Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Tayside Complete Health, Dundee

Service Provider: Tayside Complete Health

28 February 2024

NHS SCOTLAND

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www.healthcareimprovementscotland.org

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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 16 November 2021

Requirement

The provider must ensure that all non-clinical staff roles are risk-assessed and relevant prospective employees are not included on the adults list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Action taken

Not all staff files had been updated to include the Protection of Vulnerable Groups (Scotland) Act 2007 checks. All new staff employed in the service had these checks carried out and documented. **This requirement is not met** and is reported in Domain 6: Results.

Requirement

The provider must develop and implement practicing privileges agreements between the provider and each self-employed clinician.

Action taken

All practitioners carrying out consultations and delivering treatments under the service's practicing privileges policy and guidelines had signed contracts in place. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 16 November 2021

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 sinks.

Action taken

The service was able to demonstrate evidence of cleaning schedules for all areas of the service. These schedules included information on the cleaning agents used. Sanitary fittings were cleaned in line with national guidance.

Recommendation

The service should ensure that single-use cleaning equipment is disposed of after use.

Action taken

All single-use cleaning equipment was disposed of after use.

Recommendation

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

Action taken

The service carried out an extensive audit programme. Action plans were implemented after audits where required.

Recommendation

The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff.

Action taken

The service documented the staff PVG number in staff files and destroyed paper copies of the checks in line with current guidance.

Recommendation

The service should reintroduce staff meetings. Minutes should be recorded including any actions taken and those responsible for the actions. Minutes should be shared with all staff.

Action taken

Formal staff meetings were held regularly. All minutes were recorded and shared with staff electronically and discussed at supervision sessions. Action plans were developed to address actions identified at the meetings. The action plans identified the member of staff responsible for completing the action.

Recommendation

The service should develop and implement a quality improvement plan.

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 announced inspection to Tayside Complete Health on Wednesday 28 February 2024. We spoke with a number of staff during the inspection. We received feedback from two patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Dundee, Tayside Complete Health is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Tayside Complete Health, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
A well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. Staff said they felt valued, respected and well supported. The service had clear aims and objectives. A comprehensive yearly strategy identified key objectives and included measures to help make sure the service was meeting its aims and objectives. Staff understood the governance arrangements.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patients were fully informed about treatment options and involved in all decisions about their care. The service actively sought patient feedback and used this information to continually improve. Systems and processes were in place to monitor and manage risk. A range of policies and procedures supported staff to deliver safe, compassionate and person-centred care. A quality improvement plan was in place. A process should be developed to communicate to patients how feedback is used to improve the service.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The care environment and patient equipment was clean and well maintained. Staff described the provider as a good employer and the service as a good place to work. Patients who completed the online survey were very satisfied with their care and treatment. The service should ensure patients mental wellbeing is considered as part of the assessment. All staff working in the service must have documented background and safety checks in place.	✓✓ Good

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

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

What action we expect Tayside Complete Health 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.

Implementation and delivery	
Requirements	
	None
Recommendations	
a	The service should develop a process to communicate to patients how patient feedback is used to improve the service (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should ensure that risk assessments completed are reviewed on a regular basis (see page 21). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

Results	
Requirement	
1	The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited and that key ongoing checks then continue to be carried out regularly (see page 24). Timescale – by 17 May 2024 *Regulation 8(1)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendation	
c	The service should ensure it considers and documents patients' mental wellbeing to ensure their expectations are managed appropriately (see page 24). Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.12

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

Tayside Complete Health, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Tayside Complete Health 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

A well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. Staff said they felt valued, respected and well supported. The service had clear aims and objectives. A comprehensive yearly strategy identified key objectives and included measures to help make sure the service was meeting its aims and objectives. Staff understood the governance arrangements.

Clear vision and purpose

The service had a strategy for 2024 which set out clear aims, objectives and key priorities for the year. The service's vision and purpose was to offer a 'complete' alternative service for people, offering specialist consultations, investigations and treatment options that are available when patients need them, including:

- improving strategies when planning and implementing new services
- operational and strategic improvement, and
- referral demand, referral source and patient waiting times.

Each category had measurable outcomes. Each objective was formally evaluated, and any ongoing actions were identified and actioned, which helped to demonstrate a culture of continuous improvement. Data or reports was produced regularly, documenting how well the service was performing against its objectives. The senior management team reviewed this information and shared it with staff at team meetings.

