Announced Inspection Report: Independent Healthcare

Service: Glasgow Medical Rooms, Glasgow
Service Provider: PAMM Healthcare Ltd

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

1. A summary of our inspection 4

2. What we found during our inspection 7

Appendix 1 – Requirements and recommendations 16
Appendix 2 – About our inspections 18
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 Glasgow Medical Rooms on Thursday 26 September 2019. We spoke with four patients and five staff, including the service manager who is also the owner, during the inspection. We also received comments from a further eight patients through email, telephone contact and our online survey. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Glasgow Medical Rooms, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></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><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
</tbody>
</table>
be developed to help identify and promote service improvement.

| Domain 9 – Quality improvement-focused leadership |
|-----------------------------------------------|------------------------------------------------|
| 9.4 - Leadership of improvement and change   | The service kept up to date with changes in legislation and best practice to maintain high standards of primary care for its patients. The service manager was committed to promoting continuous improvement to meet the needs and demands of patients. A quality improvement plan should be developed. |
|                                                | Yes Good                                                   |

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>A thorough health assessment was undertaken with every patient before any treatment commenced. Patients told us the treatments and associated risks were fully explained to them before they gave their consent.</td>
</tr>
</tbody>
</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>The service carried out pre-employment checks to make sure staff were safe to work in the service, in line with its recruitment policy. Staff received an induction and opportunities for training and development.</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 Glasgow Medical Rooms to take after our inspection

This inspection resulted in six 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 Glasgow Medical 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 told us they were fully involved in their treatment and were encouraged to provide feedback about their experience. Plans were under way to develop a more formal approach to collecting feedback from patients using questionnaires to influence and demonstrate patient involvement in future service development.

During the inspection, we received very positive feedback from the four patients we spoke with. The eight patients who responded to us through email, telephone and our online survey were also very positive.

Patients we spoke with found the information on the service’s website about the treatments offered and the costs very helpful before they attended the clinic. All patients confirmed they had a thorough discussion with the service’s GP about their expectations in line with their needs and wishes before agreeing to treatment. Patients described the care they received as excellent and they spoke highly of the GP’s professionalism. They also said the reception staff were polite, professional and respectful to them on the telephone and in person.

Other comments from patients included:

- ‘A very positive experience from beginning to end.’
- ‘Efficient and friendly service.’
- ‘Good communication and I had a thorough assessment.’
The service had a participation policy and gathered feedback from patients in a variety of ways. For example, patients were invited to leave comments:

- in the feedback and suggestion box displayed in the clinic
- through the website, and
- on social media.

The website detailed the qualifications and experience of the service manager and the range of services delivered by self-employed healthcare professionals. It also provided a brief description of what patients should expect to happen during each procedure. This was also available in paper form in the clinic.

The clinic environment helped maintain patients’ privacy and dignity. Individual consulting and treatment rooms could be locked when in use and windows were adequately screened. Patients told us they felt fully informed about the risks and benefits of treatment before they gave their consent.

Complaints information was displayed in the service and patients we spoke with said they would know what to do if they had a complaint. The complaints policy was comprehensive and detailed how it would respond to and investigate complaints. The policy also included Healthcare Improvement Scotland’s contact details to let people know they could direct their complaint to Healthcare Improvement Scotland at any time.

What needs to improve
Questionnaires could be further developed to give a more structured approach to collecting and evaluating patient feedback to help inform future service improvement.

- 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**

Patients were treated in a safe and clean environment. Good systems were in place to manage clinical and environmental risks in the service. A routine programme of audits should be developed to help identify and promote service improvement.

Good systems were in place to make sure that patients were treated in a safe and clean environment. A landlord managed repairs, maintenance and the security of the building. This included fire safety checks and water testing.

The clinic environment was clean, comfortable and equipment was in good condition. We received similar comments from patients. The service employed a daily cleaner.

A range of policies and procedures were in place to help the service deliver care and treatment safely. These were reviewed every 2–3 years. We saw that all staff employed in the service, including those who worked under a practicing privileges arrangement, had read and signed these policies.

