Announced Inspection Report: Independent Healthcare

Service: One Private Healthcare, Glasgow
Service Provider: One Private Healthcare Limited

13 November 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
1 Progress following a complaint investigation

What the service had done to meet the recommendations we made following a complaint investigation on 19 June 2019

Recommendation a
We recommend that the service should make it clearer to prospective service users the availability of appointments. This would allow prospective service users to make a better informed decision about using the service.

Action taken
The service no longer takes payment from patients until a mutually agreeable appointment date is confirmed. This recommendation is met.

Recommendation b
We recommend that the service should provide clear written information to prospective service users about:

- the pre-consultation process
- what happens during the consultation appointment
- the post-consultation process, and
- what information will be communicated with the patient and other healthcare professionals.

This will allow prospective service users to make a better informed decision about using the service.

Action taken
The service has created a step-by-step guide of the patient pathway that is emailed to all its new patients. This includes:

- information the patient should provide before their appointment date
- what to expect during the consultation appointment
- the duration of the appointment (including costs), and
- any additional fees for private prescriptions, follow-up appointments or additional correspondence.

The service manager also told us the website was being updated to include this pathway that will set out what happens when a patient first makes contact with the service, through to their discharge. This recommendation is met.
**Recommendation c**

*We recommend that the service should confirm, or document, all telephone conversations with prospective service users in writing where agreements or arrangements have been made. This will ensure that there is a clear record of all communication between the service and prospective service users.*

**Action taken**

The service introduced a telephone enquiry protocol and provided training for the administration staff to ensure a consistent approach to all telephone enquiries. All calls, from new or existing patients, are now recorded on a spreadsheet that includes a note of any actions taken from each enquiry. This ensures that all patient enquiries are documented and enable the service to prioritise and respond to urgent and non-urgent patient enquiries. Enquiries from existing patients will also be documented in their patient care record. **This recommendation is met.**
2 A summary of our inspection

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

About our inspection

We carried out an announced inspection to One Private Healthcare on Wednesday 13 November 2019. We spoke with the service manager and one staff member. We telephoned three patients following our inspection who had attended the service in the last 6 months. 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 One Private Healthcare, 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>Domain 2 – Impact on people experiencing care, carers and families</td>
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<tr>
<td>Quality indicator</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>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<td>5.1 - Safe delivery of care</td>
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should be updated in line with current legislation.

### Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The service ensured patients received good quality care in line with best practice and current legislation. A quality improvement plan would help the service demonstrate its commitment to continuous improvement and service development. | ✔ 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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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive assessments were carried out for each patient to establish a formal diagnosis and inform their future treatment. Patients’ GPs would then manage treatment, monitor progress and deliver aftercare support. Patients were asked to consent to sharing information with their GP.</td>
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#### Domain 7 – Workforce management and support

| 7.1 - Staff recruitment, training and development | Self-employed consultants working in the service were safely recruited. A practicing privileges policy should be developed. Steps had been taken to improve communication with patients making initial enquiries to the service. |

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 One Private Healthcare Limited to take after our inspection

This inspection resulted in eight recommendations. 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

We would like to thank all staff at One Private Healthcare for their assistance during the inspection.
3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients told us they were fully engaged in their assessment and future treatment plans and were happy with results from their treatment. A more formal method of collecting patient feedback should be introduced. Information about how to make a complaint should be accessible to patients and a duty of candour policy should be developed.

Individual consulting rooms ensured patients’ privacy and confidentiality was maintained.

Patients were satisfied the information they received from the service before their appointment gave them assurance and understanding of the assessment and treatment procedures. All patients we spoke with described their experience as very positive. Some of the comments included:

- ‘Everyone was so helpful and I got lots of information to help me make a decision about using the service. Glad I did as it has changed my life for the better.’
- ‘I am making good progress with the treatment the consultant recommended. It was well worth the money.’

