



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Doc Plus Limited, Glasgow

Service Provider: Doc Plus Limited

17 September 2024

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First published November 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 Doc Plus Limited on Tuesday 17 September 2024. We received feedback from six 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 Glasgow, Doc Plus Limited 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 Doc Plus 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 shared a clear vision with patients and staff. Key performance indicators included monitoring the safe care and treatment of patients. Clinical governance measures demonstrated a proactive approach to maintaining and improving the quality of patient care. Staff were able to contribute to the development and improvement of the service through team meetings. | ✓✓ Good |
| Implementation and delivery | <i>How well does the service engage with its stakeholders and manage/improve its performance?</i> |
| <p>Policies and procedures set out the way the service delivered safe care. An audit programme and quality improvement plan supported the continuous improvement of the service.</p> <p>Recording all patient feedback would help to monitor, review and take action to improve patient experience if required. A proactive approach to managing business risks should be expanded to include clinical risks.</p> | ✓✓ Good |
| Results | <i>How well has the service demonstrated that it provides safe, person-centred care?</i> |
| Processes were followed that ensured the clinic environment and equipment was clean and well maintained. Patient care records were well completed. Recruitment processes and ongoing checks of staff helped make sure they remained safe to work in the service. Patients had confidence in the staff and the service. | ✓✓ 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: [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 Doc Plus 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 no requirements and two recommendations.

| Implementation and delivery | |
|-----------------------------|--|
| Requirements | |
| None | |
| Recommendations | |
| a | The service should collate and document all feedback from patients, including verbal feedback (see page 12). 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 further develop the risk management system to include clinical risks (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |

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](#)

We would like to thank all staff at Doc Plus Limited 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

The service shared a clear vision with patients and staff. Key performance indicators included monitoring the safe care and treatment of patients. Clinical governance measures demonstrated a proactive approach to maintaining and improving the quality of patient care. Staff were able to contribute to the development and improvement of the service through team meetings.

Clear vision and purpose

A clear vision statement was displayed on the service's website, 'Accessible. Affordable. Available.' It was also shared with staff in the service's quality system manual, provided to all staff. The manual also included the service's aims and objectives, which included:

- a proactive approach to risk management
- research of treatments and products to ensure quality and patient satisfaction, and
- safe staffing.

The service's key performance indicators included:

- audit results
- operational efficiency, such as any issues affecting the service functioning as normal, including staff absences
- patient care outcomes, and
- patient feedback.

Key performance indicators were discussed at a 3-monthly business and strategy quality assurance meeting, along with agenda items of:

- audit action plans
- environment and equipment
- infection control
- medicines management
- quality assurance and improvement systems, and
- training recruitment and induction.

Information from the business and strategy quality assurance meeting fed into a business strategy. The strategy set out the projected plan for the following year and this was reviewed after each meeting.

We also saw evidence that the service had used strategic business models to evaluate the impact on the service from external factors. These evaluations were used in decision-making and business planning.

- No requirements.
- No recommendations.

Leadership and culture

The managing director of the service was a General Medical Council (GMC) registered GP and was the only practitioner at the time of our inspection. A clinic manager and receptionist also worked in the service. We saw clear leadership in the service and responsibilities were clearly laid out in a matrix in the quality system manual.

Informal communication for day-to-day clinic issues were discussed at the start of each day in the small team. Staff meetings with a set agenda were held every 6 months. We saw minutes of these meetings, which recorded discussions of agenda items, including:

- any changes to the leadership and shareholders
- clinical governance items
- key performance indicators, and
- quality improvement plan and suggestions for improvement.

A clinical governance policy described the service's approach to maintaining and improving the quality of patient care. We saw that the 3-monthly clinical governance meeting agenda included:

- clinical outcome reviews
- clinical training
- compliance with regulatory bodies and any changes in legislation
- incidents, accidents and adverse events, and
- medicines management.

- 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

Policies and procedures set out the way the service delivered safe care. An audit programme and quality improvement plan supported the continuous improvement of the service.

Recording all patient feedback would help to monitor, review and take action to improve patient experience if required. A proactive approach to managing business risks should be expanded to include clinical risks.

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

The service's participation policy stated how it would proactively seek feedback from patients to help make sure the patient's voice is heard. The service had a process in place for reviewing any feedback and sharing it with the team. We were told that all feedback had been positive since the service's registration.

While the service sent a feedback email to patients following an appointment, the response rate had been low. To address this, the service had identified that alternative methods to encourage feedback were required and we saw this was documented in the quality improvement plan. Recently, the service had started texting a survey link to patients and it was in the process of producing a written feedback form. This feedback form would be offered to patients in the reception area for those unable or who did not wish to leave online feedback.

We saw evidence that staff were able to contribute to the development and improvement of the service from:

- staff appraisals
- staff discussions, and
- team meetings.

What needs to improve

We were told that most of the feedback received was made verbally. However, this feedback was not documented (recommendation a).

- No requirements.

Recommendation a

- The service should collate and document all feedback from patients, including verbal feedback.

Quality improvement

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

The service was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notification guidance.

Appropriate policies, procedures and processes were in place to deliver safe, person-centred care.

A safeguarding policy described the actions staff should take in case of an adult or child protection concern.

A medicines management policy and protocols helped to make sure medicines were managed safely and effectively. Medicines were stored in locked fridges and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. A stock control system for medicines and other treatment products helped make sure all items had not passed their expiry and best-before dates. Safe operating procedures provided a step-by-step guide for all treatments for the practitioner to follow to help make sure their practice was safe and consistent.

A resuscitation trolley and defibrillator were easily accessible and medical emergencies posters were displayed for staff to refer to. Staff had completed life support training as part of their induction.

