



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Kilmarnock Dental Care, Kilmarnock

**Service Provider:** The Real Good Dental Company Ltd

14 November 2023

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First published March 2024

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# 1 A summary of our inspection

## Background

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

## Our focus

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

## About our inspection

We carried out an announced inspection to Kilmarnock Dental Care on Tuesday 14 November 2023. We spoke with a number of staff during the inspection. We received feedback from seven patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Kilmarnock, Kilmarnock Dental Care is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

## What we found and inspection grades awarded

For Kilmarnock Dental Care, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
<b>Summary findings</b>		<b>Grade awarded</b>
<p>The service had no documented aims and objectives. Staff felt supported by the practice manager and there was regular communication to help them in their role. Clear lines of reporting between the service and provider should be developed.</p>		<p>✓ Satisfactory</p>
<b>Implementation and delivery</b>	<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. Patient feedback was encouraged. Key risk assessments had been carried out and business continuity arrangements were in place. Findings from the legionella risk assessment must be acted on. As well as implementing a clinical audit programme, regular sedation audits should also be undertaken. The service's website should be updated to include how patients can make a complaint. An annual duty of candour report should be published. A quality improvement plan should be implemented.</p>		<p>✓ Satisfactory</p>
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The environment was generally clean and well equipped. Patients told us the service was clean and tidy, and they felt safe. Patient care records included signed consent forms for dental implants and sedation. However, patient care records were of an inconsistent quality meaning that information was not easy to find. Safer recruitment procedures must be undertaken.</p>		<p>✓ Satisfactory</p>

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](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](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## What action we expect The Real Good Dental Company Ltd to take after our inspection

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

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

This inspection resulted in six requirements and 11 recommendations.

Direction	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
a	<p>The service should work with the provider to develop its own strategy that identifies a vision and clear and measurable aims and objectives, along with the key performance indicators that will help it achieve these aims and objectives. This information should be shared with staff and patients so there is a shared sense of direction (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Direction (continued)	
Recommendations	
<b>b</b>	<p>The service should work with the provider to develop clear lines of communication and reporting structures (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 4.18</p>
<b>c</b>	<p>The service should create a standardised agenda template for meetings, including standing agenda items that will be discussed and monitored at every meeting. 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 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	
<b>1</b>	<p>The provider must ensure that the sedationist undertakes their life support and medical emergency training (see page 16).</p> <p>Timescale – by 21 March 2024</p> <p><i>Regulation 12(c)(ii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<b>2</b>	<p>The provider must action the findings from the outcome of the legionella risk assessment (see page 17).</p> <p>Timescale – by 21 March 2024</p> <p><i>Regulation 3(d)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

## Implementation and delivery (continued)

### Recommendations

**d** The service should develop a patient participation policy that sets out the methods it will use to seek patient feedback, and how this will be analysed and used to improve the way the service is delivered. It should also ensure its website is accurate and up to date at all times (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

**e** The service should implement a structured way of seeking the views of staff and using their feedback to make improvements to the way the service is delivered (see page 14).

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

**f** The service should produce and publish an annual duty of candour report (see page 17).

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

**g** The service should publish its complaints procedure on its website to make it easy for patients to find out how to make a complaint (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

**h** The service should introduce a structured programme of regular audits to cover key aspects of care and treatment such as sedation records, medicine management, infection prevention and control, and the safety and maintenance of the care environment. Audits should be documented and improvement action plans implemented (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

**i** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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

## Results

### Requirements

- 3** The provider must repair the raised carpet tile at the top of the staircase (see page 20).

Timescale – immediate

*Regulation 3(a)*

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

- 4** The provider must ensure that all appropriate information relating to sedation is consistently recorded in patient care records. This can be achieved by implementing a standardised sedation patient care record template (see page 20).

Timescale – immediate

*Regulation 4*

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

- 5** The provider must ensure that appropriate checks are carried out on staff before they begin working in the service. Checks must be recorded and retained on staff files. Key checks must be repeated at regular intervals to ensure staff remain safe to continue working in the service. These include professional registration status, indemnity insurance and Disclosure Scotland checks (see page 21).

