Announced Inspection Report: Independent Healthcare

Service: Medigold Health, Glasgow
Service Provider: Medigold Health Consultancy Limited

30 June 2022
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
Contents

1 A summary of our inspection 4

2 What we found during our inspection 7

Appendix 1 – Requirements and recommendations 18
Appendix 2 – About our inspections 23
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 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 Medigold Health (Glasgow) on Thursday 30 June 2022. We spoke with the occupational health nurse manager during the inspection. We did not receive any feedback from patients to an online survey we had 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.

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 satisfactory self-evaluation.

What we found and inspection grades awarded

For Medigold Health (Glasgow), the following grades have been applied to the key quality indicators inspected.

<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>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
</tbody>
</table>
### Key quality indicators inspected (continued)

#### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<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>Appropriate processes and procedures must be in place to ensure a safe environment for patients and staff, including better management and storage of medication. We saw some instances where the service did not comply with national guidance about cleaning. Clinical areas must have appropriate floor coverings. The infection protection and control policy must be reviewed. An audit programme should be implemented to review the safe delivery of care and quality of the service.</td>
<td>Unsatisfactory</td>
</tr>
</tbody>
</table>

#### 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>Leadership and oversight of the service on a day-to-day basis must be improved. Quality assurance processes and systems must be developed to help evaluate and measure the quality, safety and effectiveness of the service. This should include developing a quality improvement plan. Formal multidisciplinary team meetings should be introduced in the service.</td>
<td>Unsatisfactory</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>Patient care records were legible and fully completed, including a process of consent. However, contact details for patients’ GPs and next of kin should be documented. Audits of patient care records were carried out.</td>
</tr>
</tbody>
</table>
### Additional quality indicators inspected (ungraded) (continued)

#### 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>All electronic staff files were stored securely, and included details of staff training. Relevant Disclosure Scotland Protecting Vulnerable Groups (PVG) or basic disclosure checks must be carried out on all clinical and non-clinical staff, as required. References for new staff must be obtained before they start working in the service.</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)

Further information about the Quality Framework can also be found on our website at: [https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

### What action we expect Medigold Health Consultancy Limited to take after our inspection

This inspection resulted in eight requirements and seven recommendations. 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Medigold Health Consultancy 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 Medigold Health (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

Although patient feedback questionnaires were provided, the service should review how it gathers and uses patient feedback to help make improvements. A complaints policy must be developed that is easily accessible for patients, and advises that patients can complain to Healthcare Improvement Scotland at any stage. A duty of candour policy should be developed.

The service provided medical consultations for patients who require medical examinations for occupational purposes and the majority worked in the oil and gas industry. All consultations were by appointment only, and private consultation rooms and minimum staff numbers helped maintain patients’ privacy and dignity.

The service’s website provided comprehensive information on the occupational health services offered in the service.

We saw patient feedback questionnaires available for patients at reception to complete following their consultation which asked them about their experience of the service.

We had not received any complaints since the service registered in July 2019. We noted that a complaints log was in place to record any complaints made and actions taken.

What needs to improve

A complaints process detailed how the service would manage complaints. However, this was an internal document describing what actions staff should take, such as timescale response times. There was no public-facing information
available advising patients on how to make a complaint, or advising they could contact Healthcare Improvement Scotland at any stage (requirement 1).

Although the service used paper questionnaires to seek feedback from patients, we saw no evidence showing how this information was then used to inform service development. We were told the service had noted a poor return rate with these questionnaires, and was considering other methods of gathering patient feedback. A participation policy would help direct how the service involves patients in helping to continually improve the service and provide a structured approach to evaluating and measuring the impact of improvements (recommendation a).

The service did not have a duty of candour policy. This is where healthcare professionals have a professional responsibility to be open and honest with patients and respond appropriately to any unintended or unexpected incidents that occur (recommendation b).

**Requirement 1 – Timescale: by 22 September 2022**
- The provider must develop a complaints policy and make this widely available to patients. The policy must make clear that patients have the right to complain to Healthcare Improvement Scotland at any stage and include the full name and contact details for Healthcare Improvement Scotland.

**Recommendation a**
- The service should develop a patient participation policy that includes a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made.

**Recommendation b**
- The service should develop and implement a duty of candour policy and ensure an annual report is produced.
**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**

Appropriate processes and procedures must be in place to ensure a safe environment for patients and staff, including better management and storage of medication. We saw some instances where the service did not comply with national guidance about cleaning. Clinical areas must have appropriate floor coverings. The infection protection and control policy must be reviewed. An audit programme should be implemented to review the safe delivery of care and quality of the service.

