

Announced Inspection Report: Independent Healthcare

Service: Secret Smile Aesthetics, Clydebank

Service Provider: Secret Smile Aesthetics Limited

28 September 2023

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 11 September 2019

Recommendation

The service should further develop its audit programme. This would help review the safe delivery and quality of the service in line with current legislation and best practice guidance.

Action taken

The service had now expanded the scope of the audits it carried out. Additional aspects of practices and processes were now reviewed, including consent to photography and sharing information with other healthcare professionals as part of the monthly patient care record audit. Staff files were also now audited.

Recommendation

The service should ensure that patient care records are updated during each episode of care to ensure that information about patients' prescribed medication and health conditions remains current.

Action taken

From the five patient care records we reviewed, we saw that information about patients' prescribed medication and health conditions was documented for each episode of care.

Recommendation

The service should ensure that patients' consent to treatment, photography and sharing information with other healthcare professionals is documented for each episode of care in the patient care record.

Action taken

From the five patient care records we reviewed, we saw that patients' consent to treatment, photography and sharing information with other healthcare professionals was documented for each episode of care.

Recommendation

The service should destroy Disclosure Scotland background check certificates in line with its own recruitment policy.

Action taken

From the staff files we reviewed, we saw that the service had securely destroyed the original certificates received from Disclosure Scotland in line with current legislation.

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 Secret Smile Aesthetics on Thursday 28 September 2023. We spoke with two members of staff, including the service manager, who was also a practitioner. We received feedback from 31 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Clydebank, Secret Smile Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Secret Smile Aesthetics, 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 service had a clear vision and purpose, with a comprehensive strategic plan and defined objectives with measurable key performance indicators for continuous improvement. Effective processes were in place to help identify and sustain service improvement. Staff described the practitioner's leadership as visible, inclusive and approachable.</p> <p>Information about the service's mission, vision and values should be shared with patients. Minutes from staff meetings should be shared with all staff.</p>	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Patients received sufficient information to make informed choices and consent. The service actively sought patient feedback and used this information to continually improve. Processes were in place to ensure the safe and secure handling of medicines. Clear procedures were in place for managing complaints. Policies and procedures set out the way the service would deliver safe care. The service kept up to date with current best practice through training and development. Systems were in place for monitoring and managing risk. Regular audits were carried out reviewing key aspects of care and treatment and a quality improvement plan helped the service continually improve.</p> <p>The induction programme for new members of staff should be documented, and a peer review process should be introduced as part of the audit process.</p>	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>The clinic environment and equipment was clean and well maintained, with good infection control measures in place. A clear patient pathway from assessment to aftercare could be seen. Patients told us they felt safe and happy with the</p>	✓✓ Good

service. Detailed records of patients' care and treatment were kept. Safe recruitment processes were in place.	
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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 Secret Smile Aesthetics 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 recommendations.

Direction
Requirements
None

Direction (continued)	
Recommendations	
a	<p>The service should ensure that information about the service's mission, vision and values is available to patients (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 4.6</p>
b	<p>The service should share minutes of staff meetings with all staff to ensure issues discussed and decisions made are communicated to anyone unable to attend a meeting (see page 12).</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 document the induction programme for new members of staff (see page 18).</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>
d	<p>The service should introduce peer review as part of the audit process (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

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

We would like to thank all staff at Secret Smile Aesthetics for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

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

Our findings

The service had a clear vision and purpose, with a comprehensive strategic plan and defined objectives with measurable key performance indicators for continuous improvement. Effective processes were in place to help identify and sustain service improvement. Staff described the practitioner's leadership as visible, inclusive and approachable.

Information about the service's mission, vision and values should be shared with patients. Minutes from staff meetings should be shared with all staff.

Clear vision and purpose

The service had a clear vision and purpose to provide a high standard of care to patients in a safe, friendly and relaxed environment. The vision was delivered through the provider's core values which centred on being accountable and providing an excellent, innovative and reliable service for patients.

