Announced Inspection Report: Independent Healthcare

Service: Fresh Faced, Edinburgh
Service Provider: 6 Gag Limited

14 September and 28 September 2020
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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 17 September 2019

Requirement
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.

Action taken
During our inspections, we found that the complaints procedure and other publically available information about how to make a complaint, including the notice displayed in the waiting room, had recently been updated. These now made clear that patients can contact Healthcare Improvement Scotland at any stage. This requirement is met.

Requirement
The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.

Action taken
It was clear that the provider now understood the need to notify Healthcare Improvement Scotland of certain matters, in line with Healthcare Improvement Scotland’s notifications guidance. This requirement is met.

Requirement
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.

Action taken
During our inspections, we noted the service’s website had been recently updated to correct the service’s opening hours. We also noted that signage advertising laser treatments no longer provided in the service had recently been removed from display. This requirement is met. However, a system for reviewing policies and procedures had not yet been developed. A new requirement has been made and is reported in Quality Indicator 5.1 (see requirement 13).
Requirement
The provider must ensure an appropriate maintenance and service contract is in place for all decontamination equipment.

Action taken
Appropriate maintenance and service contracts were in place for the operational decontamination equipment. **This requirement is met.**

Requirement
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.

Action taken
An infection prevention and control policy had been developed, specific to the service. Staff we spoke with were aware of this policy, and told us they could access all policies and procedures electronically through the service’s computer system. However, the policy was lacking in detail about key elements of how infection prevention and control is managed in the service. **This requirement is not met** and is reported in Quality Indicator 5.1. A new requirement has been made (see requirement 7).

Requirement
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.

Action taken
We found that radiation safety assessments had not been satisfactorily completed on the service’s X-ray machines. The radiation protection file was not complete. **This requirement is not met** and is reported in Quality Indicator 5.1. A new requirement has been made (see requirement 11).
**Requirement**

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.

**Action taken**

During our inspections, we found that all necessary emergency drugs and equipment were now available and were in date. Checklists had been updated to make sure all necessary items were included. This requirement is met. **This requirement is met.**

**Requirement**

The provider must provide patients with appropriate aftercare information, including what they should do in an emergency and who they should contact.

**Action taken**

Aftercare information is provided on the service’s website. The owner carries a mobile phone for any patient requiring out-of-hours emergency advice or care. This mobile telephone number was provided on the service’s voicemail if patients contacted the practice when it was closed. **This requirement is met.**

**Requirement**

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.

**Action taken**

An information back-up protocol and business continuity plan had been developed. This detailed emergency contacts and who staff should contact if the electronic practice management system could not be accessed. **This requirement is met.**

**What the service had done to meet the recommendations we made at our last inspection on 17 September 2019**

**Recommendation**

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.

**Action taken**

The service had still not developed a participation policy (see recommendation a).
Recommendation
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.

Action taken
An audit programme had not yet been developed, and no audits had taken place to measure the quality of the service (see recommendation d).

Recommendation
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.

Action taken
We saw no evidence that newly appointed staff had received a formal induction when they started working in the service (see recommendation h).

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

Action taken
A quality improvement plan had not yet been developed (see recommendation j).

Recommendation
The service should introduce regular staff meetings where all staff meet each other.

Action taken
We were only able to find limited evidence of staff meetings. We saw one set of minutes from early 2020 and staff we spoke with told us they had not been aware of any recent meetings being held (see recommendation k).
2 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 Monday 14 September 2020. Following this inspection, as a result of issues we identified, the service agreed to vary its conditions of registration to not carry out dentistry work at this time. This means that the service can only provide aesthetic treatments. We returned to carry out a further announced inspection to the service on Monday 28 September 2020. Although we saw some improvements, the service will still not be able to carry out dentistry work until we are assured the requirements from the national combined practice inspection checklist are met.

The inspection team for the first inspection was made up of two dental inspectors, with a third dental inspector observing. The second inspection team was made up of two senior inspectors. We spoke with three members of staff during each of the inspections.