The service was clean, and we were told that a cleaning company cleaned the service during the evening. Clinical staff were responsible for cleaning their clinic room and equipment between patient consultations.

We saw a good supply of personal protective equipment, such as face masks, aprons and gloves. Alcohol-based hand rub dispensers were available throughout the service. A waste contract detailed arrangements for how clinical waste was managed and disposed of from the service.

Fire extinguishers and smoke alarms were in place throughout the building. An electronic log book was used to record fire and safety checks. All equipment was calibrated and maintained every year. The clinic was well ventilated.

We saw completed risk assessments and a risk register in place for managing risk in the service. The service’s electronic risk register was reviewed regularly and covered aspects such as fire, trips and falls, and COVID-19. A separate electronic system was used to record any accidents or incidents that occurred in the service.
A number of up-to-date appropriate policies were in place to ensure the safe delivery of care, for example health and safety, and medicine management policies.

All vaccines and prescription only medicines were in date, including medicines required in an emergency. The medication fridge temperature was monitored and recorded daily to ensure medicines were stored at the correct temperature.

**What needs to improve**

The key for the medication fridge was not removed from the fridge. Other non-refrigerated medications were not stored securely in a locked cupboard. This meant that unauthorised personnel could access medications (requirement 2).


During our inspection, we saw some instances where the service did not comply with national infection prevention and control guidance in relation to cleaning. For example:

- we saw no documented evidence of cleaning schedules or audits to monitor that appropriate cleaning was taking place
- we saw no documented evidence that clinical hand wash basins were being cleaned with the appropriate cleaning solution, and
- the service’s cleaners used re-useable mop heads to clean the floor (requirement 4).

All clinical consultation rooms were carpeted. This is not appropriate in a clinical setting and does not comply with national standards and guidance. In some areas, the carpet was in need of replacement and could not be effectively cleaned (requirement 5).

We found no evidence of audits taking place to review the safe delivery and quality of the service. A structured programme of regular audits should be introduced for key areas, including medicines management, and the safety and maintenance of the care environment (recommendation c).
The service’s safeguarding policy did not reference the appropriate Scottish legislation or include contact details for the local authority social services department and police station where staff should report any adult or child protection concerns (recommendation d).

**Requirement 2 – Timescale: immediate**
- The provider must ensure that all medicines are stored securely in either a locked medication fridge or cupboard.

**Requirement 3 – Timescale: 22 September 2022**
- The provider must review its infection prevention and control policy and auditing system to make sure they are both in line with Scottish guidance, in particular Healthcare Improvement Scotland’s *Healthcare Associated Infection (HAI) standards* (2015) and Health Protection Scotland’s *National Infection Prevention and Control Manual*.

**Requirement 4 – Timescale: 22 September 2022**
- The provider must
  - develop cleaning schedules which include details on cleaning products, processes and records of completion of cleaning
  - ensure appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks, and
  - only use appropriate cleaning equipment, including single-use disposable mop heads.

**Requirement 5 – Timescale: 22 September 2022**
- The provider must develop a refurbishment plan, in particular to replace the carpets in clinical areas with appropriate floor coverings.

**Recommendation c**
- 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 d**
- The service should amend its safeguarding policy to take account of Scottish legislation and guidance.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were legible and fully completed, including a process of consent. However, contact details for patients’ GPs and next of kin should be documented. Audits of patient care records were carried out.

We reviewed four patient care records and found these to be fully completed and legible. Patients completed a health questionnaire on their past medical history and regular medicines before their consultation appointment. We saw evidence of this information then being reviewed with the patient’s medical or nursing practitioner.

Individual detailed aspects of consent were included in each patient care record reviewed. This included consent to be referred to the service, consent to the screening process and consent for the service to contact the patient’s GP. Each individual consent obtained was signed and dated by the patient.

Where appropriate, we saw that various screening tests were carried out on the patient. This included checks on blood pressure, heart rate, weight, height and hearing tests. Following this screening, patients were given a health certificate and a copy was sent to their employer.

We were told that 20 patient care records were audited every month. We saw evidence of this being discussed with the provider’s clinical governance team where any trends were identified and any need for extra staff training was highlighted.

The service’s paper patient care records were stored in a locked filing cabinet with the key kept in a locked key cupboard. Relevant paper documents were then scanned and stored electronically onto a secure password-protected database. The service regularly audited this process with all confidential paper copies then disposed of appropriately. The service was also registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) to ensure the safe storage of confidential patient information.

What needs to improve

Although patients consented for the service to contact their GP if necessary, contact details for their GP and next of kin were not being routinely requested or documented in the patient care records (recommendation e).
Patients were provided with verbal aftercare advice following the administration of medication. However, they were not routinely provided with written aftercare advice and information about emergency arrangements for any adverse effects. This would enable patients to be better informed about their care (recommendation f).

