Announced Inspection Report: Independent Healthcare

Service: Tayside Complete Health Limited, Dundee
Service Provider: Tayside Complete Health Limited

16 November 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 contactpublicinvolvement.his@nhs.net
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Tayside Complete Health Limited on Tuesday 16 November 2021. We spoke with a number of staff, during the inspection. We also received feedback from one patient through an online survey we had asked the service to issue for us before the inspection and feedback from an online survey the service issued. This was our first inspection to this service.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Tayside Complete Health Limited, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
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<td>9.4 - Leadership of improvement and change</td>
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The following additional quality indicator were inspected against during this inspection.

<table>
<thead>
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<th>Additional quality indicators inspected (ungraded)</th>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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<tr>
<td><strong>Domain 7 – Workforce management and support</strong></td>
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<tr>
<td>7.1 - Staff recruitment, training and development</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 Tayside Complete Health Limited to take after our inspection**

This inspection resulted in two requirements and six 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](www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Tayside Complete Health 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 Tayside Complete Health Limited for their assistance during the inspection.
2 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

The service is clean and well maintained. Appropriate health and safety arrangements are in place. Improvements must be made to the service’s risk management systems and procedures, and a regular programme of audit implemented.

A range of policies and procedures were in place to help the service deliver care safely. We saw evidence that a programme of review made sure all policies and procedures remained up to date.

We saw that the service had appropriate policies in place to promote the safety of patients and staff. These included policies for:

- duty of candour
- health and safety
- infection prevention and control, and
- safeguarding.

The clinical rooms were well maintained and clean. Single-use equipment was used to prevent the risk of cross-infection. A safe process was in place to decontaminate re-useable equipment, such as stethoscopes, tendon hammers and an endoscope. A contract was in place for clinical waste removal, including medical sharps like syringes and needles.

All patients who responded to our online survey told us they were satisfied with the environment and the standard of cleanliness. Some comments included:
‘Everything was efficiently and courteously carried out and the facilities spotless.’

‘Bright airy waiting room and very clean.’

We were told that a cleaning company cleaned the service in the evenings. Clinical staff were responsible for cleaning the treatment rooms and equipment and we saw cleaning checklists which was fully and accurately completed.

Patients completed COVID-19 screening questionnaires before their appointments. Any patient suspecting they had symptoms of COVID-19 were advised not to attend the appointment. Other precautionary measures in place included:

- alcohol-based hand rub
- temperature checks on arrival, and
- use of protective personal equipment.

We saw completed risk assessments and a risk register in place for managing risk in the service. Servicing and maintenance contracts were in place for all clinical and non-clinical equipment, electrical and fire safety and we saw evidence of regular servicing. While no incidents or accidents had occurred since the service’s registration, a log book was available to record these.

We saw that the service had appropriate safe governance systems in place for the management of medication. Medication the service used was stored in a locked cupboard or secure fridge. Keys for these were kept in a locked key-safe. The service used checklists to record the medication stock levels and expiry dates. The fridge temperature was monitored and recorded daily.

Arrangements in place to deal with medical emergencies in the service. This included training for staff, an emergency bag, oxygen and a defibrillator. The contents of this emergency bag were in-date and we saw a checklist for the bag fully and accurately completed.

The service had a proactive approach to protecting the health, safety and wellbeing of patients, visitors and staff. Staff had a good understanding of how risk management principles applied across the service. Appropriate risk assessments had been carried out and suitable policies showed how key aspects of the service would be managed. Risk assessments were discussed at monthly management team meetings.
What needs to improve
During our inspection, we saw some areas where the service did not comply with Health Protection Scotland’s national infection prevention and control manual:

- We did not see any documented evidence that clinical hand wash basins were cleaned with 1000ppm chlorine solution, in line with national guidance (recommendation a).
- We were told that cleaners and staff used single-use mop heads. However, we saw evidence that a single-use mop head had been used and stored for re-use (recommendation b).
- Risk assessments were audited, and hand hygiene audits were carried out. However, we found no evidence of audits reviewing key areas, such as medication, patient care records and the care environment (recommendation c).

■ No requirements.

Recommendation a
■ The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks.

Recommendation b
■ The service should ensure that single-use cleaning equipment is disposed of after use (recommendation b).

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.
**Our findings**

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

Comprehensive consultations and assessments are carried out before treatment. All information about assessments, treatment and ongoing care is clearly documented and discussed with patients.

Before attending for their appointment, patients were emailed detailed information on preparation, what tests they might need, COVID-19 guidance, what to expect on the day and information on aftercare where appropriate.

We discussed with staff how patients' needs were assessed, and treatment was planned and delivered, in line with patients' individual treatment plans. The five patient care records we reviewed showed that comprehensive assessments and consultations were carried out before treatment started. These included taking a full medical history, with details of:

- allergies
- health conditions
- medications, and
- previous treatments.

Risks and benefits of the treatment were explained and a consent-to-treatment form completed for all new and returning patients. Patient GP details, consent to share information with the GP and emergency contact details were also documented in the patient care record.

We saw that the practitioner had electronically signed, dated and timed all entries in the patient care records. Treatment plans set out the course and frequency of treatment. We saw that these had been developed and agreed with patients.

Follow-up or missed patient appointments were automatically flagged and rescheduled accordingly. Urgent referrals to other services, were also followed up by the service’s GP to make sure patients received necessary care and treatments.

