Announced Follow-up Inspection Report: Independent Healthcare

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

19 April 2021
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 his.contactpublicinvolvement@nhs.scot
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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Fresh Faced (Edinburgh) on 14 and 28 September 2020. That inspection resulted in 15 requirements and 11 recommendations. As a result of that inspection, 6 GAG Limited produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

About our follow-up inspection

Following our previous inspection in September 2020, the service voluntarily agreed to vary its conditions of registration to not carry out any dentistry until further notice. This was because we had not been assured the requirements from the national combined practice inspection checklist were being met. This meant that, from September 2020, the service has only been able to provide aesthetic treatments.

At the time of this inspection, the service was still not carrying out any dentistry.

We carried out an announced follow-up inspection to Fresh Faced (Edinburgh) on Monday 19 April 2021. The purpose of the inspection was to follow up on the progress the service has made in addressing the 15 requirements and 11 recommendations from the last inspection. This report should be read along with the September 2020 inspection report.

We spoke with three members of staff during the inspection.

The inspection team was made up of three inspectors from Healthcare Improvement Scotland.

Grades awarded as a result of this follow-up inspection will be restricted to no more than ‘Satisfactory’. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades may still change after this inspection due to other regulatory activity.
The grading history for Fresh Faced (Edinburgh) can be found on our website.

We found that the provider had worked to address some of the requirements made at our previous inspection. It had also taken steps to act on some of the recommendations we made.

Of the 15 requirements made at the previous inspection on 14 and 28 September 2020, the provider has:

- met 11 requirements, and
- not met 4 requirements.

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

This inspection resulted in seven requirements and six 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 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 14 and 28 September 2020

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

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

Action taken
A complaints log to record complaints had now been created. This requirement is met.

Recommendation
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.

Action taken
There was still no structured approach to gathering or recording patient feedback, and then evaluating and using the information provided to drive improvement (recommendation a).

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

Action taken
There was no evidence to show that staff had yet received any training on the principles of duty of candour (recommendation b).
**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

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

Action taken
All relevant Control of Substances Hazardous to Health (COSHH) risk assessments had now been completed and documented. This requirement is met.

Requirement – 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.

Action taken
A gypsum procedure was now in place as part of the service’s clinical waste policy. A gypsum waste contract was also now in place. This requirement is met.

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

Action taken
Fixed wire testing had been carried out, and we saw evidence of certification. This requirement is met.
Requirement – 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.

Action taken
We saw evidence that staff had carried out medical emergency and cardiopulmonary resuscitation (CPR) training, infection prevention and control training, and management of dental waterlines training. **This requirement is met.**

Requirement – 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.

Action taken
All information and certification for key equipment was readily available. **This requirement is met.**

Requirement – 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.

Action taken
The infection prevention and control policy had been updated to include information on transporting and decontaminating instruments. New policies had also been introduced that included storage of dental materials, decontaminating of laboratory work, and cleaning of the clinical and general areas of the premises. **This requirement is met.**
Requirement – 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.

Action taken
Since the last inspection in September 2020, the daily, weekly and monthly cleaning schedules had been reviewed and updated. These now provided more detail on cleaning tasks, methods, staff responsibilities and included records of completion. The schedules were now available on an online system for staff to complete. Staff had been trained in, and made aware of, their areas of responsibilities for ensuring a clean environment is maintained. However, we found these schedules were not always being followed by staff when they carried out cleaning, and they were also not then completing the records to show that cleaning had taken place. Although we saw improvements with the cleanliness of the environment since the last inspection, we still found examples of poor standards of cleaning in some areas of the service. For example, we saw issues with dust on some items of patient equipment and dust in areas of the general environment, such as window sills. This requirement is not met (requirement 1).

Requirement – 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.

Action taken
The dampness and mould in the basement area had been treated, and there were no signs of any further issues. This requirement is met.

Requirement – 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.

Action taken
Since the last inspection in September 2020, a stock checking and rotation policy had been introduced to help ensure that stock is regularly checked and any out-of-date materials or drugs are removed. The practice owner told us they were now carrying out weekly checks to ensure dental materials were all in date. A monthly stock check procedure had also been introduced for staff to carry out. However, during our inspection, we found a number of out-of-date medicines. Staff had not yet received training on the new policy, or been
assigned roles and responsibilities for stock checking duties. **This requirement is not met** (requirement 2).