Strategic meetings were held twice a year to discuss the 5-year 'company vision'. An external company had recently carried out a review of the service to support and assist in its strategic planning and evaluation process. The external company would also provide ongoing support in the delivery of the service's key priorities and objectives.

The service's detailed website listed its purpose and aim, as well as providing information on:

- patient feedback
- specialist consultants, and
- staff and their qualifications.

- No requirements.
- No recommendations.

Leadership and culture

The service's staffing resource was made up of:

- booking service team
- healthcare support workers
- medical staff
- reception staff, and
- registered nurses.

The service had an effective leadership structure in place through its senior management team, made up of:

- a business manager
- a practice manager
- a registered manager (clinical services manager), and
- two company directors.

The service had commissioned work with 'Skills Development Scotland' to support an analysis of the skills needed for growth. A 'people skills action plan' had been developed to help the service identify the gaps and prioritise its needs This led to the service increasing the size of its leadership structure. New roles have been developed to help make sure the service could effectively react and manage demand. It was intended that these roles would strengthen the leadership team to be able to deliver consistent, responsive, high-quality person-centred care.

The service now held operational meetings every 2 weeks. Information from these meetings feed into the strategic meetings which now take place every 3 months, which we were told had improved consistency and focus.

The service was reviewing the function of the medical advisory group to help make sure it provided advice, guidance and endorsement of:

- audit and review of the key performance indicators (which included administration, clinical, and workforce)
- clinical care standards
- patient safety, and
- quality improvement.

Staff were encouraged to participate and contribute to the day-to-day running of the service. Team meetings were held every 3 months. Staff also participated in daily 'catch-ups'. We saw evidence of minutes of team meetings, which identified areas of responsibility for staff to complete actions. The minutes showed that the team meetings discussed topics, such as:

- audit results
- current treatments
- patient and staff feedback reviews, and
- staff training and development opportunities.

Staff we spoke with told us they felt valued and that senior management listened to them. Staff were able to make suggestions and voice ideas for improvements to the service, such as introducing the staff recognition scheme. They also felt that senior management had an 'open door' policy where they could approach managers with any concerns or issues.

The service had recently developed a learning framework for all healthcare support workers as part of their improvement process. The framework defined the skills and knowledge staff needed to deliver safe, effective high-quality care. The clinical services manager thereafter carried out a review of the pay scales for this staff group. The outcome of this piece of work resulted in a review of healthcare support worker pay rates. The service thereafter increased this staff group's salary to ensure it was comparable to NHS Scotland pay rates.

The service's governance approach included:

- a risk register and risk assessments
- an audit programme
- gathering and evaluating patient feedback, and
- reporting of adverse events.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

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

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. The service actively sought patient feedback and used this information to continually improve. Systems and processes were in place to monitor and manage risk. Patient experience was regularly assessed. A range of policies and procedures supported staff to deliver safe, compassionate and person-centred care. Maintenance contracts were in place. A quality improvement plan was in place. A process should be developed to communicate to patients how feedback is used to improve the service.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service had an up-to-date patient experience and engagement policy in place which described how feedback would be gathered, analysed and used to inform improvement activities.

Patients could contact the service in a variety of ways, including:

- email enquiries
- online enquiries through the service's website
- telephone calls, and
- text messages.

The service's website contained information on treatments available, the booking system and treatment costs.

The service actively sought feedback from patients about their overall experience of the service using a variety of methods in line with its patient participation policy. For example, patients were asked to complete a feedback survey, which was emailed automatically after their appointment. Patient surveys we reviewed showed high levels of patient satisfaction, especially in patient care. Feedback was also gathered verbally and through social media. The service used this information to continually improve the way the service

was delivered. For example, patients fed back the couch at reception was too low and this was replaced with two individual chairs.

We saw that patients also left feedback on the service website about their experience. The business manager reviewed and analysed patient feedback daily. Results of this analysis was shared at staff meetings. We looked at feedback from two patients who had difficulty accessing post-treatment letters from consultants. To address this issue, the service had developed a portal for patients to access the letters independently,

What needs to improve

We were told of a variety of service improvements discussed at the different management and governance meetings. However, we did not see any evidence to demonstrate how the improvements were communicated to the patients. (recommendation a).