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>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Information about the service and treatments offered is available to patients through the service’s website and social media. An online booking system is used for appointments. Discussions take place with patients before treatment about their expectations. A more structured approach to receiving and using</td>
<td>✔ Satisfactory</td>
</tr>
</tbody>
</table>

Healthcare Improvement Scotland Announced Inspection Report
Fresh Faced (Edinburgh), 6 Gag Limited:
14 September and 28 September 2020
feedback to improve the service should be implemented.

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
<tr>
<td>The service did not meet all criteria from the national dental combined practice inspection checklist used during these inspections. A number of requirements and recommendations from the previous inspection in September 2019 also remain outstanding. As a result, only aesthetic treatments are permitted to be carried out in the service at this time.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
</tr>
<tr>
<td>Leadership and oversight of the service on a day-to-day basis needs to be improved. Regular reviews of the quality of treatment provided should be carried out and a quality improvement plan developed. Regular, formal, staff meetings should be held.</td>
</tr>
</tbody>
</table>

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

### Additional quality indicators inspected (ungraded)

<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 were of a reasonable standard, and included medical history and consent forms. However, consent for sharing information with other healthcare staff was not recorded. All electronic patient care records were securely stored on the practice management software system.</td>
</tr>
</tbody>
</table>
Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Although a recruitment policy was in place, pre-employment background checks had not been carried out for staff before they started working in the service. Staff induction should be improved, with clear staff roles and responsibilities defined.</td>
</tr>
</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 15 requirements and 11 recommendations. 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.
3 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

Information about the service and treatments offered is available to patients through the service’s website and social media. An online booking system is used for appointments. Discussions take place with patients before treatment about their expectations. A more structured approach to receiving and using feedback to improve the service should be implemented.

Patients could access information about the service through its website and social media. Due to COVID-19, the service was not providing patients with any written information, such as leaflets. Patients were being directed to the website for any information about the service or the treatments provided. The website also included video clips of treatments being carried out. An easy-to-use online appointment booking system was also available. Price lists were available online and in the waiting area.

Patient care records showed that discussions were held about their expectations of treatment before care was delivered.

There were a number of returning patients, and each patient would have a review appointment with the practitioner after their treatment.

What needs to improve

Although the complaints policy had recently been updated, no complaints log was in place to record any complaints received (requirement 1).

As identified at our previous September 2019 inspection, there was still no structured approach to gathering or recording patient feedback, and then evaluating and using the information provided to drive improvements in the
service. Although patients were emailed a feedback form following treatments, this was not done regularly or systematically. Patients were also encouraged to provide feedback using online platforms and social media. While that information is useful, it was difficult for the service to draw any conclusion that could be used to drive improvement. Improvements made in the service as a result of patient feedback could also be shared with patients (recommendation a).

The service’s duty of candour policy described how it would meet its professional responsibility to be honest with patients if things went wrong. However, there was no evidence to show that staff had received any training on the principles of duty of candour (recommendation b).

**Requirement 1 – Timescale: immediate**
- The provider must maintain a complaints log to record complaints made to the service, and document any resulting actions taken.

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

**Recommendation b**
- The service should provide training on duty of candour or provide information to staff on where to access training, such as online modules.
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

The service did not meet all criteria from the national dental combined practice inspection checklist used during these inspections. A number of requirements and recommendations from the previous inspection in September 2019 also remain outstanding. As a result, only aesthetic treatments are permitted to be carried out in the service at this time.

The waiting area, reception and two dental surgeries were bright and of adequate size. As laser treatments were no longer carried out in the service, the laser room had been converted into a storage area.

The service’s on-site decontamination room was located in the basement of the building. This room was equipped with a washer disinfecter and autoclaves used to clean and sterilise equipment. Dental instruments were transported from the dental surgeries to the decontamination room.

Radiological examinations, including taking 3D images, were carried out to aid treatment planning and treatment.

