



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Flying Smiles, Comrie

Service Provider: Fiona Perry

11 December 2023

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 27 October 2021

Requirement

The provider must ensure that treatment and care is delivered in premises that are suitable for the purpose of the healthcare being provided.

Action taken

We found the service was still providing some treatments in premises that were not suitable to provide healthcare. **This requirement is not met** and is reported in Domain 4 (Quality improvement) (see requirement 2 on page 19).

Requirement

The provider must produce evidence of a clinical waste contract for the removal and disposal of all types of clinical and hazardous waste generated by the service.

Action taken

We saw evidence of a clinical and hazardous waste contract. **This requirement is met.**

Requirement

The provider must ensure that regular checks are carried out on the service's portable electrical appliances to ensure they are maintained in a safe condition.

Action taken

Testing of portable electrical equipment had been undertaken and this was within date. **This requirement is met.**

Requirement

The provider must develop and implement a recruitment policy and process and relevant additional policies that demonstrate the safe recruitment, selection and induction of new staff.

Action taken

Although the service had now developed a recruitment policy and process, the policy was not being implemented. **This requirement is not met** and is reported in Domain 4 (Quality improvement) (see requirement 3 on page 20).

What the service had done to meet the recommendations we made at our last inspection on 27 October 2021

Recommendation

The service should ensure staff receive training on the principles of duty of candour.

Action taken

Staff working in the service had still not received duty of candour training. This recommendation is reported in Domain 4 (Quality improvement) (see recommendation c on page 20).

Recommendation

The service should develop an incident management policy and process for dealing with accidents, incidents and adverse events.

Action taken

The service had now developed and implemented an incident management policy and process.

Recommendation

The service should develop a fire risk assessment for the decontamination room and transportation of the emergency oxygen cylinder. Consideration of fire risk should also be assessed at every home from where the service provides treatment.

Action taken

The service had now undertaken a fire risk assessment. This included assessing the fire risks in the decontamination room and for the transport of oxygen.

Recommendation

The service should introduce a programme of regular audits, for example on patient care records. Audits should be documented and improvement action plans implemented.

Action taken

The service was now carrying out a number of audits, including reviewing information recorded for all patients in relation to their medical history and gum health score.

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

The service had still not developed a quality improvement plan. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation e on page 21).

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 Flying Smiles on Monday 11 December 2023. We spoke with the manager (practitioner) and received feedback from 57 patients through an online survey we had asked the service to issue for us during the inspection.

Based in Comrie, Flying Smiles is an independent clinic providing dental hygiene treatments and oral health advice to patients in their own homes.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Flying Smiles, 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 identified a vision, mission statement, and a set of aims and objectives to help achieve this vision. Its strategy also defined how the service was growing patient numbers to also support this overall vision.</p> <p>A General Dental Council registrant or appropriately trained care professional must be recruited to help support the service. A more formal system should be introduced for staff meetings.</p>	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Policies and procedures were in place to support the safe delivery of care and treatment. Key risk assessments had been carried out. A programme of audits was undertaken. Patient feedback was actively encouraged.</p> <p>Care and treatment must be provided within the parameters of the service's conditions of registration. The expired oxygen cylinder must be replaced. Appropriate recruitment checks must be undertaken before staff start working in the service. The complaints procedure must be amended. Staff should be trained in duty of candour principles, and annual reports should be produced and published. A quality improvement plan should be developed.</p>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>All equipment was transported safely to the patient home and returned to be cleaned and sterilised in a well-equipped decontamination room. Patient care records were of good quality. Patients spoke positively about the service delivered.</p>	✓ 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 Fiona Perry 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 five recommendations.

Direction	
Requirement	
1	<p>The provider must ensure that the practitioner is supported by either a General Dental Council (GDC) registrant or an appropriately trained care professional (see page 15).</p> <p>Timescale – by 20 May 2024</p> <p><i>Regulation 12(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Direction (continued)

Recommendation

- a** The service should introduce a programme of regular staff meetings, and a record of discussions and decisions reached at these meetings should be kept. These should detail staff responsible for taking forward any actions (see page 15).

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

Implementation and delivery

Requirements

- 2** The provider must operate within its conditions of registration, as stated on its certificate of registration, at all times. If it intends to do anything that is not covered under its registration, this must first be discussed and agreed with Healthcare Improvement Scotland (see page 19).

Timescale – immediate

Regulation 2

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

This was previously identified as a requirement in the October 2021 inspection report for Flying Smiles.

- 3** The provider must ensure that appropriate background checks are carried out on all staff before they start working in the service (see page 20).

