



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Edinburgh Dental Specialists, Edinburgh

Service Provider: Portman Healthcare Limited

6 February 2024

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1 Progress since our last inspection

What the service had done to meet the recommendation we made at our last inspection on 1 March 2022

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

The service had now implemented a quality improvement plan. Areas for improvement, how they would be achieved and the timeline for achieving them were recorded in the service's electronic risk, quality and compliance management system.

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 Edinburgh Dental Specialists on Tuesday 6 February 2024. We spoke with a number of staff during the inspection. We received feedback from two patients to an online survey we had asked the service to issue for us before the inspection.

Based in Edinburgh, Edinburgh Dental Specialists is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Edinburgh Dental Specialists, 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's vision and values were published on the service's website for patients to view. Key performance indicators to measure performance had been identified 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, staff and stakeholder feedback was actively sought and encouraged, and changes made where appropriate. Patients were involved in planning their care. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely. There was a clear programme for induction of new staff. An audit programme and corporate quality improvement approach also helped to review operational activities.</p> <p>The local rules for the mobile intraoral X-ray machines must be updated. All clinical staff should be trained in duty of candour principles and annual reports produced and published.</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 very good quality and patients spoke positively about the service delivered. Appropriate background checks must be undertaken for all staff. Risk assessments must be developed for the service's ventilation system, and clinical hand wash basins and taps.</p>	✓✓ Good	

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

More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Assurance Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Portman Healthcare Limited to take after our inspection

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

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

This inspection resulted in four requirements and three recommendations.

Implementation and delivery	
Requirement	
1	<p>The provider must ensure the local rules for the handheld intraoral X-ray machines are updated to detail the safe operating procedure for this equipment in each of the treatment rooms (see page 17).</p> <p>Timescale – by 24 May 2024</p> <p><i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

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 13).

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 produce a duty of candour report each year and make it available to its patients (see page 17).

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

- c** The service should ensure all clinical staff are trained in the duty of candour principles (see page 17).

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

Results

Requirements

- 2** The provider must ensure that appropriate Disclosure Scotland background 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 (see page 20).

Timescale – immediate

Regulation 8(2)(c)

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

Results (continued)	
Requirements	
3	<p>The provider must undertake a risk assessment that details how and when the ventilation in the treatment rooms and decontamination room will be upgraded to meet national guidance for specialised ventilation for healthcare services (see page 21).</p> <p>Timescale – by 24 May 2024</p> <p><i>Regulation 10(2)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
4	<p>The provider must undertake a risk assessment that details how and when the clinical hand wash basins and taps in the treatment rooms and decontamination room will be upgraded to meet current guidance about sanitary fittings in healthcare premises (see page 21).</p> <p>Timescale – by 24 May 2024</p> <p><i>Regulation 3(d)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Portman Healthcare 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 Edinburgh Dental Specialists 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's vision and values were published on the service's website for patients to view. Key performance indicators to measure performance had been identified and were being monitored. Leadership was visible and supportive. Regular staff meetings were held.

Clear vision and purpose

The service is a large dental clinic providing specialist dental treatments, including implants, oral surgery, hygiene, endodontics (root canal treatment), orthodontics (correcting the position of teeth) and sedation (using drugs to reduce patient anxiety to allow treatment to take place). The service also had a laboratory for making dentures. Patients could be referred by their general dental practitioner or self-refer directly.

The service was part of a large group of approximately 375 dental practices across the UK and Europe, provided by Portman Healthcare Limited. The provider's vision was to put the patient at the heart of everything it did. Its vision and values were published on the service's website, along with a statement of care that set out how this vision would be achieved.

The provider had identified key performance indicators to monitor the service's performance, including customer satisfaction, the use of clinical space and the number of new patients attending the service. The service's leadership team had developed a plan for how these key performance indicators would be achieved, and progress was monitored and discussed at staff meetings.

- No requirements.
- No recommendations.

Leadership and culture

The service was provided by a large team that included specialist dentists, a maxillofacial consultant, a radiologist and a large number of dental care professionals, treatment co-ordinators, receptionists and an administration team. A practice manager and lead dental nurse formed the leadership team with support from a lead clinician for the service.

Staff we spoke with were motivated to provide patients with a personal level of service, and told us that leadership was visible and supportive.

A regional manager and regional clinical lead supported the service's leadership team and clinicians. Additional support was provided with compliance and regulation by the provider's centralised teams. These teams also reviewed the service's performance and benchmarked it against other practices in the wider group to help drive improvement. 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, dental nurse meetings and full practice meetings. Core agenda items were discussed at all meetings, and minutes with clear actions were recorded and shared with staff following meetings.

