Announced Inspection Report: Independent Healthcare

Service: Scottish Centre for Excellence in Dentistry, Glasgow

Service Provider: Portman Healthcare Limited

17 January 2024

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

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1   A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to the Scottish Centre for Excellence in Dentistry on Wednesday 17 January 2024. We spoke with a number of staff during the inspection. We received feedback from three patients to an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

Based in Glasgow, the Scottish Centre for Excellence in Dentistry is an independent clinic providing dental care and non-surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For the Scottish Centre for Excellence in Dentistry, the following grades have been applied.

Direction	How clear is the service's vision and purpose and how supportive is its leadership and culture?
Summary findings	**Grade awarded**
The provider's vision and ethos was published on the service's website for patients to view. Performance against key performance indicators was monitored. Leadership was visible and supportive. Regular staff meetings were held.	✓✓ Good
Implementation and delivery	How well does the service engage with its stakeholders and manage/improve its performance?
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 helped to review operational activities. Staff must have access to the most up-to-date policies and procedures. All drugs required for conscious sedation must be kept in stock. The 3D X-ray scanner must be routinely tested in-house. All clinical staff should be trained in duty of candour principles and annual reports produced and published.	✓ Satisfactory
Results	How well has the service demonstrated that it provides safe, person-centred care?
Patient care records were of a very good quality. Patients spoke positively about the service delivered. The care environment and patient equipment were clean and well maintained. Appropriate health clearance 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.	✓ Satisfactory

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

More information about grading can be found on our website at:
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 eight requirements and three recommendations.

Implementation and delivery
Requirements
1   The provider must ensure staff are using the most up-to-date version of policies and procedures at all times (see page 17). Timescale – immediate *Regulation 3(d)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

Implementation and delivery (continued)
Requirements
2   The provider must ensure the reversal drug (flumazenil) is obtained before any further conscious sedation is undertaken. This drug must then be held in stock at all times (see page 17). Timescale – immediate *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
3   The provider must ensure appropriate routine in-house image quality control testing is carried out on the 3D scanner at all times (see page 18). Timescale – immediate *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
4   The provider must ensure the pulse oxygen monitor is appropriately serviced and calibrated at all times (see page 18). Timescale – immediate *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
5   The provider must ensure the sedation team undertakes sedation-related scenario-based emergency training every 6 months (see page 18). Timescale – by 8 June 2024 *Regulation 12(c)(ii)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

Implementation and delivery (continued)
Recommendations
a   The service should ensure patients are kept informed of any changes made to the service as a result of their feedback (see page 14). 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 and publish an annual duty of candour report (see page 18). 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 18). 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
6   The provider must ensure that appropriate recruitment checks are carried out for staff before they begin working in the service. These must be recorded and retained on staff files (see page 21). Timescale – immediate *Regulation 8* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
7   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). Timescale – by 8 July 2024 *Regulation 10(2)(c)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

Results (continued)
Requirements
8 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). Timescale – by 8 July 2024 *Regulation 3(d)(i)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
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 the Scottish Centre for Excellence in Dentistry 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The provider's vision and ethos was published on the service's website for patients to view. Performance against key performance indicators was monitored. Leadership was visible and supportive. Regular staff meetings were held.

Clear vision and purpose

The service is a large dental clinic providing dental treatments, including implants, oral surgery, endodontics (root canal treatment), orthodontics (correcting the position of teeth), sedation, hygiene and facial aesthetics. Patients can be referred by their general dental practitioner or can self-refer.

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 about putting the patient at the heart of everything, using an ethos of providing the highest standard of care to patients by providing a first-class service, clinical excellence and state-of-the-art technology. Information about this vision and values was provided on the service's website.

Key performance indicators to monitor the service's performance had been set by the provider. The service's leadership team had developed a plan for how the key performance indicators would be achieved. Progress with key performance indicators was monitored and discussed at staff meetings. Examples of the key performance indicators included the use of clinical space, the number of new patients attending the service and customer satisfaction.

- ■ No requirements.
- ■ No recommendations.

Leadership and culture

The service was provided by a large team that included specialist dentists, a maxillofacial consultant, an anesthetist, a dentist with a special interest in facial aesthetics, a radiologist, a large number of dental care professionals, treatment co-ordinators, receptionists and an administration team. A practice manager, deputy practice manager and lead dental nurse formed the leadership team and several clinicians provided support to the clinical team. 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 clinical lead supported the service's leadership team and clinicians. The provider's compliance team, and a governance and risk team, supported the service's leadership team with issues relating to compliance and regulation. These teams also reviewed practice performance, and benchmarked practices against each other 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. Minutes, with clear actions, were recorded and shared with staff following meetings.

We were told there had been increased turnover of dental nurses in recent months. As a result, the leadership team had sought the views of dental nurses on how to improve retention. This had included one-to-one meetings between the regional manager and dental nurses. Information from these meetings had recently been collated by the provider who had made plans to meet the dental nurses at the end of January 2024 to review feedback and make any appropriate improvements.

There was enough staff for the volume of work undertaken. Staff understood their individual roles and 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
How well does the service engage with its stakeholders and manage/improve its performance?		

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 helped to review operational activities.

Staff must have access to the most up-to-date policies and procedures. All drugs required for conscious sedation must be kept in stock. The 3D X-ray scanner must be routinely tested in-house.

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 of recent developments in the service, including staff changes, and patient information such as treatments offered.

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 their appointment, with a link to a survey asking for their opinions on the service and the care and treatment they had received. Some patients were also asked for a testimonial if a treatment co-ordinator was involved in their care.

The provider used an electronic system to capture completion of patient feedback surveys in real time. This meant the practice manager received feedback immediately and could respond if necessary. The practice manager 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 would contact the patient to discuss the feedback and also discuss with any staff involved.

