Announced Inspection Report: Independent Healthcare

Service: ABC4D Babyscan Clinic, Glasgow
Service Provider: ABC 4D Limited

21 August 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 ABC4D Babyscan Clinic, Glasgow, on Wednesday 21 August 2019. We were unable to gather any views from patients as the link to an online survey we had issued was not shared by the service with their patients. 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 ABC4D Babyscan Clinic, Glasgow, 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>
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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><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>
Key quality indicators inspected (continued)

Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The medical director keeps staff updated of industry best practice standards and is visible within the service. A quality improvement plan should be developed.</td>
<td>✓ Satisfactory</td>
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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>Appropriate policies were in place to ensure the confidentiality and security of patient data. Audits of patient care records should be carried out.</td>
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</table>

Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Pre-employment procedures were followed to make sure staff were safely recruited. All new staff are supported through an induction process. However, regular performance reviews must be introduced and documented.</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 ABC 4D Limited to take after our inspection

This inspection resulted in two requirements and five 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

ABC 4D Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at ABC4D Babyscan Clinic, Glasgow, 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 actively requested feedback from patients, the majority of which was positive. A participation policy should be developed to document how feedback from patients is collected and used to improve the service. A complaints policy was in place and followed. However, patients should have more information about how to make a complaint.

The service’s website provided information on the different options for scanning and tests that were offered, including costs. Appointments were booked by telephone where a brief history of the patient’s pregnancy was taken and any questions about the type of scan could be answered. A television screen in the reception area played films of the type of tests available to patients. Patient information leaflets about the tests offered were also available. A separate reception area ensured the privacy of those in the scanning room.

Patients were signposted to an independent online review website. As a result of all the reviews submitted, the service had a ‘five star - excellent’ rating. The directors of the service received a report every month of the reviews and negative reviews were responded to, if required.

Comments from the online patient reviews included:

- ‘friendly staff’
- ‘explained the process’, and
- ‘reassuring’ and ‘knowledgeable’.

A policy was in place for managing complaints. We reviewed four complaint files. All had been responded to in line with the policy.
Complaints were initially actioned by the office manager but may be escalated to a director, if required. The complaints policy stated that patients could raise a complaint with Healthcare Improvement Scotland and included our contact details.

We saw evidence that feedback from the independent online review website or complaints were acted on. For example, following some complaints about how patients received their test results, patients were now asked their preference for how they were informed of test results.

**What needs to improve**

Patient reviews on the independent online review website were written in a free text format with no structured questions asked. Therefore, while the information was useful, it may be difficult for the service to draw any conclusions that could be used to drive improvement. Although a process was in place for obtaining feedback from patients, the service did not have this documented in a formal participation policy (recommendation a).

Patients did not have easy access to the process for making a complaint as this information was not available on the service’s website and no leaflets on how to make a complaint were available. However, the service’s contact details were available on the website (recommendation b).

- No requirements.

**Recommendation a**

- The service should obtain structured feedback from patients, and develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

**Recommendation b**

- The service should ensure that information about how to make a complaint about the service is easily available to patients.
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 clinic environment appeared clean and well maintained, and cleaning schedules were completed. Clinical waste must be managed safely. A duty of candour policy should be in place.

The clinic environment appeared to be clean, well maintained and suitable for the service being provided. Maintenance contracts were in place where required, such as for portable electrical appliances and scanning equipment.

The clinic was cleaned at the end of each day. Cleaning records were signed and dated. Patients commented that the environment was ‘clean’ and ‘relaxing’.

The clinical wash hand basin in the scanning room was not compliant with national compliance. However, a risk assessment for the continued use of the clinical wash hand basin had been carried out and recorded. Alcohol-based hand gel was also available for hand hygiene.

The service adhered to its infection prevention and control policy. For example, with the supply and use of personal protective equipment (such as disposable aprons and gloves), and having a blood spill pack to safely manage any blood and body fluid spillages.

Policies were regularly reviewed and updated to reflect current legislation and best practice, including those for:

- infection prevention and control
- health and safety
- safeguarding, and
- clinical governance, including risk management.
One director carried out a regular audit looking at staff compliance with the correct scanning procedures and service provided. Findings and actions if required were recorded and discussed with the relevant staff, if necessary.

**What needs to improve**
Sharps waste, such as needles and syringes, was disposed of in an appropriate waste bin and a waste disposal contact was in place. However, clinical waste such as gloves and probe covers were not disposed of in an appropriate clinical waste bin (requirement 1).

