

Announced Inspection Report: Independent Healthcare

Service: Glasgow Private Clinic, Newton Mearns,
Glasgow

Service Provider: Glasgow Private Clinic Limited

29 July and 2 August 2023

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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 13 December 2022

Requirement

The provider must develop effective systems that demonstrate the proactive management of risks within the service.

Action taken

A number of risk assessments were now carried out, such as environmental risk assessments. A risk register was also now in place with detailed information on identified risks for the service, which included risks of treatments for patients. This process was audited by the service. **This requirement is met.**

Requirement

The provider must ensure appropriate maintenance and service contracts are in place for equipment, clinical waste and cleaning of the service.

Action taken

We saw evidence that appropriate maintenance and service contracts were now in place for equipment, clinical waste and cleaning the service. This information was kept electronically by the service. **This requirement is met.**

Requirement

The provider must ensure all patients' care records, for all services/treatments provided by the service, are stored securely in the service.

Action taken

All patient care records were now stored securely on one electronic record keeping system. All clinicians and practitioners could access this system with individual passwords to maximise security. **This requirement is met.**

Requirement

The provider must ensure that all staff, including those with practicing privileges, have appropriate and documented safety checks completed. This must include ensuring appropriate Disclosure Scotland background checks are completed before staff are employed or granted practicing privileges to work in the service.

Action taken

All staff in the service now had an electronic staff file which detailed information on the safety checks carried out, including appropriate Disclosure Scotland background checks, staff qualifications, fitness to practice, practicing privileges contracts, and supervision and appraisal details. **This requirement is met.**

Requirement

The provider must ensure that all staff receive a regular documented performance review to give staff the opportunity to discuss progress in their role or raise any concerns.

Action taken

Staff files contained details of contracts and supervision and NHS appraisal information, with details of opportunities for career progression and continuous professional and personal development. However, for those staff members solely employed in the service, there was no evidence of annual appraisals. **This requirement is not met** and is reported in Quality indicator 7.1 (see requirement 1).

Requirement

The provider must implement a suitable system of regularly reviewing the quality of the service.

Action taken

The service could demonstrate that quality assurance reviews of the service now took place. This included an annual audit programme, and processes to review patient feedback, and was able to show some improvements that had been made in the service as a result. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 13 December 2022

Recommendation

The service should further develop and implement its participation policy to ensure it details its approach to gathering and using patient, parent and carer feedback.

Action taken

The service's participation policy had been revised to make sure it now contained more information on how patient feedback would be gathered, recorded and evaluated, and how the outcomes would be used to help improve the service. However, the service was not sharing the results of feedback with patients. This recommendation is reported in Quality indicator 2.1 (see recommendation a).

Recommendation

The service should amend the duty of candour policy to include details of current duty of candour legislation.

Action taken

The service's duty of candour policy had now been updated to include current duty of candour guidance and legislation.

Recommendation

The service should produce and publish an annual duty of candour report.

Action taken

Although the service had now produced a duty of candour report, this had not been published on the service's website. This recommendation is reported in Quality indicator 2.1 (see recommendation b).

Recommendation

The service should ensure information about how to make a complaint is easily accessible to patients.

Action taken

Information about how to make a complaint was contained in pre- and post-treatment emails sent to patients. Although the complaints policy was now available on the service's website, the contact information for patients to complain to Healthcare Improvement was incorrect. This recommendation is reported in Quality indicator 2.1 (see recommendation c).

Recommendation

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

Action taken

The service now carried out regular audits either every 3 or 6 months which covered key aspects of care and treatment. This included:

- cleaning of the environment
- audits of patient treatments
- fridge temperature records
- environmental infection prevention and control, and use of personal protective equipment, and
- stock control.

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

An extensive cleaning programme and schedule was now completed daily by an external cleaning agency. The schedule detailed the cleaning products to be used to clean sanitary fittings which were in line with current guidelines.

Recommendation

The service should record patients' GP, next of kin and emergency contact details in the patient care record, or document if consent is not given for this.

Action taken

All patient care records we reviewed showed that patients' GP, next of kin and emergency contact details were now being documented.

Recommendation

The service should ensure that patient care records are updated during each episode of care to make sure that information about patients' health conditions remains current.

Action taken

All patient care records reviewed showed that each new episode of care was documented with dates, signatures and appropriate information about the consultation or treatment received. All records had information on past and current medical history and a record of allergies and/or sensitivities.