A strategic plan provided the service with a structured approach to improvement. This detailed strategic objectives, operational priorities and the vision for the service. The strategic objectives were linked to achieving the service's vision and values. Key areas of focus included patient engagement and satisfaction, and staff involvement and development. The strategic plan was regularly reviewed and discussed between the manager (practitioner) and staff to evaluate progress and action any areas for development.

Key performance indicators helped the service identify and measure the effectiveness of the quality of the service it provided. Example of key performance indicators reviewed included:

- number of patient interactions
- revenue growth, and
- social media engagement rate.

Results from the key performance indicators were discussed with staff at their monthly one-to-one meetings and at the 6-month strategic/improvement plans progress meeting. This information was then used and acted on to help achieve the service's aim of continuously improving.

The service assessed its performance to improve service quality and patient outcomes. The clinic performed consistently well, for example unsatisfactory patient outcomes from an aesthetic procedure were less than 1% which exceeded the provider's target.

The service had reviewed findings from inspections that had taken place in other similar services and used this information to inform its own policy and procedure development.

What needs to improve

Although the service had a well-established mission, vision and values framework, this information was not readily available to patients in the service or on the service's website (recommendation a).

It was clear that quality improvement was a core part of the service's aims and objectives. The manager (practitioner) told us that opportunities to participate in external benchmarking were proactively pursued. For example, the service would be attending a British Association of Cosmetic Nurses (BACN) regional group meeting with similar services in November 2023 to discuss establishing benchmarking partnerships. This would allow the service to measure and compare performance and identify any areas for improvement. We will follow this up at future inspections.

- No requirements.

Recommendation a

- The service should ensure that information about the service's mission, vision and values is available to patients.

Leadership and culture

The service had adequate staff numbers who were suitably qualified to carry out all treatments offered to patients. This included a small team of administrative staff who supported the practitioner to deliver the service. A number of registered nurses worked under practicing privileges (staff not employed directly by the provider but given permission to work in the service), some of whom were independent nurse prescribers. A registered nurse and independent prescriber owned and ran the service. All clinical staff were registered with their professional regulator, the Nursing and Midwifery Council.

The service had a documented leadership structure with well-defined roles, responsibilities and support arrangements. A daily huddle between the manager (practitioner) and administrative staff provided an informal opportunity for team discussion as well as sharing information about the day ahead, and current and ongoing priorities in the service and patient care. The manager (practitioner) also met with individual staff members every day and to give updates on any service changes.

Staff we spoke with were clear about their roles and responsibilities and how to discuss any concerns or raise areas for improvement in the service. They told us they felt valued and respected and spoke positively about the leadership and support provided. They described the manager (practitioner) as visible, inclusive and approachable.

Staff felt that the manager (practitioner) communicated well and involved them in decisions about the service. We saw all staff could access information about the service through a staff noticeboard, an online messaging app and a monthly staff newsletter. This included information such as updates on new policies and procedures, staffing, risk assessments and staff expectations.

The manager (practitioner) demonstrated a strong commitment to leadership, learning and service improvement. Staff were encouraged to attend seminars, conferences and training sessions to develop their skills.

Staff were involved in developing the service and their roles. One member of staff told us they were being supported to complete training, which would lead to a nutrition and wellbeing qualification. They were also involved in developing a nutrition patient information leaflet to assist patients attending the weight loss clinic.

The manager (practitioner) had developed the vision, values and strategic plan in consultation with staff. Staff we spoke with were aware of and understood the service's vision, values and strategy and their role in this.

Monthly staff meetings were held with regular agenda items on staffing, training, audits and patient feedback. Action plans were in place for areas identified for improvement.

What needs to improve

Minutes from staff meetings were not routinely shared with all staff (recommendation b).

- No requirements.

