Announced Inspection Report: Independent Healthcare

Service: The Medical Suite Scotland, Glasgow
Service Provider: The Medical Suite Scotland

21 November and 11 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 The Medical Suite Scotland on Thursday 21 November 2019. We also returned to carry out a second announced inspection to the service on Wednesday 11 December 2019 as we had identified some immediate concerns during the November 2019 inspection that we wanted to follow up. During our inspections, we spoke with two members of staff. We telephoned four patients after the inspection who had received treatment at the clinic. We also received feedback from 12 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For The Medical Suite Scotland, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td><strong>Quality indicator</strong></td>
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<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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</table>
and treatment in a safe and clean environment. A programme of clinical and environmental audits should be introduced.

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

9.4 - Leadership of improvement and change

The service kept up to date with legislation and best practice in a range of ways including attending conferences, peer support and journal subscriptions. A quality improvement plan should be developed to show how the service will measure the impact of service change and demonstrate a culture of continuous improvement.

✓ Satisfactory

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

**Additional quality indicators inspected (ungraded)**

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records provided limited information about outcomes from patient assessments, planned care or treatment or patient consent to treatment. Records were not always legible, dated or signed.</td>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>A recruitment policy must be developed to ensure appropriate background checks are carried out and staff are safely recruited. Sufficient staff resources should be in place to maintain the quality of the service, and staff provided with opportunities for training and development.</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 The Medical Suite Scotland to take after our inspection

This inspection resulted in four requirements and seven 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

The Medical Suite Scotland, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Medical Suite Scotland 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

Patients were happy with the service provided. Although feedback was gathered from patients, a more structured approach should be introduced for gathering and using feedback from patients to help make improvements to the service.

The service invited verbal feedback from patients directly following consultations, and anonymously using a suggestion box and a short survey card. Feedback received from patients was positive and showed that many patients had used the service for a number of years.

Feedback from patients to our survey, and from those we spoke with, was also positive. Some comments included:

- ‘I have known the doctor for many years and don’t know what I would have done without her when I had a health scare a few years ago.’
- ‘Fast and efficient service.’
- ‘I have every confidence in the doctor and have used the service for a long time as have some of my family.’
- ‘This is a fantastic practice, efficient, friendly, knowledgeable. I have recommended it to many of my friends and business colleagues.’

Patients self-referred to the service for private medical consultations. Where necessary, the practitioner would refer patients to specialists for further investigation or treatment.
The service’s complaints policy described how the service would deal with complaints. It also made clear that patients could contact Healthcare Improvement Scotland. Although there had been no complaints about the service since registration in January 2018, patients we spoke with were confident they could contact the practitioner directly if they had any issues or concerns. Results from our survey showed that more than half of the respondents knew they could contact Healthcare Improvement Scotland if they had a complaint about the service.

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

**What needs to improve**

The service’s clinical governance policy set out its commitment to obtaining feedback from patients. However, the service’s participation policy should be further developed to include information on how the service will gather, record and evaluate feedback to help make improvements to the service (recommendation a).

- No requirements.

**Recommendation a**

- The service should develop a more structured approach for gathering, recording and evaluating patient feedback, and using the outcomes to drive improvements in the service.
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 had addressed the majority of the concerns we had identified during our initial inspection, and was making steady progress to ensure it delivered care and treatment in a safe and clean environment. A programme of clinical and environmental audits should be introduced.

The landlord was responsible for the maintenance of the building, fire safety equipment and building security. The service had completed a fire risk assessment and the landlord carried out a fire alarm test every week and conducted regular fire evacuations of the building. Insurance documents for public and employer liability were up to date. The practitioner had up-to-date medical malpractice insurance.

The service used disposable personal protective equipment, including aprons and gloves, and medical devices such as syringes and needles, to reduce the risk of infection. A contract was in place for the safe disposal of sharps and other clinical waste from the service.

No medicines were stored in the premises. The practitioner confirmed they sometimes issued private prescriptions to patients and occasionally administered vaccinations. These were delivered to the service by a local pharmacy and administered to the patient on the day of the appointment.

Although we were told there had been no reported accidents or incidents, the service had a system for recording these. Patients told us they felt safe in the service and said they were confident the practitioner would make sure they did not come to any harm while attending the service.
What needs to improve

During our initial inspection in November 2019, we identified a number of concerns about the cleanliness of the treatment room, and the lack of systems and processes in place to reduce infection risks.

In the treatment room, we saw that the portable hand wash basin was not being used. The hand wash dispenser was dirty, mouldy and clogged with residue. We were told the practitioner was using a downstairs toilet sink for hand washing. The equipment trolley for blood taking equipment was cluttered and dusty. The window blinds were also dirty. We were told the landlord’s cleaners were responsible for cleaning the general environment. However, we found no evidence of a cleaning schedule for either the environment or patient equipment.