Recommendation

The service should carry out audits of patient care records.

Action taken

We saw evidence that the service had recently audited approximately 30 patient care records, and we were told about plans to review between 5–10 patient care records every month.

Recommendation

The service should retain full up-to-date records of all staff recruited and employed in the service in line with relevant guidance.

Action taken

Electronic staff files we viewed all contained the appropriate information about employee's recruitment, ongoing professional checks, performance reviews and appraisals, and training and education.

Recommendation

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

Action taken

The service had now developed a formal quality improvement plan with any improvement work to be taken forward by nominated members of staff documented.

2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Glasgow Private Clinic on Saturday 29 July and Wednesday 2 August 2023. We spoke with a number of staff during the inspection. We also received feedback from 35 patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of three inspectors.

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

What we found and inspection grades awarded

For Glasgow Private Clinic, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients were very satisfied with the quality of care and treatment. Clear procedures were in place for managing complaints and responding to duty of candour incidents. However, a duty of candour report should be published on the service's website. Patient feedback should be formally shared with patients.	✓✓ Good

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The service was clean and well maintained. A number of policies and procedures were in place to help deliver care safely. Risk assessments were carried out and a risk register in place to monitor the quality and safety of the service. An audit programme was in place. A process should be developed for reviewing and updating policies, particularly to ensure they are in line with current Scottish guidance.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with current evidence-based practice through membership of, and relationships with, key organisations. A quality improvement plan helped the service to evaluate performance, identify areas for improvement and take corrective actions when needed. Audits were carried out to assess the effectiveness of patient treatments.	✓ Satisfactory

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Patient care records showed that full consultations and assessments took place before treatment. Consent to treatment and sharing information with other healthcare professionals was obtained. Audits of patient care records were carried out. Written and verbal aftercare information was provided. Patient care records for

	psychiatric patients should always document the reason why a patient did not receive treatment following assessment.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Up-to-date recruitment and practicing privileges policies helped to make sure staff recruitment was safe and effective. An induction programme was in place and staff were clear about the reporting structures in the service. Annual appraisals must be carried out for all staff, and Protecting Vulnerable Group (PVG) certificates should not be kept in staff files.

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

What action we expect Glasgow Private Clinic Limited to take after our inspection

This inspection resulted in one requirement and six recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

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

Glasgow Private Clinic Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

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

3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Patients were very satisfied with the quality of care and treatment. Clear procedures were in place for managing complaints and responding to duty of candour incidents. However, a duty of candour report should be published on the service's website. Patient feedback should be formally shared with patients.

The service's informative website included details of all services provided, the team and the service's values.

The service made sure that patients' privacy and dignity was maintained. All consultations were appointment-only. All treatment room doors could be locked when patients were being treated. We saw that patients were:

- provided with relevant information during a face-to-face consultation
- provided with supporting documentation, if required (such as information leaflets), and
- told about risks, benefits and possible side-effects of treatment.

The service's participation policy set out how it would involve patients in their treatment and how feedback would be used to improve the service. We were told that a new patient feedback system had been introduced where patients were asked to complete feedback questionnaires after treatment using a QR code survey. Patients could also provide feedback through social media reviews or verbal feedback. The practice manager reviewed patient feedback and shared this with staff at team meetings.

Patients who completed our online survey agreed they had been treated with dignity and respect. Patients also stated they had been given adequate information about treatments, risks and benefits, and aftercare. Comments included:

- 'Very professional manner - consultation delivered with skill, compassion and a sense of the Doctor's interest in helping me.'
- 'Had full autonomy during procedure, checked I was okay going ahead after knowing the risks.'
- '... invites my comments and takes on board my concerns and any reservations I may have. He explains things very clearly, giving options that are sensible.'

A duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong) was in place. There had been no incidents in the service that required it to follow the duty of candour process.

A complaints policy included patients' right to refer a complaint to Healthcare Improvement Scotland at any stage of the provider's complaints process. The service had not received any complaints since it was registered with Healthcare Improvement Scotland in May 2019.

What needs to improve

There was no evidence that the service shared the results of feedback with patients (recommendation a).

There was no evidence of an annual duty of candour report being published on the service's website (recommendation b).

The service's complaints policy advised patients could complain to Healthcare Improvement Scotland at any time. However, our contact details on the policy and on the service's website were incorrect (recommendation c).

