Announced Inspection Report: Independent Healthcare

Service: Transcend Consulting Rooms, Glasgow
Service Provider: Anwar Khan

16 July 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
Contents

1  Progress since our last inspection  4

2  A summary of our inspection  7

3  What we found during our inspection  10

Appendix 1 – Requirements and recommendations  17
Appendix 2 – About our inspections  19
1  Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 19 August 2019

Requirement
The provider must ensure that all linen is laundered in line with Health Protection Scotland’s National Infection Prevention and Control Manual. This will reduce the risk of cross-infection to patients.

Action taken
All re-useable linen had been removed from use in the service and replaced with single-use disposable items. This requirement is met.

Requirement
The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff.

Action taken
This requirement is reported in Quality Indicator 7.1. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 19 August 2019

Recommendation
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.

Action taken
We saw an audit programme with review dates. Information was available, outlining the identified areas of concern from the various audits carried out with actions and improvements required. These were timed and dated. This recommendation is reported in Quality Indicator 9.4.

Recommendation
The service should document in patient care records the batch numbers and expiry dates of all medicines and medical devices used.

Action taken
All patient care records we sampled had information about the medication used, including batch numbers, expiry dates and quantities used. This recommendation is reported in Quality Indicator 5.2.
**Recommendation**

The service should have the instrument autoclave serviced to ensure that it is effectively decontaminating equipment and that the equipment decontamination records generated are accurate.

**Action taken**

We saw records showing the autoclave had been serviced.

**Recommendation**

The service should ensure that patients view the information video and complete the consultation appointment with the doctor before completing consent paperwork.

**Action taken**

Patients or their relatives completed a consultation appointment with a doctor and were asked to watch an information video about the circumcision procedure before completion of consent paperwork.

**Recommendation**

The service should ensure that a system is in place to make sure that staff are subject to ongoing professional registration checks.

**Action taken**

This recommendation is reported in Quality Indicator 7.1.

**Recommendation**

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.

**Action taken**

This recommendation is reported in Quality Indicator 7.1 (see recommendation c).

**Recommendation**

The service should obtain a Disclosure Scotland Protecting Vulnerable Group (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

**Action taken**

This recommendation is reported in Quality Indicator 7.1.
**Recommendation**

*The service should further develop and implement its induction and ongoing training programme for staff.*

**Action taken**

This recommendation is reported in Quality Indicator 7.1.

**Recommendation**

*The service should develop and implement a quality improvement plan.*

**Action taken**

We saw no evidence of a formal improvement plan in place. This is reported in Quality Indicator 9.4 (see recommendation d).
2 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 Transcend Consulting Rooms on Friday 16 July 2021. We spoke with the service provider during the inspection. We received feedback from 19 people through an online survey we had asked the service to issue for us before the inspection.

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 Transcend Consulting Rooms, the following grades have been applied to two key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
<td>5.1 - Safe delivery of care</td>
<td>Patients were cared for in a clean and safe environment and were satisfied with the cleanliness of the service. A range of policies and procedures were in place to help the service deliver care safely. Ventilation must be provided in line with current guidance.</td>
<td>✔Satisfactory</td>
</tr>
</tbody>
</table>
### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>We saw evidence of best practice and continuing professional development. A quality improvement plan would help improve the quality of the service provided and ensure the delivery of safe and effective treatments.</td>
</tr>
</tbody>
</table>

Satisfactory

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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Written information about the procedure was provided to patients and parents of children before treatment and consultations were carried out before treatment. Benefits and risks of treatment were fully explained and patients were provided with aftercare information, including emergency contact details. Next-of-kin details and consent to sharing information with other healthcare professionals should be recorded in patient care records.</td>
</tr>
<tr>
<td><strong>Domain 7 – Workforce management and support</strong></td>
<td></td>
</tr>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Safe and effective recruitment policies and procedures were in place. All pre-employment and yearly safety checks had been completed for staff. Induction and ongoing training programmes were in place.</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)
What action we expect Anwar Khan to take after our inspection

This inspection resulted in four 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

Anwar Khan, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Transcend Consulting Rooms for their assistance during the inspection.
3 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

Patients were cared for in a clean and safe environment and were satisfied with the cleanliness of the service. A range of policies and procedures were in place to help the service deliver care safely. Ventilation must be provided in line with current guidance.

Patients were cared for in a clean and safe environment. The majority of equipment used for procedures were single-use to prevent the risk of cross-infection. Re-useable surgical instruments were used to carry out procedures. A safe process was in place to sterilise the instruments on-site. An infection prevention and control policy was in place and the practitioner had a good awareness of the majority of infection prevention and control practices, including those for COVID-19.

All patients who responded to our online survey told us they were satisfied with the environment and the standard of cleanliness. Some comments included:

- ‘Well equipped. Clean and hygienic.’
- ‘It’s a very nice, clean and tidy clinic with a welcoming atmosphere.’

We saw a safe system for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked cupboard.

Arrangements were in place to deal with medical emergencies. This included training for staff, first aid supplies and medicines available that could be used in an emergency, such as adrenaline.
A range of policies and procedures were in place to help the service deliver care safely. A programme of review made sure all policies and procedures remained up to date.

An audit programme had been developed and implemented. Regular audits were carried out, including patient care records, environmental and health and safety and handwashing. We saw examples of completed audits and saw areas for improvement had been identified with planned actions and timescales for completion.

The landlord was responsible for the servicing and maintenance of the building. This included gas safety, fixed electrical safety and fire safety. While the service had not had any incidents or accidents since registration, a log book was kept to record these.

**What needs to improve**

The procedure room had mechanical ventilation. However, the service manager was unable to confirm the number of air exchanges that took place in the room. Ventilation should meet current guidance for healthcare ventilation in Scotland. This will minimise the risk of cross-infection (recommendation a).

