

# Announced Inspection Report: Independent Healthcare

**Service:** GP Plus Ltd, Edinburgh

**Service Provider:** GP Plus Ltd

4 August 2021

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First published September 2021

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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 GP Plus Ltd on Wednesday 4 August 2021. We spoke with three members of staff.

This was our first inspection to this service. 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 Plus Ltd, the following grades have been applied to the key quality indicators.

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 is following Public Health Scotland's guidance on infection prevention and control. There are policies and procedures in place which ensure that there is a safe environment. The patients we contacted were consistently complimentary about the service they received and in particular the knowledge and professionalism of the manager.	✓✓ Good

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The staff who work in the service could explain how continuous quality improvement benefits the service and how this improves patient care. The people that we spoke with, consistently told us that they would not want to change anything about the service. A formalised continuous quality improvement plan would help the service identify the areas that they are doing well in.	✓ Satisfactory

The following additional quality indicator inspected against during this inspection.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	We saw that the patient's records were comprehensive and followed best practice guidelines. Any referral information was shared with the patients.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	We saw that there was an induction and appraisal system in place for the administrative staff. The service must look at introducing a risk assessment for protecting vulnerable groups and ensuring that there are practicing privileges in place for any clinician who will be working in the service. The service should review its pre-employment procedures.

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)

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

This inspection resulted in two requirements and two 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 Plus 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 Plus Ltd for their assistance during the inspection.

## 2 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 service is following Public Health Scotland's guidance on infection prevention and control. There are policies and procedures in place which ensure that there is a safe environment. The patients we contacted were consistently complimentary about the service they received and in particular the knowledge and professionalism of the manager.**

At the time of our inspection, we saw that the service followed Public Health Scotland's COVID-19 guidance on infection prevention and control. Patients were asked to fill in a pre-visit questionnaire and access to the clinic was strictly controlled. Personal protective equipment (PPE) and hand sanitisers were available throughout the clinic. Posters were prominently displayed, which showed safety measures that visitors should take. Each visitor's temperature was taken as a precautionary measure.

Patients we spoke with explained that they had been informed about the precautions taken during the pandemic. Comments included:

- 'Very particular about precautions.'
- 'We got a lot of information about visiting the service.'
- 'We spoke and decided a video conference would be safer.'

Enhanced cleaning measures were in place which included increased cleaning of screens, frequently-used-areas such as door handles, desk tops and the reception area. An air purifying unit was in place. We observed that staff used PPE in line with guidance.

The clinic was clean and well-organised. Contracts were in place for maintenance of the premises as well as the safe disposal of medical sharps and waste. Portable appliance testing had been carried out.

Effective strategies were in place to protect the health, safety and wellbeing of patients, visitors and staff. This included a comprehensive risk register. Policies and reporting systems were in place to protect people from abuse, neglect or harm.

Through its website, information leaflets and information displayed in the clinic, the service provided information to patients about benefits and risks of treatments and medication provided. This information was available in different languages and the service hired a translator for patients whose first language was not English.

We were told how staff would deal with instances where patients asked them not to share information for a variety of reasons, such as to prevent embarrassment. They gave a very clear explanation of how this sometimes could not be guaranteed and how this would be communicated to patients.

Staff we spoke with explained that patients with concerns they felt needed further advice and guidance could be referred to the service's extensive network of trusted specialists.

The service had a medicines management policy in place and a small stock of medicines were held in a clinical drugs fridge. The fridge temperature was monitored daily. Medicines we saw were in-date and processes were in place to help make sure medications were used before expiry dates.

We saw appropriate emergency equipment and medications. The service had an adult support and protection policy in place. The service manager knew how this could impact someone's ability to make decisions and any financial implications that this would have.

Healthcare Improvement Scotland's notifications guidance is a list of events and circumstances which services are required to report to Healthcare Improvement Scotland. While the service had not needed to submit any notifications, the service manager was aware of when and how to do it.

Patients we spoke with were very positive about how they had benefited from using the service. Comments included:

- 'He is clearly at the top of his profession'
- 'If there is anything he doesn't know, he will research it and has always got back to us'
- 'Thank God for GP Plus, I would not be here if not for 'this service'

A common theme with the patients we spoke with was the positivity about referrals to other services:

- 'You always get a very comprehensive set of notes with the referral.'
- 'Very knowledgeable particularly about who he refers to.'
- 'The person I was referred to was a good fit.'

- No requirements.
- No recommendations.