During the 14 September 2020 inspection, we noted a lack of availability of disposable single use aprons in the decontamination room. Staff should have immediate access to personal protective equipment to minimise the risk of cross-infection. Adequate supplies of all types of personal protective equipment, including aprons, gloves and face masks were in place on our 28 September 2020 inspection.

Legionnaires' disease is a lung infection that can be caught by inhaling small droplets of water suspended in the air which contain the bacteria. We noted the
service had recently developed a legionella risk management policy specific to this service, and had carried out a legionella risk assessment.

Dental water bottles are used to store distilled water used during dental examinations and treatments. We noted the service had recently developed a dental water bottle procedure specific to this service. This detailed how dental waterlines should be flushed between each patient, and the cleaning and maintenance regimes for both dental waterlines and dental water bottles.

**What needs to improve**

NHS dental services are inspected using the national Combined Practice Inspection Checklist to ensure 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 the 14 September 2020 inspection. A significant number of essential and best practice criteria on this inspection were not met. The service had also not met a number of criteria at our first inspection to the service in September 2019. Following our 14 September 2020 inspection, the service agreed to vary its conditions of registration to not carry out dentistry work at this time. This means that the service can only currently provide aesthetic treatments.

Control of Substances Hazardous to Health (COSHH) regulations requires employers to have systems in place to control substances that are hazardous to health. There was very limited evidence available to show that all COSHH risk assessments had been carried out in the service for the management and storage of hazardous substances (requirement 2).

Gypsum is a product used in dental practices to make dental impression models. Dental practices must have appropriate waste contracts to ensure this product is disposed of safely. We saw no evidence of a gypsum waste contract in place as part of the service’s management of clinical waste (requirement 3).

There was no documented evidence to show that fixed electrical wire testing had been carried out to ensure the safety of the electrical wiring in the service (requirement 4).
All dental professionals in contact with patients should receive practical training in emergency life support every year. There was no evidence for some staff to show they had carried out recent team-based training for medical emergencies, including cardiopulmonary resuscitation (CPR) training (requirement 5).

All dental practices in Scotland must complete NHS Education for Scotland (NES) infection prevention and control and decontamination training every 3 years. This ensures staff are up to date with the minimum precautions they should be taking when caring for patients. We found no evidence to show that staff were up to date with this decontamination training (requirement 5).

Following the development of the dental water bottle procedure, training on dental waterline management must be provided for dental nursing staff (requirement 5).

We found no information or evidence about the safety testing, inspection and maintenance of the dental air compressor (that forms part of the dental chairs and equipment such as drills) (requirement 6).

The infection prevention and control policy and procedure did not provide detailed information about storing of dental materials and instruments, transporting and decontaminating of instruments, laboratory work and cleaning of the clinical and general areas of the premises (requirement 7).

On the 14 September 2020 inspection, we found a lack of assurance that systems were in place to show that the environment and patient equipment was clean. We found a number of areas in the service, including the decontamination room and patient’s reception area, which were not clean, or were visibly damaged. Damaged walls cannot be effectively cleaned. We found some improvement with the cleanliness of the environment at our second inspection on 28 September 2020. However, the service’s patient equipment and environmental cleaning schedules need to be reviewed to provide more detail on how the service ensures the environment and patient equipment is kept safe and clean (requirement 8).

The fabric of the building was in poor condition. In particular, we found dampness and mould on the floor and walls of the basement where the decontamination room is located. On our 28 September 2020 inspection, we saw some repair and redecoration work had been carried out. However, the issues with mould and dampness will require professional investigation and treatment (requirement 9).
During our first inspection on 14 September 2020, we found a number of out-of-date dental materials. This included non-essential medicines in a medical emergency box. Although we found this had all been addressed on our second inspection on 28 September 2020, a stock checking and rotation system would provide assurance to the service (requirement 10).

