Announced Inspection Report: Independent Healthcare

Service: Altruderm, Glasgow
Service Provider: Altruderm Ltd

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

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

About our inspection

We carried out an announced inspection to Altruderm on Monday 30 September 2019. We spoke with both directors of the service. While no patients were using the service at the time of our inspection, we gathered feedback from 10 service users through an online survey.

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 Altruderm, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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The service shows a commitment to improvement-focused leadership. It looks to improve service delivery through offering the most advanced evidence-based treatments for patients.

The following additional quality indicator was inspected against during this inspection.

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tbody>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
<td></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients were thoroughly assessed before receiving treatment. This included a comprehensive medical history questionnaire. We saw clear and accurate documentation in the electronic patient care records.</td>
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</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 Altruderm Ltd to take after our inspection**

This inspection resulted in one recommendation. See Appendix 1 for a full list of the 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](www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Altruderm Ltd, the provider, must address the recommendations and make the necessary improvements as a matter of priority.
We would like to thank all staff at Altruderm 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

The service has a participation policy and a feedback policy. The service could demonstrate how it evaluated feedback in a constructive way.

Patients could contact the service through its website or over the telephone. Patients were then asked to complete an electronic questionnaire about their medical history before the no-obligation consultation. The service manager and doctor analysed the questionnaires and would go through them with the patients at the consultations. We saw evidence that, following the face-to-face consultation patients were given:

- a detailed explanation and plan for their treatment, including alternative options and consent
- information about the outcomes and risks of treatments, and
- treatment costs.

A ‘thank you’ card was given to every patient after their treatment that included advice about dressings and aftercare. We saw aftercare advice was available at reception for all procedures in the service. Patients who responded to or survey said:

- ‘I was just having an initial consultation but my treatment options were made very clear and I was invited to return for follow-up if I wanted to.’
- ‘All aspects of the service were clearly discussed and detailed in correspondence.’
- ‘All potential risks were discussed before the treatment.’
Patients could leave testimonials and feedback on a section in the service’s website and social media page. Management staff told us that patients were also proactively encouraged to give verbal feedback to staff. The service gathered this information and from minutes, we saw the directors had discussed this at monthly meetings to drive improvements.

The service had a complaints policy in place. Complaints information available at the reception area described how to make a complaint, including that patients could contact Healthcare Improvement Scotland at any time. The service had not received any complaints since its registration.
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 and safe environment. Staff were aware of their responsibilities in maintaining high standards of care. Good systems were in place to for the safe handling of medicines and infection prevention and control.

Systems and processes were in place to help make sure care was delivered safely. This included systems to support the safe, effective and secure handling of medicines. A programme of twice-yearly clinical audits helped identify whether improvements were required. Improvements were recorded in a quality improvement action tracker and discussed at monthly meetings.

A variety of policies and procedures were in place to help make sure the care environment and equipment was safe. All policies and procedures were reviewed yearly and were up to date during our inspection.

Treatments and consultations were appointment-only and patients entered the building through a secure entry. The reception door could be locked for extra security.

The clinic’s reception was light and airy. Patients who responded to our survey commented that the service was very clean. We saw that the spacious clinic room was well maintained and effectively cleaned. The clinic had a good supply of aprons and gloves.

The majority of equipment in the service was single-use. The service had a contract in place with a local decontamination unit for equipment that needed specialist cleaning. In this event, the equipment was collected directly from the service and recorded in an electronic system for tracking. We saw that all other
equipment in the service was correctly cleaned in line with the national infection prevention and control manual.

A medicines management policy was in place and we saw systems that supported the safe, effective and secure handling of medicines. Stock was kept in a locked cupboard and an electronic tracker used to effectively manage stock control and stock expiry dates. Medicines were prescription-only and the service’s doctor generated prescriptions electronically.

A risk register and accident book was in place.

Emergency equipment and medications were accessible for first aid and allergic reactions. A comprehensive emergency procedure was in place along with an automated defibrillator. The directors were trained to deliver basic life support.

