

# Announced Inspection Report: Independent Healthcare

**Service:** GP Matters, Glasgow

**Service Provider:** GP Matters Ltd

25 November 2022

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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 12 September 2019

#### Requirement

*The provider must notify Healthcare Improvement Scotland of incidents in line with Healthcare Improvement Scotland's notification guidance.*

#### Action taken

The requirement to notify Healthcare Improvement Scotland of notifiable incidents was now included in the service's reporting and management of incidents policy. The manager was aware of the need to report certain matters to Healthcare Improvement Scotland. **This requirement is met.**

## 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 GP Matters on Friday 25 November 2022. We spoke with the manager and GP during the inspection. We received feedback from 12 patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of two 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 GP Matters, 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 received information about the treatments available to help them make informed decisions. Information for patients about how to make a complaint was also easily accessible. Although informal feedback was acted on, a more structured method would make sure patient feedback was used to evaluate the service and any improvements made.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Patients were cared for in a well maintained environment. A range of policies and procedures were in place to help deliver safe and effective care, including a comprehensive audit programme. However, clinical waste must be disposed of correctly, and the correct cleaning products used.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with developments in the industry through membership of, and relationships with, key organisations. Staff were actively involved in helping the service to continually improve. 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.	✓✓ Good

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	Appropriate consultation, assessments and treatment plans were in place. Relevant consents from patients were obtained and detailed aftercare advice was given. Details of all medicines used should be documented in patient care records.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Professional registrations were checked annually and staff received induction training. However, safe and effective staff recruitment systems must be in place and all staff must receive regular performance reviews.

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

Further information about the Quality Framework can also be found on our website at:  
[https://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach/quality\\_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

## What action we expect GP Matters Ltd to take after our inspection

This inspection resulted in four requirements and three 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

GP Matters Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at GP Matters 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

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**Patients received information about the treatments available to help them make informed decisions. Information for patients about how to make a complaint was also easily accessible. Although informal feedback was acted on, a more structured method would make sure patient feedback was used to evaluate the service and any improvements made.**

The service's website detailed the staff in the service, the range of services and treatments offered, and associated costs. It also provided information on risks and benefits, and aftercare, for the aesthetics treatments. The risks and benefits was also included on the consent forms for aesthetic treatments. All this information ensured that patients were able to make fully informed decisions.

A consent policy was in place and clinical staff had received training on obtaining informed consent. All patients who answered our survey said they were given sufficient time to reflect on the treatment options before giving consent. All patients told us they felt fully informed and included in decisions about their care and had confidence in the service. Comments included:

- 'I was fully involved.'
- 'There was sufficient time for me to consider all options before I made the decision to consent to treatment.'
- 'I was given all the information needed to make an informed decision.'

The clinic environment helped maintain patients' privacy and dignity. There were individual consulting and treatment rooms and windows were adequately screened. There was secure entry to the clinic. All patients who answered our survey said they had been treated with dignity and respect.



Patients were encouraged to leave feedback either by scanning a QR barcode link displayed in the clinic reception or on an online review platform. Feedback was responded to, reviewed and collated. Verbal feedback given to staff was also documented. We saw evidence of changes as a result of feedback received. For example, a container had been placed at the reception desk for patients to leave samples while waiting for their appointment following a request from a patient. Feedback was discussed in team meetings to help staff learn from and improve the quality of care.

A system was in place to manage complaints and the complaints procedure was available on the service's website. This detailed that patients could contact Healthcare Improvement Scotland at any stage of the complaints process. The service was a member of the Independent Doctors Federation (which represents doctors in private practice). The service could also request their input when a complaint could not be resolved locally. We noted the service had received no complaints in the past year.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). A duty of candour report was available on the service's website. The service had not had any instances requiring it to implement duty of candour principles. Clinical staff had received training on the principles of duty of candour.

### **What needs to improve**

Although the service collated and reviewed informal patient feedback, a more formal method, such as a structured survey, for collecting patient feedback should be introduced. This would help the service to identify any required improvements and measure the impact of any changes made on the service (recommendation a).

- No requirements.

### **Recommendation a**

- The service should develop and use a formal method of obtaining patient feedback to help evaluate and drive improvement.

## 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

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**Patients were cared for in a well maintained environment. A range of policies and procedures were in place to help deliver safe and effective care, including a comprehensive audit programme. However, clinical waste must be disposed of correctly, and the correct cleaning products used.**

A medicines management policy was in place for the safe procurement, prescribing, administration and storage of medicines. The temperature of the pharmacy fridge was regularly monitored to make sure medicines were being stored at the correct temperature.