The service employed someone who was responsible for marketing and for reviewing any patient feedback and reviews that had been left online, for example social media testimonials. They tracked feedback and reviews to make sure any negative comments were responded to and actioned where appropriate.

We were provided with an example of a recent change the service had made due to patient feedback, where a table had been replaced in the waiting area as a patient had hurt their leg on the one that had been there. The patient had then been informed of this happening due to their feedback. Another example was a change to the style of music played in reception.

The service issued a staff feedback survey every 3 months. A more extensive 'Your Voice' questionnaire was also sent to all staff each year. 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 it 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 each relevant staff group from each of the provider's services. These forums were an opportunity for staff groups 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.

Staff could nominate colleagues for a 'Star of the Month' award, with recipients given a voucher as a reward.

What needs to improve

Although we could see that changes had been made based on patient feedback, these changes were not always consistently 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.

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 range of policies, procedures and systems were in place to ensure patient care and treatment was delivered safely. Copies of the policies and procedures were held on the staff intranet for staff to easily access.

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 the treatment rooms had intraoral X-ray machines (used for X-rays taken inside the 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. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. We noted the two ceiling mounted microscopes were covered when not in use. There was a range of 3D intraoral scanners in use.

The service had a small dental laser that could be used for oral surgery and periodontal (gum health) treatments. An agreement was in place with a laser protection advisor for expert advice and support, and local rules were in place to make sure lasers were managed safely to ensure patient and staff safety. The

laser had been serviced and calibrated, and staff had received appropriate training in laser safety and how to use the laser. The service also had a laser for cosmetic treatments. We were told this had recently stopped working and was to be uplifted for appropriate disposal.

The service had all the necessary emergency drugs and equipment for routine dental patients, including a defibrillator and oxygen. The majority of staff were up to date with medical emergency training. The service provided some dental treatment under conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). An anesthetist visited the service to provide sedation. The sedation team had completed additional life support training and had been suitably trained in the sedation techniques carried out.

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 process was published on its website. This highlighted the patient's right to contact Healthcare Improvement Scotland at any time and provided our contact details.

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 the treatment co-ordinator, as well as being given the opportunity to ask questions to the treating practitioner before, during and after the consent process.

Aftercare advice was also given to all patients. Patients who had undergone larger treatments such as oral surgery, implants or sedation treatments were also called the day after their treatment 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 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.

An induction process was in place and a checklist was used to make sure this process was followed. 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 any new staff member's progress to make sure their induction process was being completed within the assigned timescale.

The 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.

Staff appraisals were carried out annually to help identify training and development needs and opportunities. Staff told us they felt supported to carry out further training and education. The service provided regular training and professional development sessions for referring practitioners and their teams. A range of training events that had been offered included restoration of implants, and 3D scanning and smile design.

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

There was no system of version control for policies and procedures. Although policies and procedures were available on the staff intranet, we found several printed versions in different folders, such as the inspection folder and the radiation protection folder. This meant staff might not be following the most up-to-date versions of policies once they were in hard copy. Staff must have access to the most up-to-date information at all times. All policies and procedures should be version controlled (requirement 1).

There was no stock of the drug required to reverse the effects of one of the sedation drugs (requirement 2).

There was no evidence that monthly in-house image quality control testing had been carried out for the X-ray scanner that took 3D images. This is required in the manufacturer's instructions for the safe operation of the equipment (requirement 3).

The equipment used to monitor a patient's pulse and oxygen levels when they are having conscious sedation had not been serviced and calibrated within the last 12 months (requirement 4).

The sedation team had not undertaken any in-house sedation-related scenario-based emergency training as a team within the past year (requirement 5).

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: immediate

■ The provider must ensure staff are using the most up-to-date version of policies and procedures at all times.

Requirement 2 – Timescale: immediate

■ The provider must ensure the reversal drug (flumazenil) is obtained before any further conscious sedation is undertaken. This drug must then be held in stock at all times.

Requirement 3 – Timescale: immediate

- The provider must ensure appropriate routine in-house image quality control testing is carried out on the 3D scanner at all times.

Requirement 4 – Timescale: immediate

- The provider must ensure the pulse oxygen monitor is appropriately serviced and calibrated at all times.

Requirement 5 – Timescale: by 8 June 2024

- The provider must ensure the sedation team undertakes sedation-related scenario-based emergency training every 6 months.

Recommendation b

- The service should produce and publish an annual duty of candour report.

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 group practices and beyond.

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. It also included information on when to contact patients. A suitable back-up system was in place in case of failure of the practice management software system.

The practice team carried out a range of patient care record audits, including clinical record keeping, radiography, periodontal status, treatment course completion and dental implant success. These were carried out every 6 months 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's compliance team 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. Any audits that scored below 80% were retaken to make sure any improvements were implemented quickly.

- 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

Patient care records were of a very good quality. Patients spoke positively about the service delivered. The care environment and patient equipment were clean and well maintained. Appropriate health clearance 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.

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 satisfactory self-evaluation.

The service was delivered from large premises that provided a bright, modern 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 18 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.

What needs to improve

Although the service had a recruitment policy and procedure in place, it was not always following safe recruitment practice. Some staff did not have evidence of Disclosure Scotland checks or appropriate health clearance checks on their staff file (requirement 6).

There was no evidence to demonstrate that the ventilation system in the treatment rooms and decontamination room met current guidance (requirement 7).

The clinical hand wash basin and taps in the treatment rooms and decontamination room also did not meet current guidance (requirement 8).

Requirement 6 – Timescale: immediate

- The provider must ensure that appropriate recruitment checks are carried out for staff before they begin working in the service. These must be recorded and retained on staff files.

Requirement 7 – Timescale: by 8 July 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 8 – Timescale: by 8 July 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

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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