

Announced Inspection Report: Independent Healthcare

Service: Birkenshaw Clinic of Acupuncture,
Uddingston

Service Provider: Birkenshaw Clinic of
Acupuncture

15 February 2022

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First published April 2022

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1 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 Birkenshaw Clinic of Acupuncture on Tuesday 15 February 2022. We spoke with the owner practitioner during the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

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 Birkenshaw Clinic of Acupuncture, the following grades have been applied to the key quality indicators inspected.

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 environment is clean, safe and helped maintain patient privacy. Appropriate processes and procedures must be put in place to manage risk. An audit programme should be introduced to review the safe delivery and quality of the service.	✓ Satisfactory

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date best practice. We saw evidence of continuing professional and personal development. Quality assurance processes and systems must be developed. This should include developing a quality improvement plan.	✓ Satisfactory

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.2 - Assessment and management of people experiencing care	Patients had a full assessment before they received treatment. Patient care records included clear and accurate information about treatment and aftercare arrangements. Consent to treatment should be recorded in the patient care record for every treatment.	

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 Birkenshaw Acupuncture Clinic to take after our inspection

This inspection resulted in two requirements 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

Susan Murphy, the provider, must address the requirements and make the necessary improvements as a matter of priority.

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

3 What we found during our inspection

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 environment is clean, safe and helped maintain patient privacy.
Appropriate processes and procedures must be put in place to manage risk.
An audit programme should be introduced to review the safe delivery and quality of the service.**

Patients were cared for in a clean and safe environment. We saw good systems in place to achieve this, including servicing and maintenance contracts. All equipment used was single-use to prevent the risk of cross-infection. An infection prevention and control policy was in place and the practitioner had good awareness of infection and prevention and control practices and measures, including for COVID-19. All patients who responded to our survey said they were very satisfied with the standard of cleanliness in the clinic.

The service followed Health Protection Scotland's national guidance to reduce infection risks for patients, in line with its infection control policy. Personal protective equipment, such as disposable gloves and medical devices, including needles and syringes were single-use to reduce the risk of cross-infection. Antibacterial hand wash and disposable hand towels were used to promote good hand hygiene. The service had a contract in place for the safe disposal of sharps and other clinical waste.

Before attending an appointment, patients completed a COVID-19 screening questionnaire. Patients were advised not to attend the clinic if they had any of the pre-existing symptoms.

Patients could contact the practitioner out of hours if they had any concerns after their treatment.

No accidents, incidents or adverse events had occurred in the service since it was registered with Healthcare Improvement Scotland. However, it had a system in place for documenting accidents and incidents, as well as for reporting notifiable incidents or adverse events to regulatory authorities. Patients told us they trusted the practitioner and were confident they had the skills and knowledge to deliver high quality care. Patient feedback from our online survey was very positive and comments included:

- 'I wouldn't hesitate to recommend this clinic to family and friends. I only wish I'd gone sooner.'
- 'I feel completely comfortable that I am being treated in a safe environment (despite COVID). The practitioner has excellent standards of hygiene.'
- 'The practitioner was extremely helpful, courteous and professional.'

The service had an up-to-date fire risk assessment in place.

What needs to improve

All risks to patients and staff in the service must be effectively managed continuously. We found that the service had no proactive risk management processes in place. Proactive risk management processes must be developed, which include:

- a comprehensive risk register
- appropriate risk assessments to protect patients and staff, and
- an accident and incident investigation procedure (requirement 1).

Cleaning materials we saw in the service included chlorine-based solution 1:1000ppm chlorine. However, we saw no evidence of a cleaning schedule in place (recommendation a).

We saw no evidence of audit activity carried out in the service. A programme of regular audit should be implemented which, as a minimum includes:

- cleaning and maintenance of the care environment
- health and safety, and
- patient care records (recommendation b).

The service's policies were outdated and did not have reviews planned. The service also did not have existing policies for a number of practices, including health and safety at work and management of adverse events. Existing policies should be updated and reviewed timeously (recommendation c).

Requirement 1 – Timescale: immediate

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This should include:
 - (a) a comprehensive risk register for the service identifying any areas that may compromise patient safety*
 - (b) appropriate risk assessments should be carried out detailing risk and actions taken to minimise or eliminate this risk, and*
 - (c) a written record of an accident and incident investigation procedure and who to contact in the event of any emergencies.*

Recommendation a

- The service should develop cleaning schedules in line with guidance in HPS National Infection Prevention and Control Manual.