The service manager told us patients were encouraged to give feedback verbally and through social media. We were told that feedback had directly led to improvements in the service. For example, patients had reported difficulties using the building’s door entry system. The service manager rectified this very quickly by displaying clear instructions and contacted patients to let them know the issue was resolved.
We noted the service’s complaints policy had been updated to comply with legislation requirements for independent healthcare services. The complaints policy now stated the service provider will inform complainants of any action taken within 20 working days.

**What needs to improve**

The service had already identified that it did not have a patient participation policy or any formal methods of gathering feedback from patients. A participation policy would help the service ensure patient feedback is used to drive service improvement and provide a more structured approach to evaluating and measuring the impact of any improvements (recommendation a).

Duty of candour is where healthcare professionals have a professional responsibility to be honest with patients when things go wrong. The service had yet to develop a duty of candour policy (recommendation b).

The service did not provide patients with information about how to raise a complaint or concern. For example, the complaints policy was not displayed in the service. The service manager agreed to consider options to make information about how to make a complaint more accessible to patients, such as including complaints information on the website (recommendation c).

- No requirements.

**Recommendation a**

- The service should develop a patient participation policy to formalise and demonstrate how patient feedback is used to improve the quality of the service.

**Recommendation b**

- The service should develop and implement a duty of candour policy.

**Recommendation c**

- The service should ensure patients know how to make a complaint or raise a concern about their care and treatment.
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 environment was clean, well maintained and patients said they felt safe and secure in the service. No medicines were administered or stored on the premises. Policies should be updated in line with current legislation.

The service environment was clean, comfortable and well equipped. Fire safety equipment, heating and lighting systems were regularly maintained. Closed-circuit television cameras provided additional security to promote a safe environment for patients and staff. Public and employer liability insurance was up to date and displayed in the service.

Standard infection control precautions were followed for hand-washing. We saw appropriate anti-bacterial hand wash and disposable paper towels were used. As the service only carried out mental health assessments, no clinical waste was generated.

No medicines were stored or administered in the service.

While no accidents or incidents had occurred in the service, we saw a clear reporting system to record all accidents and incidents. A safeguarding policy was in place to protect adults and children from risk of harm or abuse. The service manager was well informed about the procedures for reporting adult and child protection concerns.

What needs to improve

Some policies had not been updated in line with current legislation. For example, the service’s information management policy did not include up-to-date Data Protection Regulation guidance and the safeguarding policy did not reference Scottish adult and child protection legislation. The service manager
agreed to update both policies in line with current legislation (see recommendation d).

- No requirements.

**Recommendation d**
- The service should review its policies and procedures to ensure they are in line with current legislation and reflect the service provided.

**Our findings**

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

Comprehensive assessments were carried out for each patient to establish a formal diagnosis and inform their future treatment. Patients’ GPs would then manage treatment, monitor progress and deliver aftercare support. Patients were asked to consent to sharing information with their GP.

Patient care records were a combination of paper and electronic. Paper files were stored in a locked filing cabinet and electronic patient data was password protected. The service manager told us they planned to transfer all patient data to the electronic system in the New Year.

We reviewed five patient care records, a mix of paper and electronic. All information we saw was clear, up to date and contained a detailed account of patients’ medical history, prescribed medicines, next of kin and emergency contact.

Patients had to be referred by their GP before an appointment was arranged and before any fees were paid in advance. Patients told us they received detailed information about the assessment process in an email following their initial telephone enquiry.

Patients’ mental health was assessed and diagnosed by a specialist consultant who recommended treatment options. Options would be discussed and agreed with the patient. This was documented in the patient care records. Patients told us the assessment process was very thorough and their views were valued.

A written summary of the assessment was sent to the patient’s GP and included a formal diagnosis and recommendations for treatment. The patient’s GP was responsible for co-ordinating treatment and providing aftercare support.
Patients were asked for their consent to share information about their assessment and proposed treatment plan with their GP.

**What needs to improve**

No formal audits of patient care records were carried out. This would ensure that records were being completed in line with the service’s policies (recommendation e).

- No requirements.

**Recommendation e**

- The service should audit patient care records to ensure that information is recorded consistently in line with best practice and legislation. Audits should be documented and any actions for improvement identified and implemented as part of an improvement plan.