We found that radiation safety assessments had not been satisfactorily completed on the service’s X-ray machines. We also found no system in place for assuring the radiological safety in the service. For example:

- no clear evidence was available to show that the service’s 3D X-ray machine and intraoral X-ray machines had satisfactorily passed their annual and 3-yearly radiation safety assessments, or that any necessary recommendations and actions to be taken as a result of these radiation safety assessments had been completed
- the service did not have a radiation protection adviser and medical physics expert contract in place. They advise employers on the safe and compliant use of radiological equipment, and
- the radiation protection file did not include a full inventory of radiological equipment in use in the service or information about any quality assurance system for radiation equipment to ensure compliance with statutory regulations (requirement 11).

The service was using an unlocked mini fridge to store botulinum toxin vials, and no system was in place to check the fridge temperature. A suitable lockable medication fridge must be purchased and located in a clinical room, with temperature recording carried out. This will ensure medication is stored securely and at the correct temperature (requirement 12).

We saw no evidence of policies and procedures being reviewed or updated when legislation changed. For example, the consent policy was out of date, and the data protection policy did not reference the updated general data protection regulation (requirement 13).

During the current COVID-19 pandemic, healthcare providers are required to follow guidance for the care and treatment of patients and staff. A documented COVID-19 risk assessment should be carried out, and the service’s COVID-19 standard operating procedures should be updated to include what action will be taken in the event of an outbreak (recommendation c).

As identified at our previous September 2019 inspection, we found no evidence of audits taking place to review the safe delivery and quality of the service. For
example, audits could be carried out on infection prevention and control, and patient care records. An audit programme would help the service structure its audit process, and record its findings and improvements made (recommendation d).

The service only had one trained first aider. This person was often away from the service for significant amounts of time. This means the service is lacking in full-time first aid assistance for both staff and patients (recommendation e).

During the 14 September 2020 inspection, we found the sharps boxes used for the disposal of items such as used needles and syringes were not assembled correctly. The temporary closure mechanism was not being used, causing a risk to staff and patients. We found the sharps boxes were assembled correctly on the 20 September 2020 inspection. However, the boxes were not labelled correctly with the dates for opening and then sealing a sharps box, in line with national guidance (recommendation f).

Requirement 2 – Timescale: immediate
- The provider must ensure that all relevant Control of Substances Hazardous to Health (COSHH) risk assessments are completed and these are documented.

Requirement 3 – Timescale: immediate
- The provider must ensure a written procedure is in place detailing how gypsum waste is disposed of, as part of the service’s clinical waste management processes.

Requirement 4 – Timescale: immediate
- The provider must ensure that fixed wire testing is carried out in the service.

Requirement 5 – Timescale: 14 December 2020
- The provider must ensure that all relevant staff members have carried out relevant training including:
  - team-based medical emergency and cardiopulmonary resuscitation (CPR) training, in line with Resuscitation Council medical emergencies guidance
  - regular infection prevention and control training, and
  - the management of dental waterlines.
Requirement 6 – Timescale: 14 December 2020
- The provider must ensure information and guidance about key items of equipment, such as dental compressors, is readily available in the service. This includes instruction manuals, written schemes of examination, safety testing and inspection information, and maintenance schedules.

Requirement 7 – Timescale: immediate
- The provider must review the infection prevention and control policy to include information about the storage of dental materials and instruments, transporting and decontaminating of instruments, laboratory work and cleaning of the clinical and general areas of the premises. Staff should also understand their roles and responsibilities in relation to infection control.

Requirement 8 – Timescale: immediate
- The provider must implement a structured approach to cleaning the environment and patient equipment that sets out all cleaning tasks, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately.

Requirement 9 – Timescale: immediate
- The provider must investigate and treat the dampness and mould on the floor and walls of the basement including in the service’s decontamination room.

Requirement 10 – Timescale: immediate
- The provider must implement a stock checking and rotation system and ensure any expired materials are disposed of correctly. All staff should be given training in this system.

Requirement 11 – Timescale: 14 December 2020
- The provider must have a system in place for assuring the radiological safety in the service. This should include:
  - ensuring that the service’s X-ray machines have their annual or 3-yearly radiation safety assessments, as required, and that any necessary recommendations and actions are completed before the equipment is in use
  - ensuring that a contract is put in place for the services of a radiation protection adviser and medical physics expert, and
- updating the service’s radiation protection file to ensure all necessary information is complete and up to date. This must include a full inventory of radiological equipment used in the service, and details of quality assurance systems in place for the radiation equipment.

