



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Unannounced Inspection Report: Independent Healthcare

**Service:** ROC Private Clinic, Westhill

**Service Provider:** ROC Health Group Limited

27 February 2024

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## 1 Progress since our last inspection

### What the provider had done to meet the requirements we made at our last inspection on 31 November 2022

#### Requirement

*The provider must amend its complaint policy to make clear that patients can contact HIS at any stage of the complaints process.*

#### Action taken

The service's complaint policy stated that patients could contact HIS at any point. Contact details for Healthcare Improvement Scotland were also included. However, the complaints process information on the service's website did not state this. **This requirement is met** and a new recommendation is made (see recommendation i on page 22).

### What the service had done to meet the recommendations we made at our last inspection on 31 November 2022

#### Recommendation

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

#### Action taken

An appropriate product for the cleaning of sanitary fittings was seen. However, we were told that it was not used for the decontamination of the clinical hand wash basins and toilets. This recommendation is reported in Domain 7: Quality Control (see recommendation m on page 27).

#### Recommendation

*The service should securely destroy original Protecting Vulnerable Groups (PVG) and Basic Disclosure certificates. A record of all background checks should be kept in each staff member's personnel file.*

#### Action taken

From the staff files we reviewed, we saw that disclosure Scotland certificates had not been destroyed. A new requirement has been made and is reported in Domain 7: Quality control (see requirement 3 on page 27).

**Recommendation**

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

**Action taken**

The service had a quality improvement plan in place.

## **2 A summary of our inspection**

### **Background**

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

### **Our focus**

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

### **About our inspection**

We carried out an unannounced inspection to ROC Private Clinic on Tuesday 27 February 2024. We spoke with a number of staff during the inspection. We received feedback from 13 staff members through an online survey we had asked the service to issue for us during the inspection.

Based in Westhill, ROC Private Clinic is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of two inspectors.

## What we found and inspection grades awarded

For ROC Private Clinic, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
<b>Summary findings</b>	<b>Grade awarded</b>	
<p>The service's vision, aims and objectives were available on its website. A strategic plan was in place. The vision, aims and objectives should be displayed. The outcome of staff meetings should be minuted and the service should have a freedom to speak up guardian in place.</p>	✓ Satisfactory	
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patient feedback was actively sought and used to improve. Clear systems and processes were in place to monitor and manage risk. Maintenance contracts were in place. The complaints procedure was easily accessible to patients. Appraisals were carried out. A quality improvement plan was in place and reviewed regularly.</p> <p>A water safety risk assessment must be carried out and water safety processes implemented. The service should notify Healthcare Improvement Scotland of relevant changes in the service. An online anonymous staff survey should be implemented. A competency framework for all staff involved in clinical care should be implemented. The service should further develop its programme of audits.</p>	✓ Satisfactory	
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The clinic environment was modern and maintained. New staff completed an induction process and there were regular appraisals. We saw from patient care records that patients had a consultation with full medical history taken and appropriate care including aftercare provided.</p> <p>Surgical procedures must be carried out in registered rooms with appropriate facilities. The service must ensure all staff are currently enrolled in the Protecting Vulnerable Groups (PVG) scheme. There should be oversight of staff completion of mandatory training. Cleaning processes should be in line with national guidance.</p>	Unsatisfactory	

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 Assurance Framework can also be found on our website at:

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)



## What action we expect ROC Health Group Limited to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in four requirements and 17 recommendations.

Direction	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>a</b>	<p>The service should assess its progress against defined corporate objectives, values and key performance indicators (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
<b>b</b>	<p>The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
<b>c</b>	<p>The service should implement a freedom to speak up guardian to make it easy for staff to raise any concerns or queries (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20</p>

## Implementation and delivery

### Requirements

- 1** The provider must notify HIS of specific events that occur in its premises, as detailed in HIS's notification guidance (see page 22).

Timescale – by 16 May 2024

*Regulation 5(1)(6)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

- 2** The provider must ensure a water safety risk assessment is carried out and implement a documented water flushing regime for less frequently used outlets to minimise the risk from legionella (see page 22).

