Announced Inspection Report: Independent Healthcare

Service: ROC Private Clinic, Aberdeen
Service Provider: ROC Private Clinic Limited

9 December 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 ROC Private Clinic on Monday 9 December, 2019. We spoke with the chief executive and the clinic manager of the service. We received no patient responses to an online survey we asked the service to issue before our inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For ROC Private Clinic, 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>
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<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Systems were in place to inform patients about the services available. A good service is provided to patients from appointment through to consultation, treatment and aftercare.</td>
<td>✔ ✔ Good</td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Patients were cared for in a clean, safe and well maintained environment. Medicines were managed safely. The service has introduced a medical advisory committee to improve standards. A regular programme of audits should be introduced to help the service improve.</td>
<td>✔ ✔ Good</td>
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</tbody>
</table>
Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The management are supportive and provide clear, visible leadership. Staff are kept informed through regular meetings and are encouraged to share their feedback. The service should develop a quality improvement plan. | ✔️ Good |

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>
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<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>The service used an electronic system for patient care records which were General Data Protection Regulation (GDPR) compliant. An action plan to address gaps identified in the record keeping audit should be developed to improve the quality of record keeping.</td>
</tr>
<tr>
<td><strong>Domain 7 – Workforce management and support</strong></td>
<td></td>
</tr>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>The service had a recruitment and induction process in place for new staff. Processes were in place for annual appraisals. References should be obtained for all staff before employment.</td>
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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 ROC Private Clinic to take after our inspection**

This inspection resulted in one requirement and two 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

ROC Private Clinic Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at ROC Private Clinic, Aberdeen 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

Systems were in place to inform patients about the services available. A good service is provided to patients from appointment through to consultation, treatment and aftercare.

The service’s website had information about the GP and services offered. For example, acupuncture and personalised health checks for men and women. The website also included the costs for these. Patient information leaflets for each specialist service were available and given to patients at their consultation.

The service had customer service standards that staff were expected to follow to make sure patients had a good experience. For example:

- when patients call for information about the clinic, reception staff should answer the telephone before the fourth ring
- patients were sent an email with all the required information
- patients had an appointment with the doctor of their choice, and
- staff responded to patient emails within one hour of receipt.

We were told the clinic manager and the chief executive oversaw this process to make sure standards are met.

The service’s participation policy sets out how feedback should be gathered. It had introduced a tablet computer for patients to use to complete online satisfaction surveys in the clinic. The service had received 151 completed online surveys in the last 12 months. These were stored electronically and feedback from the surveys was good. Comments included:

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• ‘Great staff, 5 star service.’
• ‘Staff very friendly and helpful.’
• ‘First time here, will recommend to my friends.’

The service told us it had implemented this new strategy to increase the number of patient feedback surveys received. Rather than handing out the satisfaction survey forms to patients every day, staff encourage patients to complete the survey online 1-day a week in the clinic. This process worked well with the provider’s other service in London.

The service received feedback from the client companies it used. These are companies the service contracts to perform medical procedures. Any information received is used to inform improvements to the service.

A complaints procedure was in place and displayed in the clinic as well as on the service’s website. Patient complaint leaflets were also available. The complaints procedure described how patients could make a complaint, and that patients could contact Healthcare Improvement Scotland at any time. After a complaint on social media, the service had implemented a new policy that standardised the response when dealing with complaints on social media.

The service had a duty of candour policy in place. Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.

■ No requirements.
■ No recommendations.
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

Patients were cared for in a clean, safe and well maintained environment. Medicines were managed safely. The service has introduced a medical advisory committee to improve standards. A regular programme of audits should be introduced to help the service improve.

The clinic had a bright well maintained reception area that was clean and comfortable. An area was available for children to play. All areas of the clinic were clean and well maintained, with floors and walls that were washable. Externally contracted cleaners signed a daily cleaning schedule to confirm they had cleaned the clinic.

The service had a clinical waste management contract in place and its bins were suitable for the safe disposal of clinical waste, sharps and general waste. All sharps boxes we saw were signed and dated. Single-use disposable equipment and personal protective equipment, such as gloves were used to minimise the risk of infection.

A medication policy was in place. The medication stock was checked regularly to ensure it was in date. All medicines were stored in a locked cupboard or fridge as appropriate. We saw daily recordings of the fridge temperature which was all within the normal range for the fridge. We were told all medication given to patients had labels with the patient’s name, dosage and the instructions on how to take it.

Any incidents are reported through the services medical advisory committee. The committee holds meetings every three months where we were told they discuss incidents or challenging cases.
What needs to improve
While the service carried out some audits, it did not have a regular audit programme in place. The service should structure its audit process, record findings and improvements made (recommendation a).

■ No requirements.

