



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Esculap Limited, Aberdeen

Service Provider: Esculap Limited

29 April 2024

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 4 December 2020

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

Audits were carried out on:

- fire safety
- infection control
- patient care records, and
- staff files.

Recommendation

When storing temperature sensitive medication, the service should ensure a system is in place for recording the clinical fridge temperature on a regular daily basis. It should include guidance on what action to take if the temperature is out with the expected range.

Action taken

The service had a system in place to record the fridge temperature when medication was stored in the fridge.

Recommendation

The service should record the contact details of the patient's emergency contact in the patient care record.

Action taken

Patients' emergency contact details were recorded in the patient care record.

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 Esculap Limited on Monday 29 April 2024. We spoke with a number of staff during the inspection. We received feedback from nine patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Aberdeen, Esculap Limited 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 Esculap Limited, 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	
The service had a clear mission statement and set of values. Regular staff meetings were held. Staff described the manager's leadership as visible, approachable, and responsive.	✓✓ Good	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patient feedback was gathered through a variety of ways. Processes were in place for managing infection prevention and control. Risk assessments, including an up-to-date fire risk assessment, were in place. A quality improvement plan was in place and reviewed regularly. The complaints process should be easily accessible to patients on the services website. An annual duty of candour report should be developed and made available to patients.	✓ Satisfactory	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The environment was clean and in a good state of repair. Patient information was documented appropriately in patient care records. Patient care records contained consent to share information in the event of an emergency. A Disclosure Scotland check must be completed by the service on all staff being recruited or working under practicing privileges. A risk assessment must be carried out on the non-compliant sinks in the treatment rooms.	✓ Satisfactory	

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: [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](#)

What action we expect Esculap 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 three requirements and two recommendations.

Implementation and delivery	
Requirement	
1	<p>The provider must ensure a duty of candour report is published every year for patients to review (see page 16).</p> <p>Timescale – by 29 July 2024</p> <p><i>Regulation 3(d)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
a	<p>The service should service should develop and implement a formal mechanism to actively seek the views of staff working in the service (see page 14).</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	<p>The service should publish its complaints procedure on its website to make it easy for patients to find out how to make a complaint (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 4.20</p>

Results	
Requirements	
2	<p>The provider must undertake a risk assessment that details how and when the clinical hand wash basins and taps in the treatment rooms and decontamination room will be upgraded to meet current guidance about sanitary fittings in healthcare premises (see page 19).</p> <p>Timescale – by 29 July 2024</p> <p><i>Regulation 3(d)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
3	<p>The provider must ensure that the safe recruitment of staff is completed in line with policy and national guidance, including Protecting Vulnerable Groups (PVG) and basic disclosure background checks before staff commence working in the service. A process must be in place to obtain a PVG review update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 20).</p> <p>Timescale – by 29 July 2024</p> <p><i>Regulation 8 (1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

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

Esculap 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 Esculap Limited 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 had a clear mission statement and set of values. Regular staff meetings were held. Staff described the manager's leadership as visible, approachable and responsive.

Clear vision and purpose

The provider's mission statement, 'to provide a safe, comfortable and professional place that people could count on to access the mental health service they need, with assurance of privacy and clinical excellence' was stated on its website and in the patient welcome pack. A set of core values informed its strategic direction, growth, and continuous improvement. The core values were:

- we are for patients
- our employees are our greatest assets
- we commit to excellence
- we are proud of our integrity, and
- we are focused and operate with passion.

The values were clearly stated and displayed in the service, as well as on its website and social media platforms for patients and staff.

The service measured its key performance indicators (KPIs), which included:

- audit and compliance
- complaints
- financial reports
- having skilled staff to deliver safe care and excellence in customer service
- feedback from patients, and
- referral rates.

We saw evidence that the senior management team regularly monitored and evaluated the KPIs to inform the service's cycle of improvement and development.

- No requirements.
- No recommendations.