In light of our concerns, we told the service to stop taking bloods and administering vaccinations to patients until these issues had been addressed.

On our return inspection in December 2019, we noted that the portable hand wash basin was clean and fully operational. We saw that this had now been tested and serviced by a qualified electrical contractor. A private cleaning contractor had carried out an initial deep clean of the clinic which had included cleaning the window blinds. We saw a contract agreement between the service and the cleaning contractor was now in place for a deep clean to be carried out every 6 months.

The frequency of cleaning provided by the landlord’s cleaners had also increased from 4 to 5 days. The practitioner told us the daily cleaning regime for the treatment room now included wiping down surfaces with anti-bacterial wipes before and after each patient. A written cleaning schedule had been introduced and a record of daily cleaning was being maintained (requirement 1).

Due to the progress that had been made when we returned to the service in December 2019, we were assured that the service was now safe to restart taking patient bloods and administering vaccinations.

During our initial inspection in November 2019, we noted some items of faulty patient equipment. This included the auroscope (for examining the inside of ears) and a blood pressure monitor. We also noted a number of items of surplus furniture in the treatment room. On our return inspection in December 2019, we noted the faulty patient equipment had been removed from use and replaced with new equipment. The items of surplus furniture had also been removed.
During our inspections, we saw that some of the stock medical supplies, such as alcohol wipes and blood specimen bottles, were out of date. We also noted that the defibrillator attached to the wall was out of date. On our return inspection in December 2019, the defibrillator and the out-of-date stock medical supplies had been removed from use.

We noted that the service did not currently audit patient care records to make sure they were fully completed.

An audit programme would help the service structure its audit process, demonstrate compliance with the service’s clinical governance policy and show how improvements are being identified and implemented. This should include:

- reviewing the safety and maintenance of the care environment, including monitoring the effectiveness of the new environmental cleaning schedules
- checking stock and medical supplies remain in date, and
- auditing patient care records (recommendation b).

Although policies and procedures were in place to help deliver care safely, we saw no evidence of a system to review these on a regular basis or when changes in legislation occurred. For example, the information governance policy had not been updated to include reference to the updated general data protection regulation guidance (recommendation c).

When we reviewed patient care records, we noted the service had referred a child to a private consultant specialist for investigation and treatment. We discussed the agreed conditions of registration which only permit a service to be provided to adults aged 18 or over.

The service was not registered with the Medicines and Healthcare products Regulation Agency (MHRA). This would ensure it received alerts about medicines and healthcare products. We will follow this up at a future inspection.

**Requirement 1 – Timescale: immediate**

- The provider must ensure the general patient environment and patient equipment remains clean and safe to use.

**Recommendation b**

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.
**Recommendation c**

- The service should introduce a system to regularly review its policies and procedures.

**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

**Patient care records provided limited information about outcomes from patient assessments, planned care or treatment or patient consent to treatment. Records were not always legible, dated or signed.**

The service used paper-based patient care records which were stored in lockable filing cabinets in the clinic. We saw completed health questionnaires in the nine patient care records we reviewed. This included information about patients’ medical history, prescribed medicines and allergies. Consent to sharing information with other healthcare professionals was also recorded.

Patients told us the practitioner was always accessible during the day and out of hours if they needed to contact them to discuss any concerns about their health. The majority of patients had attended the service for many years, knew the practitioner well and said they always received a prompt response when they asked for help.

**What needs to improve**

The standard of record keeping was generally poor and, in some patient care records, we saw inappropriate record-keeping practices. This included using confidential waste documents to record patient notes. We saw that outcomes from patients' assessments were scribbled in the margins of patients' health questionnaires. Most of the information was not maintained in any chronological order. This made it difficult to follow a patient’s pathway as there was no clear record of the assessment, an agreed plan of care or a proposed treatment plan. The majority of the information we reviewed in patient care records was not legible, dated or signed (requirement 2).

Although the service had a consent policy, we saw no record of any discussion taking place with patients to obtain their consent to treatment, implied or otherwise, such as when bloods are taken, in the patient care records we reviewed (recommendation d).
**Requirement 2 – Timescale: immediate**

- The provider must ensure that every consultation with patients is clearly documented in patient care records, including the outcomes of consultations, every treatment provided to the patient and ensure each entry is signed and dated by the healthcare professional.

**Recommendation**

- The service should ensure that discussion around consent to treatment, implied or otherwise, is documented in the patient care record in line with the service’s consent policy.

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**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.

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**Our findings**

**Quality indicator 7.1 - Staff recruitment, training and development**

A recruitment policy must be developed to ensure appropriate background checks are carried out and staff are safely recruited. Sufficient staff resources should be in place to maintain the quality of the service, and staff provided with opportunities for training and development.

The service was owned and managed by a sole medical practitioner. One staff member was employed to provide administration support and had worked in the service for a number of years. We saw the post holder had a signed contract of employment.