**Requirement 12 – Timescale: immediate**

- The provider must ensure a suitable fridge is used to store temperature-sensitive medication, such as botulinum toxin, and that regular fridge temperature recording is carried out.

**Requirement 13 – Timescale: 14 December 2020**

- The provider must implement a system to review policies and procedures to demonstrate that any necessary law and regulation changes or updates are reflected in the service’s policies and procedures.

**Recommendation c**

- The service should ensure a specific COVID-19 risk assessment is carried out, and update its COVID-19 standard operating procedures as required.

**Recommendation d**

- 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.

**Recommendation e**

- The service should train and appoint at least one other certified first aider to ensure a first aid trained member of staff is available on site at all times.

**Recommendation f**

- The service should follow national guidance for the management of sharps.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were of a reasonable standard, and included medical history and consent forms. However, consent for sharing information with other healthcare staff was not recorded. All electronic patient care records were securely stored on the practice management software system.

During the two September 2020 inspection, we reviewed five electronic patient care records. We found all the appropriate assessments, medical history and consent to treatment forms had been completed. Specific information about COVID-19 was also now included. There was evidence to show that the risks and benefits of all appropriate treatment options had been provided to the patient. Before being seen, patients were asked to complete an online consent form which asked for information on their medical history, medication and allergies. Treatments would not be carried out until the form had been completed and signed by both the patient and practitioner. This information was then reviewed by the practitioner before treatment.

The electronic practice management software system and patient record-keeping system provided specific medical alerts for the practitioner to note. For example, we saw alerts about a patient who bruised easily as a result of treatment.

Patients were provided with aftercare information. All patients were invited to return for a review appointment at no additional cost.

Appropriate procedures were in place to make sure that information was held securely.

What needs to improve
The consent form did not contain consent to share information with the patient’s GP, where appropriate (recommendation g).

- No requirements.

Recommendation g
- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required.
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

Although a recruitment policy was in place, pre-employment background checks had not been carried out for staff before they started working in the service. Staff induction should be improved, with clear staff roles and responsibilities defined.

What needs to improve
Part of a safe recruitment process is ensuring appropriate checks are carried out on potential employees to ensure they are fit to work with vulnerable adults and children. Although the service had a recruitment policy describing how it would safely recruit staff, a range of background checks and certification required by the Combined Practice Inspection Document for dental practices was not available for some staff members. This included Protection of Vulnerable Groups (PVG) status, health information status and professional indemnity status (requirement 14).

Staff with practicing privileges are not employed directly by the provider but given permission to work in the service. No practicing privileges arrangements or documentation was in place for individuals working in the service that were not employees (requirement 15).

Although the service had an induction procedure, this was not formalised. There was no evidence to show that recently appointed staff had gone through a formal induction into the service. We identified similar issues about the need to improve staff induction processes during our September 2019 inspection.

From speaking with staff, we found they were not always clear on their roles and responsibilities, and staff did not always know what was expected of them. We also identified similar issues about a lack of clarity with staff roles and responsibilities during our September 2019 inspection (recommendation h).
**Requirement 14 – Timescale: immediate**

- The provider must ensure that all staff have the appropriate pre-employment checks carried out in line with relevant guidance before they start work in the service.

**Requirement 15 – Timescale: immediate**

- The provider must ensure that employment or practicing privilege contracts are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified.

**Recommendation h**

- The service should introduce a robust induction procedure and checklist for all team members. This should include defining clear roles and responsibilities for each member of the team.
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

Leadership and oversight of the service on a day-to-day basis needs to be improved. Regular reviews of the quality of treatment provided should be carried out and a quality improvement plan developed. Regular, formal, staff meetings should be held.

What needs to improve

The owner and practice manager were only present in the premises on a limited basis. This lack of presence in the service and lack of a deputy meant there was no clear management or oversight of the service on a day-to-day basis (recommendation i).