Timescale – immediate

*Regulation 12*

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

- 6** The provider must complete and submit an annual return as requested by Healthcare Improvement Scotland (see page 21).

Timescale – immediate

*Regulation 5(1)(c)*

*The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011*

Results (continued)	
Recommendation	
<b>j</b>	<p>The service should ensure that practitioners are recording information in the same part of patient care records so that all clinical staff have instant access to the information they need to deliver patients' treatment and care (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27</p>
<b>k</b>	<p>The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 21).</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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

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

We would like to thank all staff at Kilmarnock Dental Care for their assistance during the inspection.

## 2 What we found during our inspection

### Key Focus Area: Direction

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

#### Our findings

**The service had no documented aims and objectives. Staff felt supported by the practice manager and there was regular communication to help them in their role. Clear lines of reporting between the service and provider should be developed.**

#### *Clear vision and purpose*

The service provided a range of dental treatments, including implant dentistry and conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). Kilmarnock Dental Care is provided by The Real Good Dental Company, which purchased the service in 2022. The service told us that its aim was provide the highest standard of dental care to patients.

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

#### **What needs to improve**

Although staff we spoke with were aware of the service's overall aim, we saw no documented aims and objectives or strategy. Staff told us that the provider had requested that the service stop measuring its performance against previous key performance indicators (recommendation a).

- No requirements.

#### **Recommendation a**

- The service should work with the provider to develop its own strategy that identifies a vision and clear and measurable aims and objectives, along with the key performance indicators that will help it achieve these aims and objectives. This information should be shared with staff and patients so there is a shared sense of direction.

### **Leadership and culture**

The service was staffed by a number of dentists, dental nurses, a practice manager (who was also the registered manager) and a receptionist.

The provider had identified specific values and behaviours for its staff, which were based around continually pursuing excellence through education, and personal and team growth.

Staff meetings were held each month to discuss the day-to-day running of the service. These were chaired by the practice manager. Staff told us that the practice manager provided good leadership, and that they worked hard to ensure that staff felt supported. Meetings were also held each week between the practice manager and the regional manager to discuss clinic performance.

### **What needs to improve**

Reporting structures between the service and provider were not formalised, and the service did not always know who to contact at provider level if they needed help. When asked, staff told us that changes were often made without staff being involved, for example changes to personnel or policies and procedures. Having clear lines of communication between the provider and service would enable staff to feel informed, and allow issues to be resolved more quickly and easily (recommendation b).

Although staff, and practice and regional manager meetings, were held, these meetings did not always have a set agenda and were not minuted. It would be useful to have operational standing agenda items such as recruitment, patient feedback, health and safety, and risk to ensure that key areas are monitored regularly and information is consistently shared between the provider and service (recommendation c).

- No requirements.

### **Recommendation b**

- The service should work with the provider to develop clear lines of communication and reporting structures.

### **Recommendation c**

- The service should create a standardised agenda template for meetings, including standing agenda items that will be discussed and monitored at every meeting. 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. Patient feedback was encouraged. Key risk assessments had been carried out and business continuity arrangements were in place. Findings from the legionella risk assessment must be acted on. As well as implementing a clinical audit programme, regular sedation audits should also be undertaken. The service's website should be updated to include how patients can make a complaint. An annual duty of candour report should be published. A quality improvement plan should be implemented.**

#### *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 encouraged patient feedback. We saw a variety of ways for patients to provide input into how the service continued to develop. Patients were sent a text message after their appointment to ask for their opinions on the service and the care and treatment that they had received. Patients also provided reviews on social media and independent online review platforms. Patient feedback was reviewed by the practice manager and then shared at staff meetings. If any negative feedback was received, the practice manager would contact the patient to discuss this. If required, the practice manager told us they would make any necessary improvements as a result of feedback.

The service's website included videos of patients providing feedback on the care and treatment they had received at the service. There was also a 'get in touch form' on the website.

The provider used a mobile app for staff that included several benefits ranging from discounts for physiotherapy to mental health information.

