Announced Follow-up Inspection Report: Independent Healthcare

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

20 September 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

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Glasgow Medical Rooms on 19 May 2022. That inspection resulted in five requirements and eight recommendations. As a result of that inspection, PAMM Healthcare Limited produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

About our follow-up inspection

We carried out an announced follow-up inspection to Glasgow Medical Rooms on Tuesday 20 September 2022. The purpose of the inspection was to follow up on the progress the service has made in addressing the five requirements and eight recommendations from the last inspection. This report should be read along with the May 2022 inspection report.

We spoke with the service manager during the inspection.

The inspection team was made up of one inspector and one senior inspector.

Grades awarded as a result of this follow-up inspection will be restricted to no more than ‘Satisfactory’. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades may still change after this inspection due to other regulatory activity.

Key quality indicators inspected

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality indicator</td>
<td></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>✓ Satisfactory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
<th>Grade awarded</th>
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</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>✓ Satisfactory</td>
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<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Unsatisfactory</td>
</tr>
</tbody>
</table>
The grading history for Glasgow Medical Rooms can be found on our website.

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

Further information about the Quality Framework can also be found on our website at:

We found that the provider had complied with most of the requirements made at our previous inspection. It had also taken steps to act on some of the recommendations we made.

Of the five requirements made at the previous inspection on 19 May 2022, the provider has:

- met four requirements, and
- not met one requirement.

**What action we expect PAMM Healthcare Limited to take after our inspection**

This inspection resulted in one requirement and five recommendations which remain outstanding, and one new requirement. 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

PAMM Healthcare 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 Glasgow Medical Rooms for their assistance during the inspection.
2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 19 May 2022

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

Requirement 1 – Timescale: by 14 August 2022
The provider must maintain a complaints log to record complaints made to the service, and document any resulting actions taken.

Action taken
A complaints log had now been produced. We were told that all complaints, including verbal and emailed complaints, would be recorded on the complaints log. There had been no complaints since our last inspection in May 2022. This requirement is met.

Recommendation a
The service should continue to develop its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Action taken
The service told us that it had amended its participation policy to make clear how it would collate and then evaluate patient feedback to help make any improvements in the service. However, when we requested a copy of the new participation policy, we noted that no amendments or updates had been made. We were told patients were now given a card after each appointment with an access code to an online review system where they could provide feedback on their experience. We saw feedback received from patients on social media was
being reviewed and responded to online by the service and that patient engagement was discussed during staff meetings. A more formal method for collecting and evaluating patient feedback such as a structured questionnaire would help the service to identify any required improvements and measure the impact of any changes made on the service (see Appendix 1).

**Recommendation b**

*The service should ensure staff are trained in the principles of duty of candour.*

**Action taken**

All staff had now received online duty of candour training. Evidence of the training was kept in the staff files.
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**

**Requirement 2 – Timescale: immediate**

*The provider must notify Healthcare Improvement Scotland of certain matters as detailed in the notifications guidance.*

**Action taken**

Since the last inspection in May 2022, the provider had submitted some notifications to Healthcare Improvement Scotland about extending the premises and a change of manager. However, there had been another recent change of manager for which no notification was submitted. **This requirement is not met** (see Appendix 1).

**Requirement 3 – Timescale: immediate**

*The provider must ensure the general patient environment and patient equipment remains clean and safe to use, including ensuring equipment is decontaminated (cleaned) using the correct products.*

**Action taken**

The environment was no longer cluttered and equipment was clean. The correct cleaning products were in use. We noted that one treatment room (which was occupied during the last inspection) was carpeted. Carpet is not appropriate flooring in a treatment room as it cannot be effectively cleaned. We were told there were plans to replace the flooring. We will follow this up at future inspections. **This requirement is met.**
Requirement 4 – Timescale: immediate
The provider must ensure that emergency drugs and medical supplies are stored appropriately.

Action taken
The first aid kit and emergency drugs had been relocated to a filing cabinet behind the manned reception area which is easily accessible to all staff. This requirement is met.

Recommendation c
The service should ensure that a reliable process and system is in place to record evidence of safety checks.

Action taken
We saw evidence of a completed daily cleaning schedule and checks of the emergency medicines.

