Announced Inspection Report: Independent Healthcare

Service: Fresh Faced (Edinburgh), Edinburgh
Service Provider: 6 GAG Limited

17 September 2019
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Fresh Faced (Edinburgh) on Tuesday 17 September 2019. We spoke with four members of staff during the inspection. Before the inspection, we asked the service to display a poster asking patients to contact us directly with feedback on the service. We telephoned three patients after the inspection who had received treatment at the clinic. This was our first inspection to this service.

The inspection team was made up of one dental inspector.

What we found and inspection grades awarded

For Fresh Faced (Edinburgh), the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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</tbody>
</table>

| **Domain 5 – Delivery of safe, effective, compassionate and person-centred care** |
| **5.1 - Safe delivery of care** | Patient care and treatment was delivered in a well-equipped environment. All re-usable dental instruments were decontaminated in | Unsatisfactory |
the service’s on-site decontamination room. However, the service did not meet all criteria from the national dental combined practice inspection checklist used during this inspection.

### Domain 9 – Quality improvement-focused leadership

9.4 - Leadership of improvement and change

The service had a lack of clear leadership. Since the provider has more than one service, most management activity was done remotely. A social messenger site was used to do most of the communication between staff members. Regular staff meetings should be introduced, and a quality improvement plan developed to help demonstrate a culture of continuous improvement.

Unsatisfactory

The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

#### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records showed consultation, assessment and treatment planning was carried out before patients gave informed consent for treatment. The service must update its emergency contact information and produce an information back-up protocol and business continuity plan.</td>
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#### Domain 7 – Workforce management and support

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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Adequate recruitment, training and development systems were in place. Staff were appropriately registered with the relevant professional registration bodies. The service’s induction procedure should be improved.</td>
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</tbody>
</table>
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)

**What action we expect 6 GAG Limited to take after our inspection**

This inspection resulted in nine requirements and five recommendations. The requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

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)

6 GAG Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Fresh Faced (Edinburgh) for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Care was person-centred, inclusive and patient feedback we received was positive. Information available for patients, such as the treatments offered in the service, was not up to date. A participation strategy would help detail how the service will collect and use feedback to improve. Patients must be told they can complaint to Healthcare Improvement Scotland at any stage.

Most treatments carried out in the service were facial aesthetic treatments. Patients were given treatment options and information about outcomes and risks. Written consent was asked for before facial aesthetic treatments were carried out.

A complaints policy was in place and a complaints notice displayed in the clinic described how patients could make a complaint.

Patients we spoke with told us they were happy with the care they received and said treatment was provided quickly and efficiently. While patients were not given a written estimate for facial aesthetic treatments, they told us the verbal quote they received matched the online price guide. Patients liked the service’s online appointment system and told us it was easy to use.

What needs to improve

The service’s complaints policy and notice did not make clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process. The full contact details of Healthcare Improvement Scotland must also be provided. Information about how to make a complaint must be readily accessible to patients (requirement 1).
Healthcare Improvement Scotland’s notifications guidance is a list of specific events and circumstances which services are required to report to Healthcare Improvement Scotland. The service had not notified Healthcare Improvement Scotland that it had stopped offering laser and intense pulse light (IPL) treatments and treatments carried out under sedation. The service still advertised these treatments on its website and in the clinic (requirement 2).

The service did not have a practice information leaflet detailing information about the service itself and the types of treatment offered. This is a requirement of the national dental combined practice inspection checklist we used during this inspection. A system must be introduced to help make sure all of the service’s information for patients is regularly reviewed and kept up to date (requirement 3).

The service did not have a structured approach to gathering, recording and then evaluating patient feedback to inform improvement actions and measure their impact. We saw limited evidence of informal feedback received from patients and the service was unable to provide us with information about any improvements made as a result of patient feedback (recommendation a).

**Requirement 1 – Timescale: by 16 December 2019**
- The provider must amend its complaint procedure to include the full contact details of Healthcare Improvement Scotland and make clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process.

**Requirement 2 – Timescale: by 16 December 2019**
- The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.

**Requirement 3 – Timescale: by 16 December 2019**
- The provider must introduce a robust system to ensure information available to patients on the types of services offered is kept up to date. This includes information leaflets and on information published on the service’s website. Written procedures, protocols and policies must be regularly reviewed to ensure their statutory and legal requirements are met, including the requirements in the national dental combined practice inspection documentation.

**Recommendation a**
- The service should develop and implement a patient participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Patient care and treatment was delivered in a well-equipped environment. All re-usable dental instruments were decontaminated in the service’s on-site decontamination room. However, the service did not meet all criteria from the national dental combined practice inspection checklist used during this inspection.

The clinical areas in the service were in a reasonable state of repair. The environment appeared clean. Patients we spoke with told us they felt safely treated in clean and appropriate premises.

We were told the basement area of the building was no longer used to provide patient treatments.