Timescale – immediate

Regulation 9

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

This was previously identified as a requirement in the October 2021 inspection report for Flying Smiles.

Implementation and delivery (continued)

Requirements

- 4** The provider must ensure all staff have appropriate medical emergency training (see page 20).

Timescale – by 3 April 2024

Regulation 12(a)

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

- 5** The provider must obtain a new oxygen cylinder and remove the expired oxygen cylinder from its emergency kit (see page 20).

Timescale – immediate

Regulation 3(a)

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

- 6** The provider must obtain single use air and water tips or remove the air and water tip holder from service (see page 20).

Timescale – immediate

Regulation 3(d)(i)

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

- 7** The provider must follow Health Protection Scotland's *National Infection Prevention and Control Manual* in relation to the cleaning and disinfection of patient equipment and the care environment (see page 20).

Timescale – immediate

Regulation 3(d)(i)

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

Implementation and delivery (continued)

Requirements

- 8** The provider must amend the complaints procedure to make sure it is appropriate for the needs of its patients. It must state that patients have the right to contact Healthcare Improvement Scotland at any time and state the full name and contact details for Healthcare Improvement Scotland (see page 20).

Timescale – immediate

Regulation 15

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

Recommendations

- b** The service should inform patients when changes or improvements are made based on patient feedback (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

- c** The service should ensure that all staff are trained in the duty of candour principles (see page 20).

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

This was previously identified as a recommendation in the October 2021 inspection report for Flying Smiles.

- d** The service should produce and publish annual duty of candour reports (see page 20).

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

- e** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 21).

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

This was previously identified as a recommendation in the October 2021 inspection report for Flying Smiles.

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

Fiona Perry, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Flying Smiles 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 identified a vision, mission statement, and a set of aims and objectives to help achieve this vision. Its strategy also defined how the service was growing patient numbers to also support this overall vision.

A General Dental Council registrant or appropriately trained care professional must be recruited to help support the service. A more formal system should be introduced for staff meetings.

Clear vision and purpose

The service provided dental hygiene treatments and oral health advice on a mobile basis to patients in their homes, particularly to those who found it difficult to leave their homes. The majority of patients self-referred themselves to the service.

The provider had set out a vision for the service to be 'known for offering a high quality mobile dental hygiene service' and a mission statement to 'fly to and work with the patient to give them the best quality treatment at their convenience'. In order to fulfil this mission, the service had identified aims and objectives, which included:

- to be the first independent dental hygienist in Scotland
- to close the gap on providing dental hygiene to the home-bound, people living in care homes, people who are carers or are cared for, and
- to create a model that other hygienists will be able to follow.

One of the service's key objectives was to deliver its treatment and care in a sustainable way. Therefore, weather permitting, staff used custom designed bicycles to travel to patients' homes with all equipment needed to deliver treatment.

The service had developed a strategy to help grow patient numbers and become more established in the local area while continuing to deliver dental hygiene

and oral health advice to the local population. The service had identified the number of patients that it would see on a monthly basis to meet its aims. Its mission and aims were communicated to patients through the service's website and regular emails.

- No requirements.
- No recommendations.

Leadership and culture

The service was provided by a small team, led by a practitioner who was a dental hygienist registered with the General Dental Council (GDC).

The practitioner, who was the registered manager, was always readily available and visible to the rest of the team, and worked in the service at all times. They had a clear desire to work and collaborate with other stakeholders and dental care professionals to deliver and provide access to dental hygiene for everyone. The practitioner was enthusiastic about developing professional relationships to expand and develop business opportunities.

What needs to improve

Staffing has been an ongoing issue for the service since it was registered with Healthcare Improvement Scotland in August 2020. A chaperone had been recruited and trained by the practitioner to accompany them when providing treatments. However, this person had no healthcare qualifications or experience. The GDC standards state that a practitioner is supported by a GDC registrant or an appropriately trained care professional (requirement 1).

Meetings were held between the practitioner and staff on an informal basis and we were told these discussions usually took place when travelling to patient appointments together. We saw evidence of these informal meetings showing discussions took place on areas such as patient service and documentation (recommendation a).

Requirement 1 – Timescale: by 20 May 2024

- The provider must ensure that the practitioner is supported by either a General Dental Council (GDC) registrant or an appropriately trained care professional.

Recommendation a

- The service should introduce a programme of regular staff meetings, and a record of discussions and decisions reached at these meetings should be kept. These should detail staff responsible for taking forward any actions.

Key Focus Area: Implementation and delivery

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

Our findings

Policies and procedures were in place to support the safe delivery of care and treatment. Key risk assessments had been carried out. A programme of audits was undertaken. Patient feedback was actively encouraged.