Arrangements were in place to deal with medical emergencies. This included a first aid kit, oxygen cylinders, emergency medicines and access to a defibrillator. Staff had received training in life support and aesthetic complications to help deal with any emergencies. Appropriate emergency medicines management checks were undertaken and recorded.

A range of other policies and procedures helped the service to deliver care safely. For example, a whistleblowing policy was available if staff wished to raise any concerns about patient safety or other harm. A safeguarding (public protection) policy set out a clear protocol to respond to any adult or child protection concerns.

All patients told us they had confidence in the service:

- 'Doctor inspired confidence.'
- 'Excellent professional service...'

The clinic appeared clean, well maintained and clutter free. We were told that equipment cleaning was carried out in between patient appointments. A cleaning schedule was in place to ensure appropriate cleaning of the clinic environment took place at the end of each day. Appropriate measures were in place to reduce the risk of infection to patients, in line with the service's infection prevention and control policy. For example, alcohol-based hand gel and personal protective equipment such as gloves and face masks were available.

Equipment appeared clean and well maintained. A schedule was in place to ensure clinical equipment such as the pharmacy fridge, weighing scales, thermometer and examination lamp was regularly serviced and maintained.

A recent fire risk assessment had been carried out and actions to be taken had been completed. Fire safety signage was displayed and fire safety equipment was in place. Electrical equipment had been tested and safety certificates were in place for facilities.

A comprehensive audit programme included audits of:

- patient care records
- prescribing
- infection prevention and control
- medicines storage, and
- prescribing.

Risk assessments were carried out for any risks associated with the service such as health and safety risks. These were recorded on a risk register and updated when required.

Patients who responded to our online survey said they were satisfied with the facilities and equipment. Comments included:

- 'The surgery is extremely inviting and welcoming with modern decor and extremely high standards of cleanliness.'
- 'Excellent facilities.'

A system was in place for recording any accidents or incidents that took place in the service.

### What needs to improve

It is a legal requirement that any clinical waste producer segregates, packages and disposes of all waste in line with current national waste legislation. While a clinical waste contract was in place for the removal and disposal of clinical waste, the wrong sharps box was being used to dispose of botulinum toxin. As this medicine is categorised as hazardous, using the wrong sharps box would mean the clinical waste was not disposed of (incinerated) correctly (requirement 1).

The correct cleaning products were not being used to clean sanitary fittings, including clinical wash hand basins (recommendation b).

### Requirement 1 – Timescale: immediate

- The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with appropriate national waste legislation.

### Recommendation b

- The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins, in line with national guidance.

## Our findings

### Quality indicator 5.2 - Assessment and management of people experiencing care

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**Appropriate consultation, assessments and treatment plans were in place. Relevant consents from patients were obtained and detailed aftercare advice was given. Details of all medicines used should be documented in patient care records.**

Once an appointment had been made, patients were asked to complete an online registration form, medical history form and relevant consent form. These were then discussed at their appointment.

We reviewed six electronic patient care records. An electronic record keeping system was used that recorded patients' consent forms, any current medications, medical history and treatment plans. We saw documented evidence in the patient care records reviewed of consultation, assessment, consent process and treatment planning, all with patient involvement. Aftercare advice was also documented.

We saw that medications were appropriately prescribed with a review of patients every 2 months for ongoing prescriptions, using the British National Formulary. This details all medicines that are prescribed in the UK, including information such as indications and dosages, contraindications (any symptomatic or medical reason for a person to not receive a particular treatment or procedure because it may be harmful to them), cautions and side effects.

Following treatment, an aftercare advice leaflet was provided to patients which included out of hours and emergency information. This information was also available on the service's website. All patients who responded to our survey said they had received sufficient aftercare advice. One patient commented that they had 'received extensive information about aftercare.'

Patient care records were stored on a password-protected electronic system. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). All current patient care records were now digital. We were told historical paper records were kept off site in a secure storage facility. The service had a data compliance policy on its website detailing how it complied with data protection regulations.

### **What needs to improve**

Records of treatment given included batch numbers and expiry dates of medicines used for all medicines with the exception of botulinum toxin treatments (recommendation c).

- No requirements.

### **Recommendation c**

- The service should document in patient care records the batch numbers and expiry dates of all medicines used.