As identified at our previous September 2019 inspection, we still found no evidence to show that clear systems and processes were in place to monitor, manage and review the quality of care provided in the service. We saw no evidence of lessons learned from incidents or audits. Regular reviews of the service will help to ensure 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 enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation j).

As identified at our previous September 2019 inspection, it was still not clear if practice meetings, with all staff present, were held on a regular basis. A more formal system for recording the outcomes of meetings would help show how the service supported its staff, kept them informed and involved them in developing the service (recommendation k).
■ No requirements.

**Recommendation i**

■ The service should have a clear and accountable management structure to ensure leadership and oversight of the service on a day-to-day basis.

**Recommendation j**

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

**Recommendation k**

■ The service should introduce regular staff meetings where all staff meet each other, with minutes and action points documented and circulated to all staff.
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

### Requirement

1. The provider must maintain a complaints log to record complaints made to the service, and document any resulting actions taken (see page 12).

   Timescale – immediate

   *Regulation 15(7)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

1. The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 12).

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

   This was previously identified as a recommendation in the September 2019 inspection report for Fresh Faced (Edinburgh).
### Domain 2 – Impact on people experiencing care, carers and families (continued)

**Recommendations**

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>b</strong></td>
<td>The service should provide training on duty of candour or provide information to staff on where to access training, such as online modules (see page 12).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

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

**Requirements**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>2</strong></td>
<td>The provider must ensure that all relevant Control of Substances Hazardous to Health (COSHH) risk assessments are completed and these are documented (see page 17).</td>
</tr>
</tbody>
</table>

Timescale – immediate

*Regulation 13(2)(a)*

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

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<tbody>
<tr>
<td><strong>3</strong></td>
<td>The provider must ensure a written procedure is in place detailing how gypsum waste is disposed of, as part of the service’s clinical waste management processes (see page 17).</td>
</tr>
</tbody>
</table>

Timescale – immediate

*Regulation 3(d)(iii)*

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

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<tr>
<td><strong>4</strong></td>
<td>The provider must ensure that fixed wire testing is carried out in the service (see page 17).</td>
</tr>
</tbody>
</table>

Timescale – immediate

*Regulation 3(a)*

*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)

### Requirements

| 5 | The provider must ensure that all relevant staff members have carried out relevant training including:  
- team-based medical emergency and cardiopulmonary resuscitation (CPR) training, in line with Resuscitation Council medical emergencies guidance  
- regular infection prevention and control training, and  
- the management of dental waterlines (see page 17).  

Timescale – by 14 December 2020  

Regulation 12(c)(ii)  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
|---|---|
| 6 | The provider must ensure information and guidance about key items of equipment, such as dental compressors, is readily available in the service. This includes instruction manuals, written schemes of examination, safety testing and inspection information, and maintenance schedules (see page 18).  

Timescale – by 14 December 2020  

Regulation 10(2)(c)  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| 7 | The provider must review the infection prevention and control policy to include information about the storage of dental materials and instruments, transporting and decontaminating of instruments, laboratory work and cleaning of the clinical and general areas of the premises. Staff should also understand their roles and responsibilities in relation to infection control (see page 18).  

Timescale – immediate  

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

This was previously identified as a requirement in the September 2019 inspection report for Fresh Faced (Edinburgh). |
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
<thead>
<tr>
<th>Requirements</th>
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</table>
| **8** The provider must implement a structured approach to cleaning the environment and patient equipment that sets out all cleaning tasks, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately (see page 18).  

Timescale – immediate  

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

| **9** The provider must investigate and treat the dampness and mould on the floor and walls of the basement including in the service’s decontamination room (see page 18).  

Timescale – immediate  

*Regulation 10(2)(b)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

| **10** The provider must implement a stock checking and rotation system and ensure any expired materials are disposed of correctly. All staff should be given training in this system (see page 18).  