Recommendation b

- The service should share minutes of staff meetings with all staff to ensure issues discussed and decisions made are communicated to anyone unable to attend a 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

Patients received sufficient information to make informed choices and consent. The service actively sought patient feedback and used this information to continually improve. Processes were in place to ensure the safe and secure handling of medicines. Clear procedures were in place for managing complaints. Policies and procedures set out the way the service would deliver safe care. The service kept up to date with current best practice through training and development. Systems were in place for monitoring and managing risk. Regular audits were carried out reviewing key aspects of care and treatment and a quality improvement plan helped the service continually improve.

The induction programme for new members of staff should be documented, and a peer review process should be introduced as part of the audit process.

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

Key information about the treatments offered was available on the service's website and in patient information leaflets in the service. The service used social media to share relevant information. For example, videos of procedures were posted to demonstrate what was involved in the treatment.

The service had a patient participation policy and actively encouraged patient feedback. We saw a variety of ways for patients to provide input into how the service continued to develop. This included feedback through a 'get in touch form' on the service's website, email, text, online reviews or social media sites and verbal feedback. Patients were asked to complete a feedback questionnaire at the time of treatment. When the service wanted to obtain feedback on a specific topic, for example the introduction of a new treatment, an in-depth focused questionnaire would be sent to patients.

Feedback was analysed and the results were presented and discussed at staff meetings. Monthly feedback analysis reports showed high levels of patient satisfaction about treatments and the environment. We saw evidence of action plans made based on feedback and how progress on actions was monitored. For example, some patients had requested microneedling with radio frequency. An

action plan was developed which included researching the treatment and undertaking appropriate staff training before introducing the treatment into the service. Responses to feedback were shared with patients through social media.

The service encouraged and motivated its staff by recognising and rewarding their achievements and contributions through verbal appreciation, teambuilding events such as nights out, and lunches and gifts.

- No requirements.
- No recommendations.

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 manager (practitioner) recognised the importance of people's dignity and respect. The service operated an appointment only system for all consultations and treatments. Controlled access to the treatment room and screening of windows meant patients' privacy and dignity was not compromised.

Fire safety signage was displayed and fire safety equipment was serviced every year. Electrical equipment had been tested, and safety certificates were in place for fixed electrical wiring and portable appliance testing (for electrical appliances and equipment to ensure they are safe to use).

All patients were provided with a face-to-face consultation to assess their suitability for treatment before a treatment plan was prepared or any treatment was administered. Patients were involved in planning their treatment. During their consultation appointment, discussions took place about the risks and benefits, costs and likely outcome of the desired treatment. Consent from the patient would be discussed and a consent form completed, which was signed by both the patient and practitioner. A minimum 24-hour cooling-off period gave patients time to consider their recommended treatment options before making a decision to proceed.

All patients who responded to our survey agreed they were involved in decisions about their care and treatment and were given sufficient time to reflect on their treatment options before consenting to treatment.

This helped to make sure patients had realistic expectations of the proposed treatment. Comments included:

- 'I always feel involved in what's happening.'
- '[...] always fully explains procedure and ensures complete understanding before commencing.'
- 'There is no time pressure to make my decision.'
- 'We chatted through options and different treatments before committing to procedure.'

As part of their treatment plan, patients were invited to attend a follow-up appointment. This allowed the service to make sure patients were happy with the results and provide any additional treatment or advice.

Patients were given verbal aftercare advice at the time of treatment followed up with written aftercare advice. This was documented in the patient care record. We saw that patients were given the service's contact details in case of any complications following their treatment.

Patients who responded to our survey were asked to tell us about their experience at this service. Comments included:

- 'Highly recommend this service to anyone who asks me as I find it professional, friendly, clean, great environment and most of all knowledgeable staff.'
- 'I was instantly impressed with the professionalism, care and desire to ensure I was happy with treatment. Service all round from booking to entering the clinic, to completing medical forms, to undergoing treatment is second to none. I trust the staff completely and feel safe in their care.'
- 'An excellent service providing high quality professional care and a warm, personal, caring touch.'

Patient care records were kept in paper format. Appropriate procedures were in place to make sure that information was held securely and to prevent unauthorised access. 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.

