



Healthcare
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Inspections
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To drive improvement

Announced Follow-up Inspection Report: Independent Healthcare

Service: Signature Clinic, Glasgow

Service Provider: Signature Medical Glasgow Ltd

29 February 2024

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First published May 2024

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Signature Clinic on 16-17 August 2023. That inspection resulted in nine requirements and 14 recommendations. As a result of that inspection, Signature Medical Glasgow Ltd produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: [Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

About our follow-up inspection

We carried out an announced follow-up inspection to Signature Clinic on Thursday 29 February 2024. The purpose of the inspection was to follow up on the progress the service has made in addressing the nine requirements and 14 recommendations from the last inspection. This report should be read along with the August 2023 inspection report.

We spoke with a number of senior staff during the inspection.

The inspection team was made up of two inspectors.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

		Grade awarded
Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	✓ Satisfactory

The grading history for Signature Clinic can be found on our website.

More information about grading can be found on our website at:
[Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

We found that the provider was making progress against the requirements made at our previous inspection. It had also taken steps to act on the majority of the recommendations we made.

Of the nine requirements made at the previous inspection on 16-17 August 2023, the provider has:

- met five requirements, and
- not met four requirements.

What action we expect Signature Medical Glasgow Ltd 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 one requirement and three recommendations which remain outstanding, and three new requirements.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should assess themselves against defined corporate objectives, values and key performance indicators (see page 9).</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> <p>This was previously identified as a recommendation in the August 2023 inspection report for Signature Clinic.</p>

Implementation and delivery	
Requirements	
1	<p>The provider must ensure that relevant procedures are in place, available to staff and followed to ensure safe delivery of care (see page 12).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the August 2023 inspection report for Signature Clinic, and complaint investigations in February and March 2023.</p>

Implementation and delivery (continued)

Requirements

- 2** The provider must implement a water flushing regime for less frequently used water outlets to prevent the risk of water borne infection (see page 13).

Timescale – immediate

Regulation 3(d)(i)

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

This was previously identified as a requirement in the August 2023 inspection report for Signature Clinic.

Recommendation

- b** The service should ensure that there are appropriate changing and showering facilities for staff (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

This was previously identified as a recommendation in the August 2023 inspection report for Signature Clinic.

Results

Requirements

- 3** The provider must ensure the ventilation system is reviewed against current national guidance. A risk assessment must be produced for the continued use of the system and added to a risk-based refurbishment plan if required (see page 17).

Timescale – immediate

Regulation 10(2)(c)

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

This was previously identified as a requirement in the August 2023 inspection report for Signature Clinic.

Results (continued)

Requirements

- 4** The provider must ensure appropriate sterilisation and tracking of medical devices used for surgical procedures takes place (see page 18).

Timescale – immediate

Regulation 3(d)(ii)

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

This was previously identified as a requirement in the August 2023 inspection report for Signature Clinic.

Recommendation

- c** The service should ensure that a reliable process and system is in place to record evidence of theatre equipment safety checks (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

This was previously identified as a recommendation in the August 2023 inspection report for Signature Clinic.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Signature Medical Glasgow Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

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

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 16-17 August 2023

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

Clear vision and purpose

Recommendation

The service should finalise and embed the corporate strategies and core values into the service and share with staff.

Action taken

We saw that the service had developed its 'vision, mission and values' statement. This had been shared with staff through a monthly governance newsletter and during a staff study day. We were told the next step would be to share this vision statement with patients. We will follow this up at future inspections.

Recommendation

The service should assess themselves against defined corporate objectives, values and key performance indicators.

Action taken

Although we saw that the service had a clear vision statement, we did not see evidence of defined key performance indicators. Therefore, we were not assured how effectively the service's performance was being measured (see recommendation a on page 6).

Leadership and culture

Requirement – Timescale: by 6 February 2024

The provider must ensure that appropriate clinical governance procedures are implemented to provide monitoring and oversight of safe patient care.

Action taken

A clinical governance and compliance team had been appointed who reported to the provider's board of directors. They had oversight of the governance of the service to ensure safe patient care. We saw minutes and action plans for the monthly clinical governance and compliance team meetings. Agenda items included:

- audits
- outcome data (for example infection rates)
- incident reporting
- risk register and risk assessments
- regulatory compliance, and
- complaint management.

This requirement is met.

Recommendation

The service should share minutes of staff meetings with all staff to make sure those not attending are kept informed.