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, staff and stakeholder feedback was actively sought and encouraged, and changes made where appropriate. Patients were involved in planning their care. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely. There was a clear programme for induction of new staff. An audit programme and corporate quality improvement approach also helped to review operational activities.

The local rules for the mobile intraoral X-ray machines must be updated. All clinical staff should be trained in duty of candour principles and annual reports produced and published.

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

Information about the treatments offered was available on the service's website and in leaflets and posters in the service. The service had active social media channels and engaged with its followers to inform them about patient and referrer information, treatments offered, training available for referring practitioners and patient 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 reviews. Patients were also sent a text message after both their final treatment plan appointment and their review appointment, with a link to a survey asking for their opinions on the service and the care and treatment they had received.

An electronic system captured the completion of patient feedback surveys in real time. This meant the practice manager received feedback immediately and could respond if necessary. They shared patient feedback with the team through regular staff emails and also at staff meetings. They also gave individual feedback where patients had specifically praised staff members. If any negative feedback was provided, the practice manager contacted the patient to discuss the feedback and also any staff members that were involved.

The provider's marketing team was responsible for reviewing any patient feedback and reviews that had been left online, for example social media testimonies. They tracked feedback and reviews to make sure any negative comments were responded to and actioned where appropriate.

The service issued a staff feedback survey every 3 months. A more extensive 'Your Voice' questionnaire was also sent to all staff every 6 months. Both surveys were anonymised so that staff could provide feedback without being identified. Results were reviewed by the provider and outcomes fed back to the service's leadership team, who then discussed the outcomes with staff during monthly meetings and made changes where appropriate.

The provider had several stakeholder forums, including one for practice managers and one for dental nurses and hygiene therapists. Each forum included representatives from the relevant staff group from each of the provider's services. These forums were an opportunity for staff to network and put forward ideas for changes they would like to see. An example of this was a defined pay structure and pay increase that had been introduced for dental nurses as a result of discussion at the forum.

The service regularly produced a newsletter for referring dental practices informing them about the treatments available at the service, as well as information about the specialists providing treatment. The newsletter also informed referrers about the service's 'study club' which any referrer could access free of charge. The study club provided training for referring practitioners and their teams to help with their continuing professional development. Examples included training in how to restore implants and updates in endodontic treatment. Feedback was also proactively sought from the referring dental practices. This feedback was shared with the practice manager and used to make improvements where appropriate.

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 to the service 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. The service kept a comprehensive register of its policies and procedures on the staff intranet so that staff could easily access them. 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. The X-ray equipment was all digital with a range of sensor sizes available to allow the most appropriate image to be recorded for each patient. All X-ray machines had appropriate checks and testing carried out. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. We noted ceiling mounted microscopes were covered when not in use. The service also had two 3D intraoral scanners that took 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 for routine dental patients, 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.

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 and on its website. 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 2019.

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

A welcome pack was provided to every patient after their assessment. This included written treatment plans and detailed estimates for treatment costs. Patients were given time to discuss and ask questions about their treatment plan with their dental nurse, as well as being given the opportunity to ask questions to the treating practitioner 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 who had undergone larger treatments such as oral surgery, implants or sedation treatments were also called the day after their treatment by their dental nurse to check how they were feeling and if they required any additional advice. Patients were regularly reviewed after their treatment with recall and hygiene appointments set at defined intervals based on individualised patient risk assessment. This was recorded in the patient care records.

The service provided some dental treatment under conscious sedation. Several of the service's dental clinicians were able to provide this service. The sedation team had been suitably trained in the sedation techniques undertaken, had completed additional life support training and undertaken in-house sedation-relation scenario-based emergency training. 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 induction checklist was used to make sure staff were properly inducted into their new role. It included an introduction to key members of staff, key health and safety information, a tour of the service and completing a range of online induction training modules. These were accessed through the provider's personnel system and were tailored to each person's job role, as well as core modules that all staff had to undertake. A system was in place to automatically inform the leadership team when training modules had been completed and whether the induction process was on track or behind schedule. This meant they could track new staff member's progress to make sure their induction process was being completed within the assigned timescale.

Online training and education modules included:

- health, safety and wellbeing at work
- clinical care
- safeguarding (public protection), and
- infection control.

The service expected staff to complete further mandatory training as part of their own ongoing development, as well as helping to support the overall development and improvement of the service. This included topics such as fire safety, public protection, and health and safety.

All staff could access an electronic system, similar to a newsletter, where the provider communicated information such as updates, reminders and helpful videos explaining how to use various internal administration systems.

