Announced Inspection Report: Independent Healthcare

Service: The Aberdeen Clinic, Aberdeen
Service Provider: TAC Healthcare Group Limited

7 December 2021
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 his.contactpublicinvolvement@nhs.scot
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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 6 December 2018

Recommendation
The service should review its information system to ensure that any information from patients is easily accessible to help identify areas for improvement.

Action taken
The service had now introduced an information system with all information about patients in one place that was easily accessible.

Recommendation
The service should develop a training plan for 2019.

Action taken
The service had now developed a staff training plan for 2019 and beyond.
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 key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to The Aberdeen Clinic on Tuesday 7 December 2021. We spoke with a number of staff during the inspection. We also received feedback from seven patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of two inspectors.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For The Aberdeen Clinic, the following grades have been applied to the key quality indicators inspected.

<p>| Key quality indicators inspected | |
| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | |</p>
<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Patients were cared for in a clean and safe environment. Appropriate systems were in place for the safe and secure handling of medicines, and infection prevention and control. However, findings from infection prevention and control walkrounds should be documented and formally shared with staff. A full programme of audits should be carried out.</td>
<td>✔️ Good</td>
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### Key quality indicators inspected (continued)

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

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<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The service acted on lessons learned from complaints and incidents, and was responsive to making changes to practice. A range of staff and senior management meetings were held. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement.</td>
<td>✔️ Good</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>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients were fully assessed before any treatments. Patient care records were up to date, legible and securely stored. Medicine batch numbers and expiry dates should be recorded in patient care records.</td>
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#### Domain 7 – Workforce management and support

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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Suitable and safe recruitment practices were in place. Staff had opportunities for training and development. Annual appraisals were carried out. Protecting Vulnerable Groups (PVG) certificates should not be stored in staff files.</td>
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Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect TAC Healthcare Group Ltd 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](http://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 The Aberdeen Clinic for their assistance during the inspection.
3  What we found during our inspection

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 cared for in a clean and safe environment. Appropriate systems were in place for the safe and secure handling of medicines, and infection prevention and control. However, findings from infection prevention and control walkrounds should be documented and formally shared with staff. A full programme of audits should be carried out.

All areas of the clinic were clean and equipment was in good working order. We found completed and up-to-date cleaning schedules showing that the clinic was being cleaned appropriately.

Feedback from our online survey showed that all patients were satisfied with the cleanliness of the environment they were treated in. Comments included:

- ‘The clinic was very tidy and clean.’
- ‘All very clean.’

The service had an identified lead for infection prevention and control. Staff could tell us about their roles and responsibilities in maintaining high standards of infection prevention and control. The majority of equipment used for procedures was single use to prevent the risk of cross-infection. A contract was in place for the safe disposal of sharps and clinical waste. We saw a good supply of personal protective equipment available (disposable gloves and aprons).

Servicing and maintenance contracts were in place for all clinical and non-clinical equipment and fire safety equipment. Electrical appliances were maintained and tested every year. We saw evidence that the service’s ventilation system complied with the required specification for the surgical procedures carried out in the service.
The service had a safe system for prescribing, procuring, storing and administering medicines, in line with its medicine management policy. Medicines we looked at were in-date and stored securely in a locked cupboard or a medical refrigerator. Fridge temperatures were checked and recorded daily to ensure medicines were stored at the correct temperature.

Arrangements were in place to deal with medical emergencies or any complications from treatment. This included mandatory staff training on life saving and the provision of emergency life-saving equipment such as a defibrillator, emergency medicines and first aid supplies. This meant that trained staff could support patients in an emergency.

A number of policies were in place which were accessible to staff. The service had developed a timetable for reviewing all policies to make sure they were up to date with the latest information and guidance. A duty of candour policy had been developed. This is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. No incidents had triggered the need for the service to act.

Risk assessments were carried out to identify any new risks to patients and staff in the service. Staff showed us how the service’s risk register helped them to actively work towards reducing risks and maintaining a safe environment. We saw documentation of actions taken with completion or review dates. Risks were discussed regularly at management meetings.

**What needs to improve**

The infection prevention and control lead carried out regular walkrounds of the service. These included checking equipment, and compliance with policies and procedures. However, the findings of the walkrounds were not documented or formally shared with staff (recommendation a).