We were told that the service paused using the QR code feedback survey due to the request for patients to complete our online survey for this inspection. This means that, at the time of our inspection, the service was only directly receiving feedback from patients through social media reviews or verbal feedback. We would encourage the service to reinstate the QR code feedback survey to ensure patients have as many options as possible to provide feedback. We will follow this up at the next inspection.

- No requirements.

Recommendation a

- The service should ensure that the results of feedback are shared with patients, in line with its participation policy.

Recommendation b

- The service should publish annual duty of candour reports setting out any occasions during the previous year where the duty of candour has been triggered.

Recommendation c

- The service should ensure details of how to complain to Healthcare Improvement Scotland are correct and readily available.

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The service was clean and well maintained. A number of policies and procedures were in place to help deliver care safely. Risk assessments were carried out and a risk register in place to monitor the quality and safety of the service. An audit programme was in place. A process should be developed for reviewing and updating policies, particularly to ensure they are in line with current Scottish guidance.

The service had recently relocated to a newly refurbished modern purpose-built building. Treatment rooms were allocated to a variety of clinicians providing consultations and an extensive range of treatments on a daily basis. Patients entered into the reception area and were then escorted to a waiting area before entering the appropriate treatment room, helping to maintain patients' privacy and dignity.

The rooms used by the service were clean, well ventilated and well equipped, meeting current legislation and requirements. This included a good supply of disposable personal protective equipment such as gloves, masks and aprons. We checked bottles used for blood samples and these were in date. Waste was appropriately managed with appropriate bins available for the disposal of sharps, clinical and non-clinical waste. Waste bags and sharps boxes were disposed of in a locked container at the back of the building. We saw that a contract was in place for the safe removal of sharps and other clinical waste from the premises.

A fire risk assessment had been carried out. Fire extinguishers had recently been checked and a separate fire exit to the back of the building was functional. Fire safety signs were clearly displayed. We could see that portable electrical testing had been carried out.

Patients who responded to our online survey were very satisfied with the standard of cleanliness. Comments included:

- 'The clinic is immaculate and very elegant with a relaxing vibe. Reception is very welcoming and professional and respectful. All staff I met are like this!'
- 'Facilities are a lovely environment with great refreshments and a modern design very well planned and presented.'
- '... a very clean and well facilitated building. The team have created a welcoming environment for treatment.'

The practitioners were responsible for the safe procurement, prescribing, storage and administration of medicines. The service's medicine management policy was based on best practice guidelines and contained information to demonstrate the safe:

- administration
- prescribing
- procuring, and
- storage of medicine.

The medical fridges had built-in thermometers were checked every day with temperature logs kept to make sure temperature-sensitive medicines were stored at a safe temperature. Other non-refrigerated medicines, such as dermal fillers and other drugs, were stored appropriately. A small stock of emergency medicines was available to respond to complications or adverse reactions to treatment. The service also had a defibrillator in case of acute medical emergencies.

A system was in place for documenting accidents, incidents and for reporting notifiable incidents or adverse events to the appropriate regulatory authorities. No accidents, incidents or adverse events had occurred in the service since it was registered with Healthcare Improvement Scotland.

Appropriate insurance cover was in place for the service and all clinicians who had practicing privileges in the service.

We saw a programme of audits was regularly carried out. This included:

- cleaning and maintenance of the care environment, including checking products used were in line with current guidance
- audits of patient treatments
- health and safety (risk register), and
- medicines management, including checking expiry dates of equipment and medicines, and fridge temperatures.

What needs to improve

We saw some policies did not contain the most up-to-date information and current legislation for Scotland, such as infection prevention and control, and adult and child protection (recommendation d).

- No requirements.

Recommendation d

- The service should regularly review its policies and procedures to ensure they are in line with current legislation and reflect the service provided, in particular to take account of Scottish legislation and guidance.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records showed that full consultations and assessments took place before treatment. Consent to treatment and sharing information with other healthcare professionals was obtained. Audits of patient care records were carried out. Written and verbal aftercare information was provided. Patient care records for psychiatric patients should always document the reason why a patient did not receive treatment following assessment.

The service's reception staff organised and arranged appointments for the GPs. The service also had an online booking system for patients to use to make appointments with the service's other clinicians and practitioners.

