Announced Inspection Report: Independent Healthcare

Service: TAC Endoscopy Unit, Aberdeen
Service Provider: TAC Healthcare Group Ltd

26 August 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 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 TAC Endoscopy Unit on Friday 26 August 2022. We spoke with a number of staff, during the inspection.

The inspection team 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 comprehensive self-evaluation.

What we found and inspection grades awarded

For TAC Endoscopy Unit, the following grades have been applied to the key quality indicators inspected.

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<th>Key quality indicators inspected</th>
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<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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Domain 5 – Delivery of safe, effective, compassionate and person-centred care

5.1 - Safe delivery of care

The service was clean, and equipment was maintained and fit for purpose. Good systems were in place to make sure patients and staff were kept safe. Environmental and clinical audits helped make sure the service delivered safe care and treatment for patients. Suitable procedures were in place to deal with emergencies. The service should record the outcome of the morning safety brief.

Domain 9 – Quality improvement-focused leadership

9.4 - Leadership of improvement and change

The service’s approach to quality improvement was comprehensive and evident throughout all aspects of the service. We saw evidence of best practice and continuing professional and personal development. A comprehensive quality improvement plan was in place with identified outcomes implemented.

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients were fully assessed before any treatment took place. Patient care records were detailed, with audits of patient care records helping to make sure documentation was being fully completed. Patients were satisfied with their care and treatment.</td>
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### Domain 7 – Workforce management and support

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<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:  

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

**What action we expect TAC Healthcare Group 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](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 TAC Endoscopy Unit 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

Patients were very complimentary about the service and were able to make fully informed decisions about their treatment. Patient feedback was proactively sought to help improve the quality of the service provided. A clear and accessible complaints process was in place.

The service’s informative website included details about procedures available, including what to expect and a clear explanation of costs and how to make a complaint. We saw that patients were also given information from the booking team, including a clear overview of pricing and during the initial consultation so they could make a fully informed decision. Patients had time to consider treatment options and ask questions before agreeing to proceed to a face-to-face consultation with a medical professional.

The service used a variety of methods to collect patient feedback in line with its patient participation, quality and governance management policies. This included QR codes and through a feedback link on the service’s website.

Patient feedback was discussed at the monthly operations meeting and then shared with the relevant departments to develop a quality improvement project where necessary. Changes in practice or improvement plans were regularly discussed at staff and management meetings.

Feedback from our online survey showed that patients were very pleased with the service and spoke highly about the professionalism of the practitioner. They said they were satisfied with the advice and information received before treatment and had been fully informed about the treatment’s risks and benefits. Patients also stated they had been fully involved in decisions reached about their care.
Comments from our online survey included:

- ‘Everything was explained clearly and I was given the opportunity to ask questions.’
- ‘Everything was thoroughly discussed with me.’
- ‘Consultant kept me informed.’

The service had an informative and easy-to-navigate website.

All complaints were recorded and reviewed at the monthly operations meeting. Information on the complaints process was concise and clear for patients to follow. An information pack was available with links to Healthcare Improvement Scotland. Staff we spoke with had completed complaints-handling training, knew the procedure and described a consistent approach to dealing with complaints.

While the number of complaints was low, the service used this information to support learning and inform quality improvement initiatives. Minutes of meetings and clinic audits we reviewed supported these findings.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. The service had a detailed duty of candour policy in place. While the service had not had any instances requiring it to implement duty of candour principles, it had produced a yearly duty of candour report available on its website.

Controlled access to the treatment rooms meant patients’ privacy and dignity was not compromised. We saw patient care records contained consent to sharing information, for example with other healthcare professionals if required.

- No requirements.
- No recommendations.
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 was clean, and equipment was maintained and fit for purpose. Good systems were in place to make sure patients and staff were kept safe. Environmental and clinical audits helped make sure the service delivered safe care and treatment for patients. Suitable procedures were in place to deal with emergencies. The service should record the outcome of its safety brief.

The clinic environment and patient equipment was clean and in a good state of repair. Contracts were in place for the servicing and maintenance of the building, lifts and ventilation system. Fire safety equipment was fit for purpose and the service reviewed and updated its fire risk assessment every year, in line with its fire safety policy. Public and employer liability insurance was in-date and displayed in the service.

Effective infection prevention and control measures were in place to reduce infection risks for patients and staff. Daily cleaning schedules were fully completed and these were regularly audited to make sure the standard of cleanliness was maintained. Any changes or improvements needed were identified and appropriate action taken. Clinical hand wash sinks were cleaned in line with current best practice. All staff, including cleaners had a good knowledge of standard infection control precautions.