Recommendation b

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

Recommendation c

- The service should introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a full assessment before they received treatment. Patient care records included clear and accurate information about treatment and aftercare arrangements. Consent to treatment should be recorded in the patient care record for every treatment.

The service had a telephone booking system in place and appointments with costs were noted in the appointment book. All patient care records were in

paper format and securely kept in a locked filing cabinet. The office was locked through most of the day and when patients had treatments carried out. The owner-practitioner was the only person able to access the patient care records.

We reviewed five patient care records and found that all contained full details of patient's past medical history and allergies. An initial consultation was documented for all patients with outcomes and proposed treatment plans. This included a discussion with each patient to establish and achieve realistic expectations and agree the most suitable options available to them. Patients told us they received good advice and information before, during and after their treatment. We were advised treatment costs were discussed during the initial consultation.

We reviewed how patients' needs were assessed and how treatment was planned and delivered in a way that was individualised. This included assessing patients' suitability using a range of different healthcare assessments.

All patient care records we reviewed had completed consent forms for treatments, which included details of the risks and benefits. Documentation included patient and practitioner signatures.

Patients were given verbal advice after their treatments, including information about contacting the practitioner out of hours if required. The practitioner also made sure patients read the aftercare advice displayed on the wall before they left the clinic.

Patients were very satisfied with the service and the treatments they had received. Comments from our online survey included:

- 'The practitioner has been a godsend. She totally understands what's happening to my body and is treating me effectively.'
- 'I found the practitioner to be extremely professional and very patient-attuned. She also explained to me and showed me exercises I could carry out at home to reduce the pain I was experiencing.'

What needs to improve

Patient care records we reviewed did not contain information recording batch numbers or expiry dates of the equipment used, such as acupuncture needles (recommendation d).

We saw no evidence in patient care records of patients consenting to returning further treatments or new treatments being administered (recommendation e).

- No requirements.

Recommendation d

- The service should record equipment used for patient treatments, this should include stock batch numbers and expiry dates.

Recommendation e

- The service should document consent from patients for each new treatment they receive.

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 best practice. We saw evidence of continuing professional and personal development. Quality assurance processes and systems must be developed. This should include developing a quality improvement plan.

The service manager who is the sole practitioner, is a nurse and midwife registered with the Nursing and Midwifery Council (NMC). The practitioner maintained their professional development to complete mandatory revalidation with the NMC in a variety of ways, including maintaining and developing current clinical skills within a health care setting. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the NMC, every 3 years. We also noted the practitioner attended and delivered training at conferences in the acupuncture industry to keep up to date with best practice and delivery of treatments in line with evidence-based research. The practitioner has jointly written a book and features for journals in maternity services and acupuncture services.

The service used social media and verbal feedback from patients and their experiences using the service to inform service improvement.

What needs to improve

We saw no overarching quality assurance structures in place and no system for reviewing the quality of the service being delivered. We saw no evidence that the service formally collected, addressed or evaluated patient feedback. Regular review of the service will help make sure the service delivered is of a quality appropriate to meet the needs of patients (requirement 2).

The service did not have a formal quality improvement plan in place. A quality improvement plan would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would allow the service to clearly demonstrate a culture of continuous quality improvement (recommendation f).

Requirement 2 – Timescale: by 15 May 2022

- The provider must implement a suitable system of regular review the quality of the service.

Recommendation f

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

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

Requirement

- 1** The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This should include:
- (a) a comprehensive risk register for the service identifying any areas that may compromise patient safety*
 - (b) appropriate risk assessments should be carried out detailing risk and actions taken to minimise or eliminate this risk, and*
 - (c) a written record of an accident and incident investigation procedure and who to contact in the event of any emergencies (see page 9).*

Timescale – immediate

Regulation 13(2)(a)

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

Recommendations

- a** The service should develop cleaning schedules in line with guidance in HPS National Infection Prevention and Control Manual (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 5.22

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

- b** The service should develop a programme of regular audits to include key aspects of care and treatment. Audits should be documented and action plans implemented (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

- c** The service should introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance (see page 9).

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

- d** The service should record equipment used for patient treatments, this should include stock batch numbers and expiry dates (see page 11).

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

- e** The service should document consent from patients for each new treatment they receive (see page 11).

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

Domain 9 – Quality improvement-focused leadership

Requirement

- 2** The provider must implement a suitable system of regular review the quality of the service (see page 13).

Timescale – by 15 May 2022

Regulation 13(2)(b)

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

Domain 9 – Quality improvement-focused leadership (continued)

Recommendation

- f** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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

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