



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Fergus & Glover, Aberdeen

Service Provider: The Real Good Dental Company Ltd

10 October 2024

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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 carried out an announced inspection to Fergus & Glover on Thursday 10 October 2024. We spoke with a number of staff during the inspection. We received feedback from eight patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Aberdeen, Fergus & Glover is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Fergus & Glover, 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
Leadership was visible, and a collaborative and supportive approach helped to engage staff. A formalised strategy should be developed that identifies measurable aims and objectives for the service.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Policies and procedures were in place to support the safe delivery of care and treatment. Key risk assessments had been carried out and business continuity arrangements were in place. All clinical staff should be trained in duty of candour principles. A quality improvement plan should be developed. Results from patient feedback should be formally discussed with staff and fed back to patients.		✓ Satisfactory
Results	<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. Appropriate background checks must be undertaken for all staff. All self-employed staff must have a practicing privileges agreement in place.		✓✓ 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 The Real Good Dental Company Ltd 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 six recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should develop a formalised strategy that brings together the provider’s key performance indicators and the service’s values, identifies organisational aims and objectives, and describes how these will be monitored and measured. This information should be shared with staff and patients so there is a shared sense of direction (see page 10).</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>
b	<p>The service should create a standardised agenda template for meetings, including standing agenda items to be discussed and monitored at every meeting (see page 11).</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>

Implementation and delivery	
Requirements	
None	
Recommendations	
c	<p>The service should implement a formalised approach to sharing patient feedback results and outcomes with staff and patients (see page 13).</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>
d	<p>The service should ensure all clinical staff are trained in the duty of candour principles (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</p>
e	<p>The service should update its recruitment policy to include the health clearance and immunisations requirements for individual job roles (see page 16).</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>
f	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).</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>

Results	
Requirements	
1	<p>The provider must ensure that appropriate Disclosure Scotland background checks are carried out and recorded for:</p> <ol style="list-style-type: none"> a) all staff before they begin working in the service, and b) all staff currently working in the service (see page 18). <p>Timescale – immediate</p> <p><i>Regulation 8(2)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Results (continued)	
Requirements	
2	<p>The provider must ensure that appropriate practicing privileges agreements are in place for all self-employed staff:</p> <ul style="list-style-type: none"> a) before they begin working in the service, and b) for those staff currently working in the service (see page 18). <p>Timescale – immediate</p> <p><i>Regulation 12</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
3	<p>The provider must repair the broken window on the landing of the third floor (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 10(2)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
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](#)

The Real Good Dental Company Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Fergus & Glover 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

Leadership was visible, and a collaborative and supportive approach helped to engage staff. A formalised strategy should be developed that identifies measurable aims and objectives for the service.

Clear vision and purpose

The service provided general dentistry including fillings, aligner treatments (to straighten teeth), implants, endodontics (root canal treatment) and dental hygiene. Patients could register themselves with the service for general dental health care.

The service was one of a group of registered services who worked within the provider's staffing structure. A regional manager supported the service and its leadership team.

The provider's website stated that its approach was to have a 'light touch' towards its services by offering centralised support in a number of areas. This included marketing, finance and human resources management, including recruitment. The purpose of this light touch was for its services to feel autonomous but that they had support, when needed.

A range of key performance indicators had been developed by the provider for all of its services to work towards. These included a range of financial and patient feedback related key performance indicators. Staff from head office reviewed progress against these indicators every week and compared services against each other to help identify where improvements could be made. All of the regional managers and practice managers from the provider's services met each week to discuss their progress with the key performance indicators.

The service had developed a range of values which included:

- patient-centered care
- quality and excellence
- compassion and empathy
- integrity and ethics, and
- accessibility and inclusivity.

These were published on the service's website and a copy given to staff as part of their induction.

What needs to improve

There was no evidence that the provider's key performance indicators linked to the service's values. A formalised strategy that brings together the provider's key performance indicators with the service's values, and identifies organisational aims and objectives and how these will be monitored and measured, will help demonstrate a shared sense of direction between the provider and service (recommendation a).

- No requirements.

Recommendation a

- The service should develop a formalised strategy that brings together the provider's key performance indicators and the service's values, identifies organisational aims and objectives, and describes how these will be monitored and measured. This information should be shared with staff and patients so there is a shared sense of direction.

Leadership and culture

The service was staffed by dentists and dental nurses, including a lead dental nurse, and an administrator. A practice manager, who was also the registered manager, led the team. At least one meeting a week was held between the practice manager and regional manager to discuss and manage any issues with the running of the service.

Staff told us that communication between head office and the service had improved over the past few months following the appointment of a new regional manager to support the service. Monthly clinic meetings were led by the practice manager and all staff were expected to attend. Minutes of these meetings were emailed to each staff member and a copy was also displayed in the staff room. Meetings between staff groups such as dental nurses were also occasionally held. These meetings were also formalised with documented minutes.

Leadership was visible, and a collaborative and supportive approach was taken with staff. The practice manager was always readily available and worked in the service full time. The practice manager had been a lead dental nurse in the service for many years before becoming the practice manager and, as a result, was well known to staff and patients. Staff told us they provided good leadership and worked hard to ensure staff felt supported and patients felt valued. Staff also told us that the practice manager had made a significantly positive difference to the culture and organisation of the service. Staff were motivated to provide a personal level of service and high standard of care and treatment for patients. Staff turnover rates were relatively low which meant there was a long-standing team in place who knew their patients very well.

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 if an issue needed to be resolved.

What needs to improve

Although a range of meetings were held, these meetings did not always have a set agenda. Regular, formal, discussion about operational items such as recruitment, patient feedback, quality improvement, health and safety, and risk management would help to ensure that these key areas were monitored regularly, and information was consistently shared between head office and the service (recommendation b).