## Our findings

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

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**We saw that the patient's records were comprehensive and followed best practice guidelines. Any referral information was shared with the patients.**

The service used a password-protected electronic recording system for patient care records. We reviewed six patient care records and saw that comprehensive assessments and consultations were carried out for all patients. This included:

- health conditions
- medical history
- medications
- previous treatments, and
- any areas which would highlight any risks associated with the treatment.

The patient care records were clear and showed that any diagnosis and further treatment were explained.

Audits had been carried out on patient care records, including making sure that any referrals or tests the service carried out had been completed. We saw that when a patient returned for a further appointment, the electronic recording system helped make sure that their previous notes were available for review. Aftercare advice was also recorded in the care records.

Patients we spoke with explained that they were always granted access to their care records and felt this was very helpful when referred to another service.

- No requirements.
- No recommendations.

## **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**

**We saw that there was an induction and appraisal system in place for the administrative staff. The service must look at introducing a risk assessment for protecting vulnerable groups (PVG) and ensuring that there are practicing privileges in place for any clinician who will be working in the service. The service should review its pre-employment procedures.**

We looked at files of the two most recent members of staff that the service had employed.

While usually only one doctor staffed the service, sometimes another clinician would help. At the time of our inspection, the assistant clinician was leaving to go to another job. The service planned to replace the assistant clinician.

The service employed administrative staff to help with reception and some administrative duties. An induction policy and process in place and we saw evidence that regular appraisals were carried out.

#### **What needs to improve**

We saw that the two recently employed administrative staff did not have a PVG in place (requirement 1).

The service did not have a practicing privileges agreement in place (requirement 2).

References had not been sought for the staff recently employed (recommendation a).

#### **Requirement 1 – Immediate**

- The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults' list in the Protection of Vulnerable Groups (Scotland) Act 2007.

#### **Requirement 2 – Immediate**

- The provider must ensure that practicing privilege agreements are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified.

#### **Recommendation a**

- The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government's Safer Recruitment through Better Recruitment guidance (2016).

## 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

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**The staff who work in the service could explain how continuous quality improvement benefits the service and how this improves patient care. A formalised continuous quality improvement plan would help the service identify the areas that they are doing well in.**

The service is owned and managed by an experienced medical practitioner, registered with the General Medical Council (GMC). The service engaged in regular continuing professional development. This is managed through the GMC registration and revalidation process, as well as yearly appraisals. Other professional development activities included attending industry events, maintaining connections with peers and subscriptions to journals to raise awareness of the best evidence-based care for patients.

As the primary doctor, the service manager told us they had a clear oversight of all patients in the service. They told us this made communication easier and the actions required could be made quickly. The service manager had very good knowledge of continuous quality improvement and how this affected the delivery of care. They gave examples of how they had amended their practice to be in line with developments in practice, such as in treating common chronic illnesses and some cancer treatments. The service manager was able to discuss and guide us to the research they had used as evidence and best practice.

Staff we spoke with were enthusiastic about their work and providing a positive experience.

The service was working to gain accreditation with United Kingdom Accreditation Service (UKAS, a national accreditation body appointed by the UK Government) to deliver a rapid testing service for some illnesses. The service

manager told us that while this was a challenging process, it would result in a good quality assurance framework for the illnesses it covered. At the time of our inspection, the service was entering phase three of the process.

At the time of our inspection, we observed a relaxed and comfortable atmosphere between the staff on duty. Administrative staff were very complimentary about the service manager and reported that they felt supported in the service. Staff also told us the service manager was open to new ideas they had to improve the service.

### **What needs to improve**

The service manager explained what the service would like to do in the future and included a lot of information in the service's self-evaluation. However, no formal quality improvement plan was in place to help structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation b).

- No requirements.

### **Recommendation b**

- The service should develop its quality improvement plan to ensure that service improvement objectives are informed by a robust programme of clinical audit, including clinical effectiveness.

## 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 7 – Workforce management and support

#### Requirement

- 1** The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults' list in the Protection of Vulnerable Groups (Scotland) Act 2007 (see page 11).

Timescale – immediate

*Regulation 9(1)(2)*

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

- 2** The provider must ensure that employment of practicing privilege contracts are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified (see page 11).

Timescale – immediate

*Regulation 8(1)*

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

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

### Recommendation

- a** The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government's Safer Recruitment through Better Recruitment guidance (2016) (see page 11).

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

## Domain 9 – Quality improvement-focused leadership

### Requirements

None

### Recommendation

- b** The service should develop its quality improvement plan to ensure that service improvement objectives are informed by a robust programme of clinical audit, including clinical effectiveness (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](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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