Announced Inspection Report: Independent Healthcare

Service: Transcend Consulting Rooms, Glasgow
Service Provider: Anwar Khan

19 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 Transcend Consulting Rooms on Monday 19 August 2019. We received feedback from three patients through an online survey we 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 and a registered nurse.

What we found and inspection grades awarded

For Transcend Consulting Rooms, 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>Domain 2 – Impact on people experiencing care, carers and families</td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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</tbody>
</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>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The service kept up to date with changes in legislation and best practice guidance that may be relevant to the service. A quality improvement plan should be developed.</td>
<td>✓ Satisfactory</td>
</tr>
</tbody>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients received an assessment before treatment. Treatments and associated risks were fully explained. Patients and carers felt fully in control of their care.</td>
</tr>
</tbody>
</table>

#### Domain 7 – Workforce management and support

<table>
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<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>A recruitment, induction and training policy was in place. However, improvements were needed to ensure the safe recruitment of staff. A process was also required to check the ongoing professional registration of staff.</td>
</tr>
</tbody>
</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 Anwar Khan to take after our inspection

This inspection resulted in two requirements and nine 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

Anwar Khan, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Transcend Consulting Rooms 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, parents or carers felt fully involved in their treatment and could provide feedback in a variety of ways. Patients’ expectations were discussed before treatments.

The service’s participation policy stated that patients, parents or carers could provide feedback about their experience of care using a comment and quality assurance questionnaire. We saw that patients, parents or carers could become involved in the service’s development using feedback forms and online reviews. The service recorded all feedback received and had also completed a review of this for the period January–August 2018. This found that the majority of patients, parents or carers were either very satisfied or satisfied.

Patients, parents or carers could discuss their expectations about outcomes from their treatments at their first consultation, and were given information about the treatments available and costs involved. They were invited to watch a video that provided information about the procedure, how to consent to treatment and aftercare information. They were also given written aftercare advice.

A complaints policy was in place with clear timescales for investigating and responding to complaints.

We reviewed patients’ consent forms and saw they included the risks and potential complications of the proposed treatment. Patients, parents or carers and the doctor had signed all consent forms we reviewed. All patients, parents or carers who responded to our survey told us that risks associated with treatments were fully explained.
Comments included:

- ‘I was given a full explanation what the procedure involved and risks this was also given to me in written form to take home’.

For all consultations, treatments and follow-up care, patients, parents or carers were given the opportunity to have private discussions with the doctor. All patients, parents or carers who responded to our survey said that their privacy and dignity was respected. The service had not received any complaints.

**What needs to improve**

The service could include information about how to provide compliments, concerns or complaints in its aftercare leaflet.

The participation policy should be further developed to detail how it intends to engage with patients, parents or carers in the development of the service, how it uses the information it gathers and how any improvements are fed back.

The service could share the outcomes of the review of patient satisfaction with patients, parents or carers.

- No requirements.
- No recommendations.
Service delivery
This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care
High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care
The environment was clean and staff were aware of their roles and responsibilities. Best practice guidance must be followed for laundering linen. An audit programme should be introduced for all aspects of care and treatment to help identify and make improvements to the service.

Patients were cared for in a clean environment. All patients, parents or carers we received feedback from said they were extremely satisfied with the cleanliness and maintenance of the service. One commented:

• ‘The treatment room was very clean and clinical.’

A comprehensive medication management policy was in place and arrangements were in place to deal with medical emergencies. This included the availability of emergency drugs and first aid supplies.

A range of policies and procedures were in place to help the service deliver care safely, and staff were aware of their roles and responsibilities in adhering to these. The policies and procedures had been reviewed in December 2018. We were told the service planned to review these every year to keep them in line with current legislation and best practice guidance.

The service had recorded no accidents or incidents taking place since registration.

What needs to improve
We saw that fabric pillows were used on the treatment couches. These were not easy to clean between each patient use and were taken home to be laundered in a domestic washing machine. We were told that scrub uniforms
were also taken home to be laundered. Thermal disinfection is required to minimise the risk of cross-infection to patients from laundered items. Thermal disinfection temperatures must be reached and held for the minimum time period required when laundering items (requirement 1).

The service showed us one completed patient experience audit for the period January–August 2018. The service did not currently audit other key aspects of care and treatment, including infection prevention and control, and medicines management (recommendation a).

Although patient care records documented medicines and medical devices used, batch numbers and expiry dates of the medication were not recorded (recommendation b).

During the inspection, we found that the date was not set correctly on the instrument autoclave used to decontaminate (clean) and sterilise equipment. This meant the equipment decontamination records were not accurate. Therefore, they could not be relied on to show that effective and timely decontamination of equipment had taken place (recommendation c).

**Requirement 1 – Timescale: immediate**

- The provider must ensure that all linen is laundered in line with Health Protection Scotland’s *National Infection Prevention and Control Manual*. This will reduce the risk of cross-infection to patients.

**Recommendation a**

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

**Recommendation b**

- The service should document in patient care records the batch numbers and expiry dates of all medicines and medical devices used.

**Recommendation c**

- The service should have the instrument autoclave serviced to ensure that it is effectively decontaminating equipment and that the equipment decontamination records generated are accurate.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients received an assessment before treatment. Treatments and associated risks were fully explained. Patients and carers felt fully in control of their care.

Patient care records were legible and up to date. We reviewed 25 patient care records and saw that an assessment was carried out before any treatment took place. This included noting a medical history, current medications and the physical health of the patient.