Recommendation a
■ The service have a programme of audits that should be carried out routinely. Audits should be documented and improvement action plans implemented.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

The service used an electronic system for patient care records which were General Data Protection Regulation (GDPR) compliant. An action plan to address gaps identified in the record keeping audit should be developed to improve the quality of record keeping.

We reviewed five electronic patient care records and found they all documented an accurate assessment and patient consent. Patients were encouraged to allow sharing of information with the GP.

We saw patient care records had treatment plans in place for patients who had follow-up consultations. Patients attending the service as a one-off appointment did not need to have a treatment plan developed.

The service offered patients a range of private GP consultation services’ and could make referrals to specialist clinicians if further investigations were required. Patient care records we saw showed the service made sure patients were aware of the risks and benefits of further treatments, including the cost.

Patient care records were kept electronically. The service manager told us that if any paper notes were used, they were scanned in to the system immediately and then destroyed. We saw they were up to date, legible and had electronic signatures. The service manager made sure the service acted in line with general data protection regulations. We saw evidence of a recent audit the service had carried out on a sample of 10 patient care records from each clinician.
■ No requirements.
■ 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

The service had a recruitment and induction process in place for new staff. Processes were in place for annual appraisals. References should be obtained for all staff before employment.

The service employed 10 staff, including:

- administration staff
- clinic manager
- the chief executive
- GPs, and
- healthcare assistants.

Most of the staff records we reviewed had the appropriate recruitment information completed.

The chief executive told us all new staff had to complete a role-specific induction process. New staff completed a 6-month probationary period and had to meet competencies before being employed permanently. We saw evidence in the staff files that staff have to sign a record to show they have read the service’s policies and procedures.

We saw an online system for mandatory training made up of 12 training modules that staff are required to complete every year. Some training was carried out in-house, such as chaperone training and mandatory fire training. We saw the completed training records which the clinic manager kept up to date. Shared learning took place with the provider’s other service in London. Policies, procedures and medical alerts were also shared.

Professional registration is checked to ensure all staff meet their professional bodies’ requirements. The chief executive carried out yearly appraisals for doctors the service employed or who had practicing privileges. Practicing privileges are when staff are not employed by the service but have been given
permission to work there. The service employed an independent organisation to help make sure ongoing compliance with requirements for annual professional registration is carried out. All information was kept current and up to date for staff. The provider’s medical advisory committee oversaw the process and anyone not compliant with the management of doctors under a practicing privileges procedure will have their contract terminated.

The clinic manager had a training matrix in place. All staff had access to training to support their knowledge and skills in their role.

**What needs to improve**
The service did not have references for all of their employees. References must be obtained for all staff employed or who have practicing privileges in line with the relevant guidance (requirement 1).

**Requirement 1 – Timescale: Immediately**
- The provider must ensure that staff have all appropriate pre-employment checks carried out in line with relevant guidance.
- No recommendations.
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 management are supportive and provide clear, visible leadership. Staff are kept informed through regular meetings and are encouraged to share their feedback. The service should develop a quality improvement plan.

The clinic manager had a weekly meeting with the administration staff. We saw written, recorded actions and outcomes of the meetings shared with staff. Staff were encouraged to engage and share experiences from their working week. The importance of patients completing the survey to gather patient feedback is reinforced here.

We were told of other regular meetings with staff to keep them informed and involved in the clinic. These included:

- medical advisory committee 3-monthly meetings - any complaints and patient feedback were discussed at this meeting, and
- clinical group monthly meetings.

The chief executive was very involved with the service and often participated in the weekly staff meetings. Staff could directly access the chief executive for support at any time.

We saw risk assessments across the organisation. The provider had regular 3-monthly meetings with the service and its other service to review business plans and develop internal audit plans. The chief executive told us this provides the service with information on the effectiveness of its governance plans.

What needs to improve

The service did not have a local improvement plan in place to help it structure and record its improvement processes and outcomes. For example, an improvement plan could set out how the service would address issues identified through its audits to make improvements (recommendation b).
Requirement

- No requirements.

Recommendation b

- The service should develop and implement a local quality improvement plan.
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 5 – Delivery of safe, effective, compassionate and person-centred care

#### Recommendations

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| a | The service have a programme of audits that should be carried out routinely. Audits should be documented and improvement action plans implemented (see page 10).  

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

#### Requirements

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| 1 | The provider must ensure that staff have all appropriate pre-employment checks carried out in line with relevant guidance (see page 13).  

Timescale – Immediately  

*Regulation 8 (1)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
## Domain 9 – Quality improvement-focused leadership

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<tr>
<th>Recommendations</th>
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<tr>
<td><strong>b</strong> The service should develop and implement a local quality improvement plan (see page 15).</td>
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</tbody>
</table>

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
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: hcis.ihcregulation@nhs.net