Patients spoke positively about the efficient service they received from staff, whom they described as polite and courteous.

We were told the practitioner and the administrative support worker met every day to discuss the appointments and information needed for the day.

**What needs to improve**

No recruitment policy was in place. 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. For example, we saw no evidence of job descriptions, references or induction in the personnel files we reviewed for the current and previous staff member (requirement 3).
Staff roles were not risk assessed or subject to appropriate background checks from Disclosure Scotland before they were employed in the service (requirement 4).

There was no evidence of training and education opportunities being made available to staff, or of support meetings to support staff development (recommendation e).

Due to increasing demands in administration workload, an additional staff member had been recruited last year. However, the post was now vacant, and had been for a number of months. Plans to review this post should be formalised to ensure the service has sufficient staff resources to maintain the quality of the service (recommendation f).

**Requirement 3 – Timescale: immediate**

- The provider must develop and implement a recruitment policy, and ensure effective systems are in place to demonstrate the safe recruitment of staff.

**Requirement 4 – Timescale: immediate**

- The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed in the service.

**Recommendation e**

- The service should ensure that staff receive opportunities for learning and development relevant to their role.

**Recommendation f**

- The service should ensure sufficient staff resources are in place to maintain the quality and effective running of the service.
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 kept up to date with legislation and best practice in a range of ways including attending conferences, peer support and journal subscriptions. A quality improvement plan should be developed to show how the service will measure the impact of service change and demonstrate a culture of continuous improvement.

The service was owned and managed by a medical doctor registered with the General Medical Council (GMC). They kept up to date with legislation and best practice through reflective learning from peer support, subscription to medical journals, international conferences and through their professional regulatory revalidation process. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the GMC, every 5 years. We noted that patient feedback from the practitioner’s recent revalidation showed that patients were happy with the service provided.

More formal processes were being developed with local specialist consultants to review and discuss outcomes from patient referrals and treatment.

What needs to improve

No quality assurance systems were in place for reviewing the quality of care and treatment provided in the service. For example, outcomes from audits or patient feedback was not documented, evaluated or used to drive improvement. A quality improvement plan would help the service structure its improvement activities, record its outcomes and measure the impact of change to establish a culture of continuous quality improvement (recommendation g).

■ No requirements.

Recommendation g

■ The service should develop a quality improvement plan to formalise and direct service improvement.
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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<thead>
<tr>
<th>Requirements</th>
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<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>a The service should develop a more structured approach for gathering, recording and evaluating patient feedback, and using the outcomes to drive improvements in the service (see page 8).</td>
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</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirements

<table>
<thead>
<tr>
<th>1</th>
<th>The provider must ensure the general patient environment and patient equipment remains clean and safe to use (see page 11).</th>
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<tr>
<td></td>
<td>Timescale – immediate</td>
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<tr>
<td></td>
<td>Regulation 3(d)(i)(ii) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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<tr>
<th>2</th>
<th>The provider must ensure that every consultation with patients is clearly documented in patient care records, including the outcomes of consultations, every treatment provided to the patient and ensure each entry is signed and dated by the healthcare professional (see page 13).</th>
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<tr>
<td></td>
<td>Regulation 4(2)(a)(b)(c) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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#### Recommendations

<table>
<thead>
<tr>
<th>b</th>
<th>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 11).</th>
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<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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<th>c</th>
<th>The service should introduce a system to regularly review its policies and procedures (see page 12).</th>
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<tr>
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<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>
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<th>d</th>
<th>The service should ensure that discussion around consent to treatment, implied or otherwise, is documented in the patient care record in line with the service’s consent policy (see page 13).</th>
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<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.3</td>
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## Domain 7 – Workforce management and support

### Requirements

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<td>3</td>
<td>The provider must develop and implement a recruitment policy, and ensure effective systems are in place to demonstrate the safe recruitment of staff (see page 14).&lt;br&gt;Timescale – immediate&lt;br&gt;&lt;br&gt;<strong>Regulation 8(1)</strong>&lt;br&gt;<em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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<td>4</td>
<td>The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed in the service (see page 14).&lt;br&gt;Timescale – immediate&lt;br&gt;&lt;br&gt;<strong>Regulation 9(2)</strong>&lt;br&gt;<em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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### Recommendations

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<tr>
<td>e</td>
<td>The service should ensure that staff receive opportunities for learning and development relevant to their role (see page 14).&lt;br&gt;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>
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<td>f</td>
<td>The service should ensure sufficient staff resources are in place to maintain the quality and effective running of the service (see page 14).&lt;br&gt;Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.15</td>
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# Domain 9 – Quality improvement-focused leadership

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<th>Requirements</th>
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<td><strong>g</strong> The service should develop a quality improvement plan to formalise and direct service improvement (see page 15).</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