The service had recently identified the need to carry out a programme of staff surveys to allow it to measure staff:

- engagement
- knowledge
- learning needs, and
- motivation.

This would allow the service to further develop its vision and staff goals, as well as its improvement activities. We will follow this up at future inspections.

- No requirements.

Recommendation a

- The service should develop a process to communicate to patients how patient feedback is used to improve the service.

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.

Comprehensive policies and procedures set out the way the service was delivered and supported staff to deliver safe, compassionate, person-centred care. Policies and procedures were updated regularly or in response to changes in legislation, national and international guidance and best practice. To support

effective version control and accessibility, policies were available electronically on the service's staff intranet. Policies included those for:

- emergency arrangements
- health and safety
- infection prevention and control
- information management, and
- medication.

The service's infection prevention and control policies and procedures were in line with Health Protection Scotland's *National Infection Prevention and Control Manual*. Procedures were in place to help prevent and control infection. Cleaning schedules were in place for all clinical areas.

Maintenance contracts for fire safety equipment, oxygen therapy and the fire detection system were up to date. Electrical and fire safety checks were monitored regularly.

The registered manager was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, in line with our notifications guidance. A clear system was in place to record and manage accident and incidents. During the inspection, we saw that the service had submitted all appropriate incidents to Healthcare Improvement Scotland.

The service's complaints procedure was prominently displayed in the service and published on its website. We saw evidence that complaints were well managed and lessons learned were discussed at staff and management meetings.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. The service had a duty of candour procedure in place. Staff we spoke to fully understood their duty of candour responsibilities and had received training. The service had published a yearly duty of candour report. We saw evidence that the service had followed its own procedure when dealing with these incidents and shared learning with staff and consultants.

On the day of treatment, patients received a face-to-face consultation where they completed a consent form, which the patient and practitioner both signed.

Patient care records were electronic and password-protected. The service was registered with the Information Commissioner's Office (an independent

authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations.

The service's recruitment policies described how staff would be appointed. Appropriate pre-employment checks were carried out for employed staff and healthcare professionals appointed under practicing privileges (staff not employed directly by the provider but given permission to work in the service).

Staff files contained a checklist to help make sure that appropriate recruitment checks had been carried out.

The service proactively managed its staffing compliment to help make sure that an appropriate skill mix and safe staffing was always provided.

Staff told us that patients were given written aftercare instructions when they were discharged and information about any recommended follow-up. The service's contact details were included in this information in case patients had any concerns or questions.

We saw emergency equipment was checked daily and kept in accessible locations. Staff we spoke with were familiar with the location of this emergency equipment. Staff we spoke with knew the process for reporting faults.

We reviewed four files of employed staff and five files of individuals granted practicing privileges. The majority of the files were well organised and we saw some evidence of clear job descriptions and that appropriate recruitment checks had been carried out, including:

- professional register checks and qualifications where appropriate
- Protecting Vulnerable Groups (PVG) status of the applicant (this was repeated every 3 years), and
- references.

All employed staff had completed an induction, which included an introduction to key members of staff in the service. All new staff we spoke with had completed an induction programme. We were told that new staff were allocated a mentor and the length of the mentorship depended on the skills, knowledge and experience of the new member of staff.

All staff were allocated mandatory and role-specific training, which included face-to-face and online learning. Mandatory training included safeguarding of people and duty of candour. Managers were responsible for making sure that staff completed mandatory training. Staff told us they received enough training

to carry out their role. We saw evidence in staff files and training reports of completed mandatory training, including medical staff with practicing privileges.

Staff appraisals were carried out regularly and recorded on an online appraisal system. Staff with practicing privileges contracts were able to produce their substantive NHS annual appraisals to the service for proof of continued learning. The appraisals we saw had been completed comprehensively and staff we spoke with told us their appraisals helped them feel valued and encouraged their career goals.

What needs to improve

The service could consider strengthening its complaints process by subscribing to an external complaints adjudication service such as ISCAS (Independent Sector Complaints Adjudication Service). We will follow this up at future inspections.

- No requirements.
- No recommendations.

Planning for quality

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

- building suitability
- environmental assessments, including slips, trips and falls
- financial sustainability
- fire
- whole service closure, and
- workforce, including recruitment and retention.

The service had a risk register in place. Risk assessments were easy to follow and we saw that most risks had been reviewed and that all necessary action plans were in place for actual risks identified.