Safe management processes were in place for ordering, storing, prescribing and administering all medicines. All medicines were obtained from appropriately registered suppliers. Medicines were stored securely in a locked medical refrigerator. A system was in place to monitor the temperature of the fridge to

make sure medicines were being stored at the correct temperature. An effective stock control and rotation system enabled the service to regularly monitor the medicines supply.

Arrangements were in place to make sure that staff could quickly support patients in the event of a medical emergency. This included staff training and first aid supplies. Emergency medication was available along with emergency protocols to quickly deal with any medical emergencies, such as a complication or adverse reaction from treatment.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland. The service's complaints procedure was displayed on its website and was available in the service. At the time of the inspection, the service had not received any complaints since the service was registered with Healthcare Improvement Scotland in November 2017.

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. An annual duty of candour report was published on the service's website. The most recent report showed that no duty of candour incidents had occurred. A safeguarding policy described the actions to take in case of an adult protection concern.

While the service had not had any incidents or accidents since registration, systems were in place to record any that may occur. The manager (practitioner) was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, and relevant incidents under health and safety legislation.

The service kept a comprehensive register of its policies and procedures. All were in date, and reviewed and updated regularly to reflect current legislation and best practice.

It was clear from our discussions that the manager (practitioner) was continually reviewing how the service was provided to improve how it was delivered. A part-time administrative staff member had been employed to manage the reception area and undertake housekeeping duties. A frequently asked questions leaflet had been developed for botulinum toxin to answer commonly asked questions and provide information about the treatment so that patients could make an informed decision.

The service is owned and managed by an advanced nurse practitioner registered with the Nursing and Midwifery Council (NMC). The practitioner engaged in regular continuing professional development through the NMC registration and revalidation process. Revalidation is where clinical staff are required to gather

evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC every 3 years.

There was a focus on continuous learning and improvement. We saw certificates for several training courses the manager (practitioner) had recently attended, in various industry relevant subjects. This included training in advanced tear trough injectables and radio frequency microneedling. They had completed an MSc in Cosmetic Medicine and had had taken on the role of a designated prescribing practitioner (a practitioner who agrees to oversee, support and assess the competence of trainee prescribers).

The service was a member of a variety of industry specific and national organisations. This included the British Association of Cosmetic Nurses (BACN) and Complications of Medical Aesthetic Collaborative (CMAC), which provided support if complications arose after patients' treatment. The service also subscribed to forums, attended regular conferences and completed a variety of online training courses and training courses provided by pharmaceutical companies. This helped the service keep up to date with current product knowledge, techniques and best practice.

Safe recruitment policies and processes were in place for all staff, including relevant pre-employment checks such as references, proof of ID, qualifications, insurance and Disclosure Scotland background checks before staff started working in the service. We saw systems in place for the ongoing checks of clinical staff members' professional registration and revalidation.

We were told all new members of staff had an induction to the service. This included an introduction to key members of staff and training on the service's policies and procedures. Staff completed an induction feedback questionnaire after 3 months which was reviewed by the manager (practitioner). Staff were expected to complete mandatory and refresher training on a range of topics relevant to their roles. This included first aid, health and safety, and fire safety.

There was a formal staff support process in place with monthly one-to-one meetings held between staff and the manager (practitioner). This allowed staff to discuss important aspects of their work such as performance, concerns and achievements.

Staff directly employed by the practice had appraisals on an annual basis. These helped to identify training and development needs and opportunities. Formal agendas for the appraisal meetings showed discussions on goals, personal and professional objectives, as well as performance reviews.

What needs to improve

Although the manager (practitioner) could describe the service's induction programme, this was not documented, for example a signed staff induction checklist (recommendation c).

Although the service had a process in place for obtaining appraisals for the staff working under practicing privileges from their respective NHS employer, it did not carry out its own appraisal. While this is deemed sufficient to meet the regulatory requirements for appraisal, we discussed with the manager (practitioner) about the service carrying out its own appraisals to provide feedback on performance to those working under practicing privileges on a one-to-one basis. We will follow this up at future inspections.

