date information to do their job well. Further meetings and staff forums were also held between staff groups, for example the leadership team, clinicians and dental nurses.

All meetings had a standardised agenda template that covered core topics, for example:

- successes and areas for improvement
- incidents including medical emergencies
- feedback successes and customer satisfaction
- quality, information governance, compliance and risk updates, and
- people development and training plans.

A detailed log of staff meetings was kept, with a record of who was responsible for taking forward any actions. This information was shared with staff following meetings and followed up at subsequent meetings.

Bupa offered a range of benefits to its staff. For example, a staff health benefits scheme included access to a 24-hour GP service and a 24-hour mental health telephone line. There were also regular practice manager networking days, where practice managers from all Bupa Dental Care services came together with the support of the regional manager. Staff could also use a 'recommend a staff member' scheme to recommend someone to join the company. If a new member of staff joined Bupa based on the recommendation, the staff member would receive, for example, a voucher. Bupa provided a monthly staff 'wellbeing calendar' with events, activities and reminders focused on staff wellbeing. The leadership team made sure this was visible to staff.

Within the staff area, we saw a 'positivity post box' and a set of individual notes with headings that linked to the Bupa values. Staff were encouraged to complete the notes with the name of a colleague that had demonstrated these values or gone above and beyond in their role and post them in the post box. The practice manager checked the post box regularly and rewarded nominated staff with a voucher or gift.

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.

- No requirements.
- No recommendations.

## Key Focus Area: Implementation and delivery

| Domain 3:<br>Co-design, co-production   | Domain 4:<br>Quality improvement | Domain 5:<br>Planning for quality |
|---|----------------------------------|-----------------------------------|
| <i>How well does the service engage with its stakeholders and manage/improve its performance?</i> |                                  |                                   |

### Our findings

**Patient, staff and stakeholder feedback was actively sought and encouraged, and changes made where appropriate. Patients were involved in planning their care. There was a clear induction programme for new staff. Key policies, procedures and systems, including an audit programme and corporate quality assurance approach, helped to ensure patient treatment and care was delivered safely.**

**Care and treatment must be provided within the service's conditions of registration. A standardised approach to storing all patient care information should be developed.**

#### *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 which it used to engage with its patients and inform them of treatments offered, developments in the service and staff changes.

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. For example, they were asked for verbal feedback after every appointment and some clinicians also asked for written testimonials after the patient had completed their treatment plan. Patients were also encouraged to provide feedback through online reviews. Patients received a text message after certain types of appointments, such as hygiene or new patient consultations, with a link to a survey asking for their opinions on the service and the care and treatment they had received. The majority of feedback we saw was positive.

The practice manager checked for patient feedback every day and responded to it where appropriate. For example, the waiting area had been redecorated following patient feedback. The planned changes were communicated with patients through the clinic's social media pages. The practice manager also shared patient feedback with the team daily and feedback was displayed in the staff area. Any negative feedback was automatically treated and managed as a complaint, and was recorded on Bupa's electronic risk, quality and compliance

management system. The practice manager contacted the patient to discuss the feedback so that immediate actions could be taken to improve. A centralised marketing team supported the practice manager when responding to online reviews.

Staff told us that Bupa was proactive in seeking staff feedback and was keen to make improvements where necessary. A staff survey was issued every 6 months. These surveys were anonymised so that staff could provide feedback without being identified. Results were reviewed at Bupa's head office and fed back to the practice manager, who then discussed this with staff during the monthly staff meetings. An action plan was developed with the team, where appropriate. As an example, Bupa had recently increased its rates of maternity and sick pay based on staff feedback.

At each monthly staff meeting, one of the organisational values or pillars was discussed and staff were asked for their ideas on particular topics in relation to these. For example, the pillar of 'planet' had been discussed at a recent meeting and staff had been asked how they thought the practice could improve on being eco-friendly. We were told that ideas from this discussion were now being developed.