Patients, parents or carers were asked to consent to the treatment and this was recorded. The consent form included brief information about the risks of the procedure and potential complications. An appointment letter issued to patients, parents or carers stated that a post-operative letter would be provided for the patient’s GP.

Patients, parents or carers were given verbal and written aftercare advice. After treatments, reviews were arranged where required to discuss outcomes and patient satisfaction.

Paper files were stored in a cupboard in a locked room to help keep patient information confidential.

What needs to improve
The service should review the process for gaining consent. Patients, parents or carers should be asked to complete paperwork after they have viewed the information video and had the opportunity to discuss the risks and complications with the doctor during their consultation appointment (recommendation d).

In one patient care record, we noted the patient’s parent had initially provided, but subsequently withdrew, their consent to treatment. Therefore, the planned procedure did not take place. Patient care records had very little space to fully document discussions that had taken place during the consultation or treatment. The service could introduce a section to the patient care record to allow more detailed recording of information, especially when consent is withdrawn after additional information is provided.

No requirements.
Recommendation d

- The service should ensure that patients view the information video and complete the consultation appointment with the doctor before completing consent paperwork.

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

A recruitment, induction and training policy was in place. However, improvements were needed to ensure the safe recruitment of staff. A process was also required to check the ongoing professional registration of staff.

We reviewed four clinical staff files. We saw that Disclosure Scotland Protecting Vulnerable Groups (PVG) background checks and identity checks had been completed.

What needs to improve

Although a recruitment policy was in place, this did not detail all the pre-employment checks that should be completed in line with current legislation and best practice guidance. 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 groups. We found multiple gaps in the staff files we reviewed. This included no evidence of application forms and interview notes, professional registration checks or employment references (requirement 2).

The service did not have a system to complete ongoing professional registration checks (recommendation e).

The service had retained the original certificates following completed PVG scheme checks in staff files. This is not in line with current legislation. A system should be introduced to record PVG scheme identification numbers for staff (recommendation f).

As well as the PVG scheme informing an employer whether an individual is barred from working with protected adults and/or children, the certificate provides a point in time check of an individual’s criminal convictions history. A
system should be introduced to obtain a PVG update for staff at regular intervals (recommendation g).

Although there were records of staff training, this mainly related to training carried out by staff in their NHS roles, and did not detail what, if any, induction and further training was carried out in the service (recommendation h).

**Requirement 2 – Timescale: immediate**

- The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff.

**Recommendation e**

- The service should ensure that a system is in place to make sure that staff are subject to ongoing professional registration checks.

**Recommendation f**

- The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff.

**Recommendation g**

- The service should obtain a Disclosure Scotland Protecting Vulnerable Group (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

**Recommendation h**

- The service should further develop and implement its induction and ongoing training programme for staff.
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 changes in legislation and best practice guidance that may be relevant to the service. A quality improvement plan should be developed.

The service is provided by one doctor registered with the General Medical Council. They were also a member of national groups, such as the British Medical Association, International Medical Relief Agency and Medical Defence Shield. Staff meetings took place between the doctor and nursing staff. This allowed staff to keep up to date with changes in legislation and best practice guidance that may be relevant to the service.

**What needs to improve**
No process was in place to review the quality of the service delivered. The service did not have a formal quality improvement plan to help structure and record its improvement processes and outcomes identified from accidents, audits, education, incidents, patient feedback and training events (recommendation i).

Although staff meetings were taking place, the meetings would benefit from having regular standing agenda items, such as infection prevention and control, health and safety, patient satisfaction and quality improvement. This would help to ensure better governance and accountability around this meeting.

- No requirements.

**Recommendation i**
- The service should develop and implement a quality improvement plan.
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirement

<table>
<thead>
<tr>
<th>1</th>
<th>The provider must ensure that all linen is laundered in line with Health Protection Scotland’s <em>National Infection Prevention and Control Manual</em>. This will reduce the risk of cross-infection to patients (see page 10).</th>
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*Regulation 3(d)(i)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendations

<table>
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<th>a</th>
<th>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 10).</th>
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| b | The service should document in patient care records the batch numbers and expiry dates of all medicines and medical devices used (see page 10). |
The service should have the instrument autoclave serviced to ensure that it is effectively decontaminating equipment and that the equipment decontamination records generated are accurate (see page 10).

The service should ensure that patients view the information video and complete the consultation appointment with the doctor before completing consent paperwork (see page 12).

Domain 7 – Workforce management and support

Requirement

2 The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff (see page 13).

Timescale – immediate

Regulation 8
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Domain 7 – Workforce management and support (continued)

Recommendations

e The service should ensure that a system is in place to make sure that staff are subject to ongoing professional registration checks (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

f The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 13).
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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 4.24</td>
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**Domain 9 – Quality improvement-focused leadership**

**Requirements**

None

**Recommendation**

<table>
<thead>
<tr>
<th><strong>i</strong></th>
<th>The service should develop and implement a quality improvement plan (see page 14).</th>
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Appendix 2 – About our inspections

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

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

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

Before inspections
Independent healthcare services submit an annual return and self-evaluation to us.
We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

During inspections
We use inspection tools to help us assess the service.
Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.
We give feedback to the service at the end of the inspection.

After inspections
We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org
We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.
We check progress against the improvement action plan.

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

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

Our contact details are:

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

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net
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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