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

Action taken
The service told us that audits on the safety and maintenance of the clinic environment had been carried out since the May 2022 inspection. However, we were not provided with any evidence of these audits. A new patient care record audit that had been developed was limited in its scope. We advised that a more comprehensive audit should be developed that would help to provide assurance that patient care records were being fully and accurately completed (see Appendix 1).

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Requirement 5 – Timescale: immediate
The provider must ensure that it has full access to patient care records at all times. A contingency plan must be in place in case of future system failures.

Action taken
Similar to the May 2022 inspection, the service continued to experience problems with the transition of its patient care records from the previous software provider to the new provider. However, an interim process had been
developed to ensure that full patient care records were available for patients’ appointments. We reviewed four patient care records and found that three of the records for GP appointments were well completed. However, the manager could not access the fourth record for a patient who had an aesthetic treatment. Therefore, we could not be assured that this patient care record was fully completed. This requirement is met. However, we will continue to follow this up at future inspections.

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

Recommendation e
The service should ensure a system is in place to make sure that practicing privileges staff are subject to ongoing background checks to ensure the safe delivery of care.

Action taken
A new process had been written for recruiting and ensuring regular background checks of practicing privileges staff. However, this had not yet been retrospectively applied for practicing privileges staff already working in the service (see Appendix 1).

Recommendation f
The service should securely destroy original Protecting Vulnerable Groups (PVG) and Basic Disclosure certificates and photocopies.

Action taken
No original certificates or photocopies of Protecting Vulnerable Groups (PVG) and Basic Disclosure checks were found in the three staff files we reviewed. Staff files contained a tick list to indicate that they had been checked.
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

Since the inspection in May 2022, there has been three changes in manager. This significant turnover of managers has resulted in a lack of leadership. The managers involved in our inspections were unable to access some documentation and patient care records. We were told a new manager was due to start in October 2022. The change in managers has also impacted on the service’s ability to action the requirements and recommendations made at previous inspections. A new requirement has been made (see Appendix 1).

Recommendation g
The service should develop and implement a quality assurance system and a quality improvement plan to formalise and direct the way it drives and measures improvement.

Action taken
Although we were told that a quality improvement plan had been produced, we were not provided with evidence of the plan (see Appendix 1).

Recommendation h
The service should formally record the minutes of staff and management meetings. These should include any actions taken and those responsible for the actions.

Action taken
We were told weekly huddles for all staff took place, as well as monthly meetings with the owners of the service and the service manager. Although we requested documented minutes from both of these meetings, we only received minutes from one meeting. We found these minutes were limited with a very brief summary of the topic and no detail documented such as what was discussed, any agreed actions to be taken and who was responsible (see Appendix 1).
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.

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
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</thead>
<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td>a The service should continue to develop its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 6).</td>
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</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

This was previously identified as a recommendation in the May 2022 inspection report for Glasgow Medical Rooms.
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirement

1. The provider must notify Healthcare Improvement Scotland of certain matters and within the appropriate notice period as detailed in the notifications guidance (see page 8).

   Timescale – immediate

   *Regulation 5(1)(b)*  
   *The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011*

   This was previously identified as a requirement in the May 2022 inspection report for Glasgow Medical Rooms.

#### Recommendation

b. The service should develop a programme of audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 9).

   Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

   This was previously identified as a recommendation in the September 2019 and May 2022 inspection reports for Glasgow Medical Rooms.

### Domain 7 – Workforce management and support

#### Requirements

None

#### Recommendation

c. The service should ensure a system is in place to make sure that practicing privileges staff currently working in the service are subject to ongoing background checks to ensure the safe delivery of care (see page 10).

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

   This was previously identified as a recommendation in the May 2022 inspection report for Glasgow Medical Rooms.
## Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirement</th>
<th>The provider must ensure that a registered manager can provide clear leadership and proper oversight of the whole service (see page 11). Timescale – 15 February 2022</th>
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<tbody>
<tr>
<td>Reg 12(a)</td>
<td>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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</table>

### Recommendations

<table>
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Appendix 2 – About our inspections

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

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

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

### Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

### During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

### After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](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
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 his.contactpublicinvolvement@nhs.scot