The service did not have a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with patients when thing go wrong) (recommendation c).

**Requirement 1 – Timescale: immediate**
- The provider must ensure all clinical waste is disposed of safely.

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

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**Our findings**

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

Appropriate policies were in place to ensure the confidentiality and security of patient data. Audits of patient care records should be carried out.

The five patient care records we reviewed were fully completed. Records consisted of patient consent, the scan report and test results if applicable. Patients’ GP details were included in the record and also if a follow-up appointment by NHS maternity services was required. The service had an agreed referral process in place with an NHS board if abnormalities were detected.

Patient care records were paper based and taken to the head office in Ayr to be filed and stored securely. Until then, the records were stored in a locked cabinet in the clinic reception. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights). The service’s information management policy detailed the storage, retention and destruction of information held by the service. A data protection policy also detailed how the service would meet its legal obligations for confidentiality and information security standards.
What needs to improve
Patient care record audits were not currently being carried out to check if they were being fully and consistently completed (recommendation d).

- No requirements.

Recommendation d
- The service should carry out a regular audit of patient care records.

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

Pre-employment procedures were followed to make sure staff were safely recruited. All new staff are supported through an induction process. However, regular performance reviews must be introduced and documented.

We reviewed five staff files during the inspection. Reception staff were directly employed but all other staff were under a practicing privileges agreement (staff not employed directly by the provider but given permission to work in the service). We saw appropriate contracts were in place. All staff had been through a formal recruitment process and records were kept including identity checks, references, Disclosure Scotland or Protecting Vulnerable Groups status and, where applicable, professional registration and qualifications.

Induction topics for all new staff, including those with a practicing privileges agreement, included awareness of the service’s policies and the services offered, and the industry procedure manual. This information was included in a staff handbook. Staff were allocated a mentor suitable to their role. A record of induction is documented in the staff files.

What needs to improve
We were told that staff performance reviews did not take place and that only one-to-one meetings with staff occurred. However, these meetings would only be documented if it was a disciplinary matter (requirement 2).
Face-to-face training was carried out on new equipment. We also saw evidence of the directors emailing staff with relevant updates. However, no training records were completed for staff other than their induction record.

**Requirement 2 – Timescale: by 16 December 2019**

- The provider must ensure that all staff receive a regular documented performance review to give staff the opportunity to discuss progress in their role or raise any concerns.

- No recommendations.
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 medical director keeps staff updated of industry best practice standards and is visible within the service. A quality improvement plan should be developed.

Regular directors meetings were held and minuted. Recent agenda items included health and safety staff training, discussions on performance of each clinic, equipment maintenance and patient reviews of the service. Due to the work patterns of staff, the service had not been able to arrange staff meetings. However, we saw evidence that the directors used emails to share relevant information with staff. We were told the service plans to introduce staff surveys to give staff an opportunity to make suggestions for improvements and voice any concerns.

The medical director regularly attended industry conferences and subscribed to relevant professional journals to keep informed and up to date of any changes in industry best practice or changes in legislation. Any learning from these sources was shared with staff by email.

What needs to improve

Although we were told improvements such as producing more patient information leaflets, the introduction of staff surveys and additional patient services were planned, this was not formally recorded in a quality improvement plan. A structured quality improvement plan would help the service to record its improvement activities and demonstrate a culture of continuous improvement (recommendation e).

- No requirements.

Recommendation e

- The service should develop and implement a 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 2 – Impact on people experiencing care, carers and families

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<table>
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<th>Recommendations</th>
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| **a** The service should obtain structured feedback from patients, and develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).

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 ensure that information about how to make a complaint about the service is easily available to patients (see page 8).

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

#### Requirement

1. The provider must ensure all clinical waste is disposed of safely (see page 10).
   
   Timescale – immediate
   
   *Regulation 3(d)(iii)*  
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendations

- **c** 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

- **d** The service should carry out a regular audit of patient care records (see page 11).
  
  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

#### Requirement

2. The provider must ensure that all staff receive a regular documented performance review to give staff the opportunity to discuss progress in their role or raise any concerns (see page 12).
   
   Timescale – 16 December 2019
   
   *Regulation 12(c)(i)*  
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendations

None
## Domain 9 – Quality improvement-focused leadership

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<tr>
<td>e The service should develop and implement a quality improvement plan (see page 13).</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