The service carried out a range of audits to monitor the quality and safety of the care and treatment provided to patients. We saw examples of completed audits with areas for improvement identified including planned actions and timescales for completion. However, we found a number of gaps in audits carried out on patient care records and for the management of sharps (recommendation b).

- No requirements.

**Recommendation a**

- The service should document findings of infection prevention and control walkrounds, develop action plans for any areas of improvement identified and share findings with staff.
**Recommendation b**

- The service should ensure the full programme of audits is completed. Audits should be documented and improvement actions implemented.

**Our findings**

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

Patients were fully assessed before any treatments. Patient care records were up to date, legible and securely stored. Medicine batch numbers and expiry dates should be recorded in patient care records.

The five patient care records we reviewed showed that assessments and consultations were carried out before treatment started. These included taking a full medical history, with details of any health conditions, medications, allergies and previous treatments. Risks and benefits of the treatment were explained and a consent to treatment form completed for all new and returning patients.

We saw that patient care records were completed in line with the service’s record keeping policy. For example, the writing was legible and a practitioner signed and dated all entries. Patient care records were kept in both paper and electronic formats. Appropriate procedures were in place to make sure that information was held securely using locked filing cabinets and password protection to prevent unauthorised access.

Patients were given verbal and written aftercare advice to make sure they understood how to prevent infection and aid healing after their treatment. This included the service’s emergency contact details. Patients were invited to attend a free follow-up appointment, if required. This allowed the service to ensure patients were happy with the results and had not experienced any side-effects.

Feedback from our online survey showed that all patients felt they had been involved in decisions about their care and provided with sufficient information in a format they could understand. All stated that the treatment procedure, risks and benefits and expected outcome had been explained to them before the treatments. Comments included:

- ‘Was well explained, also what side effects it could cause.’
- ‘Good opportunity for discussion.’
What needs to improve
Medicine batch numbers, dosage and expiry dates were not documented in the patients care records we reviewed. This would allow tracking if there were any issues with medications (recommendation c).

- No requirements.

Recommendation c
- The service should document the medicine batch number, dosage and expiry date of any medicines used in 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
Suitable and safe recruitment practices were in place. Staff had opportunities for training and development. Annual appraisals were carried out. Protecting Vulnerable Groups (PVG) certificates should not be stored in staff files.

Safe and effective recruitment policies and procedures were in place and followed. We reviewed six staff files, including three for staff members granted practicing privileges (staff not employed by the provider but given permission to work in the service). We saw evidence that pre-employment checks had been completed before staff were permitted to work in the service. This included:

- Disclosure Scotland Protecting Vulnerable Groups (PVG) checks for clinical staff
- indemnity insurance
- occupational health status
- professional registration, and
- proof of identity.

We saw signed contracts of employment and staff had clear roles, responsibilities and lines of accountability.
New staff completed a role-specific induction period. This included an online training and education package, hands-on training and being assigned a mentor and supervised practice. All posts had a probationary period and senior managers monitored completion of induction training to ensure that all staff were up to date and had the necessary skills and knowledge to do their role.

Staff had mandatory and refresher training programmes. These ensured they maintained their skills and knowledge in a number of areas including public protection (safeguarding), infection prevention and control, and complaints handling. We saw that the service’s electronic training log showed that staff had attended mandatory training and other training relevant to their roles.

We saw evidence that a training needs analysis would regularly be carried out to identify any training needs in response to the introduction of new treatments. Staff were provided with opportunities to carry out continued education. This included a Master of Laws, gynecology courses and nurse practitioner training on the safe use of lasers and intense pulsed light. As a result of staff learning, we were told that antispasmodic drugs were introduced during endoscopy procedures to improve patient comfort and experience. Staff told us they received good opportunities for ongoing training and development.

A staff performance and development review policy was in place. As part of this process, staff told us they had the opportunity to discuss any concerns, progress in their role and career developments. We saw evidence that staff had received annual appraisals. These included an assessment of any training and development requirements which helped inform the staff training plan. A 6-monthly review meeting provided staff with an opportunity to reflect on their personal development and ensure they were on track to achieve their learning goals. The service also had a process for obtaining appraisals for the staff working under practicing privileges from their respective NHS employer. This information was used to inform the renewal of practicing privileges contracts.