The service had clear procedures in place to protect the health and safety of its staff and patients. We saw a health and safety policy and up-to-date public and employer’s liability insurance were displayed in the clinic. While no accidents or incidents had occurred in the service, it had a clear reporting system in place to record all accidents, incidents and adverse events and to analyse the ‘lesson learned’.

A comprehensive medicines management policy was in place for the safe procurement, prescribing, administration and storage of medicines. No controlled drugs were used in the service. The majority of medicines stock, such
as travel vaccines and botulinum toxin, was stored in a locked medical fridge. Fridge temperatures were recorded and monitored every day to make sure they were stored at a safe temperature. The locum practice nurse carried out weekly audits of vaccines. The service was registered with Medicines and Healthcare products Regulatory Agency (MHRA) for medical alerts. The service carried out yearly reporting of certain vaccines, such as ‘Yellow Fever’ in line with MHRA guidance. Arrangements were in place to deal with medical emergencies. This included the availability of emergency drugs, a first aid supply and an automated external defibrillator.

The service had appropriate measures in place to reduce the risk of infection to patients. For example, single-use personal protective equipment included gloves, aprons and medical devices. The service had a contract in place for the safe disposal of sharps and other clinical waste.

The service treated adults and children from birth. A parent or guardian always accompanied children receiving treatment in the service. A comprehensive adult and child protection policy was in place to protect patients at risk of harm or abuse. Patients who responded to our online survey confirmed they felt safe.

**What needs to improve**

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. The service had not implemented a duty of candour statement at the time of our inspection (recommendation a).

The service had assessed and recorded the clinical and environmental risks. However, it did not carry out routine audits for some parts of care such as standard precautions in line with its infection prevention and control policy and patient care records. A structured audit programme would help the service to record findings and improvements made (recommendation b).

- No requirements.

**Recommendation a**

- The service should develop a duty of candour policy.

**Recommendation b**

- The service should develop a programme of audits to cover key aspects of care, treatment and record keeping including all types of patient care records. Audits should be documented and improvement action plans implemented.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

A thorough health assessment was undertaken with every patient before any treatment commenced. Patients told us the treatments and associated risks were fully explained to them before they gave their consent.

Patient care records were stored electronically and all patient data was password protected to prevent unauthorised access and the confidentiality of patient information. This was in line with the service’s information security policy. Employed and self-employed staff signed a confidentiality agreement before working in the service.

Patient care records we reviewed were legible, up to date and included a detailed assessment of the patient’s physical health, past medical history and prescribed medicines. Patients we spoke with told us the assessment process was very thorough. They said it included a discussion with the GP to make sure they understood the associated risks of any suggested treatment before giving their consent.

From the four patient care records we reviewed, we saw that patients signed their consent form to say they understood and agreed to treatment. This included obtaining patients, parents or guardians consent to sharing information with other healthcare professionals.

- No requirements.
- No recommendations.
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

The service carried out pre-employment checks to make sure staff were safe to work in the service, in line with its recruitment policy. Staff received an induction and opportunities for training and development.

A GP owned and managed the service. Some changes in staff employed in the service had occurred since it was first registered with Healthcare Improvement Scotland. A new practice manager had been recruited in December 2018 and two new reception staff had been in post for approximately 6 months.

We saw that all staff had appropriate pre-employment checks carried out before they had started working in the service, in line with its recruitment policy.

Job descriptions detailed staff roles and responsibilities. Staff received an induction and completed a period of shadowing to gain experience in the role and a yearly appraisal system was in place. The practice manager provided ongoing support and supervision for admin staff to make sure they were competent to carry out their role.

The service manager supported the ongoing development of the practice manager and met with them every day to co-ordinate and manage the clinic. The practice manager was responsible for co-ordinating training and development for staff. Basic life support and first aid training was being planned for staff.

The service had recruited some self-employed specialist healthcare professionals under a practicing privileges arrangement. A locum practice nurse had also recently been recruited to manage the delivery of parts of the GP service, such as travel vaccinations and sexual health.