Patient care records were stored on the service's electronic record keeping system. Access to any electronic information was password-protected and restricted to key staff members in line with data protection legislation.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

We reviewed five patient care records and saw that outcomes from initial consultations and proposed treatment plans were documented. A full assessment of patients' medical history was carried out before they received any treatment. This included gathering information about any pre-existing medical conditions, including allergies and prescribed medicines. Patient care records documented detailed discussions and conversations with patients about setting realistic outcomes and expectations. The service also carried out a basic psychological assessment before treatment was agreed.

Patients' consent to treatment and taking photographs, where appropriate, was documented in all patient care records we reviewed. A record of the treatment delivered, including batch numbers and expiry dates for medications used, was clearly recorded. Aftercare arrangements and future follow-up appointments were also documented.

Patients told us they received good advice and information before, during and after their treatment. They also told us they could take time to consider the options available to them before they agreed to go ahead with treatment.

Patients were satisfied with the quality of care and treatment they received from the service. Comments from our online survey included:

- 'The consultant was absolutely superb and explained everything as the consultation progressed.'
- 'Having previously had treatment at the GPC I was more than confident in the clinic's abilities and skills to administer treatment.'
- 'I have attended GPC before and his knowledge of medical matters is obvious - the thing I appreciate is that he is always willing to explain reports etc clearly and in everyday terms. He is reassuring and does not push for further services unless required or requested by the patient.'

Patients were given verbal advice after their treatments. Some patients also routinely received aftercare information electronically following their treatment. Patients could contact the service out of hours if they had any concerns following their treatment. Calls would be forwarded to clinicians who would triage the call and give advice, instructions or refer patients to the appropriate out-of-hours service.

We saw evidence that the service had recently audited a selection of patient care records and were told there were further plans to carry out audits of patient care records every month as part of ongoing service improvement.

A multidisciplinary approach was used for children attending the service's child and adolescent mental health service (CAMHS). Patients were matched to the most suitable clinician based on the referral information provided.

We also reviewed five patient care records (three children and two adults) for patients attending the service for attention deficit hyperactivity disorder (ADHD) assessment and diagnosis. We found all contained comprehensive information for each care episode, treatment plans, and information about the risks and benefits of any prescribed medications, as well as self-help links for their diagnosis.

Assessment protocols were in place for patients attending the service for neurodevelopmental disorders such as ADHD. This helped to ensure the service adhered to National Institute for Health and Care Excellence (NICE) standards and best practice guidelines.

We saw thorough and comprehensive diagnostic assessment reports were produced for patients attending for neurodevelopmental assessment. These detailed the patient's presenting issues, medical, psychosocial and developmental history, using relevant screening and assessment tools completed by patients and/or their carers. This helped to ensure a full patient history was obtained and evidence to support the clinical decision as to why a patient had met the criteria for diagnosis.

The service had shared care agreements for medical prescribing in place for some patients with ADHD. This agreement enables patient care to be shared between the service and the patient's GP. We saw evidence of shared care agreements detailing the responsibilities of the service, patients and their GPs. This ensured patients who were prescribed medication for ADHD were monitored appropriately and in line with the British National Formulary (BNF) and NICE guidelines.

What needs to improve

We were told the specialist consultant reviewed all adult psychiatric referrals to assess and determine if a patient's needs were best suited in the service. Patients who were considered not appropriate for the service were advised of the clinical decision and signposted back to their GP or other healthcare services, where appropriate. However, we were told this process was not recorded in the patient care record (recommendation e).

We discussed with the service the benefit of providing patients with information of other services and charities that could be contacted in an emergency for mental health support in a crisis. We will follow this up at the next inspection.

- No requirements.

Recommendation e

- The service should ensure that patient records always document the reason why a patient did not receive treatment following assessment.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Up-to-date recruitment and practicing privileges policies helped to make sure staff recruitment was safe and effective. An induction programme was in place and staff were clear about the reporting structures in the service. Annual appraisals must be carried out for all staff, and Protecting Vulnerable Group (PVG) certificates should not be kept in staff files.

The service had significantly expanded since it was first registered in May 2019 and continued to employ a range of healthcare clinicians. All clinical professionals were contracted to work under practicing privileges (staff who are not directly employed by the provider but given permission to work in the service).

Policies and procedures were in place for recruitment, induction and for staff granted practicing privileges.