Care and treatment must be provided within the parameters of the service's conditions of registration. The expired oxygen cylinder must be replaced. Appropriate recruitment checks must be undertaken before staff start working in the service. The complaints procedure must be amended. Staff should be trained in duty of candour principles, and annual reports should be produced and published. A quality improvement plan should be developed.

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

Key information about the treatments offered was available on the service's website. The service encouraged patient feedback. Patients were emailed after their appointment to ask for their opinion about the care and treatment they had received, and to encourage them to post online reviews. The service had a system in place to ensure that all patient feedback was reviewed and responded to by the practitioner. If any negative feedback was provided, the practitioner contacted the patient to discuss the feedback and, if appropriate, make improvements. As a result of patient feedback, the service's electronic booking system had been amended so that the number of emails patients received was reduced, and patient documentation such as consent forms came in a single email for patients to complete.

What needs to improve

Although we saw the service used patient feedback to make improvements, the service did not inform patients when changes had been made based on their feedback (recommendation b).

- No requirements.

Recommendation b

- The service should inform patients when changes or improvements are made based on patient feedback.

Quality improvement

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

The practitioner was aware of their responsibility to notify Healthcare Improvement Scotland of certain events and relevant incidents.

The service kept a comprehensive register of its policies and procedures. All were in date and reviewed regularly to make sure they reflected current legislation and best practice.

Infection prevention and control policies and procedures were in line with national best practice.

The decontamination room was well equipped with a washer disinfectant and an autoclave used to clean and sterilise equipment. Dental instruments could be safely and easily transported between patient homes and the decontamination room. Contracts were in place to ensure all clinical waste was disposed of safely.

We saw that all the necessary emergency drugs and equipment were in place, including a defibrillator and oxygen. The practitioner was up to date with their medical emergency training.

The service's complaints policy had been published on its website. No complaints had been received by either the service or Healthcare Improvement Scotland since the service's registration in 2020. The service also 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 operated an appointment-only system for all hygiene treatments. All patients were contacted to make their first appointment. At this point, the practitioner explained the process to the patient and what they would expect when the practitioner visited their home. Patients were able to ask questions and were made aware of the costs for their treatment. Using an electronic system, patients' medical history and written consent was gained before any treatment was undertaken.

Consent was also gained from patients to share their information, if the practitioner felt it necessary to communicate with the patient's own dentist. The practitioner had built up relationships with several local dental practices. For example, we were told the practitioner had referred a patient to a local dental practice due to them being in pain. The practitioner had met the patient at the dental practice to provide support to them and their carer while they received treatment.

Patients were given verbal aftercare advice at the time of treatment. They were then sent an email with personalised advice appropriate to their care needs. We saw that patients were given the service's contact details in case of any complications following their treatment. Patients were routinely booked in for a 6-monthly hygiene appointment if they wished this.

Patient care records were kept in electronic format. All access to the practice management system and care records was password protected. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

A recruitment and selection policy had been introduced, as well as an induction checklist, since our last inspection in October 2021. The induction checklist covered key areas of how the service was delivered.

Monthly one-to-ones and annual appraisals were carried out for staff. These helped to identify training and development needs and opportunities.

The practitioner kept up to date with changes in best practice through being a member of several organisations such as the British Society of Dental Hygiene & Therapy.

What needs to improve

During our previous inspection in 2021, staff told us that some recent hygiene treatments had taken place in patients' gardens to help ease their feelings of anxiety. We had made a requirement for the provider to ensure that healthcare was provided from premises that were suitable for the purpose of the healthcare being provided. During this inspection, the practitioner told us they had recently provided care and treatment to a number of patients in a community centre and planned to do this again in another community centre setting. This also does not meet the accepted definition of a domiciliary setting as it not provided in patients' own homes and is not permitted within the service's conditions of registration (requirement 2).

The service's recruitment and selection policy was not being followed. We saw that appropriate background checks had not been carried out for staff appointed since our last inspection before they started working in the service. For example, there was no evidence of Disclosure Scotland checks or appropriate health clearance checks (requirement 3).

The service had not provided staff with appropriate medical emergency training. This must cover life support, airway management and the administration of medical emergency drugs (requirement 4).

The service's oxygen cylinder was beyond its use by date and must be replaced (requirement 5).

Reusable air and water tips were being used on the air and water holder. This is not in line with national guidance which states that single-use tips must be used (requirement 6).

A disinfection wipe was being used to clean patient equipment and surfaces. A detergent wipe must be used before a disinfection wipe. Alternatively, a combined detergent and disinfectant wipe can be used (requirement 7).