All patients who responded to our survey agreed they been involved in decisions about their care and treatment, and had been given time to reflect on their treatment option before consenting to the treatment. Comments from our online survey and service survey included:
‘I am more than happy/pleased with the experience.’
‘Took time to discuss my symptoms and history and explain procedures to me.’
‘Explained everything clearly.’

- 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

Recruitment, induction and training systems are safe. Staff appraisals are carried out. However, practicing privileges agreements must be developed for all self-employed clinicians in the service. Protecting Vulnerable Groups (PVG) checks must be completed for non-clinical staff.

We reviewed six staff files which included staff members granted practicing privileges (staff not employed by the provider but given permission to work in the service). We saw that pre-employment and recruitment checks had been carried out for all staff before they started working in the service. Processes were in place so that clinical staff had up-to-date Disclosure Scotland checks, maintained their registration and maintained their insurance. We saw references and contracts of employment for employed. Staff had clear roles, responsibilities and accountabilities.

The registered manager described an appropriate induction process in place at the clinic to help new staff gain an effective understanding of their new role, which included shadowing other staff as well as completing training and working under supervision. The induction process included checklists tailored to the needs of the individual’s role and job description. Staff were required to read the service’s policies as part of the induction process and staff told us that they received adequate induction.
A mandatory training programme helped make sure staff maintained their skills and knowledge in a number of areas, including basic life support, fire safety and health and safety. The service used internal and external training and education materials to keep staff up to date with relevant practice. Training records and certificates were kept in staff files and an electronic log of training was maintained. We were told that a training needs analysis would be carried out to identify any training needs in response to introduction of new treatments. This better allows staff to support care planning for patients.

We saw evidence that staff had received an appraisal of their work performance on completion of their 3-month probationary period and then had a yearly appraisal. As part of this process, staff told us that they had the opportunity to discuss any concerns, progress in their role and career developments. Development and training needs were also identified which helped inform future training planning.

**What needs to improve**

All clinical staff had been Protecting Vulnerable Groups (PVG)-checked for working with vulnerable adults. The service told us that it had been informed by another agency that it should not complete PVG checks for non-clinical staff. However, individuals cannot be employed in an independent healthcare service if they are listed under the Protection of Vulnerable Groups (Scotland) Act 2007. The service must have a system in place to check all employees before employment (requirement 1).

The service did not have practicing privileges individual agreements in place for clinicians granted privileges to practice from the service. Self-employed clinicians working in the service must have a practicing privileges agreement in place to make sure they are safe to practice from the service (requirement 2).

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

There was an informal staff support and supervision process in place with regular catch ups between staff and their line managers. We discussed with the service how these meetings could be developed further if regular, formal staff support and supervision meetings were held. Documenting each catch up and sharing with the staff member for transparency, would reduce the risk of any misunderstanding in communication. We will follow this up at future inspections.
Requirement 1 – Timescale: Immediate

- The provider must ensure that all non-clinical staff roles are risk-assessed and relevant prospective employees are not included on the adults list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Requirement 2 – Timescale: by 26 February 2022

- The provider must develop and implement a practicing privileges agreements between the provider and each self-employed clinician.

Recommendation d

- The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff.
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 is visible and supportive. A culture of person centred care and respect for others is actively encouraged. A quality improvement plan would help improve the quality of the service provided and ensure the delivery of safe and effective treatments.

A clear leadership structure was in place with well-defined roles, responsibilities, and support arrangements for staff. We spoke with the director who told us the key priority for the service was to provide consistently high-quality person centred care to all patients.

We saw evidence that the service regularly reviewed and acted on complaints to drive improvement. For example, a pre-appointment patient self-assessment tool for gynaecology patients had been introduced. This provided clinicians with additional patient information prior to appointment optimizing the consultation time. Feedback from patients in response to this change was positive.

The clinical manager audited patient experience surveys every month to identify any trends or potential improvements in service delivery. Changes in practice or improvement plans were regularly discussed at senior management meetings. In response to patient feedback, the service had improved its price transparency. Updated software system and additional staff training supported staff to help patients understand the price and service they will receive.

A system was in place for recording, reviewing, and monitoring incidents. We reviewed the records for a recent health and safety incident and saw evidence that this had been investigated carefully and thoroughly. Regular incident reports were produced and reviewed so that the occurrence of incidents could be reviewed and analysed. Information and lessons learnt from incidents was shared with staff by email and discussions with their line manager.
The clinical governance policy detailed the quality assurance measures in place including feedback, investigation of incident and reviews, and governance meetings. From minutes, we saw that the senior management team met monthly. Action plans with timeframes for completion were in place for areas identified for improvement and senior staff had clear areas of responsibility for actions. For example, we saw actions agreed to react to changing COVID-19 guidance and increase patient feedback.

**What needs to improve**

The clinical manager told us that formal staff meetings had been put on hold during the COVID-19 lockdown and were no longer taking place at the time of our inspection (recommendation e).

Good assurance systems in place included senior management meetings, and reviewing and acting on patient feedback, incidents and complaints. However, the service did not have an overall quality assurance system or improvement plan. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would 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 reintroduce staff meetings. Minutes should be recorded including any actions taken and those responsible for the actions. Minutes should be shared with all staff.

**Recommendation f**

- The service should develop and implement a quality improvement plan.
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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## Domain 7 – Workforce management and support

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### Recommendations

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## Domain 9 – Quality improvement-focused leadership

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| **f** The service should develop and implement a quality improvement plan (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: hcis.ihcregulation@nhs.net