



Healthcare
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Scotland

Inspections
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To drive improvement

Announced Inspection Report: Independent Healthcare

Service: The St. Andrews Private GP Clinic, St.
Andrews

Service Provider: Dr Karen Graham Aesthetics Ltd

5 March 2024

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1 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 The St. Andrews Private GP Clinic on Tuesday 5 March 2024. We spoke with the manager (practitioner) during the inspection. We received feedback from 12 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in St Andrews, The St. Andrews Private GP Clinic is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For The St. Andrews Private GP Clinic, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
A well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. Clear and measurable aims and objectives were in place and clearly displayed on the service's website. A strategic plan included identified measures to make sure the service was meeting its aims and objectives.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to continually improve the service, in line with its participation policy. Appropriate safety assurance processes were evident, including a comprehensive audit programme. All appropriate risks were identified and reviewed regularly. Clear procedures for managing complaints and a quality improvement plan were in place. The service should share how patient feedback is used to make improvements.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment and equipment were clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. All staff working in the service must have all appropriate background and safety checks documented. Patient care records should indicate the patient has been given the choice to share their information with other care professionals.	✓✓ 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 Dr Karen Graham Aesthetics 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 two recommendations.

Implementation and delivery	
Requirements	
None	
Recommendation	
a	The service should develop a process to communicate to patients how patient feedback is used to improve the service (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results	
Requirement	
1	<p>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 19).</p> <p>Timescale – by 23 May 2024</p> <p><i>Regulation 8(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
b	<p>The service should ensure that patients care records indicate that patients have been asked to share their information with other health care professionals. If the patient refuses to agree, this information should be documented (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14.</p>

Dr Karen Graham Aesthetics Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at The St. Andrews Private GP Clinic for their assistance during the inspection.

2 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

A well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. Clear and measurable aims and objectives were in place and clearly displayed on the service's website. A strategic plan included identified measures to make sure the service was meeting its aims and objectives.

Clear vision and purpose

The service's vision and mission to 'to provide a high quality primary care services' was clearly display on the service website for all patients and potential patients to view.

The service's aims and objectives were also stated on its website to demonstrate the short, medium and longer terms plans. This allowed patients to make an informed choice as to whether they used the service. The stated aims and objectives included:

- expand clinical provision
- expand video and telephone consultation service
- grow its patient list
- increase stakeholder involvement
- increase the range of investigation in preventative areas, and
- promote services to the local university and overseas.

The service reviewed its strategy yearly, using staff and patient feedback to assess its progress. This information was discussed at team meetings and recorded in the minutes of the meetings.

A quality improvement plan was also used to measure how the service was performing against key performance indicators. Non-clinical indicators included patient retention rates and a growing patient base. Clinical indicators, such as

patient satisfaction and patient outcomes were recorded. This information was acted on to improve the service.

The practitioner told us the service's goal was to continue to offer a service for the local community, easily accessed with flexible appointments. Consultations were appointment-only and could be face-to-face, home visits or online.

- No requirements.
- No recommendations.

Leadership and culture

The manager (practitioner) is registered with the General Medical Council (GMC), The Royal College of General Practitioners, the Royal College of Obstetricians and Gynecologists and certificate of family planning.

Staff in the service were healthcare professionals appointed under practicing privileges, (staff not employed directly by the provider but given permission to work in the service). Staff were encouraged to participate and contribute to the day-to-day running of the service. Team meetings were held every month, as well as regular 'catch ups' for staff. Minutes of team meetings we saw included identified areas of responsibility for staff to take forward any actions, as well as discussions about:

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

Staff meeting minutes also demonstrated that staff could make suggestions and voice ideas for improvements to the service. For example, improving information requested from patients prior to appointments and reviews.

The service's governance approach included:

- a complaints handling process
 - a risk register and risk assessments
 - an audit programme
 - gathering and evaluating patient feedback
 - reporting of adverse events, and
 - reviewing findings from previous Healthcare Improvement Scotland inspections.
-
- 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
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to continually improve the service, in line with its participation policy. Appropriate safety assurance processes were evident, including a comprehensive audit programme. All appropriate risks were identified and reviewed regularly. Clear procedures for managing complaints and a quality improvement plan were in place. The service should share how patient feedback is used to make improvements.

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

The service's comprehensive participation policy described how it would gather and use patient feedback to continually improve. Patients were actively encouraged to provide feedback electronically and in paper format. Informal feedback was also gathered verbally and through social media. We saw that patients also left feedback about their experience on the service's website. We saw that the service used this feedback to inform the quality improvement plan.

Any changes in the service that led to improvements were monitored and evaluated through the audit programme. Any feedback received was used by the provider to inform and assure service quality.

The service worked closely with the local university and regularly provided information sessions on sexual health for new students, advising of the prevention and treatment options available to them through the clinic. The service's website was comprehensive, informative and included practitioners' backgrounds, experience and qualifications. Treatments and costs were stated and an email confirmation was sent after patients booked an appointment. They could contact the service through the website, social media platforms or over the telephone.

What needs to improve

While the service made improvements after receiving patient feedback, it was not clear how it shared these outcomes with patients (recommendation a).

- 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.

The service was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland. A clear system was in place to record and manage accident and incidents.

The service was proactive in developing and implementing policies to help make sure that patients had a safe experience in the service. Policies were reviewed every 2 years or as required, to make sure they remained relevant to the service and in line with national guidance. Key policies included those for:

- emergency arrangements
- health and safety
- infection prevention and control
- medication management, and
- safeguarding (public protection) of adults.