**Requirement – 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.

**Action taken**

Since the last inspection in September 2020, a contract had been put in place for a radiation protection adviser and medical physics expert. The service had updated and fully completed its radiation protection file. We noted that the intraoral X-ray machines (for taking X-rays inside the mouth) had since been removed from the practice. Although the service still had an X-ray scanner that took 3D images, this machine was not working at the time of the inspection. We noted that this machine did not have an up-to-date radiation safety assessment. Additionally, not all of the recommendations and actions from the previous radiation safety assessment for the 3D X-ray machine had been completed. We had identified similar issues at the September 2020 inspection. All equipment used in the service should be in good working order, and have regular radiation safety assessments carried out as required. Any necessary recommendations and actions from the radiation safety assessment must be completed before the equipment is in use. **This requirement is not met** (requirement 3).

**Requirement – 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.

**Action taken**

Since the last inspection in September 2020, the service had purchased a suitable medical fridge to store medication, such as botulinum toxin vials. However, no system was in place to check and record the fridge temperature regularly. This would ensure medication is stored securely and at the correct temperature. **This requirement is not met** (requirement 4).
Requirement – 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.

Action taken
A system had now been implemented for reviewing policies and procedures. This requirement is met.

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

Action taken
A specific COVID-19 risk assessment had now been carried out and updated with standard operating procedures.

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
Since the last inspection in September 2020, a range of audits had been developed, particularly to review infection prevention and control practices. However, we saw no evidence that any audits had yet taken place (recommendation c).

Recommendation
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.

Action taken
A further member of staff had been trained and appointed as a first aider for the service.

Recommendation
The service should follow national guidance for the management of sharps.

Action taken
During the inspection, staff were still not disposing of sharps (needles) correctly and safely, as we found a loose, unsheathed needle. This is not in line with national guidance or the service’s own procedures for the safe management and disposal of sharps. We identified similar issues at the last inspection in September 2020 (recommendation d).
Additional issues identified in the April 2021 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. During the September 2020 inspection, we found that the service had a legionella risk management policy and risk assessment specific to the service. However, on further review of the policy and accompanying risk assessment on this inspection in light of changes to national guidance, we found that the risk assessment had not been completed by a suitably qualified individual (requirement 5).

Some improvements had been made to the fabric of the building since our last inspection in September 2020. However, we found a room used to store cleaning equipment was very untidy and was also being used to store surplus equipment that was no longer used in the premises. One of the treatment rooms had a hole in the wall. Damaged walls cannot be effectively cleaned. We saw that one of the instrument tables attached to a dental treatment chair was broken (requirement 6).

The service’s dental emergency drug kit did not include a drug for treating seizures (requirement 7).

Requirement 1 – 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 2 – Timescale: immediate
- The provider must ensure that staff are given training and know their responsibilities for the new stock checking and rotation system and ensure any expired materials are disposed of correctly.

Requirement 3 – Timescale: prior to commencement of dentistry service
- 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.

Requirement 4 – Timescale: immediate
- The provider must carry out regular fridge temperature recordings of the medical fridge.
Requirement 5 – Timescale: prior to commencement of dentistry service

- The provider must ensure the legionella risk assessment for the service is carried out by a suitably qualified individual.

Requirement 6 – Timescale: immediate

- The provider must ensure that the equipment used in the service and the general environment is fit for purpose, free from damage, and can be effectively cleaned. This will reduce the risk of cross-infection.

Requirement 7 – Timescale: prior to commencement of dentistry service

- The provider must ensure that all required dental emergency drugs are available.

Recommendation c

- The service should continue to develop and implement its programme of audits to cover key aspects of care, treatment and patient outcomes. Audits should be documented and improvement action plans implemented.

Recommendation d

- The service should follow national guidance for the safe management and disposal of sharps.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Recommendation

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

Action taken

We reviewed four electronic patient care records. These were for patients undergoing aesthetic treatments as the service was not currently able to provide dental treatments. We noted that the various patient care record templates used for aesthetic treatments included a consent to share information with the patient’s GP, where appropriate.
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

Requirement – 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.