Where appropriate, single-use patient equipment was used to prevent the risk of cross-infection. The service’s on-site decontamination room was in the basement of the premises. It was well equipped with a washer disinfector and two autoclaves used to clean and sterilise equipment. Nursing staff had been trained to carry out the decontamination (cleaning) and sterilisation of all reusable patient equipment. Instruments were safely transported from treatment rooms to the decontamination room in appropriate transport boxes. Nursing staff had a full understanding of the service’s decontamination process and were able to show us how they safely processed instruments as part of our inspection process.

A range of radiological examinations, including taking 3D images, could be carried out to help with treatment planning and treatment. Radiographic (x-ray) images were stored securely in the electronic patient care records.
We saw maintenance contracts for fire safety and fire detection systems. Appropriate electrical safety checks were carried out.

**What needs to improve**

NHS dental services are inspected using the national combined practice inspection checklist to assess the safe delivery of care. This checklist has a number of essential and best practice criteria for dental practices, including:

- premises, facilities and equipment
- documentation and certification, and
- processes, including decontamination and sterilisation of equipment.

We carried out the same combined practice checklist during this inspection. The service did not meet all essential criteria.

The service was unable to provide evidence of service contracts in place for the decontamination equipment, or that the equipment was regularly maintained and serviced (requirement 4).

The service’s infection prevention and control policy was not immediately accessible on this site. Management staff told us this was usually kept at another of the provider’s services. The infection prevention and control policy must also be reviewed to make sure it reflects this service’s environment and the procedures carried out on this site. A copy of the infection prevention control policy and procedures, along with all other policies and procedures, must be either kept on-site or be available electronically for all staff to access when needed. All policies must be regularly reviewed and updated as required (requirement 5).

Staff told us the majority of treatments carried out in the service were facial aesthetic treatments, which did not require x-rays. While this meant the radiological machines were rarely used, we saw no evidence that the service’s radiological machines had regular safety assessments and maintenance checks carried out. The service’s radiation protection file had not been updated in line with changes in legislation and statutory requirements (requirement 6).

The service was unable to provide evidence that staff completed yearly training in the management of medical emergencies. We found some medical emergency drugs were out of date. The service had no paediatric defibrillator pads and the adult defibrillator pads were out of date (requirement 7).

We found no evidence of completed audits to review the safe delivery and quality of the service. An audit programme would help structure the service’s...
approach to this ongoing review and demonstrate how it identified and implemented improvements. Audits could be carried out on patient care records, medicine management, the safety and maintenance of the care environment and patient outcomes (recommendation b).

Requirement 4 – Timescale: by 16 December 2019
- The provider must ensure an appropriate maintenance and service contract is in place for all decontamination equipment.

Requirement 5 – Timescale: by 16 December 2019
- The provider must produce and implement an infection prevention and control policy which is specific to this service, and ensure staff are aware of this policy. All policies and procedures must be immediately accessible for all staff.

Requirement 6 – Timescale: immediate
- The provider must ensure radiation safety assessments for all x-ray equipment and an appropriate testing regime is in place. Any recommendations from safety assessments must be addressed. The radiation protection file should be updated in line with legislative changes.

Requirement 7 – Timescale: immediate
- The provider must ensure that all emergency drugs and emergency equipment, including oxygen, emergency equipment, adult and paediatric defibrillator pads and defibrillator battery are available, in date and checked regularly.

Recommendation b
- The service should develop a programme of audits to cover key aspects of care, treatment and patient outcomes. Audits should be documented and improvement action plans implemented.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records showed consultation, assessment and treatment planning was carried out before patients gave informed consent for treatment. The service must update its emergency contact information and produce an information back-up protocol and business continuity plan.

The clinic had an electronic practice management software system and patient record-keeping system. Patient care records we reviewed included:

- assessments
- benefits and risks of treatments
- clinical examinations
- treatment options, and
- aftercare information.

Patients who had received facial aesthetic treatments could attend a review with their clinician 2 weeks after their treatment appointment.

We saw evidence of signed written consent documents in paper format. The service had confidentiality protocols.

What needs to improve

We were told that patients could contact staff over social media if they had complications. However, the service did not provide patients with information about what to do in an emergency if the clinic was closed (requirement 8).

The service did not have a back-up system or business contingency plan if the electronic practice management software system and patient record system became inaccessible (requirement 9).

Requirement 8 – Timescale: immediate

- The provider must provide patients with appropriate aftercare information, including what they should do in an emergency and who they should contact.
Requirement 9 – Timescale: by 16 December 2019

- The provider must introduce an information back-up protocol and business continuity plan detailing what staff should do if they are unable to access the electronic practice management software system and patient record system.

- No recommendations.
Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Adequate recruitment, training and development systems were in place. Staff were appropriately registered with the relevant professional registration bodies. The service’s induction procedure should be improved.

The clinic checks professional registration status before staff start their roles. New employees received detailed induction.

All staff had been trained for the job roles they undertook. Clinical staff who undertook facial aesthetics had been appropriately trained and had significant experience in facial aesthetics procedures.

What needs to improve
Most of the personnel paperwork described in the national dental combined practice inspection checklist was not available at the time of our inspection (recommendation c).

During the inspection, we were told that all professional staff had a personal development plan in place and all staff had a yearly appraisal carried out. However, we were unable to see any evidence of this as we were told the files were kept at another of the provider’s sites.