A business continuity plan described what steps would be taken to protect patient care if an unexpected event happened. Arrangements were in place with other local services areas to take care of the service's patients if required. The service's quality improvement plan was included as part of its yearly strategy. Information in this plan included:

- individual treatment pathways
- leadership
- patient empowerment, and
- timeliness of clinical communication to patients and referring clinicians, including data collection and patient satisfaction.

It also detailed improvements made to the service as a result of patient feedback. This included:

- development of patient information leaflet for all specialised patient treatments and pathways
- implementation of a 10-day standard communication letter to patients post-treatments and or consultations
- implementation of a booking supervision to improve communication performance, and
- introduction of patient portal for patients to access results and communication letter if required before the 10-day standard.

The service had a detailed audit programme, which helped make sure it delivered consistent safe care and treatment for patients. All staff we spoke with participated in audits and were aware of when these were completed. Action plans were produced to make sure any improvement actions needed were taken forward.

The audit programme included audits of:

- incidents
- infection prevention and control
- medicine governance, and
- patient care records.

What needs to improve

While the service had a comprehensive risk register, and most risks were reviewed, we did not see evidence that it reviewed particular risk assessments on the specified dates.

- No requirements.

Recommendation b

- The service should ensure that risk assessments with specific dates are completed are reviewed on these dates.

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 care environment and patient equipment was clean and well maintained. Staff described the provider as a good employer and the service as a good place to work. Patients who completed the online survey were very satisfied with their care and treatment. The service should ensure patients mental wellbeing is considered as part of the assessment. All staff working in the service must have documented background and safety checks in place.

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.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

We saw the service was clean and tidy, of a high standard and well maintained. Cleaning schedules were in place, fully completed and up to date. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available to staff. A clinical waste contract was in place. Clinical waste and used sharps equipment was disposed of appropriately.

Patients who responded to our online survey told us they felt safe and were reassured by the cleaning measures in place to reduce the risk of infection in the service. All patients stated the clinic was clean and tidy. Comments we received from patients included:

- ‘Very clean, modern and felt very professional.’

Patients who responded to our online survey also told us they were extremely satisfied with the care and treatment they received from the service and felt involved in the decisions about their care. Comments we received included:

- ‘Clearly explained to me so felt I understood and happy with the suggested next stages.’

The medical refrigerator was clean and in good working order. A temperature-recording logbook was used to record fridge temperatures every day. This made sure medicines were stored at the correct temperature. The logbook was fully completed and up to date. We saw a safe system in place for the procurement and prescribing of medicines.

The five patient care records we reviewed showed that patients received a face-to-face consultation before treatments were offered. A comprehensive assessment included:

- past medical history
- risks and benefits of treatments, and
- side effects of treatments.

Patient care records were legible, accurate and up to date. Details of patients’ next of kin, GP and emergency contact were documented, as well as consent to share information with other healthcare professionals, as needed. Clinicians had signed and dated their entries. Medicine batch numbers and expiry dates were also noted where appropriate.

We saw evidence that treatments plans, options and aftercare had been discussed with the patient before their discharge from the service.

We saw evidence of good standards of medicines management in line with its medicine management policy. This included completed records of stock checks and medicines prescribed and used for treatments in the service.

Staff told us the leadership team was approachable and they felt valued and well supported by them. Minutes of staff meetings showed that staff could express their views freely. From our own observations of staff interactions, we saw a compassionate and co-ordinated approach to patient care and treatment delivery, with effective oversight from a supportive leadership team.

What needs to improve

The service was in the process of updating all non-clinical staff members details and although all new non-clinical staff roles were now risk-assessed and relevant prospective employees are not included on the adults list in the Protection of Vulnerable Groups (Scotland) Act 2007, this was not the case for every member of staff (requirement 1).

The service should ensure patients mental wellbeing is considered as part of the assessment (recommendation c).

Requirement 1 – Timescale: by 17 May 2024

- The provider must ensure that all healthcare staff working under practicing privileges contracts and non-clinical staff roles are risk-assessed and relevant prospective employees are not included on the adults list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Recommendation c

- The service should ensure it considers and documents patients' mental wellbeing to ensure their expectations are managed appropriately.

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.

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: 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.ihcregulation@nhs.scot

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or email his.contactpublicinvolvement@nhs.scot

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