Annual staff appraisals were carried out to help identify training and development needs and opportunities. One-to-one meetings were also held every 3 months between each staff member and their line manager to review their ongoing goals and personal development plan. Staff told us they felt supported to carry out further training and education.

As part of the provider's personnel system, annual prompts highlighted to the practice manager and individual staff member when, for example, their professional registration status and professional indemnity insurance renewal

were due to be checked. Evidence had to be uploaded to the system to ensure compliance. If these checks had not been undertaken, the system would flag this to the practice manager and the individual staff member concerned. If this was not actioned, the regional manager would also be informed and they would take this forward. This provided assurance that all staff remained safe to continue working in the service.

What needs to improve

The local rules for the mobile handheld intraoral X-ray machines did not detail the safe operating procedure for this equipment in each of the treatment rooms (requirement 1).

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 (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).

Requirement 1 – Timescale: by 24 May 2024

- The provider must ensure the local rules for the handheld intraoral X-ray machines are updated to detail the safe operating procedure for this equipment in each of the treatment rooms.

Recommendation b

- The service should produce a duty of candour report each year and make it available to its patients.

Recommendation c

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

Planning for quality

The service used an electronic risk, quality and compliance management system to manage compliance and consistency of approach with operational matters and quality improvement. All results of audits, complaints, adverse events, duty of candour incidents and accidents were logged on this system. Results were compared at national level by the provider and then shared with individual services. Any lessons learned were discussed at staff meetings. Every 3 months, the provider issued a document to all staff which gave examples and learning from the past 3 months. This included information from near misses, incidents and adverse events that had happened at any of the provider's group of practices and any known to have happened across the wider dental industry.

A range of risk assessments had been carried out, including a radiation risk assessment. An external contractor carried out a health and safety audit and risk assessment each year and made recommendations to the leadership team. Progress against these recommendations was tracked in-house using a RAG (red, amber, green) traffic light system.

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 when to contact patients.

Staff carried out a range of patient care record audits, including clinical record keeping, antibiotic prescribing, periodontal (gum health) status, orthodontics and radiography. These were carried out at regular intervals and recorded at practice level. As the service was part of a wider group of UK dental practices, results from audits were also shared and collated centrally. Audit results were reviewed by the provider and feedback was provided to the service to help learning and improvement. Any trends or issues identified from this feedback was actioned by the service's leadership team with support or further training from the provider where required.

We saw evidence of audits also taking place for infection control, medical emergency drugs and equipment, and maintenance of the care environment. These were undertaken by different staff members and results 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 care environment and patient equipment were clean and well maintained. Patient care records were of a very good quality and patients spoke positively about the service delivered. Appropriate background checks must be undertaken for all staff. Risk assessments must be developed for the service's ventilation system, and clinical hand wash basins and taps.

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 limited self-evaluation. 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 large premises that provided a safe environment for patient care and treatment. The fabric and finish of the building was very 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 12 electronic patient care records stored on the practice management software system. These were of a very good standard, detailing assessment and clinical examinations, treatment, aftercare information and communication with the referring clinician. There was evidence to show that the risks and benefits of all appropriate treatment options had been provided to patients. Patient care records included a range of X-ray images which we found to be of good quality and well reported. Some 3D images were also reported by a consultant radiologist who visited the service to undertake 3D image reporting.

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 clear information, done in a professional manner. Made to feel important and listened to, very happy.’
- ‘My hygienist was very thoughtful and professional.’
- ‘My treatment options were listed before and clearly outlined on a well detailed treatment plan letter.’
- ‘Everyone works well together as a team and I feel in very safe hands.’

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 had copies of Disclosure Scotland checks on their staff file that had been obtained under a different employer. There was no evidence that the provider had carried out appropriate Disclosure Scotland checks for these staff (requirement 2).

There was no evidence to demonstrate that the ventilation system in the treatment rooms and decontamination room met current guidance for ventilation in healthcare premises (requirement 3).

The clinical hand wash basins and taps in the treatment rooms and decontamination room did not meet current guidance about sanitary fittings in healthcare premises (requirement 4).

Requirement 2 – Timescale: immediate

- The provider must ensure that appropriate Disclosure Scotland background 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.

Requirement 3 – Timescale: by 24 May 2024

- The provider must undertake a risk assessment that details how and when the ventilation in the treatment rooms and decontamination room will be upgraded to meet national guidance for specialised ventilation for healthcare services.

Requirement 4 – Timescale: by 24 May 2024

- The provider must undertake a risk assessment that details how and when the clinical hand wash basins and taps in the treatment rooms and decontamination room will be upgraded to meet current guidance about sanitary fittings in healthcare premises.

- 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:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

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

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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