Action taken

Since the last inspection in September 2020, safer staff recruitment and induction processes were now in place. All staff had now undergone appropriate pre-employment checks, including Protecting Vulnerable Groups (PVG) checks. This requirement is met.

Requirement – 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.

Action taken

Practicing privilege contracts were now in place for those relevant staff members not employed directly by the provider but given permission to work in the service. This requirement is met.

Recommendation

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.

Action taken

An induction procedure and checklist had now been introduced. Clear roles and responsibilities had also now been assigned to all staff. Staff knew who to contact if information was required or if an issue needed resolved.
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

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

**Action taken**  
Since the last inspection in September 2020, we found that the practice owner had taken more responsibility in the management of the service. We saw evidence that showed clearer and improved leadership in the service. A clear line of authority and a more accountable management structure in place with staff having defined roles and responsibilities. The practice owner had taken a more proactive role in developing the service. A range of new policies and procedures had been introduced to improve the safe delivery of care, and a programme of infection prevention and control audits had been developed to review the safety and quality of the service.

The practice had recently moved to becoming a fully digital practice. As part of this process, the practice owner had developed a comprehensive online system for staff to use on a day-to-day basis to help with the running of the service. As well as providing ready access to relevant information, such as the service’s policies and procedures, staff could also access cleaning schedules and audit templates. Results could then be uploaded onto the system for the practice owner to review. Staff also used this system to complete and submit their daily COVID-19 screening questionnaires. This allowed both the practice owner and practice manager to regularly check and review staff’s health status.

Information on this system was also shared with the provider’s other dental practice to provide a more consistent management approach.
**Recommendation**

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

**Action taken**

Although a quality improvement plan had now been developed, this did not provide any detail or timescales for what improvement processes and outcomes would be introduced or taken forward. For example, the plan did not detail how the service would regularly collate and use patient feedback to improve the quality of the service provided (recommendation e).

**Recommendation**

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

As identified at our previous inspection in September 2020, practice meetings, with all staff present, were still not being held on a regular basis. We were told that these meetings were still only being held every 3 months. However, we did not see minutes of any recent meetings held this year. An informal electronic ‘chat group’ for all staff was used to communicate much of the information to staff about the service. A more formal system for carrying out regular meetings and 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 f).

**Recommendation e**

- The service should continue to develop its quality improvement plan and provide more detail on how this will help with service change and development. This should include clear timescales for the improvement projects to be taken forward.

**Recommendation f**

- 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

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<th>Requirements</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 4.8

This was previously identified as a recommendation in the September 2019 and September 2020 inspection reports for Fresh Faced (Edinburgh).

| **b** 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 7). |

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

This was previously identified as a recommendation in the September 2020 inspection report for Fresh Faced (Edinburgh).
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

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| **1** 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 13).  

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 2020 inspection report for Fresh Faced (Edinburgh). |

| **2** The provider must ensure that staff are given training and know their responsibilities for the new stock checking and rotation system and ensure any expired materials are disposed of correctly (see page 13).  

Timescale – immediate  

*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 2020 inspection report for Fresh Faced (Edinburgh). |

| **3** 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 (see page 13).  

Timescale – prior to commencement of dentistry service  

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

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| **c** | The service should continue to develop and implement its programme of audits to cover key aspects of care, treatment and patient outcomes. Audits should be documented and improvement action plans implemented (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  

This was previously identified as a recommendation in the September 2019 and September 2020 inspection reports for Fresh Faced (Edinburgh). |
| **d** | The service should follow national guidance for the safe management and disposal of sharps (see page 14).  

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

This was previously identified as a recommendation in the September 2020 inspection report for Fresh Faced (Edinburgh). |

## Domain 9 – Quality improvement-focused leadership

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| **e** | The service should continue to develop its quality improvement plan and provide more detail on how this will help with service change and development. This should include clear timescales for the improvement projects to be taken forward (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  

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### Domain 9 – Quality improvement-focused leadership (continued)

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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 4.19

This was previously identified as a recommendation in the September 2019 and September 2020 inspection reports 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

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
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.ihrregulation@nhs.scot