Leadership and culture

With the exception of the manager and reception staff, who were employed directly by the service, medical staff were contracted to work under practicing privileges (staff who are not directly employed by the service but given permission to work in the service). The clinic manager was responsible for the oversight of all doctors contracted to work under practicing privileges agreements. All clinical staff were registered with their professional regulator, the General Medical Council (GMC). However, each clinician was responsible for arranging and carrying out their own clinical supervision.

We saw that the service worked in line with its practicing privileges policy and had clear processes in place to make sure all checks were carried out on the independent prescriber, including those for:

- relevant qualifications
- fitness to practice, and
- ongoing continuous personal and professional development.

We saw evidence of a signed and dated contract between the service and the medical staff. The contract made it clear that the independent nurse prescriber agreed to work in line with the service's policies and procedures.

A governance system was in place that addressed safe practice and continually improving the service, which included:

- a rolling programme of audits
- management and staff meetings
- patient satisfaction, and
- reviewing policies and procedures.

We were told that staff in the service had regular discussions as a team and that staff meetings were held regularly. We saw that there was an agenda and a process was in place to record these meetings and actions arising from them.

Staff spoke positively about the leadership and support provided by the manager. They told us they were regularly kept up to date with any changes and described the manager's leadership as visible, approachable and responsive.

- 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

Patient feedback was gathered through a variety of ways. Processes were in place for managing infection prevention and control. Risk assessments, including an up-to-date fire risk assessment, were in place. A quality improvement plan was in place and reviewed regularly. The complaints process should be easily accessible to patients on the services website. An annual duty of candour report should be developed and made available to patients.

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

The service's participation policy informed how it would encourage feedback from patients. The policy described how the service would gather and use patient feedback to continually improve. Patient feedback was collected verbally, through social media reviews and a service questionnaire. Patients were asked for feedback on their recent treatment. When the service received feedback from this system, it was reviewed and used to inform the service's improvement plan. We found all feedback on social media was positive and we saw that some changes had been made as a result of feedback received from patients, after feedback was received. For example:

- moving to electronic records, and
- introducing a physiotherapy and chiropody service.

What needs to improve

Although regular staff meeting took place, there was no formal staff survey for seeking views from staff (recommendation a).

- No requirements.

Recommendation a

- The service should service should develop and implement a formal mechanism to actively seek the views of staff working in 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.

Policies and procedures were in place to support the delivery of person-centred care. These included those for:

- complaints
- duty of candour
- emergency arrangements policy
- information management, and
- medication.

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 in the last year. A clear system was in place to record and manage accidents and incidents.

The complaints procedure was displayed in the clinic. At the time of our inspection, the service had not received any complaints in the last year.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies. Portable appliance testing (PAT) was in place and the service had an up-to-date electrical safety certificate.

Patients booked their appointments using the service's online booking system. Patients were sent a health questionnaire and treatment-specific information. We were told patient consultations for treatment were always carried out face-to-face with medical staff. A comprehensive assessment was carried out, which included discussions about the patient's past medical history. The risks, benefits and possible side effects of treatments were also discussed and documented in patient care records we reviewed.

Patient information was stored securely on a password-protected device. This helped to protect confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that the service followed the appropriate data protection regulations.

The service had a recruitment and a practicing privileges policy in place. We saw current evidence of indemnity and professional registration checks for the nurse with practicing privileges.

A spreadsheet was in place that ensured compliance with staff training and education.

What needs to improve

The service immediately rectified these during our inspection and understood the need for planned reviews of policies in the future. We will follow this up at future inspections.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. Even where no incidents occur requiring the need to implement the duty of candour procedure, a yearly report should be produced and made available to the public on the service's website (requirement 1).

Although the service's website had a form that could be used for comments or complaints, the website did not include details of the services complaint management process (recommendation b).

The service had a variety of policies in place. While all policies had been reviewed since our last inspection, some policies lacked specific details. For example:

- The safeguarding policy did not contain details of who the service would contact (such as the local authority adults support and protection unit).
- The complaints policy did not state that patients could complain to Healthcare Improvement Scotland at any point during the complaint process.
- The information management policy did not detail destruction arrangements for notes.
- The infection control policy did not detail all the standard infection control procedures (SICPs) as detailed in the National Infection Control Manual.