- No requirements.

Recommendation b

- The service should create a standardised agenda template for meetings, including standing agenda items to be discussed and monitored at every meeting.

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

Policies and procedures were in place to support the safe delivery of care and treatment. Key risk assessments had been carried out and business continuity arrangements were in place. All clinical staff should be trained in duty of candour principles. A quality improvement plan should be developed. Results from patient feedback should be formally discussed with staff and fed back to patients.

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 were used to engage with patients and inform them of treatments offered, open days, developments in the service and staff information.

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. Patients also received a text message after every appointment, with a link to a survey asking for their opinions on the service, and the care and treatment they had received. Patients were also encouraged to provide feedback through online reviews.

The patient feedback system automatically captured the completion of patient feedback surveys in real time. This meant feedback was received immediately, allowing the practice manager to respond if necessary. We were told the practice manager had not yet had to deal with any negative feedback from patients. However, a process was in place where the practice manager would contact the patient to discuss their feedback and make any appropriate changes, if required.

The practice manager told us they were very keen to gain staff feedback and had recently issued an anonymous staff feedback questionnaire. The practice manager was currently analysing the results from these questionnaires. From the results we saw, feedback from staff about the practice manager and how the service was run was very positive. The practice manager told us they now

planned to issue this staff feedback questionnaire at least every year going forward and share results with staff at monthly clinic meetings. Any negative feedback would be acted on as appropriate, and an action plan put in place if required.

What needs to improve

Feedback from patients was not shared with staff on a regular basis. Having a formal approach to regularly sharing feedback with staff would help to identify any trends and demonstrate how patient feedback was being used to improve the service. The service should also consider how feedback is shared with patients (recommendation c).

- No requirements.

Recommendation c

- The service should implement a formalised approach to sharing patient feedback results and outcomes with staff and patients.

Quality improvement

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

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

The service kept a comprehensive register of its policies and procedures. All were in date, and were 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. A legionella (a water-based bacteria) risk assessment had been undertaken, 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 treatment rooms used by the dentists 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 a 3D intraoral scanner 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 on the service's website. We noted that there had been no duty of candour incidents since the service was registered with Healthcare Improvement Scotland in June 2024.

The service's complaints policy was available in the waiting room and on the service's website. It was made clear that patients could contact Healthcare Improvement Scotland at any time and included up-to-date contact details for us. No complaints had been received by the service or by Healthcare Improvement Scotland since the service was registered.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. 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. 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 the clinic's practice management software system. A suitable back-up system was in place in case the system failed. Access to computers and the practice management software system 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 and induction process was in place. 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, infection control and emergency procedures.

One-to-one staff reviews were carried out to help identify training and development needs and opportunities. Each new staff member met with the practice manager twice in the first 6 months to review their ongoing performance, goals and personal development plan. All other staff members had an annual appraisal to assess their progress against goals set for the year. Staff told us they felt supported to carry out further training and education. For example, some staff members had recently had their training costs funded to undertake orthodontic teeth aligner training and a dental nurse training programme.

The practice manager could also assign training modules to any staff member to complete through an online portal. These included modules on safeguarding (public protection), health and safety, and legionella. This training provided staff with additional continuing professional development. A system was in place to automatically inform the practice manager when training modules had been completed. This meant they could track and record the progress of each staff member's training participation and completion.

What needs to improve

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 d).

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. These procedures are 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 (recommendation e).

- No requirements.

Recommendation d

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

Recommendation e

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

Planning for quality

A range of risk assessments had been carried out, including a general health and safety risk assessment, Control of Substances Hazardous to Health (COSHH) risk assessments and a legionella 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 when to call patients.

We saw evidence of a range of audits taking place, including radiographic image quality, patient care records, checks on medical emergency drugs and equipment, hand washing and decontamination of equipment. Results of audits were recorded and discussed at the clinic meetings. If results were not satisfactory, the practice manager developed an action plan and the audit was re-taken within a short timeframe to ensure learning had taken place.

What needs to improve

While there was evidence of systems and processes to monitor, manage and review the quality of care provided in the service, there was no formal quality improvement plan to help the service structure and record improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation f).

- No requirements.

Recommendation f

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

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. Appropriate background checks must be undertaken for all staff. All self-employed staff must have a practicing privileges agreement in place.

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 satisfactory self-evaluation.

The service was delivered from premises that provided a safe 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 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:

- ‘Very professional and thorough service.’
- ‘All options have been clearly explained and I have always been given time to decide on my options.’
- ‘Perfectly clean and where necessary a sterile environment is provided.’

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 appropriate Disclosure Scotland background checks in their staff file (requirement 1).

One of the self-employed locum staff members did not have evidence of an appropriate practicing privileges agreement in place. Practicing privileges is where staff are not employed directly by the provider but given permission to work in the service. Having a contract or agreement in place makes clear the responsibilities and accountabilities of both the service and individual to ensure safe delivery of care, and ensure that individuals are subject to oversight of their compliance with the service’s policies and procedures (requirement 2).

Although the building was in overall good condition, there was a broken window on the landing of the third floor, which was a non-patient area. We were told this window had been broken several months ago when contractors were repairing the roof and had been covered with wood as a temporary repair (requirement 3).

Requirement 1 – Timescale: immediate

- The provider must ensure that appropriate Disclosure Scotland background checks are carried out and recorded for:
 - a) all staff before they begin working in the service, and
 - b) all staff currently working in the service.

Requirement 2 – Timescale: immediate

- The provider must ensure that appropriate practicing privileges agreements are in place for all self-employed staff:
 - a) before they begin working in the service, and
 - b) for those staff currently working in the service.

Requirement 3 – Timescale: immediate

- The provider must repair the broken window on the landing of the third floor.

- 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.

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:

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1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihcregulation@nhs.scot

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