



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Kalmed Clinic, Stirling

**Service Provider:** Kalmed Clinic Ltd

17 March 2022

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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First published May 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 Kalmed Clinic Ltd on Thursday 17 March 2022. We spoke with both directors of the company who are the practitioner and the manager. We received feedback from 13 patients through an online survey we had asked the service to issue for us before the inspection and we received one direct email feedback. 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 Kalmed Clinic, 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	Patients were cared for in a clean and safe environment. Systems were in place to maintain safety and patients were satisfied with the standard of cleanliness. The cleaning schedule should have more detail to evidence when cleaning was carried out. A programme of regular audits should be developed.	✓ Satisfactory

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with best practice guidance and changes to practice. A quality improvement plan should be developed so the service can evidence the delivery of safe and effective consultations.	✓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	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	The practitioner sees all patients and completes an assessment to determine treatment plan. Consent was recorded in the patient care record. Patient care records were all up to date and legible.

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 Kalmed Clinic Ltd to take after our inspection

This inspection resulted in two recommendations. See Appendix 1 for a full list of the 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)

We would like to thank all staff at Kalmed Clinic 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**

**Patients were cared for in a clean and safe environment. Systems were in place to maintain safety and patients were satisfied with the standard of cleanliness. The cleaning schedule should have more detail to evidence when cleaning was carried out. A programme of regular audits should be developed.**

The service had an infection prevention and control policy in place and we saw a clinical waste contract to remove and dispose of sharps. The landlord maintained and cleaned the reception and toilet areas as part of the communal areas of the building. The service also had a completed and up-to-date cleaning schedule in place and we all areas were clean and well maintained.

All patients who responded to our online survey said they were satisfied with the cleanliness of the environment. They told us:

- 'Very clean with adequate measures in place to minimise risk.'
- 'Clean, efficient and secure.'
- 'One of the cleanest places I have ever seen.'

The service carried out consultations for patients and we saw a safe system followed for prescribing medication for individual, named patients. Clinical procedures were not carried out on the clinic premises. While a drug fridge was kept on the premises and the temperatures were recorded daily, this was not in use at the time of our inspection. Equipment that the practitioner used was maintained and serviced yearly.

The service manager reviewed policies and procedures every year to make sure they were up to date with best practice and current legislation.

### What needs to improve

The service did not carry out any audits. A programme of regular audits covering infection, prevention and control and key aspects of care and treatment could help the service identify where improvements are needed. This should include audits of patient care records (recommendation a).

The cleaning schedule we saw did not include details about what was being cleaned. The service manager told us they would add this to the schedules. We will follow this up at future inspections.

- No requirements.

### Recommendation a

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

## Our findings

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

**The practitioner carries out a comprehensive assessment on all patients to determine a treatment plan. Consent was recorded in the patient care record. Patient care records were all up to date and legible.**

The five patient care records we reviewed were all legible and up to date. We saw that a consultation and comprehensive assessment had been carried out, including the patients' medical histories. The practitioner discussed a treatment plan with the patient at the initial consultation and followed up with an email or letter to the patient.

Patient care records included aftercare advice and any information for follow-up care. For example, some patients were required to submit blood pressure readings and we saw easy-to-follow information on how to correctly take these so the practitioner was assured the results were accurately gathered. We saw that the practitioner made contact with laboratories after blood was taken and then patients were contacted with the result, normally the next day.



The patient care records showed that patients consented to their treatment plan and GP contact details were only recorded where this was required and the patient consented. Confidentiality of patient information was maintained. Electronic records were kept on a secure laptop which only the practitioner and service manager had access to.

All patients who responded to our online survey told us they had been treated with dignity and respect. Treatment and pricing options were available on the service's website and patients could decide which appointment was most suited to them. Patients told us:

- 'Made to feel that my concerns were not rushed.'
  - 'Exudes confidence with dignity and patience.'
  - 'Procedure was swift and efficient and has been effective.'
- 
- No requirements.
  - 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 best practice guidance and changes to practice. The service should develop a quality improvement plan to evaluate and measure the impact of service improvement activities.**

The service was provided by a qualified general practitioner who was registered with the General Medical Council (GMC). The practitioner completed ongoing training and development as part of their revalidation process yearly, which is submitted to their responsible officer who make recommendations to the GMC. The practitioner also attended conferences and carried out online training.

The practitioner was a member of local and national groups and worked closely with other GPs in the area. We also saw good pathways in place for referrals to NHS acute services.

We saw the service had positive testimonials from patients online. The practitioner told us that they used these testimonials as feedback to make any improvements. Based on feedback received, the service had developed an online booking service for patients.

#### What needs to improve

While we saw the service had made some improvements, it had no formal quality improvement plan in place (recommendation b).

- No requirements.

#### Recommendation b

- The service should develop a quality improvement plan.

## 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

#### Requirements

None

#### Recommendation

- a** The service should develop a programme of regular audits to cover key aspects of care and treatment, including patient care records. Audits must be documented and improvement action plans implemented (see page 11).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17

### Domain 9 – Quality improvement-focused leadership

#### Requirements

None

#### Recommendation

- b** The service should develop a quality improvement plan (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)

You can read and download this document from our website.  
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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)

## Healthcare Improvement Scotland

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

0131 623 4300

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

0141 225 6999

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)