We found there was considerable emphasis on staff skills and competencies. We saw a customised online training programme was being designed to meet the specific training needs of the service. This will provide a more effective, personalised learning experience.
What needs to improve
The service had retained the original certificates following completed Disclosure Scotland Protecting Vulnerable Groups (PVG) checks in staff files (recommendation d).

The manager told us that regular catch-ups with individual staff members took place. This allowed staff to hear feedback about their performance and to identify future training opportunities. We advised that it would be good practice to document each catch-up and share with the staff member for transparency and to reduce the risk of any misunderstanding in communication. We will follow this up at future inspections.

■ No requirements.

Recommendation d
■ The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) certificates in line with current legislation and implement a system to record PVG scheme identification numbers for all 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 acted on lessons learned from complaints and incidents, and was responsive to making changes to practice. A range of staff and senior management meetings were held. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement.

We saw evidence that the service held regular staff meetings. This included weekly senior management meetings where the quality of the service being provided was a standing item on the agenda. Action plans and timescales for completion were in place for areas identified for improvements. Staffing requirements were reviewed at monthly workforce planning meetings.

An electronic system was in place for recording, reviewing and monitoring incidents. We reviewed the records for a recent incident and saw evidence that this had been investigated carefully and thoroughly. Regular incident reports were produced so that the occurrence of incidents could be reviewed and analysed. Arrangements were in place to disseminate information and lessons learned from incidents to staff and through the senior management governance systems.

The service sought and responded to staff views. This was done through a variety of methods including an anonymous online feedback form and a staff survey carried out in April 2021. Staff engagement, culture, training and organisational communication were considered and results were published in a variety of formats, such as newsletters, email and through a staff presentation. As a result of the staff survey, staff drop-in sessions led by the clinical director every 3 months were introduced. These provided staff with an opportunity to share their ideas, suggest improvements and raise any issues they may have.
The service proactively promoted safety and worked to ensure risks were reduced. For example, audits of complaints and incident key performance indicators were discussed at the complaints and incidents review meeting held every 6 months. We were told that when poor performance was identified with a key performance indicator, an in-depth review would take place to identify recommendations that would improve performance. This included staff participating in reflective learning in terms of their practice. There would then be a re-audit of practice to demonstrate improved compliance with key performance indicators.

We saw evidence of quality improvement activities being carried out by the service. For example, as a result of patient feedback, transparent face masks which enable lip reading and make communication easier had been introduced.

Regular staff newsletters were issued which included information such as recognition of local achievements, updates on what was occurring in the service, new policies and procedures and employee introductions. Individual staff had received awards in recognition of their contribution to the service.

**What needs to improve**

We were told that senior management meetings were minuted and had been shared with staff by email and internal communication platforms before mid-October 2021. However, this had now stopped (recommendation e).

Good assurance systems used in the service included staff meetings, audits, reviewing and acting on patient feedback, and evidence of lessons being learned from complaints and incidents. However, the service did not have an overall formal quality improvement plan. This would help to structure and record service improvement processes and outcomes, and enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation f).

- No requirements.

**Recommendation e**

- The service should re-introduce minuting of senior management meetings. A summary of discussions including any actions taken and those responsible for the actions should be recorded. Relevant information should be shared with all staff.

**Recommendation f**

- The service should develop a quality improvement plan that demonstrates a structured approach to carrying out and recording improvement activities and evaluating the impact of change on the quality of the service.
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

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<td>None</td>
<td>a. The service should document findings of infection prevention and control walkrounds, develop action plans for any areas of improvement identified and share findings with staff (see page 9).</td>
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<td></td>
<td>b. The service should ensure the full programme of audits is completed. Audits should be documented and improvement actions implemented (see page 10).</td>
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<tr>
<td></td>
<td>c. The service should document the medicine batch number, dosage and expiry date of any medicines used in patient care records (see page 11).</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

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
## Domain 7 – Workforce management and support

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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 4.24

## Domain 9 – Quality improvement-focused leadership

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<td><strong>e</strong> The service should reintroduce minuting of senior management meetings. A summary of discussions including any actions taken and those responsible for the actions should be recorded. Relevant information should be shared with all staff (see page 15).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

| **f** The service should develop a quality improvement plan that demonstrates a structured approach to carrying out and recording improvement activities and evaluating the impact of change on the quality of the service (see page 15). |

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: his.ihcregulation@nhs.scot