

# Announced Inspection Report: Independent Healthcare

**Service:** Latch on Lanarkshire, Lanarkshire

**Service Provider:** Latch on Lanarkshire Ltd

14 December 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 Latch on Lanarkshire on Tuesday 14 December 2021. We spoke with the manager (practitioner) during the inspection. We received feedback from 24 patients through an online survey we had asked the service to issue for us before 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 Latch on Lanarkshire, 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 modern, clean and well maintained. Procedures were in place to prevent the spread of COVID-19. The correct product should be available for cleaning contaminated equipment. An audit programme should be introduced to review the safe delivery and quality of the service.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The service regularly engaged with service users and other peer services to help make improvements to how this service was delivered, for example service user feedback was collated and analysed. The manager stayed up to date with advances in the sector through regular training and membership of a professional group. Processes were in place to identify how further improvements to the service could be made.	✓✓ Good

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	Comprehensive assessments were carried out with service users before a treatment plan was agreed. Patient care records were clear. Consent was recorded and service users were fully included and well informed about the 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

## **What action we expect Latch on Lanarkshire Ltd to take after our inspection**

This inspection resulted in one requirement 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)

Latch on Lanarkshire Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Latch on Lanarkshire 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 environment is modern, clean and well maintained. Procedures were in place to prevent the spread of COVID-19. The correct product should be available for cleaning contaminated equipment. An audit programme should be introduced to review the safe delivery and quality of the service.**

We saw that the service followed Public Health Scotland's COVID-19 guidance on infection prevention and control. Service users were asked COVID-19 screening questions during a telephone call the day before their appointment. When they arrived at the service, they were asked to confirm they did not have symptoms of COVID-19, had not been in contact with anyone who had tested positive and had not recently tested positive themselves. Personal protective equipment, such as disposable aprons, gloves and face masks, and hand sanitisers were available. All visitors had their temperature taken as a precautionary measure when they arrived. We saw that the service had carried out a COVID-19 risk assessment and had a COVID-19 statement on their website informing service users of the procedures in place to prevent the spread of COVID-19.

The environment and equipment were clean and safe. The clinic room was well organised and uncluttered to allow for effective cleaning. Patient equipment was cleaned between patients and cleaning checklists were completed to show full cleaning of the consulting room each day.

Clinical waste and sharps bins were available and a waste contract was in place.

The service had protocols in place in case of an emergency. The service also had a public protection (safeguarding) policy and there was a dedicated section in the patient care record to document any such concerns at each consultation. A duty of candour policy was also in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong).

An accident and incident log and a complaints recording system had both been implemented. The manager was aware of the need to notify Healthcare Improvement Scotland of certain accidents, incidents or complaints but none had occurred since the service was registered in June 2019.

Feedback from our online survey was positive about service users' experience of using the service. They told us the environment was clean and the manager treated them with kindness, dignity and respect. Comments included:

- '...professional facilities and everything was clean and hygienic.'
- 'Very clean, comfortable and safe feeling.'
- 'Compassionate and comprehensive patient care.'
- 'Respectful of our fears and anxiety and put us at ease.'

### **What needs to improve**

The service's infection prevention and control policy did not include all relevant standard infection control precautions such as the safe management of blood and body fluid spills, and safe management of the environment (requirement 1).

A suitable product was not available for cleaning blood or body fluid contamination from equipment (recommendation a).

An audit was carried out on service user feedback. However, there were no other audits taking place such as on patient care records or the management of infection prevention and control (recommendation b).

### **Requirement 1 – Timescale: by 24 March 2022**

- The provider must have a suitable infection prevention and control policy covering all standard infection control precautions relevant to the service.

### **Recommendation a**

- The service should ensure that it has the correct product available for cleaning equipment in the event that it becomes contaminated with blood or body fluids.

## Recommendation b

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

### Our findings

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

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**Comprehensive assessments were carried out with service users before a treatment plan was agreed. Patient care records were clear. Consent was recorded and service users were fully included and well informed about the treatment.**

After a booking was made online, service users received a pre-appointment questionnaire to complete. This was then discussed during their consultation. Information was given about the risks and benefits of the treatment and relevant consents obtained. Consultation notes were recorded in the patient care records. Treatment would not proceed if a clinical risk was indicated and the service user would be advised to contact their community midwife, health visitor or GP.

A report of the consultation and treatment carried out, as well as a detailed aftercare leaflet, was given to service users. A letter, detailing the procedure carried out, was also provided to be passed on by the service user to the GP.

Patient care records were held electronically and all records reviewed were fully completed. All entries on patient notes were recorded in the appointment record, and were automatically dated and timed. The service was registered with the Information Commissioner's office (an independent authority for data protection and privacy rights).

Patients who responded to our online survey said:

- 'We were given a clear overview of the procedure and what to expect. The procedure was carried out with care, explaining as it went on. Afterwards clear advice was given on what to expect and how to deal with side effects etc. A care sheet was also provided.'
- '... not rushed into making a decision and any queries we had were fully answered before a decision was made.'
- '...talked us through the benefits and risks of each options.'

- 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 regularly engaged with service users and other peer services to help make improvements to how this service was delivered, for example service user feedback was collated and analysed. The manager stayed up to date with advances in the sector through regular training and membership of a professional group. Processes were in place to identify how further improvements to the service could be made.**

The manager was an experienced nurse and an International Board Certified Lactation Consultant. As a member of the Association of Tongue-tie Practitioners, they attended monthly forums where new research and changes in guidance was discussed and learning was shared between peers.

A number of improvements to how the service operated had recently been introduced. This included using an electronic survey to gather service user feedback, and a new software system for booking, consultations and record keeping.

The manager kept up to date with relevant training, and we saw a record of their training was kept and certificates were displayed.

After identifying a need in the local community, the manager, with peers, set up and hosted a group with charity status to provide support and advice to new parents, such as breast feeding advice.

A quality improvement plan was in place. Since introducing the service user feedback survey, a report of feedback received had been produced and analysed to inform the quality improvement plan. Feedback the service had received to date was all positive.

### **What needs to improve**

The quality improvement plan did not have dates for expected completion. We will follow this up at future inspections.

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

#### Requirement

- 1** The provider must have a suitable infection prevention and control policy covering all standard infection control precautions relevant to the service (see page 8).

Timescale – by 24 March 2022

*Regulation 3(d)(i)*

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

#### Recommendations

- a** The service should ensure that it has the correct product available for cleaning equipment in the event that it becomes contaminated with blood or body fluids (see page 8).

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

- b** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement 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

## 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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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](mailto:his.contactpublicinvolvement@nhs.scot)

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