Timescale – immediate  

*Regulation 3(d)*  
*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>
<thead>
<tr>
<th>Requirements</th>
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<tbody>
<tr>
<td><strong>11</strong> The provider must have a system in place for assuring the radiological safety in the service. This should include:</td>
</tr>
<tr>
<td>- ensuring that the service’s X-ray machines have their annual or 3-yearly radiation safety assessments, as required, and that any necessary recommendations and actions are completed before the equipment is in use</td>
</tr>
<tr>
<td>- ensuring that a contract is put in place for the services of a radiation protection adviser and medical physics expert, and</td>
</tr>
<tr>
<td>- updating the service’s radiation protection file to ensure all necessary information is complete and up to date. This must include a full inventory of radiological equipment used in the service, and details of quality assurance systems in place for the radiation equipment (see page 18).</td>
</tr>
<tr>
<td>Timescale – 14 December 2020</td>
</tr>
<tr>
<td><strong>Regulation 3(d)</strong></td>
</tr>
<tr>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
</tr>
<tr>
<td>This was previously identified as a requirement in the September 2019 inspection report for Fresh Faced (Edinburgh).</td>
</tr>
<tr>
<td><strong>12</strong> The provider must ensure a suitable fridge is used to store temperature-sensitive medication, such as botulinum toxin, and that regular fridge temperature recording is carried out (see page 19).</td>
</tr>
<tr>
<td>Timescale – immediate</td>
</tr>
<tr>
<td><strong>Regulation 3(d)(iv)</strong></td>
</tr>
<tr>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
</tr>
</tbody>
</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Requirements

<table>
<thead>
<tr>
<th>13</th>
<th>The provider must implement a system to review policies and procedures to demonstrate that any necessary law and regulation changes or updates are reflected in the service’s policies and procedures (see page 19).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Timescale – by 14 December 2020</td>
</tr>
</tbody>
</table>
|    | *Regulation 3(d)*  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011                                                                                     |
|    | This was previously identified as a requirement in the September 2019 inspection report for Fresh Faced (Edinburgh).                                                                              |

#### Recommendations

<table>
<thead>
<tr>
<th>c</th>
<th>The service should ensure a specific COVID-19 risk assessment is carried out, and update its COVID-19 standard operating procedures as required (see page 19).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
</tr>
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<tr>
<th>d</th>
<th>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 19).</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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<tr>
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<td>This was previously identified as a recommendation in the September 2019 inspection report for Fresh Faced (Edinburgh).</td>
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<tr>
<th>e</th>
<th>The service should train and appoint at least one other certified first aider to ensure a first aid trained member of staff is available on site at all times (see page 19).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</td>
</tr>
</tbody>
</table>
Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

**Recommendations**

**f** The service should follow national guidance for the management of sharps (see page 19).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

**g** The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required (see page 20).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

Domain 7 – Workforce management and support

**Requirements**

**14** The provider must ensure that all staff have the appropriate pre-employment checks carried out in line with relevant guidance before they start work in the service (see page 22).

Timescale – immediate

*Regulation 8*

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

**15** The provider must ensure that employment or practicing privilege contracts are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified (see page 22).

Timescale – immediate

Regulation 12(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
**Domain 7 – Workforce management and support (continued)**

<table>
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<tr>
<th>Recommendation</th>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

This was previously identified as a recommendation in the September 2019 inspection report for Fresh Faced (Edinburgh).

**Domain 9 – Quality improvement-focused leadership**

<table>
<thead>
<tr>
<th>Requirements</th>
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<tbody>
<tr>
<td>None</td>
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<table>
<thead>
<tr>
<th>Recommendations</th>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.23

| j  | The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 24). |

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 September 2019 inspection report for Fresh Faced (Edinburgh).

| k  | The service should introduce regular staff meetings where all staff meet each other, with minutes and action points documented and circulated to all staff (see page 24). |
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 September 2019 inspection report for Fresh Faced (Edinburgh).
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)

Healthcare Improvement Scotland Announced Inspection Report
Fresh Faced (Edinburgh), 6 Gag Limited:
14 September and 28 September 2020
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