Several staff employee forums were held for different staff groups. There was also a staff employee representative for all the Bupa clinics in Scotland. The practice manager could report anything from the service's staff to the employee representative for Scotland for them to take to Bupa's national employee forum.

### **What needs to improve**

The service's patient information leaflet was in the process of being updated to ensure it reflected accurate information in terms of how patients could complain. This was being undertaken with support from the Bupa marketing team. We will follow this up at the next inspection.

- No requirements.
- No recommendations.

### **Quality improvement**

We saw that the service kept its Healthcare Improvement Scotland registration certificate in a display folder for patients to view.

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

The service kept a comprehensive register of its policies and procedures. 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 and contracts were in place to ensure all clinical waste was disposed of safely. A legionella (a water-based bacteria) risk assessment had been undertaken in April 2024, and regular ongoing water monitoring and testing was taking place. The onsite decontamination room was equipped with a washer disinfectant 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.

All the treatment rooms where dentists operated from had intraoral X-ray machines (used for taking X-rays inside patients' mouths). There was a dedicated room with 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. All X-ray machines had appropriate safety checks and testing carried out. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. The service had several 3D intraoral scanners that took life-like non-radiographic images of patients' teeth. An up-to-date radiation protection file was in place.

We saw that the fixed electrical installation had been 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 fire safety equipment was appropriately maintained.

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 appropriate staff were up to date with their medical emergency training.

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. Duty of candour reports were produced each year and the most recent report was available for patients to view in the waiting area. There had been no duty of candour incidents since the service was registered with Healthcare Improvement Scotland in December 2017. Appropriate clinical staff had also undertaken duty of candour training.



The service's complaints policy was available in the service and made clear that patients could contact Healthcare Improvement Scotland at any time and included up-to-date contact details for us. A small number of complaints had been received by the service and we saw that these had been well managed in line with Bupa's procedures. No complaints had been received by Healthcare Improvement Scotland since the service was registered in 2017.

The service provided some dental treatment under conscious sedation. A sedationist, who was a registered dentist, provided this specialised procedure and had been suitably trained in the sedation techniques carried out.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. Patients undergoing implant treatment and larger restorative treatment plans had access to the patient co-ordinator who supported them in their treatment journey from initial consultation right through until discharge and follow-up care.

Patients were given time to discuss and ask questions about their treatment plan before, during and after the consent process. Written treatment plans and detailed estimates for treatment costs were provided and aftercare advice given. Patients who had undergone larger treatments such as implants were also called the day after their treatment to check how they were feeling and if they needed any additional advice. A system was in place to regularly review patients after their treatment, with recall and hygiene appointments set at defined intervals based on individualised patient risk assessments. This was recorded in patient care records.

Patient care records were kept in electronic format on a range of systems held on the clinic's electronic network. A suitable back-up system was in place in case the system failed. Access to computers and the practice management software system which held the main patient care records was password protected. 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 policy and comprehensive induction programme was in place. The induction process included core areas for all staff as well as individualised job-specific areas. All employed staff were expected to complete a range of online induction training modules that were tailored to their job role. A system was in place to automatically inform the practice manager when training modules had been completed and whether the induction process was on track or behind schedule. This meant the practice manager could track any new staff member's progress to make sure their induction process was completed within the assigned timescale.

The service expected staff to complete mandatory training as part of their own ongoing development, as well as helping to support the overall development and improvement of the service. Defined modules for each staff role had to be completed at different time intervals. This was all tracked on Bupa's personnel system and the practice manager was informed when the staff member had completed their training. Training modules included:

- fire safety
- legionella
- safeguarding (public protection), and
- duty of candour.

Every 3 months, a staff 'health' interview was undertaken by the practice manager to review a staff member's past 3 months work, and identify any training and development needs and opportunities. Staff told us they felt supported and encouraged to carry out further training and education. We saw evidence of training records for all staff.

The practice manager had recently implemented a system to carry out regular checks to ensure staff were compliant with their professional registration status and indemnity insurance.