Appropriately trained staff carried out the decontamination of endoscopes in a dedicated room. The service had a one-way flow of endoscopes between dirty returns to clean dispatch areas to prevent cross-contamination. Dirty and clean procedures were physically separated, each with their own detailed policies and processes. Endoscopes were cleaned, disinfected and then sterilised. We spoke with several members of staff who explained and showed us the process for the decontamination and safe endoscope management and where personal
protective equipment (PPE) was kept, which staff used. We saw that the service was able to track and trace all endoscopes used in the service to ensure patient safety.

The service had a named infection control lead and we saw an accountable system for monitoring infection prevention and control practice. Infection control audits and environmental audits followed Health Protection Scotland guidance. These audits were carried out every 3 months and showed good compliance with the service’s infection prevention and control policy and national guidance.

We saw good compliance with infection prevention and control procedures. This included the safe disposal of clinical waste, medical sharps (such as syringes and needles) and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of personal protective equipment available, including disposable gloves, aprons and masks. Staff hand hygiene audits showed good compliance.

The service had a system in place for procuring, prescribing, storing and administrating medicines. Medicines were stored securely in locked cupboards and were in-date. None of the medicines used for treatments required refrigeration. An effective stock control and rotation system allowed the service to regularly monitor the medicines supply. Medicines cupboards were clean, tidy and not overstocked. A first aid kit and emergency medicine kit were available to allow the service to quickly deal with any medical emergencies, such as a complication or adverse reaction from treatment.

We received positive feedback from all patients who responded to our online survey. They told us the clinic environment was always very clean, and staff were friendly, professional and experienced practitioners they trusted to deliver safe care and treatment. Comments included:

- ‘Clean and tidy very thorough.’
- ‘Everything was very clean and modern.’
- ‘The facilities and treatment were extremely clean and of the highest standard.’

Good governance systems helped make sure that patient care and treatment was delivered in a safe and clean environment. Equipment was well maintained and repairs and maintenance was attended to promptly. Routine tests of fire detection equipment took place and an approved contractor regularly maintained fire-fighting equipment, lighting and heating systems.
Suitable systems and processes were in place for the safe use of lasers. A laser protection advisor was in place to make sure the service followed laser safety guidance. The most recent report found the service was fully compliant. Staff using the machine had completed appropriate laser safety training. ‘Local rules’ were displayed, which are the local arrangements to manage laser safety usually developed by the laser protection advisor. The service had a nominated laser protection supervisor in place.

A good system was in place to monitor and manage risks in the service. Staff had received training in adult support and protection procedures. Staff were familiar with the service’s policy and understood the procedures to follow if they had concerns about a patient being at risk of harm or abuse.

The service reviewed its policies and procedures every year, or in response to changes in legislation. Accidents and incidents were recorded on an incident log. The senior management team collated, analysed and discussed this information at monthly operations meeting. This helped to support the quality improvement process and inform the service’s quality improvement plan.

What needs to improve
We saw clear evidence showing that one controlled drug was stored, monitored and recorded in line with best practice and legislation. Controlled drugs are medications that require to be controlled more strictly, such as some types of painkillers. No controlled drug errors had been reported. However, we found that quantities of one controlled drug was not recorded in line with best practice (recommendation a).

Staff we spoke with told us that that a safety brief was discussed every morning. Topics discussed included:

- any clinical incidents
- clinical updates
- equipment issues
- patients attending, and
- staffing for the day

However, the safety brief and its outcomes were not recorded (recommendation b).

■ No requirements.
Recommendation a
- The service should ensure that controlled drugs are accurately recorded in a controlled drug register book.

Recommendation b
- The service should ensure that the safety brief is documented.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients were fully assessed before any treatment took place. Patient care records were detailed, with audits of patient care records helping to make sure documentation was being fully completed. Patients were satisfied with their care and treatment.

Comprehensive consultations and assessments were completed for every patient to determine their suitability for laser treatment and endoscopy. Patient care records contained detailed information about patients’ past medical history to help plan care and treatment according to individual need.

Patients received information before attending for their procedure. This included information on preparation, COVID-19 guidance, what to expect on the day and information on aftercare. Patients’ expectations were managed through the continued assessment and treatment period.

We reviewed how patients’ needs were assessed and how treatment was planned and delivered in a way that was individualised. This included assessing patients’ suitability for treatment. The five patient care records we reviewed showed that comprehensive consultations and assessments had been carried out before treatment started. Records included:

- consultation and detailed assessment
- full medical history, including details of any health conditions, allergies, medications and previous treatments, and
- treatment plan.

All entries were signed and dated, including times.