Duty of candour is where health professionals have a responsibility to be honest with patients when things go wrong. The service had a duty of candour policy in place and demonstrated learning from identified from audit outcomes and feedback. We saw that learning from events was shared with the directors, GPs, patients and their families.

■ No requirements.
■ No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients were thoroughly assessed before receiving treatment. This included a comprehensive medical history questionnaire. We saw clear and accurate documentation in the electronic patient care records.

All records were kept electronically and patient care records we reviewed showed a comprehensive medical history, including details about:

• allergies
• health condition
• medications
• pregnancy where applicable, and
• previous treatments.
Patient care records included detailed consultation notes were available and we saw that patients had consented to have their photographs taken where needed. Detailed treatment plans, timescales and costs were outlined for patients and sent to them after the consultation to decide whether the treatment is correct for them. This was managed over a 2-week ‘cooling-off period’.

The service’s doctor described a supportive and transparent culture. They told us they would recommend alternative treatments, be realistic about outcomes or suggest that treatments were not beneficial or necessary.

The largest output from this service is removal and excision of skin conditions. Due to the nature of this samples are taken and require further analysis. These results are available to the service. In the event of a difficult diagnosis, the directors described a supportive approach to breaking difficult news. The directors also described sharing this information with GPs with consent from the service users, encouraged and documented at the initial consultation. Returning patients would be expected to complete a full medical history and have another consultation for treatments individualised and person-centred.

Aftercare advice was comprehensive and different for each treatment carried out. Patients were given verbal aftercare advice and available to them in an electronic email link sent to them. The service could check whether the email link had been followed. Comments from patients included:

- ‘From my first consultation I received various forms of information via email, leaflets and face to face. Everything was explained easily and allowed me to fully understand.’

**What needs to improve**

During our inspection, we saw no evidence that patient care records were audited regularly to check the consistency and accuracy of documentation (recommendation a).

- No requirements.

**Recommendation a**

- The service should add patient care records to their regular programme of audit to assess continuity of record-keeping.
Vision and leadership

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

Domain 9 – Quality improvement-focused leadership

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

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service shows a commitment to improvement-focused leadership. Both directors had access to clinical support and training to support their roles. It looks to improve service delivery through offering the most advanced evidence-based treatments for patients.

One director was a doctor and delivered all clinical care. The other director was the service manager and was responsible for:

- administration
- cleanliness
- policy-writing, and
- safety.

Both directors share equal responsibility and are members of the PVG scheme.

The service demonstrated quality improvement-focused leadership in many ways. Evidence-based patient safety systems allowed the service to take time to focus on best practice. For example, a surgical pause and a surgical checklist had been introduced and were part of the Scottish Patent Safety Programme.

The clinician in the service maintained their membership with professional bodies and both directors took part in forums with similar businesses to benchmark and keep up to date with best practice.

We saw a training calendar that showed the service’s ongoing training-needs evaluation and this was updated every year. From minutes of monthly meetings, we saw evidence that further training needs and opportunities were
discussed and considered for both directors. Training achievement records were held in the service and available for review during our inspection. The non-clinical director has evidence of continued professional development, most recently achieving basic life support qualifications to support the service commitment to patient safety.

This service has implemented a quality improvement plan which focused on four areas:

- effectiveness
- leadership
- patient centeredness, and
- patient safety.

Quality improvement activities identified in the service’s audit calendar and quality improvement calendar were in line with the activities stated in the overall quality plan. These were reviewed every year.

All areas of the service were discuss as part of monthly meetings, where the directors used the training tracker, audit programme and quality improvement calendar. Minutes of these meetings were kept in the service.

- No requirements.
- No recommendations.
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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td>Recommendation</td>
<td>a The service should add patient care records to their regular programme of audit to assess continuity of record-keeping (page 10).</td>
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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
Appendix 2 – About our inspections

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

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

**Healthcare Improvement Scotland**
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** hcis.ihcregulation@nhs.net
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