- No requirements.

**Recommendation e**
- The service should ensure patients’ GP and next of kin details are documented in patient care records.

**Recommendation f**
- The service should provide written aftercare advice and information.

**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**

All electronic staff files were stored securely, and included details of staff training. Relevant Disclosure Scotland Protecting Vulnerable Groups (PVG) or basic disclosure checks must be carried out on all clinical and non-clinical staff, as required. References for new staff must be obtained before they start working in the service.

All electronic staff files were stored securely in individual staff files. We reviewed five staff files to ensure a process of safe recruitment had been completed.

The service’s recruitment policy detailed the required recruitment checks, for example references and a criminal record check. For new employees, we saw the recruitment process included an application process, identity checks and a request for two references. We saw that appropriate qualifications were obtained and information about up-to-date occupational vaccinations required, for example hepatitis B vaccines. New employees were on a probation period for 6 months. During the induction process, staff were provided with all policies and procedures to ensure compliance with clinical governance. Clinical induction with the line manager identified any training needs.
A process for checking each individual’s professional registration every year was in place.

We were told that staff received two and a half days paid study leave a year and funds were provided for any training and education courses. Annual mandatory training was carried out, including training on drugs and alcohol screening. All training was uploaded to the individual’s electronic staff file. The electronic system also highlighted when training was due for individual staff members.

**What needs to improve**

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 people. Although all staff files reviewed showed that background safety checks had been carried out, these were based on English legislation and were carried out through the English disclosure body. Disclosure Scotland Protecting Vulnerable Groups (PVG) checks had not been carried out in line with Scottish legislation. Each non-clinical role should be risk assessed to determine the need for a basic disclosure to be completed. Of the five staff files we reviewed, two contained one reference, with the remaining ones having no references. We were told no process was in place to ensure two references were received before staff started working in the service (requirement 6).

**Requirement 6 – Timescale: immediate**

- The provider must ensure that the safe recruitment of staff is consistently completed in line with policy and national guidance, including appropriate Protecting Vulnerable Groups (PVG) checks and basic disclosure.

- 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

Leadership and oversight of the service on a day-to-day basis must be improved. Quality assurance processes and systems must be developed to help evaluate and measure the quality, safety and effectiveness of the service. This should include developing a quality improvement plan. Formal multidisciplinary team meetings should be introduced in the service.

Professional staff undertake clinical supervision and a revalidation process. This means they must gather evidence of their competency, training and feedback from patients and peers for their professional regulatory body. For example, nursing staff are required to do this for the Nursing and Midwifery Council every 3 years.

An occupational health nurse manager was responsible for the nursing staff members. All worked remotely and were only present in the service during clinic appointments. We were told daily conference calls between the occupational health nurse manager and nursing staff allowed staff to support each other and work together. The occupational health nurse manager also held a formal meeting with nursing staff every month. Minutes and outcomes from these meetings were then shared with the provider’s associate director of nursing and chief nursing officer who met remotely with the occupational health nurse manager every 2 weeks. This allowed any issues to be escalated and actions taken, as well as provide an opportunity for the senior executives to share any corporate information, including business updates, risk management and incidents. The associate director of nursing reported to the provider’s Board who met every 3 months.

We were told the chief executive held an online meeting every 3 months with all staff across the provider organisation. This helped staff keep up to date with the latest information and the direction of the organisation. It also gave staff an
opportunity to directly ask questions. This meeting was video recorded so that it could then be posted on the staff intranet for all employees to access. An all staff team building event also took place every year.

All staff had access to the internal staff intranet. This allowed staff to keep up to date with changes in the service or changes in guidance as well as to share celebratory staff news, such as promotions. Staff we spoke with told us there was opportunity for online ‘lunch and learn’ sessions on the staff intranet. An online wellbeing centre also provided staff with an opportunity to provide feedback and to recognise staff achievements. We were told that staff also had access to various benefits and discounts from other external services.

**What needs to improve**

We were told the provider’s daily duty manager was based remotely and provided support to clinical staff in the absence of their line manager and managed any patient queries. However, there was no clinic manager present in the service to assist with the day-to-day operational running of the clinic (requirement 7).

We saw no overarching quality assurance structures in place, and no system for reviewing the quality of the service being delivered. For example, outcomes from audits, patient feedback, complaint investigations and incidents should be used to improve the service. A formal quality improvement plan would also help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would enable the service to clearly demonstrate a culture of continuous quality improvement (requirement 8).

Outwith the nursing staff group meetings, there were no other team or multidisciplinary meetings that took place in the service. Staff told us this led to a lack of communication among staff in the service (recommendation g).