### **What needs to improve**

Although the service encouraged feedback from its patients, there was no participation policy setting out how it would gather, analyse and use feedback to make improvements in the service. We saw that some patient reviews were not up to date to on the service's website. Some patient feedback videos also contained videos of practitioners who no longer worked in the service (recommendation d).

There was no structured way of seeking the views of staff. Regular staff surveys would help the service improve staff engagement and ensure that staff felt involved in improving patient care and how the service was delivered (recommendation e).

- No requirements.

### **Recommendation d**

- The service should develop a patient participation policy that sets out the methods it will use to seek patient feedback, and how this will be analysed and used to improve the way the service is delivered. It should also ensure its website is accurate and up to date at all times.

### **Recommendation e**

- The service should implement a structured way of seeking the views of staff and using their feedback to make improvements to the way the service is delivered.

### ***Quality improvement***

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

The practice manager was aware of their responsibility to notify Healthcare Improvement Scotland of certain events in line with our notifications guidance, and of relevant incidents under health and safety legislation.

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

Infection prevention and control policies and procedures were in line with national best practice. Contracts were in place to ensure all clinical waste was disposed of safely.

The onsite decontamination room was well equipped with a washer disinfectant and autoclaves used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and 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.

A number of the dental surgeries had intraoral X-ray machines (used for X-rays taken inside the mouth) and one of the dental surgeries also had an X-ray scanner that took 3D images. The X-ray equipment was all digital with a range of sensor sizes available to allow the most appropriate image to be recorded for each patient. All of the X-ray equipment had undergone the required safety assessments. We saw an up-to-date radiation protection file in place. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system.

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. The majority of staff were up to date with medical emergency training.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland. No complaints had been received by the service since it was registered with Healthcare Improvement Scotland in December 2022.

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. Key staff had undertaken duty of candour training.

All patients had a face-to-face consultation for larger treatments and for sedation to assess their suitability for treatment before a treatment plan was prepared or any treatment was administered. During their consultation appointment, discussions took place about the risks and benefits, costs and likely outcome of the desired treatment to ensure patients were involved in planning their treatment. Consent from the patient was discussed and a consent form completed for more complicated cases such as implant treatments. Written consent for sedation was obtained from all patients. Consent forms were signed by both the patient and practitioner.

Patients were given verbal aftercare advice at the time of treatment and, for more complex treatments such as extractions, written aftercare advice was also provided. Patients who had undergone longer complex treatments were called

the day after their treatment to see how they were feeling and if they required any additional advice.

Patient care records were kept in electronic format. All access to the service's 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.

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. Some staff had undertaken additional training such as sedation and radiology training.

We saw that staff directly employed by the service had annual appraisals. These helped to identify training and development needs and opportunities.

The practice manager told us they were actively trying to recruit another dentist to provide general dental care but they were struggling to find any suitable candidates.

### **What needs to improve**

One of the sedationist's life support and medical emergency training had recently expired (requirement 1).

A legionella risk assessment had recently been carried out by an external contractor. However, some of the recommendations had not been actioned, such as developing a legionella management plan or implementing checks on water outlets and storage tanks (requirement 2).

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 f).

The service's complaints policy had not been published on its website. The practice manager agreed this would help provide patients with easy access to information on how to make a complaint (recommendation g).

### **Requirement 1 – Timescale: by 21 March 2024**

- The provider must ensure that the sedationist undertakes their life support and medical emergency training.

## **Requirement 2 – Timescale: by 21 March 2024**

- The provider must action the findings from the outcome of the legionella risk assessment.

## **Recommendation f**

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

## **Recommendation g**

- The service should publish its complaints procedure on its website to make it easy for patients to find out how to make a complaint.

## ***Planning for quality***

A business continuity plan was in place in the event that the service experienced a disruptive incident. The plan provided details of key contacts and contractors to contact to help reinstate services. As the service was part of a corporate organisation, it was also able to direct patients to other local dental practices if the service was disrupted.

The service had a range of risk assessments, including a risk assessment for radiation, and a general health and safety risk assessment. These helped to ensure the safety of staff and patients.