- No requirements.

Recommendation c

- The service should document the induction programme for new members of staff.

Planning for quality

The service maintained a register of practice-associated risks and their impact to help manage risks. We saw a number of current risk assessments were in place to protect patients and staff. For example, manual handling, infection control, fire safety and medicine management. Risk assessments were easy to follow and each risk assessment had a likelihood of occurrence attached. We saw that each risk had been reviewed on a regular basis and that all necessary action plans were in place.

Quality assurance systems were in place, including carrying out regular audits to monitor the quality and safety of the care and treatments provided to patients. Monthly infection control audits covered standard infection control precautions such as safe disposal of waste, and the safe management of care equipment and the environment. Additional audits included medicine management, hand hygiene, and health and safety. Where areas for improvement had been identified, planned actions and timescales for completion were documented. All audit results we saw showed good results.

The service had informal support networks with other aesthetic practitioners. These helped to provide peer support, advice and best practice and an opportunity to discuss any treatments, procedures or complications.

A quality improvement plan helped to monitor and review progress with the service's quality improvement work. The plan prioritised improvement projects and monitored how it was performing against the key performance indicators to drive continuous improvement. The plan was reviewed regularly and discussed at monthly staff one-to-one meetings and the 6-monthly strategic/improvement plans progress meeting.

A business continuity policy was in place in the event that the service experienced a disruptive incident. The policy stated that, in such a scenario, the service would establish alternative arrangements for patient treatments and prioritise critical functions.

What needs to improve

Staff working under practicing privileges carried out a range of audits on their own practices and procedures. We discussed with the manager (practitioner) about having the staff member work with a peer, or having the results reviewed by a peer or the manager (practitioner), to ensure objectivity and impartiality of the audit process (recommendation d).

- No requirements.

Recommendation d

- The service should introduce peer review as part of the audit process.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The clinic environment and equipment was clean and well maintained, with good infection control measures in place. A clear patient pathway from assessment to aftercare could be seen. Patients told us they felt safe and happy with the service. Detailed records of patients' care and treatment were kept. Safe recruitment processes were in place.

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 asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

The clinic environment and equipment was clean, well maintained and in a good state of repair. Daily, weekly and monthly cleaning schedules were fully completed and up to date. The correct cleaning products were used in line with national guidance, for example chlorine-based cleaning products for sanitary fixtures and fittings.

Feedback from our online survey was very positive about the experience patients had at the service. All patients agreed they had been treated with dignity and respect and they told us they were satisfied with the facilities and equipment in the service. Comments included:

- 'All staff very professional and caring.'
- 'I have always felt fully respected.'
- 'Clinic is well organised, spacious and very hygienic.'
- 'Great facilities and environment. Very clinical and all equipment used was explained and reason for use.'

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. Posters in the treatment room provided guidance on the correct hand washing procedure.

We reviewed five patient care records and saw evidence of comprehensive record keeping, including detailed patient notes that were of good quality. All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment to treatments provided and that advice on aftercare was given. Patient information included taking a full medical history, with details of any health conditions, medications, previous treatments and any areas which would highlight any risks associated with the treatment such as pregnancy or any previous allergic reactions. Patients' GP and next of kin details, consent to share information with their GP and other relevant staff in the event of an emergency and having their photograph taken were all documented. Records were kept of each treatment session, with skin assessments, diagrams and photographs of the treated area helping to inform the overall plan of care. Dosage and medicine batch numbers were also recorded for each treatment. This would allow tracking if any issues arose with the medications used.

We reviewed staff files including one for a staff member granted practicing privileges. We found all appropriate recruitment documents in place and all background checks completed. Staff files were well organised and contained job descriptions, signed contracts of employment, appraisal documentation, and a record of mandatory and refresher training.

- No requirements.
- 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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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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