- No requirements.

**Recommendation a**

- The service should ensure that ventilation in the procedure room meets the guidance in SHTM 03 01 (Ventilation in Healthcare Premises).

### Our findings

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

Written information about the procedure was provided to patients and parents of children before treatment and consultations were carried out before treatment. Benefits and risks of treatment were fully explained and patients were provided with aftercare information, including emergency contact details. Next-of-kin details and consent to sharing information with other healthcare professionals should be recorded in patient care records.

Information about the procedure was sent to patients or patients’ parents prior to the appointment. This included information about how to prepare for the procedure, what to expect on the day of the procedure and information about
aftercare. On the day of the appointment, patients or parents were asked to watch a video about the procedure. This information was available in various languages. A consultation between the patient or parents and the doctor took place, where consent to treatment was documented.

Patient expectations were managed through the continued assessment and treatment period. Information on the planned surgery was shared with them and they completed an assessment about their expectations and outcomes from it. We were told the patients could defer, change or cancel procedures at any point during this process. Verbal and written information about complications or side effects they may develop were also given to patients.

Following treatment, patients were provided with verbal and further written aftercare information, including the emergency contact details of the practitioner. A 2-week review appointment was scheduled at the time of the procedure.

Details of the procedure were sent to the patient’s GP and a copy of this information was kept in the patient health care record.

Patient care records were kept in the clinic for 7 years before the practitioner destroyed them.

We reviewed five patient care records in paper format, stored in a locked filing cabinet which only the service practitioner and nursing staff had access to. The patient health care records were very detailed and we saw evidence of a completed medical history including medications and allergies. The practitioner and the patient or parents had signed to consent to treatment.

All patients and parents who responded to our survey agreed they had been involved in decisions about their care and treatment. They also told us they had been given time to reflect on their treatment option before consenting to the treatment. Comments included:

- ‘From the time of booking, till the day of operation, Dr Khan [the practitioner] and his team were very co-operative. They made sure that parents are fully informed about everything and well understood the aftercare advice. He ask many times if we had any question before starting the operation.’
- ‘Well before the day of the procedure, I was provided with detailed information that I must know, I was informed of what’s required prior to the procedure and also informed of the total time of the procedure that includes consultation and preparation time.’
What needs to improve
Next-of-kin details and the patient’s or parent’s consent to share information with other healthcare professionals were not documented in patient care records we reviewed (recommendation b).

■ No requirements.

Recommendation b
■ The service should ensure information about next of kin and the patient’s or parent’s consent to share information with other healthcare professionals is recorded in the patient care record.

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

Safe and effective recruitment policies and procedures were in place. All pre-employment and yearly safety checks had been completed for staff. Induction and ongoing training programmes were in place.

Safe and effective recruitment policies and procedures were in place. We reviewed five staff files and saw that pre-employment safety checks had been completed, including references, staff qualifications and Disclosure Scotland Protection of Vulnerable Groups (PVG) checks.

Yearly employment safety checks had been completed for all staff, including professional registration checks and Disclosure Scotland background checks.

An induction programme was in place for all staff. We saw checklists in place to help make sure this was completed. Mandatory topics for new staff included fire safety, infection prevention and control, and health and safety.

Ongoing professional development opportunities were in place, including education in new procedures and on the use of equipment. Regular one-to-one meetings were in place to provide support to staff. Staff received yearly appraisals and were are able to discuss any areas of concern as required.
What needs to improve
Disclosure Scotland PVG records had been retained in staff files. We had previously made a recommendation about this at our August 2019 inspection of the service (recommendation c).

- No requirements.

Recommendation c
- 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

We saw evidence of best practice and continuing professional development. A quality improvement plan would help improve the quality of the service provided and ensure the delivery of safe and effective treatments.

We saw minutes of monthly staff meetings. Through standing agenda items, staff were given the opportunity to share their ideas, suggestions for improvements or training and development they had identified. The practitioner told us they were receptive and supportive to this process and encouraged staff to improve. For example, the service had reviewed and changed the appointment to reduce the number of people in the service at any one time during the COVID 19 restrictions after a staff meeting discussion. The service receptionist had also been encouraged and supported to start nursing studies. Infection prevention and control, health and safety and patient satisfaction were also standing agenda items at the staff meetings.

We saw evidence of discussions of up-to-date information from Healthcare Improvement Scotland, with an emphasis on current COVID-19 legislation and guidance in the staff meeting minutes.

Patient feedback was reviewed at monthly staff meetings and we saw improvement discussions documented from it. This included a change in post-surgery consultations and appointments to offer them online. From the monthly discussions, the service action plan was updated and staff assigned improvement areas to address. Identified actions were given time frames for completion. For example, information leaflets and online services had been made available in languages other than English.
**What needs to improve**

Although we saw evidence of an action and improvement plan, there were no formal entries on either plan and no formal details of improvements identified. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation d).

The service would benefit from benchmarking itself against other organisations. This would help identify any gaps where further improvements to the service could be made.

**Recommendation d**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.
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

| Requirements | None |

| Recommendations |
|-----------------|-----------------------------------|
| a                | The service should ensure that ventilation in the procedure room meets the guidance in SHTM 03 01 (Ventilation in Healthcare Premises) (see page 11). |
|                  | 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 information about next of kin and the patient’s or parent’s consent to share information with other health care professionals is recorded in the patient care record (see page 13). |
|                  | Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 |
## Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>c</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 4.24

This was previously identified as a recommendation in the August 2019 inspection report for Transcend Consulting Rooms.

## Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>d</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

This was previously identified as a recommendation in the August 2019 inspection report for Transcend Consulting Rooms.
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