**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**

Self-employed consultants working in the service were safely recruited. A practicing privileges policy should be developed. Steps had been taken to improve communication with patients making initial enquiries to the service.

The provider did not directly employ any staff in the service. Due to the small number of referrals and patients who used the service, administrative support was provided by staff employed in the provider’s other two businesses that operated out of the same premises.

Self-employed consultant psychiatrists carried out patient assessments when required under a practicing privileges arrangement (staff who are not employed directly by the provider but given permission to work in the service). We saw pre-employment checks had taken place. This included Protecting Vulnerable Groups (PVG) membership, fitness to practice with the General Medical Council and medical malpractice insurance.
Following our complaint investigation in June 2019, the service manager had taken steps to improve communication with patients. For example, the service manager had provided training for administration staff to make sure they responded to patient enquiries and requests for information about the service effectively. Patients told us communication from the service was good and they received detailed information before attending their consultation.

**What needs to improve**

While a contract was in place with the self-employed staff, a practicing privileges policy would help set out the service’s expectations for staff working under this arrangement detailing the frequency of fitness to practice checks, PVG updates and support arrangements (recommendation f).

We also saw that PVG certificates were being held in the staff’s personnel files and had not been securely destroyed in line with current legislation (recommendation g).

- No requirements.

**Recommendation f**

- The service should develop and implement a practicing privileges policy.

**Recommendation g**

- The service should securely destroy original PVG certificates and replace this with a record of all background checks in personnel files.
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 ensured patients received good quality care in line with best practice and current legislation. A quality improvement plan would help the service demonstrate its commitment to continuous improvement and service development.

The service manager owned and managed the service. They were a consultant psychiatrist registered with the General Medical Council and had a broad range of experience in delivering healthcare for patients with mental health support needs in NHS hospitals and the independent sector. The service manager presented at conferences, attended seminars and mentored student doctors in psychiatry and was a member of the Royal College of Psychiatrists.

Formal links were established between the service manager and other mental health practitioners. This provided opportunities for peer support from other consultant psychiatrists and helped to keep up to date with best practice and changes in mental health legislation.

Staff welcomed suggested areas for improvement, such as receiving training to help them respond more effectively to patient enquiries. This was further enhanced with a clear procedure that detailed the information to be given to patients.

The service manager was keen to ensure prospective patients had access to the service regardless of where they lived. The service had recently started offering appointments using video calling. This process was yet to be evaluated, however this seems to be a positive service development.
What needs to improve
Although we saw examples of improvements made to how the service was delivered, these were often not done in a structured way to allow the service to record improvement processes and outcomes. A quality improvement plan could detail how information from audits, complaints, patient feedback and incidents would be collated and used. This will help the service to evaluate and measure the impact of change and demonstrate a culture of continuous improvement (recommendation h).

- No requirements.

Recommendation h
- The service should develop a quality improvement plan to evaluate and measure the impact of service improvements.
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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Recommendations</th>
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| None         | a. The service should develop a patient participation policy to formalise and demonstrate how patient feedback is used to improve the quality of the service (see page 10).  

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

b. The service should develop and implement a duty of candour policy (see page 10).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4 |

c. The service should ensure patients know how to make a complaint or raise a concern about their care and treatment (see page 10).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20 |
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

None

### Recommendations

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| **d** | The service should review its policies and procedures to ensure they are in line with current legislation and reflect the service provided (see page 12).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| **e** | The service should audit patient care records to ensure that information is recorded consistently in line with best practice and legislation. Audits should be documented and any actions for improvement identified and implemented as part of an improvement plan (see page 13).  

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

None

### Recommendations

<p>| | |</p>
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| **f** | The service should develop and implement a practicing privileges policy (see page 14).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24 |
| **g** | The service should securely destroy original PVG certificates and replace this with a record of all background checks in personnel files (see page 14).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24 |
## Domain 9 – Quality improvement-focused leadership

### Requirements

None

### Recommendation

The service should develop a quality improvement plan to evaluate and measure the impact of service improvements (see page 16).

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](mailto:hcis.ihcregulation@nhs.net)
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

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