We reviewed four staff files for staff granted practicing privileges and found all were well organised, and appropriate contracts were in place. We saw appropriate recruitment processes were in place to ensure the necessary background and identity checks were carried out, including:

- professional qualifications
- registration with the appropriate professional register, and
- Protecting Vulnerable Groups (PVG) checks.

Patients who completed our online survey stated they had confidence in the clinicians' knowledge and skills. Comments included:

- 'The best healthcare services I have ever encountered. Organisation + Professionalism 10/10.'

We saw evidence in staff files of completed mandatory training, including for those staff working under practicing privileges. For example:

- intermediate life support, and
- infection protection and control.

Staff we spoke with were clear about their roles and the reporting structures in the service.

What needs to improve

Although all healthcare staff working in the service had an annual appraisal through their NHS substantive post, we saw no evidence that annual appraisals were being carried out for staff solely employed in the service (requirement 1).

From the staff files we reviewed, we saw that the service had not securely destroyed the original certificates received from Disclosure Scotland in line with current legislation. A system should also be introduced to record PVG scheme identification numbers for staff (recommendation f).

We saw the service had recently developed a process for clinicians, contracted under practicing privileges, to declare their supervision arrangements, continued professional development and professional registration. This will ensure they are maintaining their contractual agreements. We were told this process would be included in the service's audit programme. We will follow this up at the next inspection.

Requirement 1 – Timescale: immediate

- The provider must ensure all staff receive annual appraisals to make sure performance is documented and evaluated.

Recommendation f

- The service should securely destroy original 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.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service kept up to date with current evidence-based practice through membership of, and relationships with, key organisations. A quality improvement plan helped the service to evaluate performance, identify areas for improvement and take corrective actions when needed. Audits were carried out to assess the effectiveness of patient treatments.

The service is owned and managed by two experienced medical practitioners, registered with the General Medical Council (GMC). They engaged in regular continuing professional development. This is managed through the GMC registration and revalidation process, as well as annual appraisals through their NHS roles. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the GMC, every 5 years. Other professional development activities included maintaining connections with peers and subscriptions to journals to raise awareness of the best evidence-based practice for patients.

Formal staff meetings were held every month and included discussion on areas such as continuous professional development and staff training, as well as patient feedback and how to ensure the service continuously improves. We were told it had been difficult to bring together the clinical staff working under practicing privileges agreements for meetings, due to their commitments in their current NHS roles. As a result, online meetings were now held to help clinicians attend the meetings virtually. Minutes of these meetings were available on the service's intranet system for all staff to access. All staff also had access to the service's encrypted messaging group which helped open and maintain communications.

Audits were carried out to assess the effectiveness of treatments provided to patients and to make any improvements where necessary. For example, the service changed to an alternative provider to improve its laboratory testing and collection process.

A quality improvement plan had been developed to help the service continue to improve, and achieve its aims and objectives. The plan detailed any improvement work to be taken forward by nominated members of staff and appropriate action plans. Areas covered included:

- expanding the service, and
- improving patient satisfaction.

- No requirements.

- No recommendations.

Appendix 1 – Requirements and recommendations

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 at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
a	<p>The service should ensure that the results of feedback are shared with patients, in line with its participation policy (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 4.8</p>
b	<p>The service should publish annual duty of candour reports setting out any occasions during the previous year where the duty of candour has been triggered (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> <p>This was previously identified as a recommendation in the December 2022 inspection report for Glasgow Private Clinic.</p>

Domain 2 – Impact on people experiencing care, carers and families (continued)	
Recommendations	
c	<p>The service should ensure details of how to complain to Healthcare Improvement Scotland are correct and readily available (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 4.20</p> <p>This was previously identified as a recommendation in the December 2022 inspection report for Glasgow Private Clinic.</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
d	<p>The service should regularly review its policies and procedures to ensure they are in line with current legislation and reflect the service provided, in particular to take account of Scottish legislation and guidance (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
e	<p>The service should ensure that patient records always document the reason why a patient did not receive treatment following assessment (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>

Domain 7 – Workforce management and support

Requirement

- 1** The provider must ensure all staff receive annual appraisals to make sure performance is documented and evaluated (see page 21).

Timescale – immediate

Regulation 12(c)(i)

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

This was previously identified as a requirement in the December 2022 inspection report for Glasgow Private Clinic.

Recommendation

- f** The service should securely destroy original 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 (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

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

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.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

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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