Timescale – by 16 May 2024

*Regulation Reg 3(d)(i)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

- d** The service should develop a process of keeping patients informed of the impact their feedback has on the service (see page 18).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

- e** The service should service should develop and implement systems to capture anonymous staff feedback (see page 18).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

- f** The service should amend its infection prevention and control policy to include references and links to national guidance including Healthcare Improvement Scotland's Infection Control Standards 2022 and Public Health Scotland's *National Infection Prevention and Control Manual* (see page 22).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

## Implementation and delivery (continued)

**g** The service should implement a procedure for the development, approval and review of service policies and procedures (see page 22).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

**h** The service should ensure an annual fire risk assessment is carried out (see page 22).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17

**i** The service should ensure the complaints information on the service's website is correct and up to date and that no abbreviations are used for regulatory bodies (see page 22).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

**j** The service should implement a competency framework for all staff involved in clinical care (see page 22).

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

**k** The service should further develop its programme of audits to include staff files, medicines management, all patient care records and water flushing of infrequently used water outlets. Audits should be documented, and improvement action plans implemented (see page 24).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

<b>Results</b>	
<b>Requirements</b>	
<b>3</b>	<p>The provider must ensure that all staff working under practicing privileges are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the provider. PVG certificates once received must be securely destroyed in line with current legislation (see page 27).</p> <p>Timescale – by 16 May 2024</p> <p><i>Regulation 8(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<b>4</b>	<p>The provider must ensure the ventilation system is reviewed against current national guidance, a risk assessment completed and added to a risk-based refurbishment plan if required (see page 27).</p> <p>Timescale – by 16 August 2024</p> <p><i>Regulation 10(2)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<b>Recommendations</b>	
<b>l</b>	<p>The service should complete a risk assessment for the use of a clinical hand wash basin instead of a scrub sink in the minor surgical room and add to a risk-based refurbishment plan (see page 27).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22</p>
<b>m</b>	<p>The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks (see page 27).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.24</p>

## Results (continued)

**n** The service should ensure that cleaning equipment is used and stored in line with national infection prevention and control guidance (see page 28).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.24

**o** The service should ensure that discussions around consent are appropriately documented in the patient care record for all treatments provided to patients (see page 28).

Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.18

**p** The service should implement a process to provide oversight of staff compliance with completion of mandatory training (see page 28).

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

**q** The service should implement processes to improve all staff members' experience of working in the service to ensure job satisfaction and staff retention (see page 28).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.23

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)

ROC Health Group Limited the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at ROC Private Clinic for their assistance during the inspection.

### 3 What we found during our inspection

#### Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

#### Our findings

**The service's vision, aims and objectives were available on its website. A strategic plan was in place. The vision, aims and objectives should be displayed. The outcome of staff meetings should be minuted and the service should have a freedom to speak up guardian in place.**

#### *Clear vision and purpose*

The services vision was available to patients on the website, where it states that 'Our mission at ROC Private Clinic is to promote excellence in healthcare'. The service's aims and objectives on the website included:

- allowing easy, convenient and comfortable access to specialist care, and
- continuous education of doctors to deliver safe, modern care.

We were told that the service was reviewing its strategic plan to include key performance indicators for the following year and direction over the next 3 years. We were told that it was to be separated into four measurable categories and discussed at clinical governance group. The categories were:

- clinical outcomes
- engaged staff
- optimal value, and
- patient experience.

#### **What needs to improve**

While we were told that the service planned to measure the service's progress against its key performance indicators, this process was not in place at the time of our inspection (recommendation a).

- No requirements

## **Recommendation a**

- The service should assess its progress against defined corporate objectives, values and key performance indicators.

### ***Leadership and culture***

The service's staffing resource was made up of:

- reception staff
- registered nurses, and
- medical staff.

We saw clear governance structures in place. A medical advisory committee met every 6 weeks and had oversight of the clinical governance group. The outcome of the clinical governance group and applicants for practicing privileges (staff not employed directly by the provider but given permission to work in the service) were reviewed at this committee. Any issues or improvements from the provider's services in Westhill and London were also discussed at this committee to allow for further learning.

A clinical governance group met every 2 months. We reviewed agendas and minutes for the last three clinical governance meetings and saw that the meetings discussed:

- actions
- audits
- complaints
- incidents
- operational work plan, and
- outstanding issues.

Staff we spoke with were clear about their roles and responsibilities.

### **What needs to improve**

We were told that the service had recently introduced a weekly staff meeting for the nursing staff. While we were told that three meetings had been held in the 4 weeks before our inspection, minutes were only available for one of these meetings (recommendation b).

The 'Freedom to Speak Up' initiative is for speaking up about anything that gets in the way of doing a great job. Freedom to speak up guardians support workers

to speak up when they feel unable to in other ways. The service did not have a freedom to speak up system in place (recommendation c).

- No requirements.

#### **Recommendation b**

- The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions.

#### **Recommendation c**

- The service should implement a freedom to speak up guardian to make it easy for staff to raise any concerns or queries.



## Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

### Our findings

**Patient feedback was actively sought and used to improve. Clear systems and processes were in place to monitor and manage risk. Maintenance contracts were in place. The complaints procedure was easily accessible to patients. Appraisals were carried out. A quality improvement plan was in place and reviewed regularly.**

**A water safety risk assessment must be carried out and water safety processes implemented. The service should notify Healthcare Improvement Scotland of relevant changes in the service. An online anonymous staff survey should be implemented. A competency framework for all staff involved in clinical care should be implemented. The service should further develop its programme of audits.**

#### *Co-design, co-production (patients, staff and stakeholder engagement)*

The service's participation policy described how patient feedback would be gathered, reviewed and actioned where appropriate. The service emailed a questionnaire to service users to complete after their appointment. If the client gave their consent, this was shared on social media. We saw that the majority of feedback that patients posted on online review platforms were positive and the service responded to all comments. All feedback, comments and complaints were recorded in a feedback and complaints tracker. Service users could also use a QR code to complete a service questionnaire after their appointment. The QR code was displayed at reception to help increase the amount of completed feedback the service received.

Staff had access to a benefits employee assistance programme, which provided support for issues around:

- debt
- legal
- relationships
- stress and anxiety, and
- work.

### **What needs to improve**

We saw a variety of service improvements implemented as result of patient feedback, such as displaying a wifi code and having toys available for children in the waiting area. However, we did not see evidence of how these improvements were communicated to patients (recommendation d).

The service had a staff suggestion box for suggestion forms. We were told that one form had been completed. However, the service did not have a way to capture staff feedback in an anonymous way, such as through an electronic staff survey (recommendation e).

- No requirements.

### **Recommendation d**

- The service should develop a process of keeping patients informed of the impact their feedback has on the service.

### **Recommendation e**

- The service should service should develop and implement systems to capture anonymous staff feedback.

### **Quality improvement**

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration. The certificate was seen in the three patient waiting areas of the service.

We saw that appropriate policies, procedures and processes were in place to deliver safe, person-centred care. Safe operating procedures were documented for all treatments. Staff had access to all policies and safe operating procedures on a shared drive. Staff told us they could print off the safe operating procedures for any treatments they were carrying out that day.

A safeguarding policy described the actions to take in case of an adult or child protection concern. Treatment rooms were private with lockable doors and all windows were frosted, maintaining patients' privacy and dignity.

The service had an infection prevention and control policy in place which described the precautions taken to prevent patients and staff harm from avoidable infections. A cleaning schedule for each room detailed the cleaning tasks and how often they should be completed, as well as the process and product to be used. Daily cleaning checklists we reviewed had been consistently

completed. An appropriate contract was in place for the collection and disposal of clinical waste.

The gas boiler, fixed electrical wiring and portable electrical appliances had been safety checked. Fire safety equipment had been checked. Across the service's two buildings, we saw that four staff members had been identified as fire marshalls for fire safety training. The service had carried out a recent fire drill.

A medicines management policy helped to make sure medicines were managed safely and effectively. Medicines were stored in a locked fridge and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. We saw that medicines checks were carried out, stock was recorded and the record was updated and signed each time a medicine was used. Prescribers worked in the service. Emergency kits were checked and signed monthly. Protocols for managing medical emergencies were displayed in the treatment rooms, such as for resuscitation.

Processes were in place to manage incidents, accidents and adverse events. We saw examples of incidents that had occurred in the service, including documentation of the incidents and learning actions from them.

A complaints policy set out the process for managing a complaint. The policy also provided information on how a patient could make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. We saw an example of a complaint made to the service that had been managed in line with the service's policy.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong) and all staff had received duty of candour training. The service had published its yearly duty of candour report on its website. No duty of candour incidents had occurred in the service in the previous year.

Discussions at the consultations carried out before treatment included:

- full medical history
- treatment plan
- risks and side effects, and
- aftercare.

Consent to share information with patients' GP was requested in the new patient registration form. Written aftercare information was given to patients after treatment, including emergency information.

An information management policy described how the service would comply with the General Data Protection Regulation and Data Protection Act. Patient care records were stored on a password-protected electronic database and the service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Policies were in place that detailed safe recruitment and staffing, including those working under a practicing privileges agreement.

A profiling system was used to assess an applicant's suitability for non-clinical roles in the service. This was to:

- assess a person's aptitude for management
- encourage what they are naturally good at
- help make sure that the team had an appropriate skill mix, and
- inform the training that should be offered.