- No requirements.

Recommendation c
- The service should introduce a robust induction procedure and checklist for all team members to ensure all personnel evidence requirements in the national dental combined practice inspection documentation are met.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service had a lack of clear leadership. Since the provider has more than one service, most management activity was done remotely. A social messenger site was used to do most of the communication between staff members. Regular staff meetings should be introduced, and a quality improvement plan developed to help demonstrate a culture of continuous improvement.

Staff we spoke with felt they worked well with other team members. While clinical staff told us they rarely saw the practice manager, they said they did communicate regularly through telephone and email. Staff stated support was available if required.

Staff described the practice manager as helpful and approachable.

What needs to improve

No quality assurance system or process was in place for reviewing the quality of the care and treatment provided or the quality of the service delivered. For example, outcomes from audits, complaint investigations and incidents should be used to drive improvement. Regular reviews of the service will help to make sure the service delivered is of a quality appropriate to meet the needs of patients. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation d).

While staff we spoke with were aware of their roles, some areas of responsibility were unclear, such as some areas of compliance. For example, it was unclear who was responsible for making sure emergency drugs were in-date or who should make sure equipment was serviced and maintained. We saw
no evidence that staff were actively encouraged to contribute to how the service could improve. We were told that staff used a social messenger site to communicate with each other about issues that could be discussed at formal staff meetings. We were told that staff meetings were not regularly scheduled and did not involve all team members. Formal and regular staff meetings would improve governance and accountability. Standing agenda items could include:

- health and safety
- infection prevention and control
- patient satisfaction, and
- quality improvement.

Formal meetings could also give staff a forum to give their feedback and suggestions for improvement (recommendation e).

We saw no evidence of any recent training or development for staff.

- No requirements.

**Recommendation d**

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

**Recommendation e**

- The service should introduce regular staff meetings where all staff meet each other.
Appendix 1 – Requirements and recommendations

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 at the discretion of Healthcare Improvement Scotland.

- **Recommendation**: A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Domain 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
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| 1 | The provider must amend its complaint procedure to include the full contact details of Healthcare Improvement Scotland and make clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process (see page 8).  

Timescale – by 16 December 2019

*Regulation 15(6)(a)(b)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

| 2 | The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance (see page 8).  

Timescale – by 16 December 2019

*Regulation 5(1)(b)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Domain 2 – Impact on people experiencing care, carers and families (continued)

Requirements

3 The provider must introduce a robust system to ensure information available to patients on the types of services offered is kept up to date. This includes information leaflets and on information published on the service’s website. Written procedures, protocols and policies must be regularly reviewed to ensure their statutory and legal requirements are met, including the requirements in the national dental combined practice inspection documentation (see page 8).

Timescale – by 16 December 2019

Regulation 5(1)(b)  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendation

a The service should develop and implement a patient participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).

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

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

Requirements

4 The provider must ensure an appropriate maintenance and service contract is in place for all decontamination equipment (see page 11).

Timescale – by 16 December 2019

Regulation 3(d)(ii)  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
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<tr>
<td><strong>5</strong> The provider must produce and implement an infection prevention and control policy which is specific to this service, and ensure staff are aware of this policy. All policies and procedures must be immediately accessible for all staff (see page 11).&lt;br&gt;&lt;br&gt;Timescale – by 16 December 2019</td>
</tr>
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<td><em>Regulation 3(d)(i)</em>&lt;br <em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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<td><strong>6</strong> The provider must ensure radiation safety assessments for all x-ray equipment and an appropriate testing regime is in place. Any recommendations from safety assessments must be addressed. The radiation protection file should be updated in line with legislative changes (see page 11).&lt;br&gt;&lt;br&gt;Timescale – immediate</td>
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<td><strong>7</strong> The provider must ensure that all emergency drugs and emergency equipment, including oxygen, emergency equipment, adult and paediatric defibrillator pads and defibrillator battery are available, in date and checked regularly (see page 11).&lt;br&gt;&lt;br&gt;Timescale – immediate</td>
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| **8** The provider must provide patients with appropriate aftercare information, including what they should do in an emergency and who they should contact (see page 12).  

Timescale – immediate  

*Regulation 3(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

| **9** The provider must introduce an information back-up protocol and business continuity plan detailing what staff should do if they are unable to access the electronic practice management software system and patient record system (see page 13).  

Timescale – by 16 December 2019  

*Regulation 3(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

<table>
<thead>
<tr>
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| **b** The service should develop a programme of audits to cover key aspects of care, treatment and patient outcomes. Audits should be documented and improvement action plans implemented (see page 11).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
## Domain 7 – Workforce management and support

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**Recommendation**

c The service should introduce a robust induction procedure and checklist for all team members to ensure all personnel evidence requirements in the national dental combined practice inspection documentation are met (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

## Domain 9 – Quality improvement-focused leadership

<table>
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**Recommendations**

d The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).

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

e The service should introduce regular staff meetings where all staff meet each other (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach 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.

**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.

**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.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.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: hcis.ihcregulation@nhs.net