We saw evidence that the treatment plans had been developed and agreed with patients. Comprehensive records of the procedure were also kept.
In line with the service’s record keeping policy, appropriate procedures were in place to make sure information was held securely and to prevent unauthorised access. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) to make sure it safely stored confidential patient information.

Feedback from our online survey showed that all patients stated that the treatment procedure, risks and benefits and expected outcome had been explained to them before treatment. Comments included:

- ‘At each stage everything was explained.’
- ‘Any questions I needed to ask was answered professionally.’
- ‘The way they treated me and their procedures gave me confidence.’

What needs to improve
We found that all patients had signed their consent-to-treatment forms. However, in three out of five patient care records, the medical practitioner had not signed these forms (recommendation c).

- No requirements.

Recommendation c
- The service should make sure that patient consent forms are fully completed.

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.

Quality indicator 7.1 - Staff recruitment, training and development
Systems and processes were in place for safe recruitment. All pre-employment safety checks had been completed. Induction and appraisal programmes were in place. Staff were clear about the reporting structures in the service.

Staff files we saw confirmed that all appropriate and necessary pre-employment checks were completed for all staff before they could work in the service. We saw evidence that this was reviewed yearly. Occupational health screening
checks were also maintained. The service had a recruitment policy and a practicing privileges policy in place.

Appropriate recruitment checks for all clinical staff had been carried out, including:

- employment or education references covering previous consecutive 3 years
- a fitness to practice check for healthcare practitioners
- Protection of Vulnerable Groups (PVG) status check, and
- qualification check.

We also saw employment or practicing privileges contracts, and records of qualifications and training certificates.

All staff employed received an induction, mentoring support and supervised practice. Competency-based assessments, appraisals and professional development plans were in place to help make sure staff maintained appropriate skills and knowledge. Staff we spoke with demonstrated a good understanding of their role and told us they received good opportunities for training and development. Staff files included a record of mandatory and refresher training.

Ongoing professional development opportunities were in place, including education in new processes and on the use of equipment. Regular supervision sessions were taking place to provide support to staff.

Yearly professional registration and revalidation status checks were carried out for all clinical staff. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers to their professional body, such as the Nursing and Midwifery Council, every 3 years.

■ No requirements.
■ 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

The service’s approach to quality improvement was comprehensive and evident throughout all aspects of the service. We saw evidence of best practice and continuing professional and personal development. A comprehensive quality improvement plan was in place with identified outcomes implemented.

The service had a clear leadership structure with well-defined roles, responsibilities and support arrangements. For example, the endoscopy manager was responsible for the day-to-day operational management of the endoscopy service and received support and supervision from the chief nurse of the service. The chief nurse also provided effective clinical leadership for this team. This meant that any issues or concerns could be escalated to the provider’s senior leadership team.

We were told the service’s chief nurse was visible, approachable and encouraged staff to share their ideas to support service improvement. Staff we spoke with had a clear understanding of the provider’s vision and values. While they did not attend senior leadership meetings, they told us they were well informed through regular weekly meetings which kept them up to date with the provider’s wider business plans.

Minutes of staff meetings showed that staff could express their views and were encouraged to share new methods of working or changes in practice to support service development. The provider supported and encouraged career progression. We saw that some staff had progressed into leadership roles.

A strategic plan was being developed outlining the key objectives, operational priorities and vision for the service. Key areas of focus included developing staff
wellbeing, job effectiveness and work life balance. New treatments were being considered to be introduced for patients to help improve their outcomes.

Good quality assurance systems helped to make sure the service delivered safe, person-centred and effective care. Key performance indicators helped the service to evaluate its performance and inform the development of its quality improvement plan. The indicators focused on:

- clinical outcomes
- patient experience
- productivity, and
- quality.

Monitoring these key performance indicators helped the service to make improvements in these areas. Patient feedback was collected and analysed along with regular audits of complaints, risks, and accident or incidents.

The service had achieved ISO 9001 certification for its quality management systems. ISO 9001 is the international standard that defines the requirements for a Quality Management System (QMS). The service was in the process of registering with the Joint Advisory Group (JAG) gastrointestinal endoscopy to complete the quality improvement and accreditation programme to achieve formal recognition for its endoscopy services.

- No requirements.
- No recommendations.
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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<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td>Recommendations</td>
<td></td>
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- **a** The service should ensure that controlled drugs are accurately recorded in a controlled drug register book (see page 12).
  
  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 ensure that the safety brief is documented for all staff to see (see page 12).
  
  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

- **c** The service should make sure that patient consent forms are fully completed (see page 13).
  
  Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.24
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](mailto:his.ihcregulation@nhs.scot)
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