We were told that the service had not had any accidents or incidents in the service. We saw that the service did have an incident reporting and management system in place to quickly identify and address any issues that occur. The responsibilities of staff members and the procedure for dealing with an incident were available to staff and included relevant contacts who may be required.

An infection prevention and control policy described the precautions in place to prevent patients and staff harm from avoidable infections. Appropriate

products were used to clean equipment and the environment. We saw that cleaning checklists were also in place for each area of the clinic.

A fire safety policy was in place and a fire risk assessment was carried out every year. Fire safety signage was displayed, and fire safety equipment was in place and safety checked. A safety certificate was in place for the fixed electrical wiring and portable electrical equipment had been tested.

The service told us that it had not received any complaints since registration in June 2023. A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to Healthcare Improvement Scotland. The complaints procedure was available to patients on the service's website.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). A duty of candour statement was displayed in the clinic and the service had produced and published its yearly duty of candour report.

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Patients were asked to complete a medical questionnaire which was discussed during an appointment.

A consent policy detailed how the service would make sure that informed consent was obtained before any treatment took place. Patients completed a detailed consent form that included information about the investigations or treatment they had booked. For example, the anti-wrinkle infection consent included:

- risks and benefits
- the procedure
- pre-treatment care
- aftercare and ongoing care and treatment plan, and
- emergency details.

We saw the service used bacteriostatic saline to reconstitute the vials of botulinum toxin. This is when a liquid solution is used to turn a dry substance into a specific concentration of solution. The bacteriostatic saline used is an unlicensed product and the use of this instead of normal saline for

reconstitution means that the botulinum toxin is being used outside of its Summary of Product Characteristics and is unlicensed. We saw evidence in the patient care record that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients and that that informed consent had been sought and signed by the patient.

Other appropriate consents were also obtained, such as consent for digital images and sharing information with other healthcare professionals if required.

Policies were in place that detailed safe recruitment and staffing. Staff had received an appropriate level of Disclosure Scotland check to help make sure they were safe to work in the service. An induction process was in place that included a checklist as a record that all parts of the induction had been completed. It included mandatory online and in-person training, as well as the service's policies and procedures.

A process was in place for all staff to have a yearly appraisal carried out. We saw that the appraisal included an opportunity for staff to give feedback on suggestions for improvements to the service. We saw evidence of development opportunities for staff discussed at the staff meetings.

As a registered doctor with the GMC and a member of professional organisations with access to guidance and journals, the doctor made sure the service stayed up to date with changes and advances in healthcare.

- No requirements.
- No recommendations.

Planning for quality

A documented contingency plan was in place in case of events that may cause an emergency closure of the clinic or cancellation of appointments, such as flooding or sickness. This would help make sure patients could continue their treatment plans. Appropriate insurances were in-date, such as insurances for employer liability, medical malpractice and public and products liability.

The clinic manager carried out a programme of audits which helped to review the safe delivery and quality of the service. The findings were documented, and an action plan completed, if required. This was then discussed during the business strategy and quality assurance meetings. The service's range of audits included those for:

- health and safety including fire safety
- human resource processes
- infection prevention and control
- information security and patient care records, and
- medicines management.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. A regularly reviewed quality improvement plan was in place with detailed improvement activities, which included:

- development of a system to record staff training
- production of patient information for a new treatment offered in the service, and
- using alternative methods to encourage patient feedback.

What needs to improve

A risk assessment policy stated that the risk assessment process was to evaluate risks to the staff, patients and visitor's health and safety from procedures, treatments, products offered and carried out in the service. The risk register of risk assessments recorded details of mainly business risks and their potential impact to the service. However, it did not cover all potential clinical risks (recommendation b).

- No requirements.

Recommendation b

- The service should further develop the risk management system to include clinical and business risks.

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

Processes were followed that ensured the clinic environment and equipment was clean and well maintained. Patient care records were well completed. Recruitment processes and ongoing checks of staff helped make sure they remained safe to work in the service. Patients had confidence in the staff and the service.

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.

The clinic was modern, clean and well equipped. The equipment was in good condition. The cleaning of the treatment rooms and equipment was carried out between patient appointments, at the end of the day and a full clean twice weekly. Cleaning checklists in each room had been completed to confirm cleaning had taken place. An external decontamination contractor also carried out a 3-monthly deep clean. Cleaning schedules described the cleaning process, and we saw that cleaning checklists were completed, all patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- ‘Very modern. Clean. Clinical.’
- ‘A brilliant practice with up-to-date facilities and equipment.’

Effective measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment and alcohol-based hand gel. A hand hygiene poster was displayed. An appropriate waste management contract was in place and sharps (needles and syringes) were well managed.

The clinic environment was well maintained and safety checks of facilities, such as electrical wiring and portable appliances were carried out.

The three patient care records we reviewed had been well completed with detailed information, including documentation of:

- consultation and consents
- medical history
- medicine dosage, batch numbers and expiry dates where required
- the procedure, and
- the provision of aftercare information.

All patients who responded to our online survey told us they received adequate information about their procedure and felt involved in the decisions about their care. Comments included:

- ‘Doctor explained procedure and answered any questions that I asked.’
- ‘We had a thorough discussion before, during and after treatment.’

Staff files we reviewed included evidence of relevant initial and ongoing checks to help make sure staff were safe to work in the service. Staff had completed an induction process when starting in the service and we saw evidence of documented annual appraisals. All staff members’ record of training were documented and reviewed regularly to make sure staff completed refresher training when required.

Patients told us in our online survey that they had confidence in the service and staff. Comments included:

- ‘Everyone seemed very knowledgeable and experts in their field.’
- ‘From the receptionist to the doctor, they carried out their duties as expected.’
- ‘Consummate professionals and more than well organised.’

- No requirements.
- 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.ihtregulation@nhs.scot

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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.scot