Announced Inspection Report: Independent Healthcare

Service: KAL-Med Consulting, Livingston
Service Provider: KAL-Med Consulting C.I.C.

9 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

© Healthcare Improvement Scotland 2022

First published October 2022

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc-nd/4.0/

www.healthcareimprovementscotland.org
## Contents

1. Progress since our last inspection 4

2. A summary of our inspection 5

3. What we found during our inspection 8

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

This was our first inspection to this service.

What the provider had done to meet the recommendations we made following a complaint investigation on 18 June 2021

Recommendation
The service should provide information on its website about the laboratory used to process blood samples. Patients and their relatives should be directed to this information during their appointment. The provision of this information should be accurately recorded in the patient care record.

Action taken
Patients receive verbal information about the laboratory used to process blood samples. This was documented in the patient care record. The service’s website had detailed information about laboratory tests, costs and the accredited laboratory used. Patients received their test results directly from the laboratory. The laboratory details were on the report the patient received. This recommendation is met.

Recommendation
The service should provide verbal or written information to patients and/or their relatives about who to contact if they have any questions or queries regarding their test results. The provision of this information should be accurately recorded in the patient care record.

Action taken
The service provided verbal information to patients on who to contact about their test results and this was recorded in their patient care record. This information was also on the website. This recommendation is met.
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 KAL-Med Consulting on Tuesday 9 August 2022. We issued an online survey to receive feedback from patients. While the service issued the survey to patients before the inspection, we did not receive any responses. Comments in this report are taken from feedback the service received directly and two patients we spoke with on the telephone about their experience of using the service. This was our first inspection to this service.

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

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 KAL-Med Consulting, the following grades have been applied to the key quality indicators inspected.

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

| 5.1 - Safe delivery of care | The service was clean and well maintained. Procedures to reduce the risk of infection were followed. Patient safety policies such as safeguarding and whistleblowing were in place. | ✔️ Good |

**Domain 9 – Quality improvement-focused leadership**

| 9.4 - Leadership of improvement and change | Staff were kept well informed and could contribute to improvements in the service. The service had taken actions to improve the service for patients and had plans for further improvement for patients and the local community. A quality improvement plan would demonstrate the improvement culture. | ✔️ Good |

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>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
<td></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records were fully and accurately completed. Detailed assessments and consultations were recorded. Auditing patient care records would help to ensure the standard of documentation.</td>
</tr>
<tr>
<td>Domain 7 – Workforce management and support</td>
<td></td>
</tr>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Staff in the service were safely recruited. Yearly checks were carried out to make sure of their continued fitness to practice. Induction training was provided and staff had opportunities for ongoing training and development.</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)

Further information about the Quality Framework can also be found on our website at: [https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

**What action we expect KAL-Med Consulting C.I.C. 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](http://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 KAL-Med Consulting for their assistance during the inspection.
3 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 well informed about services offered at the clinic. A structured method for obtaining and acting upon patient feedback contributed to quality improvements for patient. Clear procedures for managing complaints were in place and followed.

The service’s website had clear and detailed information on medical conditions, treatments and associated costs so patients could make an informed decision. Costs were also displayed in the treatment rooms. All information in the website could be translated into different languages if English is not the first language of the patient. Both patients we spoke with told us they felt fully involved in planning their care and treatment. Comments included:

- ‘I felt listened to.’
- ‘Always very happy with treatment planning.’

The service’s participation policy detailed how feedback would be obtained from patients and used to improve the patient experience. At the end of an appointment, patients were asked if they have any feedback on the care and any suggestions for improvement. A comments box was also available at the service entrance. All feedback and comments were documented, reviewed monthly and action plans were completed. We saw evidence of improvements made after comments and these had been shared with the patients. Where a suggestion for improvement was not feasible, this had also been fed back to the patient with the reasons for the decision.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). A
yearly duty of candour report was available on the service’s website. The service had not had any instances requiring it to implement duty of candour.

The service’s complaints policy detailed how it would manage any complaints received. The policy included that complainants could contact Healthcare Improvement Scotland at any stage of the complaints process. The policy was displayed in the service and on the website. We saw that complaints were managed appropriately and the process followed the complaints policy. We saw that complaints that the service received were investigated and the director had reviewed them. Where a complaint was upheld, a staff discussion was had that aimed to learn from it and improve processes and procedures. If a complaint could not be resolved locally, an independent complaints resolution contractor was used.

The service had a dignity and respect policy and maintained patient privacy with lockable treatment rooms, curtains around procedure areas and changing facilities and blinds and frosting to windows and doors.

Patients seemed confident in the service. Patient comments feedback to the service included:

- ‘I feel understood and cared for.’
- ‘Very happy with his advice.’

We saw evidence of health promotion in the local community. The service had held free classes on for pregnant mothers, new parents and health checks for babies as well as classes on spinal posture. While the classes had been on hold since the pandemic, the service had made progress in restarting the health promotion clinics, sourcing premises and planning advertising.

**What needs to improve**
The staff had not completed duty of candour training (recommendation a).

- No requirements.

**Recommendation a**
- The service should ensure staff are trained in the principles of duty of candour.
**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 well maintained. Procedures to reduce the risk of infection were followed. Patient safety policies such as safeguarding and whistleblowing were in place.

The service environment was modern, clean and well equipped. Equipment was in good condition and maintenance contracts in place where appropriate. Public and employer liability insurance was in-date and displayed in the service.