Action taken

We saw minutes of monthly staff meetings. Items on the agenda included:

- infection prevention and control
- audits
- incident reports and lessons learned
- patient complaints and satisfaction, and
- opportunity for staff feedback.

The minutes were available on the staff shared electronic network for staff who could not attend the meetings.

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

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

Recommendation

The service should develop a structured method for obtaining patient feedback to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.

Action taken

A patient questionnaire had been developed asking patients for their feedback on using the service. The service planned to introduce the feedback questionnaires from March 2024. Staff had received training on how the questionnaires were to be used. We will follow this up at future inspections.

Recommendation

The service should develop and implement a staff survey to actively seek the views of staff working within the service.

Action taken

We saw evidence that staff had the opportunity to provide feedback during the monthly staff meetings. A survey, which would give staff the opportunity to provide anonymous feedback, had not yet been implemented.

However, a 'freedom to speak up' initiative had been launched in the service. This initiative was about 'speaking up about anything that gets in the way of doing a great job'. A trained freedom to speak up guardian was available to support staff to speak up when they felt they were unable to in other ways. We saw that an issue reported through the initiative had been discussed by the clinical governance and compliance team.

Quality improvement

Requirement – Timescale: immediate

The provider must ensure that all staff working under practicing privileges are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the provider.

Action taken

The provider is now a registered body with Disclosure Scotland. The service had enrolled new employees in the Protecting Vulnerable Groups (PVG) scheme and was going through the process of enrolling existing staff employed before our last inspection. The service was aware it needed to apply to update staff's PVGs on a regular basis and to make Disclosure Scotland aware if a member of staff leaves and, therefore, they no longer hold an interest in that person. **This requirement is met.**

Requirement – Timescale: immediate

The provider must ensure that relevant procedures are in place, available to staff and followed to ensure safe delivery of care.

Action taken

We were provided with evidence of the review and update process that policies and procedures were undergoing. All draft policies and procedures were now approved by the clinical governance and compliance team before being implemented. The policies and procedures were available to staff on the shared electronic network.

However, we only received one generic standard operating procedure for the treatments and surgeries available at the service. This was not sufficient for staff to follow to ensure safe delivery of care during each different surgical procedure performed. **This requirement is not met** (see requirement 1 on page 6).

Requirement – Timescale: by 6 February 2024

The provider must ensure a risk assessment is in place for the safe management of the water supply, which includes actions such as regular flushing of water outlets, to reduce the risk of water borne infection.

Action taken

A water risk assessment had been carried out by an external water safety contractor in October 2023. Issues had been identified by the contractor that required to be actioned. We will follow up at future inspections to ensure all identified actions for water safety have been completed. We saw that a water safety plan and legionella policy had been produced.

Although a template had been produced to record the flushing of less frequently used water outlets, this had not yet been implemented. **This requirement is not met** – a new requirement has been made (see requirement 2 on page 7).

Recommendation

The service should ensure that there are appropriate changing and showering facilities for staff.

Action taken

There had been no progress with this recommendation. We were told that there was no space in the premises for theatre staff to use for changing and showering. Staff were changing in the staff break room (see recommendation b on page 7).

Recommendation

The service should ensure all staff are trained in the principles of duty of candour.

Action taken

The service had reviewed the list of mandatory staff training. As well as duty of candour, mandatory training now also included:

- life support
- safeguarding (adult and child protection)
- complaints management
- infection prevention and control, and
- deprivation of liberty safeguards and the Mental Capacity Act 2005.

Compliance with mandatory training was monitored, and currently showed that 96% of staff had completed the required training. Most of the mandatory training was provided through online learning. We also saw evidence of face-to-face training for some topics, including duty of candour.

Recommendation

The service should publish an annual duty of candour report.

Action taken

The service had produced an annual duty of candour report which was available on the service's website. The duty of candour had not required to be implemented in the past year.

Recommendation

The service should ensure that information about how to make a complaint about the service is available to patients.

Action taken

The complaints process had been reviewed to improve the management of complaints. Complainants now had the option of using an independent complaints adjudication service to manage their complaint as well as Healthcare Improvement Scotland.

We saw evidence that staff had received information on the new complaints process in a monthly governance newsletter and during a training day. The revised complaints procedure was displayed in reception and was available on the service's website.

