Announced Focused Inspection Report: Independent Healthcare

Service: The Registry Clinic Ltd, Saltcoats
Service Provider: The Registry Clinic Ltd

18 November 2020 and 21 May 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 A summary of our inspection

We carried out an announced online inspection to The Registry Clinic Ltd on Wednesday 18 November 2020, and spoke with two members of staff during a video conferencing call. We carried out a second announced inspection to the service on Friday 21 May 2021 as we had identified some concerns during the November 2020 inspection that we wanted to follow up. The purpose of these inspections was to make sure the service was delivering care safely to patients, in light of the COVID-19 pandemic. We also spoke with two members of staff during the onsite inspection.

The online inspection team was made up of two inspectors. The second onsite inspection was made up of one inspector.

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 The Registry Clinic Ltd, the following grade has been applied to the key quality indicator inspected.

<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>Quality indicator</td>
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<tr>
<td>5.1 - Safe delivery of care</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

**What action we expect The Registry Clinic Ltd to take after our inspection**

This inspection resulted in three recommendations. See Appendix 1 for a full list of the recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

We would like to thank all staff at The Registry Clinic Ltd 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

COVID-19 risk assessments formed part of the patient’s routine assessment and these were being appropriately recorded in patient care records. A number of actions had been taken to minimise the risk of COVID-19 transmission. The service had addressed the majority of the concerns we had identified during our initial inspection, and was making progress to ensure it delivered care and treatment in a safe and clean environment. A programme of clinical audits, including infection prevention and control audits, should be introduced.

On both inspections, we saw that the treatment room and patient equipment was clean and well maintained. On our first inspection, one of the practitioners we spoke with described the enhanced cleaning of frequently touched surfaces that was taking place between each patient.

A clinical hand wash basin was available in the treatment room with hand soap and towel dispensers. Alcohol-based hand rub was available at the entrance of the treatment room. We saw a good supply of personal protective equipment, including face masks, aprons and gloves. Staff understood when to use this personal protective equipment. We found single-use equipment, such as dressing packs, syringes and needles, were individually packaged, in date and were now stored in a lockable cupboard.

Stock emergency prescription-only medicines were in date and were stored in a lockable cupboard.
We reviewed the service’s COVID-19 policies and documentation. This included:

- infection prevention and control policy
- risk assessments, and
- patient screening documentation.

One of the practitioners told us how these policies and procedures had been implemented and what measures had been put in place to minimise the risk of COVID-19 transmission. These included:

- restricted access to the premises with suitable gaps between appointments
- introducing a patient COVID-19 screening process
- increased cleaning of the environment, patient equipment and high touch areas such as door handles, and
- personal protective equipment for patients and staff.

The reception area and toilet facilities are shared with other businesses. On our first inspection, we were told the building’s contracted cleaner was responsible for cleaning the treatment room floor once a week, along with the other communal areas. This could increase the risk of transmission of infection. On our second inspection, we found that clinic staff were now responsible for cleaning the treatment room, and had designated equipment and cleaning products. We were told cleaning of the floor was carried out at the end of every clinic. The door to the treatment room was now securely locked when the clinic was closed.

COVID-19 risk assessments were part of the patient’s routine assessment. We reviewed four electronic patient care records and found that all records had a COVID-19 risk assessment completed. An electronic COVID-19 pre-assessment questionnaire was completed and returned by the patient, before their face-to-face consultation. The patient could not attend the clinic if this was not completed and returned before the appointment. Any patients who had suspected or confirmed COVID-19 on arrival would not be treated.

Patients were asked to not arrive early for their appointment as the waiting area at reception had been taken out of use. The front door on the ground floor was left open to avoid patients touching the door handle and the patient was met at the door of reception. On our second inspection, we saw a supply of personal protective equipment was now available for patients to use before entering the reception area. Patients were asked to change their face coverings to a fluid-resistant face mask. Appointments had been arranged with appropriate gaps in
between to allow time for cleaning surfaces and to avoid unnecessary contact with other patients.

On our first inspection, staff told us they wore face masks, but chose not to wear visors when carrying out treatments. However, on our second inspection, we were told staff were now wearing masks and visors, in line with Health Protection Scotland guidelines. We were also told that staff now travelled to work in their own clothes and changed into their uniforms at work. Used uniforms were bagged and transferred safely to be laundered at home at the end of the day.

Appropriate clinical and domestic waste bins were in place, and the sharps bins were appropriately signed and dated. We noted a full sharps bin was sealed, dated and stored securely awaiting collection, in line with national guidance about the safe management and disposal of sharps. A clinical waste contract was in place for the disposal of waste and sharps. A blood spill pack was also readily available and in date.

Electronic patient care records were stored securely.

**What needs to improve**
Staff carried out enhanced cleaning of patient equipment and high touch areas after every patient appointment and at the end of the day. However, on our second inspection, we found they were still not using an appropriate chlorine-based cleaning product on the treatment room floor. This is not in line with national guidance (recommendation a).

On our second inspection, we saw evidence of environmental audits being carried out to ensure the clinic was in good condition. However, a programme of clinical audits should be developed to review the safe delivery and quality of the service. For example, audits could be carried out on single-use patient equipment, infection prevention and control practices and medicine management. An audit programme would help the service to monitor and inform service improvement (recommendation b).

The clinic uses the services of an independent nurse prescriber to allow medicines to be prescribed in the service. On our first inspection, we found no evidence of a practicing privileges arrangement in place with the independent nurse prescriber. This is for staff not employed by the provider but who have been given permission to work in the service. A practicing privileges policy would help set out the service’s expectations for staff working under this arrangement and should detail the frequency of fitness to practice checks, Protecting Vulnerable Groups (PVG) updates and support arrangements. On our second inspection, the service had started to develop a practicing privileges
policy. This included a checklist of all the necessary background checks that would be carried out every year for the independent nurse prescriber. This checklist had been signed by the nurse prescriber. The policy should be further developed to include a practicing privileges contract, and detail how staff development would take place, as well as how their practice and performance would be regularly reviewed (recommendation c).

- No requirements.

**Recommendation a**
- The service should ensure that appropriate chlorine-based cleaning products are used to clean all clinical areas, in line with national guidance.

**Recommendation b**
- The service should develop a regular programme of audits to help monitor and inform service improvement. Audits must be documented and improvement action plans implemented.

**Recommendation c**
- The service should ensure a practicing privileges contract is in place with the independent nurse prescriber.
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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<th><strong>Requirements</strong></th>
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<table>
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<tr>
<th><strong>Recommendations</strong></th>
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<tbody>
<tr>
<td><strong>a</strong> The service should ensure that appropriate chlorine-based cleaning products are used to clean all clinical areas, in line with national guidance (see page 9).</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 4.11

| **b** The service should develop a regular programme of audits to help monitor and inform service improvement. 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

| **c** The service should ensure a practicing privileges contract is in place with the independent nurse prescriber (see page 9). |

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

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**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.

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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

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