## **What needs to improve**

The service had not carried out any regular clinical audits to monitor the quality and safety of the care and treatments provided to patients recently. This made it difficult for the service to identify areas for improvement. No sedation record keeping audit was being carried out to ensure the service was delivering safe sedation to patients. These types of audits would help staff identify record keeping gaps, plan actions and record timescales to improve. Other audits that would be beneficial include medicine management, infection prevention and control, the safety and maintenance of the care environment and patient care records. Audit results should be discussed with staff (recommendation h).

The service had not developed a quality improvement plan. This meant there was no structured way of identifying and recording improvement processes and outcomes. A quality improvement plan would help the service structure its approach, measure the impact of change and demonstrate a culture of continuous improvement (recommendation i).

- No requirements.

### **Recommendation h**

- The service should introduce a structured programme of regular audits to cover key aspects of care and treatment such as sedation records, medicine management, infection prevention and control, and the safety and maintenance of the care environment. Audits should be documented and improvement action plans implemented.

### **Recommendation i**

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

## Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

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

### Our findings

**The environment was generally clean and well equipped. Patients told us the service was clean and tidy, and they felt safe. Patient care records included signed consent forms for dental implants and sedation. However, patient care records were of an inconsistent quality meaning that information was not easy to find. Safer recruitment procedures must be undertaken.**

The service was delivered from premises that provided a clean environment for patient care and treatment. The fabric and finish of the building was adequate. At the time of our inspection, all 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 were available.

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 treatment options before consenting to treatment. This helped to make sure they had realistic expectations of proposed treatment. They also told us they were satisfied with the facilities, equipment and environment where they were treated.

### What needs to improve

There was a raised carpet tile at the top of the stairs which was a trip hazard and must be repaired (requirement 3).

For patients undergoing sedation treatment, their care records were recorded both electronically and on paper. The paper sedation record was then scanned into the patients' electronic record. Information recorded about sedation during the patient's assessment was limited, with not enough detailed information being recorded on the paper version completed on the day of treatment. Key missing information included fitness status, sedation score and operation

conditions. Patient monitoring information was also limited and appeared to stop before the patient would have time to fully recover. Time of discharge was not explicitly recorded, with one case demonstrating a patient with significantly raised blood pressure during sedation (requirement 4).

Although the provider had a recruitment policy and procedure in place, this was not always followed. We saw that appropriate checks had not been carried out for some staff already recruited. We also saw that the provider had not shared recruitment records with the service. For example, there was no evidence of Disclosure Scotland checks for an administrative staff member or an occupational health record for one of the dentists (requirement 5).

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. Although requested, the service did not submit an annual return this year. We discussed with the service the importance of completing an annual return when requested to do so (requirement 6).

We reviewed a range of patient care records written by each of the practitioners and found these were of an inconsistent quality. They were also difficult to navigate and find information as different practitioners had recorded patient care notes in different parts of the electronic record. This meant it was sometimes difficult to see exactly what patient care had been provided (recommendation j).

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. Although requested, the service did not submit a self-evaluation before the inspection. We discussed with the service the importance of completing a self-evaluation when requested to do so (recommendation k).

### **Requirement 3 – Timescale: immediate**

- The provider must repair the raised carpet tile at the top of the staircase.

### **Requirement 4 – Timescale: immediate**

- The provider must ensure that all appropriate information relating to sedation is consistently recorded in patient care records. This can be achieved by implementing a standardised sedation patient care record template.

#### **Requirement 5 – Timescale: immediate**

- The provider must ensure that appropriate checks are carried out on staff before they begin working in the service. Checks must be recorded and retained on staff files. Key checks must be repeated at regular intervals to ensure staff remain safe to continue working in the service. These include professional registration status, indemnity insurance and Disclosure Scotland checks.

#### **Requirement 6 – Timescale: immediate**

- The provider must complete and submit an annual return as requested by Healthcare Improvement Scotland.

#### **Recommendation j**

- The service should ensure that practitioners are recording information in the same part of patient care records so that all clinical staff have instant access to the information they need to deliver patients' treatment and care.

#### **Recommendation k**

- The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland.

## 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](http://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](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](mailto:his.ihcregulation@nhs.scot)

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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](mailto:his.contactpublicinvolvement@nhs.scot)

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