The service's complaints policy did not accurately reflect the service's process for investigating complaints. For example:

- a standard policy template had been used and there were blank areas where the information had not been completed
- it described what to do if making a complaint to the NHS, which is irrelevant for independent healthcare services and confusing for patients
- it referred patients to the Scottish Public Services Ombudsman if they were unhappy, which is irrelevant for independent healthcare services and confusing for patients, and
- it did not state that patients had the right to contact the healthcare regulator at any time and list the full name and contact details for Healthcare Improvement Scotland (requirement 8).

Staff had not undertaken any 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).

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. Duty of candour reports were not being produced and published (recommendation d).

Requirement 2 – Timescale: immediate

- The provider must operate within its conditions of registration, as stated on its certificate of registration, at all times. If it intends to do anything that is not covered under its registration, this must first be discussed and agreed with Healthcare Improvement Scotland.

Requirement 3 – Timescale: immediate

- The provider must ensure that appropriate background checks are carried out on all staff before they start working in the service.

Requirement 4 – Timescale: by 3 April 2024

- The provider must ensure all staff have appropriate medical emergency training.

Requirement 5 – Timescale: immediate

- The provider must obtain a new oxygen cylinder and remove the expired oxygen cylinder from its emergency kit.

Requirement 6 – Timescale: immediate

- The provider must obtain single use air and water tips or remove the air and water tip holder from service.

Requirement 7 – Timescale: immediate

- The provider must follow Health Protection Scotland's *National Infection Prevention and Control Manual* in relation to the cleaning and disinfection of patient equipment and the care environment.

Requirement 8 – Timescale: immediate

- The provider must amend the complaints procedure to make sure it is appropriate for the needs of its patients. It must state that patients have the right to contact Healthcare Improvement Scotland at any time and state the full name and contact details for Healthcare Improvement Scotland.

Recommendation c

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

Recommendation d

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

Planning for quality

A range of risk assessments were in place, including a general health and safety risk assessment for the service. An individual risk assessment was also carried out at the first visit to each patient's home. Before the practitioner visited, patients were also asked verbally and by email for access to hand washing facilities and to remove all pets from the rooms where the practitioner would be working.

A business continuity plan was in place in the event that the service experienced a disruptive incident. As the service was a dental hygiene service, patients did not need to rely on it for their everyday dental care. Therefore, patients could attend their general dental practitioner if service was disrupted and they needed an emergency appointment.

A review of patient care records was regularly undertaken, including formal clinical audits carried out to demonstrate all required information was being obtained from patients and documented in the patient care records. Medical emergency drugs and equipment, and decontamination checks, were also regularly audited. The results of these audits showed high levels of compliance.

What needs to improve

At our previous inspection, we recommended that the service developed a quality improvement plan to help structure and record service improvement processes and outcomes. No action had been taken to address this recommendation. Developing a quality improvement plan would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation e).

- No requirements.

Recommendation e

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

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

All equipment was transported safely to the patient home and returned to be cleaned and sterilised in a well-equipped decontamination room. Patient care records were of good quality. Patients spoke positively about the service delivered.

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 base was a residential outbuilding that had been developed into a decontamination unit. This was where all equipment and dental instruments were stored to be taken to the domiciliary care settings. Instruments were returned here for cleaning and sterilisation. There was a good range and supply of instruments available. The fabric and finish of the decontamination room was very good. At the time of our inspection, the area was clean, tidy and well organised.

We saw a good supply of alcohol-based hand rub, and appropriate personal protective equipment such as disposable gloves, aprons and face masks. Equipment and products were available if manual cleaning was required in the event of the washer disinfecter failing to operate. A back-up plan was in place in case the autoclave malfunctioned.

We reviewed four electronic patient care records. We saw evidence of good record keeping. Each patient care record showed detailed assessment and treatment information. This included patients' medical history, medications and allergy information. Template notes helped to provide a consistent approach to record keeping.

All patients who responded to our online survey told us the treatment provided was explained, including risks, benefits and outcomes. Patients also told us they felt safe and were treated with dignity and respect. Patients all stated that they felt involved in the decisions about their care and treatment. Some comments we received from patients included:

- ‘... always discusses options available.’
 - ‘I was always given a choice regarding care and treatment.’
 - ‘Discussion took place on all aspects of my oral healthcare and I was always party to any decisions that had to be taken regarding this.’
 - ‘Everything is explained thoroughly before starting.’
 - ‘Meticulous care given to all equipment that was used at my appointment.’
 - ‘Special chair was brought into the house together with the necessary equipment.’
 - ‘Very professional and well organised always.’
-
- 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.ihtregulation@nhs.scot

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or email his.contactpublicinvolvement@nhs.scot

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