## 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

**Professional registrations were checked annually and staff received induction training. However, safe and effective staff recruitment systems must be in place and all staff must receive regular performance reviews.**

All staff had received induction training which included general employment information, emergency procedures, policies and processes.

We saw evidence of the annual appraisal that the manager carried out with the clinical staff member. Revalidation records were also kept. Revalidation is the process that proves a healthcare professional is still practicing within the safe and legal guidelines set out by their governing body, such as the Nursing and Midwifery Council (NMC) or General Medical Council (GMC). Training records were kept and an annual check was made to ensure their professional registration status remained current.

The GP was compliant with the appraisal requirements of the GMC and had a named appraiser in the Independent Doctors Federation.

#### What needs to improve

While some basic information was held about staff, there were no staff files containing relevant information that could evidence their safe recruitment. For example, there was no evidence of:

- employment references
- interview notes, and
- occupational health status (where appropriate) (requirement 2).

The service had not carried out a background identity check with Disclosure Scotland to ensure the relevant staff member was not included on the list for Protecting Vulnerable Groups (PVG). The staff member had provided evidence of their PVG check carried out through their other employer. This meant the service would not be directly informed if the PVG status of the staff member changed (requirement 3).

We were told the reception staff had informal one-to-one meetings with the manager. However, these were not documented and they also did not receive an appraisal (requirement 4).

**Requirement 2 – Timescale: 10 May 2023**

- The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff.

**Requirement 3 – Timescale: immediate**

- The provider must ensure that relevant prospective employees are not included on the adults' or children's list of the Protecting Vulnerable Groups (Scotland) Act 2007.

**Requirement 4 – Timescale: 10 May 2023**

- The provider must ensure staff receive regular performance reviews and appraisals to make sure their job performance is documented and evaluated.
- No recommendations.

## 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 developments in the industry through membership of, and relationships with, key organisations. Staff were actively involved in helping the service to continually improve. 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 GP was a member of the Independent Doctors Federation that provides access to online learning, educational events and conferences, and peer support. The service maintained supportive professional relationships with other services and consultants with whom medical discussions about patients' conditions could take place. Patients were also referred to these other services for any procedures they needed that the service did not carry out, for example surgical procedures.

Formal staff meetings were held every 6 months. Agenda items included any suggestions for improving the service, or improvement activity taking place, staffing, professional development and training. Minutes documented actions to be taken, and those responsible for the actions. Outwith the 6 monthly meetings, all other communication with staff was informal due to the small team.

Audits were carried out to assess the effectiveness of treatments provided to patients. For example, an audit on a treatment for migraines had found that patients had reported a 72% improvement in their symptoms.



The service had also improved its laboratory testing processes following an incident with a time-sensitive test result being delayed when using the service's regular laboratory. As a result, an arrangement was now in place with an alternative clinic in case of similar events occurring in the future.

A quality improvement plan included information from audits, feedback and meetings, with actions and timelines for improvements. This helped the service to continually evaluate its performance, identify areas for improvement and take any corrective actions when needed.

A business plan had been developed to help the service continue to improve, and achieve its aims and objectives. Performance was measured based on criteria such as:

- financial targets and growth
- number and frequency of complaints, and
- patient feedback.

The GP had recently become a Maritime and Coastguard Agency (MCA) approved assessor for the seafarer's medical certificate. This meant they could provide additional services to those already offered by the service to the oil and gas industry.

- 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

#### Recommendation

- a** The service should develop and use a formal method of obtaining patient feedback to help evaluate and drive improvement (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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

#### Requirement

- 1** The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with appropriate national waste legislation (see page 12).

Timescale – immediate

*Regulation 3(d)(iii)*

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

## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

- b** The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins, in line with national guidance (see page 12).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

- c** The service should document in patient care records the batch numbers and expiry dates of all medicines used (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

## Domain 7 – Workforce management and support

### Requirements

- 2** The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff (see page 15).

Timescale – by 10 May 2023

*Regulation 8*

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

- 3** The provider must ensure that relevant prospective employees are not included on the adults' or children's list of the Protecting Vulnerable Groups (Scotland) Act 2007 (see page 15).

Timescale – immediate

*Regulation 9(1)(2)*

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

## Domain 7 – Workforce management and support (continued)

### Requirements

- 4** The provider must ensure staff receive regular performance reviews and appraisals to make sure their job performance is documented and evaluated (see page 15).

Timescale – by 10 May 2023

*Regulation 12(c)(i)*

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

### Recommendations

None

## 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](http://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](http://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](mailto:his.ihcregulation@nhs.scot)

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Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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