All pre-employment checks for healthcare professionals included a Protecting Vulnerable Groups (PVG) update, two references, fitness-to-practice record and immunisation status.
What needs to improve
From the staff files we reviewed, we saw that the service had not securely destroyed the original certificates received from Disclosure Scotland in line with current legislation. A system for recording and auditing these checks would ensure the service continues to monitor that staff remain safe to work in the service (recommendation c).

While self-employed healthcare staff signed a rental and confidentiality agreement, we saw no evidence of a practicing privileges policy in place. This would help set out the service’s expectations for staff working under this arrangement around:

- frequency of appraisals
- frequency of fitness to practice checks
- frequency of PVG updates
- professional development, and
- support arrangements (recommendation d).

We were told that staff meetings took place regularly. However, we did not see any minutes of these meetings. A record of staff meetings would provide evidence of discussions and decisions reached at these meetings to improve accountability and governance (recommendation e).

- No requirements.

Recommendation c
- The service should securely destroy original Protecting Vulnerable Groups (PVG) and Basic Disclosure certificates. A record of all background checks should be kept in each staff member’s personnel file.

Recommendation d
- The service should develop a practicing privileges policy.

Recommendation e
- The service should formally record the minutes of staff and management meetings. These should include any actions taken and those responsible for the actions.
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 to maintain high standards of primary care for its patients. The service manager was committed to promoting continuous improvement to meet the needs and demands of patients. A quality improvement plan should be developed.

A GP registered with the General Medical Council and with over 30 years’ experience in delivering healthcare for patients owned and managed the service. The service manager was also a trained and experienced aesthetic practitioner and a member of the British Medical Association. As the sole practitioner for the GP service, the service manager belonged to a primary care support group. This provided them with opportunities for peer support with other GPs and to keep up to date with best practice and changes in legislation.

While the practice manager and reception staff were relatively new in post, staff we spoke with felt the service manager supported and valued them. Staff told us they attended regular meetings where they were encouraged to share their ideas for service improvement. For example, staff started to wear uniforms so that new patients could quickly identify them and they told us this made them look more professional.

The service manager reviewed patient feedback and responded to requests for improvement directly with patients. The service’s quality management policy set out its commitment to achieving a 100% patient satisfaction from patients who used the service.

The service won a national award in 2018 in recognition of its business achievements as a GP and therapy centre.
The service had made some improvements since it was registered with Healthcare Improvement Scotland. For example:

- It reviewed the electronic patient care record-storing system and updated it to include a record of the potential side-effects of medicines prescribed to patients.
- A locum practice nurse had been recruited to meet the increasing demands of the travel health service, which included travel advice and administering travel vaccines to adults and children. The service planned to make this role permanent.

**What needs to improve**
The service did not have a formal quality improvement plan to give a more structured approach to evaluating and measuring the impact of improvements (recommendation f).

- No requirements.

**Recommendation f**
- The service should develop a quality improvement plan to evaluate and measure the impact of 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 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
</table>
| **a** The service should develop 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 |
| **b** The service should develop a programme of audits to cover key aspects of care, treatment and record keeping including all types of patient care records. Audits should be documented and improvement action plans implemented (see page 10).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
### Domain 7 – Workforce management and support

#### Requirements

None

#### Recommendations

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>c</strong></td>
<td>The service should securely destroy original Protecting Vulnerable Groups (PVG) and Basic Disclosure certificates. A record of all background checks should be kept in each staff member’s personnel file (see page 13).</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td><strong>d</strong></td>
<td>The service should develop a practising privileges policy (see page 13).</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td><strong>e</strong></td>
<td>The service should formally record the minutes of staff and management meetings. These should include any actions taken and those responsible for the actions (see page 13).</td>
</tr>
<tr>
<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>
</tr>
</tbody>
</table>

### Domain 9 – Quality improvement-focused leadership

#### Requirements

None

#### Recommendation

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>f</strong></td>
<td>The service should develop a quality improvement plan to evaluate and measure the impact of service improvement (see page 15).</td>
</tr>
<tr>
<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>
</tr>
</tbody>
</table>
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
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