After recruitment, all staff completed a probation period. We saw evidence that at the end of the probation period, staff met with their line manager and a probation review form was completed. The review assessed whether the staff member's probation period could end or should be extended until they met the required competencies.

All staff received a staff handbook that provided human resource information about working in the service. An induction process was in place. All staff were required to complete a generic induction that included items, such as the organisation history and structure. Other induction items were role-specific, such as infection prevention and control and medicines management.

We saw a mandatory list of training for all staff to complete online, which included training on:

- complaints arrangement
- infection prevention and control
- obtaining informed consent, and
- safeguarding (adult and child protection).

While duty of candour training was not listed as mandatory, we saw evidence that this was provided face-to-face to all staff.

We saw that staff received annual appraisals, where previously agreed objectives were discussed, as well as career planning and further training requirements. The service had a staff development policy in place and we were given examples of staff who had taken promotion and development opportunities in the service.

### **What needs to improve**

As a registered independent healthcare service, the service has a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. Since registration with Healthcare Improvement Scotland in 2017, the service had submitted some notifications to keep us informed about changes and events in the service. However, at the time of inspection, we were told that minor surgical procedures were carried out in a different room to the room that was registered for this purpose. Healthcare Improvement Scotland had not been notified of the change (requirement 1).

The service had not completed a water risk assessment and did not carry out flushing of less-frequently used outlets to reduce the risk of waterborne infections (requirement 2).

The infection prevention and control policy did not refer to relevant national guidance. This meant that staff would not access the most up-to-date information (recommendation f).

While relevant policies were in place, the same person had written and approved some policies. This meant that these policies had not went through a ratification process (recommendation g).

The service had not carried out a fire risk assessment to identify fire hazards, assess risks and make sure the premises were safe since 2021 (recommendation h).

Details of the complaint management process was available on the service's website, including that patients could complaint to Healthcare Improvement Scotland at any time. However, the regulatory bodies were expressed in abbreviated format and the complaints e-mail address for Healthcare Improvement Scotland was incorrect (recommendation i).

Although the service had a staff induction process in place, we did not see any evidence of a competency framework for all staff involved in clinical care (recommendation j).

### **Requirement 1 – Timescale: by 16 May 2024**

- The provider must notify HIS of specific events that occur in its premises, as detailed in HIS’s notification guidance.

### **Requirement 2 – Timescale: by 16 May 2024**

- The provider must ensure a water safety risk assessment is carried out and implement a documented water flushing regime for less frequently used outlets to minimise the risk from legionella.

### **Recommendation f**

- The service should amend its infection prevention and control policy to include references and links to national guidance including Healthcare Improvement Scotland’s Infection Control Standards 2022 and Public Health Scotland’s *National Infection Prevention and Control Manual*.

### **Recommendation g**

- The service should implement a procedure for the development, approval and review of service policies and procedures.

### **Recommendation h**

- The service should ensure an annual fire risk assessment is carried out.

### **Recommendation i**

- The service should ensure the complaints information on the service’s website is correct and up to date and that no abbreviations are used for regulatory bodies.

### **Recommendation j**

- The service should implement a competency framework for all staff involved in clinical care.

### ***Planning for quality***

The service's risk management process included corporate and clinic risk registers, auditing and reporting systems. These detailed actions taken to mitigate or reduce risk. The service carried out risk assessments to help identify and manage risk, including those for:

- building security
- control of substances hazardous to health
- outbreak of infection due to failure of infection control systems and processes
- recruitment and retention, and
- slips trips and falls.

The service had a quality improvement and developing plan in place, which detailed initiatives and actions taken to improve the service. The plan set out short- and long-term goals and was reviewed regularly at the service's clinical governance meetings. The goals set out in the plan included:

- implementing a training matrix and online learning tool
- implementing online booking system,
- review and automate stock management, and
- appoint new radiation protection advisors and review existing radiation protection protocols.

In the event that the service was unable to operate, we were told that patients would be referred to another HIS registered service.

### **What needs to improve**

The service carried out regular infection control audits and we saw that action plans were developed to address any issues identified in these audits. However, we did not see evidence of other audits carried out to review the safe delivery and quality of the service. For example, the service did not carry out audits of:

- medicines management
- patient care records, and
- staff files.

An audit programme would help the service demonstrate how it identified and implemented improvements (recommendation k).

- No requirements.

#### **Recommendation k**

- The service should further develop its programme of audits to include staff files, medicines management, all patient care records and water flushing of infrequently used water outlets. Audits should be documented, and improvement action plans implemented.



## Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

*How well has the service demonstrated that it provides safe, person-centred care?*

### Our findings

**The clinic environment was modern and maintained. New staff completed an induction process and there were regular appraisals. We saw from patient care records that patients had a consultation with full medical history taken and appropriate care including aftercare provided.**

**Surgical procedures must be carried out in registered rooms with appropriate facilities. The service must ensure all staff are currently enrolled in the Protecting Vulnerable Groups (PVG) scheme. The service should have oversight of staff completion of mandatory training. Cleaning processes should be in line with national guidance.**

Every year, we ask the service to submit an annual return. This gives us essential information about the service, such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. We did not request a self-evaluation from the service before the inspection.

The clinic environment was modern and maintained. Equipment was in good condition. The treatment rooms and equipment were cleaned between patient appointments and the clinic was also cleaned daily. We saw that daily cleaning and equipment checklists were completed. Management of linen, waste and sharps was good. Appropriate personal protective equipment was available in all treatment rooms and hand hygiene posters were displayed at clinical hand wash basins.

The three patient care records we reviewed included evidence of:

- consultation
- medical history
- the provision of aftercare information, and
- the treatment.

We reviewed three staff files and saw documented evidence of checks carried out during the recruitment process, such as:

- insurance
- occupational health status
- proof of identity
- professional registration, and
- references.

We saw that staff had completed an induction process when starting in the service and appraisals were documented.

The majority of staff that we spoke with told us they felt able to raise concerns and were positive about the service.

### **What needs to improve**

The Protecting Vulnerable Groups (PVG) scheme is managed by Disclosure Scotland. It helps make sure that people unsuitable to work with children and protected adults cannot do regulated work with these vulnerable groups. However, when reviewing staff files we found that the service did not enroll staff in the PVG scheme. At recruitment, the service requested that staff provided evidence of their own Disclosure Scotland check. This meant that the service would not be directly notified of any PVG updates to make sure staff remain safe to work in the service. We also saw that the original Disclosure Scotland certificates received from staff had not been securely destroyed in line with current legislation. This was a recommendation at the previous inspection (requirement 3).

At registration, we were told that a ventilation system had been installed in the minor surgical room. While we requested a servicing report for the ventilation system, we were not provided with this (requirement 4).

The service did not have a surgical scrub sink in place for hand and arm decontamination in the minor surgical room (recommendation l).

Cleaning schedules the treatment rooms did not include cleaning the clinical hand wash basins. While staff told us they cleaned them, the clinical hand wash basins were not cleaned with the correct product as detailed in the *National Infection Prevention and Control Manual* (recommendation m).

Disposable mop heads were re-used and mop handles were not stored appropriately (recommendation n).

Patient consent forms were not available for some treatments. For these treatments, we saw that staff had written 'consent obtained'. However, the notes did not provide enough detail to provide assurance of the discussions held to obtain the consent (recommendation o).

The service asked staff to add copies of training certificates to their staff file. However, staff files did not have evidence that all mandatory training had been completed. We were told that the online human resources systems the service used did not allow the review of compliance with completion of mandatory training (recommendation p).

Staff feedback we received from our online survey showed mixed opinions about their experience of working in the service. For example, of the 13 staff who responded:

- seven said the service had positive leadership
- seven said they would recommend the service as a good place to work, and
- only six said they were able to influence how things were done (recommendation q).

### **Requirement 3 – Timescale: by 16 May 2024**

- The provider must ensure that all staff working under practicing privileges are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the provider. PVG certificates once received must be securely destroyed in line with current legislation.

### **Requirement 4 – Timescale: by 16 August 2024**

- The provider must ensure the ventilation system is reviewed against current national guidance, a risk assessment completed and added to a risk-based refurbishment plan if required.

### **Recommendation l**

- The service should complete a risk assessment for the use of a clinical hand wash basin instead of a scrub sink in the minor surgical room and add to a risk-based refurbishment plan.

### **Recommendation m**

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

#### **Recommendation n**

- The service should ensure that cleaning equipment is used and stored in line with national infection prevention and control guidance.

#### **Recommendation o**

- The service should ensure that discussions around consent are appropriately documented in the patient care record for all treatments provided to patients.

#### **Recommendation p**

- The service should implement a process to provide oversight of staff compliance with completion of mandatory training.

#### **Recommendation q**

- The service should implement processes to improve all staff members' experience of working in the service to ensure job satisfaction and staff retention.

## Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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.



More information about our approach can be found on our website:

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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.ihtregulation@nhs.scot](mailto:his.ihtregulation@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](mailto:his.contactpublicinvolvement@nhs.scot)

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