### **What needs to improve**

During the inspection, we found that the service was using a dental laser to assist in soft tissue treatments. The service's conditions of registration do not permit laser treatments (requirement 1).

The service used various electronic systems to store patient care records and there was no procedure in place to ensure records were stored consistently. Some radiology images were stored in the main patient care record while others were stored separately in the X-ray imaging software. Patient photographs and 3D intraoral scans were also stored separately from the main patient care record. This made it difficult to ensure all parts of patient care records could be viewed at the same time (recommendation a).

The service's recruitment policy did not specify the differing health clearance and immunisation requirements for each job role. Having clear information on the requirements for Scotland, particularly for staff performing exposure prone procedures, would ensure the service was following national guidance (recommendation b).

We noted a number of remedial actions identified in the legionella risk assessment were still in progress, including the removal of a number of pipework 'dead legs'. We will follow this up at the next inspection.

#### **Requirement 1 – Timescale: immediate**

- The provider must operate within its conditions of registration at all times. If it intends to do anything that is not covered under its conditions of registration, it must submit for approval an 'application to vary, add or remove a condition of registration' within the timescale indicated in our notifications guidance.

#### **Recommendation a**

- The service should implement a process to ensure all parts of the patient care record are saved in one central location.

#### **Recommendation b**

- The service should update its recruitment policy to include the health clearance and immunisations requirements for individual job roles.

#### ***Planning for quality***

The service had a comprehensive approach to quality assurance which was in-line with Bupa's corporate approach. All results of audits, complaints, adverse events, duty of candour incidents and accidents were logged on Bupa's electronic risk, quality and compliance management system. Results were compared at national level by Bupa and then shared with individual services. Any lessons learned were discussed at staff meetings and at a national level, if appropriate. We were told that the system had been updated to make it better aligned with Scottish standards and guidance, and this would be introduced in August 2024.

A range of risk assessments had been carried out, including a general health and safety risk assessment and a radiation risk assessment. 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.

The clinic team carried out a range of patient care record audits every 6 months, including clinical record keeping, radiography, prescribing and treatment course completion. Results were recorded and shared with Bupa's compliance team where they were collated and benchmarked against other services. The practice manager discussed audit results at staff meetings and an action plan was developed for any trends or issues identified.

Other audits included infection prevention and control, sedation-related activity, medical emergency drugs and equipment checks, X-ray equipment checks and maintenance of the care environment. The results of these audits were shared with the rest of the team when appropriate.

- 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 delivered from clean and well-equipped premises. Patients spoke positively about the service delivered. Administration of medicines must be recorded consistently in all patient care records. A risk assessment must be carried out for the service's ventilation system.**

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 an appropriate 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.

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

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. They also told us they were satisfied with the facilities, equipment and environment where they were treated. Comments included:

- ‘I was talked through my treatment plan.’
- ‘I was given a written copy of the plan to read before going ahead with the treatment.’
- ‘Friendly, professional staff, clean modern environment and equipment, clear and well explained impartial advice.’

### **What needs to improve**

Details about the administration of local anaesthetic administered to patients was inconsistently recorded in patient care records with the name of the local anaesthetic and dosage not always recorded (requirement 2).

There was no evidence that the service had undertaken a risk assessment of the environment, including how it will mitigate risk and ensure patient safety in regard to ventilating treatment rooms and the decontamination room (requirement 3).

### **Requirement 2 – Timescale: immediate**

- The provider must ensure that the name of the local anaesthetic and dosage given to patients is always recorded in patient care records.

### **Requirement 3 – Timescale: by 17 October 2024**

- The provider must undertake a risk assessment of its ventilation system in the treatment rooms and decontamination room and mitigate against any risks associated with using a ventilation system which does not meet national guidance for specialised ventilation for healthcare services.
  
- 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](mailto: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](mailto:his.contactpublicinvolvement@nhs.scot)

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