Planning for quality

Requirement – Timescale: by 6 February 2024

The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Action taken

We saw that service-specific risk assessments had been produced, and a risk register covering clinical and business risks was in place. The risk register was a standing agenda item for the clinical governance and compliance team meetings, where the risk register was reviewed and updated if required. **This requirement is met.**

Recommendation

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

Action taken

A quality improvement plan was now in place. The plan included actions for improvement, including findings from regulatory inspections, with findings from all clinic inspections shared with the wider Signature Group. Other items on the plan included improvements relating to training and education, infection prevention and control, and governance.

Recommendation

The service should implement a process for data collection and monitoring of key aspects of service delivery which may impact on patient safety.

Action taken

We saw evidence of the clinical governance and compliance team reviewing collected data including:

- post-surgery complications
- incidents
- complaints, and
- audits.

Where necessary, actions were added to an action plan and progress discussed at the clinical governance and compliance team meetings.

Recommendation

The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Action taken

A programme of regular audits had been implemented and carried out by members of the clinical governance and compliance team. We saw documented audits and action plans including:

- infection prevention and control
- medicines management, and
- patient care records.

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

Requirement – Timescale: immediate

The provider must ensure that detailed patient care records are kept so that safe care of the patient can be demonstrated.

Action taken

We reviewed three patient care records and saw that, since our last inspection, the standard of documentation in patient care records had improved. All pages of the patient's file had relevant patient identifiable information included, all notes were signed and dated by staff and there was appropriate documentation during surgical procedures. Audits of patient care records were being carried out by a member of the clinical governance and compliance team to ensure the standard of documentation was maintained. **This requirement is met.**

Requirement – Timescale: immediate

The provider must ensure compliance with all standard infection prevention and control precautions as detailed in Health Protection Scotland's National Infection Prevention and Control Manual, in particular:

- *management of blood and body fluids*
- *linen management*
- *hand hygiene*
- *use of personal protective equipment, and*
- *decontamination of equipment and the environment.*

Action taken

We were unable to observe staff compliance with standard infection control precautions as no procedures were taking place on the day of our inspection. However, the clinic was clean and well organised, and audits were in place to monitor compliance with the standard infection control precautions.

An infection control nurse and a consultant microbiologist were now employed to provide leadership, advice and guidance to all clinics within the Signature Group.

Infection prevention and control policies for standard infection control precautions had been developed and staff had completed infection prevention and control training. We saw evidence that staff had been approached to become trained infection control link nurses in the clinic. We were told an infection control link nurse would act as a link between the clinic and the infection control team, and raise awareness of infection prevention and control matters.

An infection prevention and control committee held meetings every 3 months. Agenda items included:

- infection rates
- water safety
- infection control policies and procedures
- infection control audit results, and
- antimicrobial stewardship (to ensure the appropriate use of antibiotics).

This requirement is met.

Requirement – Timescale: immediate

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

Action taken

The ventilation system had now been repaired and serviced. However, we were not provided with evidence that the system had been reviewed against current national guidance for specialised ventilation for healthcare services and added to a risk-based refurbishment plan.

This requirement is not met – a new requirement has been made (see requirement 3 on page 7).

Requirement – Timescale: immediate

The provider must put a system in place that traces medical devices through the life cycle and can link them to the individual patients they have been used on.

Action taken

Following the last inspection, the service had stated in its action plan that an external decontamination service would be used for sterilisation of medical devices. This would ensure a tracking system for the medical devices would be put in place.

During this inspection, we were told an arrangement with a decontamination service had been discussed with the contractor but was not yet in place.

This requirement is not met – a new requirement has been made (see requirement 4 on page 8).

Recommendation

The service should ensure that a reliable process and system is in place to record evidence of theatre equipment safety checks.

Action taken

We were told that a bio-medical engineer employed by the provider kept an asset register, and ensured all equipment was serviced and maintained. However, routine safety checks of equipment by theatre staff before a surgical procedure took place had not been implemented (see recommendation c on page 8).

Recommendation

The service should ensure that a reliable process and system is in place to record evidence of theatre cleaning being carried out.

Action taken

We saw that cleaning checklists had been implemented for all clinic rooms, including the theatre, and were being completed. At the end of each month, all checklists were sent to the provider's infection control nurse who checked they had been completed.

Appendix 1 – About our inspections

Our quality of care approach and the quality assurance 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.



Before

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.



During

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

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.



After

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

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

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

Email: his.ihcregulation@nhs.scot

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