Effective measures were in place to reduce the risk of infection. An infection prevention and control policy was in place. Cleaning of the service environment and equipment was carried out in between patient appointments, as well as a programme of regular, scheduled deep-cleaning. Completed and up-to-date cleaning schedules were in place, as well as regular audits to check the standard of cleaning in the service. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment (such as disposable aprons, gloves and face masks) and alcohol-based hand gel. Patients commented on the cleanliness of the clinic:

- ‘Service is very clean and professional.’
- ‘Rooms and toilets are very clean.’
- ‘First class equipment.’

The infection prevention and control policy detailed relevant standard infection control precautions and we saw good compliance with the policy. 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). Staff had received infection prevention and control training.
No prescription medicines were held at the clinic. Emergency medicines were easily accessible and regularly checked to make sure they remained in-date. Staff had received training in medical emergencies and emergency protocols, such as adult and child resuscitation were displayed in the clinic.

If staff wished to raise any concerns about patient safety or other harm, the service had a whistleblowing policy to follow. A safeguarding (public protection) policy set out a clear protocol to respond to any adult or child protection concerns.

Patients commented that they had confidence in the service:

- ‘I can’t praise them enough.’
- ‘Very good job, 100% positive.’

A fire risk assessment had been carried out and there was evidence of fire safety checks. Staff had received fire safety training. Fire safety signage was displayed, fire safety equipment in place and evacuation procedures displayed. Electrical equipment had been tested and safety certificates were in place for facilities.

There were risk assessments in place and procedures documented to effectively reduce any risks as far as possible. Audits were carried out in the service environment as an assurance measure as well as having checklists in each treatment room which were completed daily.

The service was aware that as a registered independent healthcare service there is a duty to report certain matters to Healthcare Improvement Scotland and had made notifications in the past. There was a system in place for recording accidents or incidents. There was one entry of a minor accident which was well documented.

- No requirements.
- No recommendations.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were fully and accurately completed. Detailed assessments and consultations were recorded. Auditing patient care records would help to ensure the standard of documentation.

We reviewed three electronic patient care records. We saw that all were fully completed and in line with best practice with information, such as:

- consent for sharing information with other healthcare professional
- next of kin or emergency contact
- NHS GP, and
- patients name and date of birth.

Patients were requested to complete a form with information on their medical history, contact information, COVID-19 status and consent. We saw that anything of note on the form was discussed during the consultation. Evidence of a detailed initial assessment and in-depth consultation was also recorded.

After every consultation, a detailed report was sent to the patient’s NHS GP. This report was in the patient care record, together with details of prescriptions and laboratory test results. If patients called the service for advice only, this was also documented in the patient care record. Patient identification was requested, checked and recorded at every consultation for safe prescribing purposes.

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner’s office (an independent authority for data protection and privacy rights).

What needs to improve

At the time of inspection all records were fully completed in line with best practice. However, the service did not carry out audits of patient care records (recommendation b).

- No requirements.
Recommendation b

- The service should implement and carry out regular audits of patient care records to ensure the continued standard of documentation.

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

Staff in the service were safely recruited. Yearly checks were carried out to make sure of their continued fitness to practice. Induction training was provided and staff had opportunities for ongoing training and development.

The four staff files we reviewed showed that all relevant pre-employment checks were completed before staff started working in the service. This included two references, a risk-based Disclosure Scotland background check and a ‘fitness to practice’ check for healthcare practitioners. We also saw employment or practicing privileges contracts and records of qualifications and training certificates. The staff files showed evidence that staff had been provided with clear role descriptions, including responsibilities and accountabilities.

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.

All staff received induction training and all had completed 15 online training modules on topics, such as:

- capacity and consent
- child protection and
- emergency procedures, and
- equality and diversity.

Ongoing training was encouraged as part of continued professional development and recorded in the staff files.
Policies were in place for recruitment, training and granting practicing privileges.

Patients who provided feedback to the service had confidence in the staff:

- ‘very happy with his advice’
- ‘the nurse was very professional’

■ 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

Staff were kept well informed and could contribute to improvements in the service. The service had taken actions to improve the service for patients and had plans for further improvement for patients and the local community. A quality improvement plan would demonstrate the improvement culture.

All staff attended weekly meetings. The agendas of the minuted meetings included complaints, audits, feedback and adverse events. Staff were also kept updated through email and a secure online chat group.

The staff intranet allowed staff to access policies and procedures. The team had the opportunity to contribute to the development of new policies and were updated during the weekly meetings.

We saw examples of improvements made and planned improvements as a result of patient feedback. For example, a carer of a patient gave positive feedback and suggested an improvement with a quiet space in the waiting area for children with special needs. Enhancements to the waiting area had been discussed with staff and plans were in place to progress the improvement.

Self-evaluation contributes to continuous quality improvement by providing a structured opportunity to assess performance and, based on this identify opportunities for improvement. The service had completed its Healthcare Improvement Scotland self-evaluation, which included plans for developing a greater range of services provided in the service and further engagement with the local community.

What needs to improve

The service implemented action plans for improvements following audits, feedback and complaints and had planned improvements for the future.
However, it did not have a quality improvement plan in place with all actions and improvements collated (recommendation c).

- No requirements.

**Recommendation c**
- The service should develop an overarching quality improvement plan to further demonstrate the culture of continuous 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 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
</tr>
</tbody>
</table>
| a | The service should ensure staff are trained in the principles of duty of candour (see page 9).  
Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.4 |

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
</tr>
</tbody>
</table>
| b | The service should implement and carry out regular audits of patient care records to ensure the continued standard of documentation (see page 13).  
Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.19 |
**Domain 9 – Quality improvement-focused leadership**

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

**Recommendation**

**c** The service should develop an overarching quality improvement plan to further demonstrate the culture of continuous improvement (see page 16).

Health and Social Care Standards: My support, my care. 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:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)