Requirement 1 – Timescale: by 29 July 2024

- The provider must ensure a duty of candour report is published every year for patients to review.

Recommendation b

- The service should publish its complaints procedure on its website to make it easy for patients to find out how to make a complaint.

Planning for quality

The service had a detailed and comprehensive risk register and risk management policy. This helped to make sure that care and treatment was delivered in a safe environment by identifying and taking action to reduce any risks to patients and staff.

A fire risk assessment was carried out every year. Fire safety signage was displayed, and fire safety equipment was in place and checked. A safety certificate was in place for the fixed electrical wiring. Portable appliance testing on electrical equipment had been completed.

A business contingency plan was in place in the event that the service was unable to operate for any reason.

The service had a comprehensive improvement plan in place which was regularly reviewed.

The service carried out regular audits, including those for:

- fire safety (including alarm testing and fire extinguishers)
- infection control
- patient care records, and
- staff recruitment (including training and education).

We saw that action plans were developed to address any issues identified in these audits.

- 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 was clean and in a good state of repair. Patient information was documented appropriately in patient care records. Patient care records contained consent to share information in the event of an emergency. A Disclosure Scotland check must be completed by the service on all staff being recruited or working under practicing privileges. A risk assessment must be carried out on the non-compliant sinks in the treatment rooms.

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 satisfactory self-evaluation.

We saw that the clinic was clean and the environment was well maintained. Cleaning schedules were in place and up to date. The service used chlorine-releasing agents to clean all sanitary fixtures and fittings. Single-use equipment was used, where appropriate, and any reusable equipment was appropriately decontaminated. A medication fridge was in place, which was clean and in working order. The service had a temperature recording logbook, where fridge temperature was recorded when temperature sensitive medication was stored. This was fully completed and up to date. We saw the schedules and checklists were regularly audited for compliance. People who used the service told us the environment was:

- ‘Very well equipped and clean environment.’
- ‘Clear, well presented. The equipment was state of the art as far as I seen.’
- ‘Very satisfied. The place is very clean and the equipment is new.’
- ‘Clean and tidy consultation room.’

We reviewed the staff files of two staff members, both of whom were under a practicing privileges arrangement. Recruitment information was held in the files included:

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

We reviewed five patient care records, and each one contained the patient's name, date of birth and contact details. We also saw that patients were asked for their GP and next of kin contact details. Consent to share information was recorded. A consent form was signed and dated by each patient and included information on the risks and benefits of the treatment. Follow up appointments were arranged when necessary.

All patients who responded to our online survey told us they had received adequate information about their procedure and felt involved in the decisions about their care. They also confirmed they were given time to consider all the provided information before having a procedure. Comments included:

- 'We did discuss different outcomes and possible treatments should required.'
- 'Always asked if its ok to proceed.'
- 'I could ask questions to the doctor.'

All patients who responded to our online survey felt they were treated with dignity and respect. They also confirmed that they had confidence in the staff:

- 'Staff was very nice and helpful.'
- 'My visit was met with a professional manner. My questions answered.'
- 'The staff were very polite and friendly.'

What needs to improve

The service did not have a risk assessment in place for non-compliant hand wash sinks (requirement 2).

Although we found that the service undertook recruitment checks on staff, Disclosure Scotland Protecting Vulnerable Groups (PVG) checks were not undertaken by the service (requirement 3).

Requirement 2 – Timescale: by 29 July 2024

- The provider must undertake a risk assessment that details how and when the clinical hand wash basins and taps in the treatment rooms and decontamination room will be upgraded to meet current guidance about sanitary fittings in healthcare premises.

Requirement 3 – Timescale: by 29 July 2024

- The provider must ensure that the safe recruitment of staff is completed in line with policy and national guidance, including Protecting Vulnerable Groups (PVG) and basic disclosure background checks before staff commence working in the service. A process must be in place to obtain a PVG review update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.
- No recommendations.

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:

[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

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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