**Requirement 7 – Timescale: by 22 September 2022**

- The provider must ensure its registered manager, or a formally nominated deputy, is present at all times during service operating hours, to ensure clear leadership and proper oversight of the service on a day-to-day basis.

**Requirement 8 – Timescale: by 22 September 2022**

- The provider must implement a suitable system of regularly reviewing the quality of the service to make sure it is of a quality appropriate to meet the needs of patients. This should include developing a quality improvement plan to formalise and direct the way it drives and measures improvement.
**Recommendation g**

- The service should consider ways to improve communications such as introducing multidisciplinary meetings for all staff in the service. Minutes of these meetings should include any actions taken and those responsible for the actions.
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

### Requirement

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> The provider must develop a complaints policy and make this widely available to patients. The policy must make clear that patients have the right to complain to Healthcare Improvement Scotland at any stage and include the full name and contact details for Healthcare Improvement Scotland (see page 8).</td>
</tr>
</tbody>
</table>

**Timescale – by 22 September 2022**

*Regulation 15(5)(6)*

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

### Recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a</strong> The service should develop a patient participation policy that includes a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made (see page 8).</td>
</tr>
</tbody>
</table>

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

| b | The service should develop and implement a duty of candour policy and ensure an annual report is produced (see page 8). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4 |
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
</table>
| **2** | The provider must ensure that all medicines are stored securely in either a locked medication fridge or cupboard (see page 11).  

Timescale – immediate  

*Regulation 3(d)(iv)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **3** | The provider must review its infection prevention and control policy and auditing system to make sure they are both in line with Scottish guidance, in particular Healthcare Improvement Scotland’s *Healthcare Associated Infection (HAI) standards* (2015) and Health Protection Scotland’s *National Infection Prevention and Control Manual* (see page 11).  

Timescale – 22 September 2022  

*Regulation 3(d)(i)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **4** | The provider must  
- develop cleaning schedules which include details on cleaning products, processes and records of completion of cleaning  
- ensure appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks, and  
- only use appropriate cleaning equipment, including single-use disposable mop heads (see page 11).  

Timescale – 22 September 2022  

*Regulation 3(d)(i)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
# Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

## Requirements

<table>
<thead>
<tr>
<th>5</th>
<th>The provider must develop a refurbishment plan, in particular to replace the carpets in clinical areas with appropriate floor coverings (see page 1).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Timescale – 22 September 2022</td>
</tr>
<tr>
<td></td>
<td><strong>Regulation 3(d)(i)</strong></td>
</tr>
<tr>
<td></td>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
</tr>
</tbody>
</table>

## Recommendations

<table>
<thead>
<tr>
<th>c</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 11).</th>
</tr>
</thead>
<tbody>
<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>
<tr>
<td>d</td>
<td>The service should amend its safeguarding policy to take account of Scottish legislation and guidance (see page 11).</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 4.11</td>
</tr>
<tr>
<td>e</td>
<td>The service should ensure patients’ GP and next of kin details are documented in patient care records (see page 13).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</td>
</tr>
<tr>
<td>f</td>
<td>The service should provide written aftercare advice and information (see page 13).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9</td>
</tr>
</tbody>
</table>
### Domain 7 – Workforce management and support

**Requirement**

**6** The provider must ensure that the safe recruitment of staff is consistently completed in line with policy and national guidance, including appropriate Protecting Vulnerable Groups (PVG) checks and basic disclosure (see page 14).

Timescale – immediate

*Regulation 9*

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

**Recommendations**

None

### Domain 9 – Quality improvement-focused leadership

**Requirements**

**7** The provider must ensure its registered manager, or a formally nominated deputy, is present at all times during service operating hours, to ensure clear leadership and proper oversight of the service on a day-to-day basis (see page 16).

Timescale – 22 September 2022

*Regulation 12(a)*

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

**8** The provider must implement a suitable system of regularly reviewing the quality of the service to make sure it is of a quality appropriate to meet the needs of patients. This should include developing a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).

Timescale – 22 September 2022

*Regulation 13(1)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Domain 9 – Quality improvement-focused leadership (continued)

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>g</strong> The service should consider ways to improve communications such as introducing multidisciplinary meetings for all staff in the service. Minutes of these meetings should include any actions taken and those responsible for the actions (see page 17).</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Before inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent healthcare services submit an annual return and self-evaluation to us.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>After inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>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: <a href="http://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a></td>
</tr>
<tr>
<td>We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.</td>
</tr>
<tr>
<td>We check progress against the improvement action plan.</td>
</tr>
</tbody>
</table>

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