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.

Arrangements were in place to deal with medical emergencies. This included up-to-date training, an emergency kit which included oxygen therapy and a defibrillator. Appropriate signage was in place to advise the location of the oxygen cylinder. Emergency medicines were also available for patients if required. We saw regular checks had been carried out and documented for all emergency equipment in the service. Prescriptions were completed electronically. Controlled drugs were prescribed by the service manager (practitioner) only, using their 'Private Prescriber Controlled Drugs' code. The service worked closely with two local pharmacies, which were encouraged to give feedback to help the service improve.

Infection prevention and control measures were in place to reduce the risk of infection. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. Equipment, including personal protective equipment (such as disposable aprons and gloves), was single-use to prevent the risk of cross-infection, where appropriate. Antibacterial hand wash and disposable paper hand towels were available. Clinical waste was safely disposed of and stored in a secure area until collection. A clinical waste contract was in place.

The service's complaints policy was available in the service and on its website. It stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. At the time of our inspection, the service had not received any complaints since it was registered with Healthcare Improvement Scotland in February 2022.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). Its most recent duty of candour report was available on the service's website. We noted that the service had indicated two incidents for the previous year and we were able to see evidence of how the duty of candour process was followed.

Patient consultations were mainly carried out face-to-face. A comprehensive assessment included a full medical history, as well as current medications. Where appropriate, the service provided aftercare leaflets which included the service's contact details. We saw examples of aftercare instructions, such as guidance following steroid injection treatment. The service maintained supportive professional relationships with other independent healthcare and NHS services as part of shared patient care arrangements.

Patient care records were stored on a password-protected system and the service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). The service's general data protection regulations policy was available on its website. The service had a confidential waste collection contract in place for the disposal of patient information.

The practitioner participated in formal appraisal under the Medical Appraisal Scotland scheme as part of their revalidation. This process is how doctors demonstrate to the GMC that they are up to date and fit to practice. This helped to provide confidence and assurance in their own performance. We were told that the service kept up to date with research and good practice through continued professional development and mutual support of professional colleagues. For example, it met regularly with the group of doctors who worked

in the service under a practicing privileges agreement to share cases and learning.

The service's recruitment and staffing policy included a description of how it expected staff to work under practicing privileges.

Staff completed an induction period and were allocated mandatory training to complete, this included safeguarding of adults and children and duty of candour. The service manager was responsible for making sure that staff completed mandatory training. Staff files we reviewed included evidence of completed mandatory training.

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

- No requirements.
- No recommendations.

Planning for quality

The service's clinical governance process included a risk register, which was reviewed regularly. Appropriate risk assessments were in place to effectively manage risk in the service including those for:

- contingency planning
- data protection
- environmental assessments, including slips, trips and falls
- fire, and
- infection prevention and control.

Risk assessments were easy to follow. We saw that most risks had been reviewed and that action plans were in place for actual risks reviewed.

A business continuity plan described the steps that the service would take to protect patient care if an unexpected event happened. Arrangements were in place with other services in the surrounding areas to treat patients if required.

The service completed monthly audits, such as those for:

- complaints
- infection prevention and control
- medicines
- patient care records
- patient and staff feedback, and
- safe management of equipment.

We saw that all results from audits were documented and actions taken if appropriate. Audit results were also reflected in the quality improvement plan. The quality improvement plan was regularly reviewed and updated.

- No requirements.
- No recommendations.

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 environment and equipment were clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. All staff working in the service must have all appropriate background and safety checks documented. Patient care records should indicate the patient has been given the choice to share their information with other care professionals.

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. Local artwork on display helped to provide a person-centred and relaxed atmosphere.

Feedback from our online survey was very positive about the experience patients had at the service. Patients told us they had been treated with dignity and respect. They liked the surroundings, had plenty of time for their appointments and were happy with the service provided. Comments included:

- 'A very welcoming, calming practice. Very informative, efficient and friendly.'
- 'I engaged in pleasant conversation and was put at ease by the practitioner.'
- 'Decisions were made by mutual agreement.'
- 'I felt very comfortable and in good, experienced hands while having this treatment.'

We saw very good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract. We saw that it included clear procedures for the safe disposal of medical sharps

(such as syringes and needles), clinical waste and single-use patient equipment. We saw a good supply of alcohol-based hand rub and appropriate personal protective equipment was available. Daily cleaning schedules were fully completed and up to date. The correct cleaning products were used in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings.

We reviewed five electronic patient care records. All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment to treatments provided. Costs of treatment were detailed so patients knew exactly what they were paying. Advice on specific aftercare was given with each treatment and evidenced in all patient care records we reviewed. Patient information included taking a full medical history, with details of any:

- existing health conditions
- medications
- previous treatments, and
- referral, if appropriate.

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 for the procurement and prescribing of medicines.

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.

What needs to improve

While the provider had completed most of the pre-employment checks for the healthcare professionals appointed under practicing privileges, we saw some checks had not been completed (requirement 1).

Patient care records we reviewed did not document patients consent to sharing their information with other healthcare professionals. If patients refuse, evidence should be documented to support this (recommendation b).

Requirement 1 – Timescale: by 23 May 2024

- 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.

Recommendation b

- The service should ensure that patients care records indicate that patients have been asked to share their information with other health care professionals. If the patient refuses to agree, this information should be documented.

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

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

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