

Announced Inspection Report: Independent Healthcare

Service: Ruth McWilliam Acupuncture,
Clackmannan

Service Provider: Ruth McWilliam

28 October 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 Ruth McWilliam Acupuncture on Friday 28 October 2022. We spoke with the manager (practitioner) of the service. We received feedback from 17 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 comprehensive self-evaluation.

What we found and inspection grades awarded

For Ruth McWilliam Acupuncture, 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 spoke positively about the service, and were satisfied with the quality of care and treatment they received. Whilst a participation policy was in place, the service had recognised the need for a more structured approach to collecting and analysing patient feedback. Information about making a complaint was easily accessible for patients.	✓ Satisfactory

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	Systems were in place to ensure the safe delivery of care to patients, including appropriate infection prevention and control practices, and a variety of policies and procedures. The audit programme should be further developed to continue to review the safe delivery of care. A risk register should be in place.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with best practice and was a member of the British Medical Acupuncture Society. We saw evidence of continuing professional and personal development. The service's quality improvement plan should be further developed.	✓ 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	Patient care records were clear and included patients' medical history, emergency contact details and consent to treatment. Patients were well informed about their treatments. Patient care records should always include consent to share information with patients' GPs, and consent to each new treatment episode, as well information on equipment used.

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

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

What action we expect Ruth McWilliam Acupuncture to take after our inspection

This inspection resulted in nine 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

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

2 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

Patients spoke positively about the service, and were satisfied with the quality of care and treatment they received. Whilst a participation policy was in place, the service had recognised the need for a more structured approach to collecting and analysing patient feedback. Information about making a complaint was easily accessible for patients.

The clinic was a mobile service with patients treated in their own home environments. We were told there were many returning patients, with new patients using the service following word of mouth recommendations.

Patients initially received a telephone consultation to discuss their concerns and allow the practitioner to assess their suitability for treatment. The cost of treatment was discussed during the initial consultation. Patients attending for treatment were provided with information about treatments by email and asked to complete pre-treatment questionnaires. Patients were asked to consent to treatment with risks and benefits explained.

Feedback from our online survey showed that patients were very pleased with the service and spoke highly about the professionalism of the practitioner. They said they were satisfied with the advice and information received before treatment, and had been fully informed about the risks and benefits of treatments. Patients also stated they had been fully involved in decisions reached about their care.

Comments from our online survey included:

- 'The practitioner explained everything in detail regarding procedure, expected results and next steps.'
- 'The practitioner was very informative and was perfectly happy to answer any questions I had relating to my treatment.'
- 'Very thorough information and preparation for this treatment.'
- 'Very professional and organised practitioner.'

Patients were provided with information about how to make a complaint. The service had not received any complaints since it was first registered with Healthcare Improvement Scotland in November 2020. The service's complaints policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint.

Duty of candour is where healthcare organisations have a responsibility to be honest with patients when things go wrong. The service had a detailed duty of candour policy. We noted the service had not had any instances requiring it to implement duty of candour principles.

What needs to improve

Although the service had a participation policy, the practitioner told us that feedback was limited. The service had already highlighted this in its quality improvement plan as an area for improvement. We were told the service was proposing to implement an online feedback system. We also discussed the benefits of introducing other methods of feedback, such as a yearly online survey (recommendation a).

- No requirements.

Recommendation a

- The service should further develop its participation policy to structure its approach to gathering and analysing patient feedback. This will help drive improvements in the service and demonstrate the impact of change from the improvements made.

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

Systems were in place to ensure the safe delivery of care to patients, including appropriate infection prevention and control practices, and a variety of policies and procedures. The audit programme should be further developed to continue to review the safe delivery of care. A risk register should be in place.

Patients were treated in their own homes. Systems were in place to ensure the environment and equipment used were appropriate and in line with current infection prevention and control guidelines. This included:

- completing cleaning schedules for portable and mobile equipment
- using the correct cleaning materials, and
- carrying out regular checks of equipment.

Appropriate and up-to-date policies and procedures helped to support the safe delivery of care, including information management, consent, infection prevention and control, and safeguarding (public protection). We saw these had been reviewed and updated.

We saw that the service worked in line with its infection prevention and control policy. The practitioner had a good awareness of infection prevention and control practices and measures, including those for COVID-19. All equipment used, including personal protective equipment, such as disposable gloves and aprons, was single use to prevent the risk of cross-infection. We saw appropriate bins were used for the disposal of sharps, such as needles, and for clinical waste. A contract was in place with a waste management company for the collection and safe disposal of clinical waste. The service had an appropriate and comprehensive infection prevention and control risk assessment.

All patients who responded to our online survey agreed the equipment was clean and in good state of repair. Comments included:

- 'The practitioner disinfects the treatment bed before and after each use, used needles are securely disposed of in a box. Lining paper, disposable gloves and apron are disposed of separately along with disinfecting wipes.'
- 'Equipment always sterilised before and after use.'
- 'All safety measures are adhered to, as if I were being treated in a clinic.'

What needs to improve

While risk assessments were carried out, a risk register would help to record details of all risks in one place and their potential impact. This would also help to ensure the risk assessments were regularly reviewed and updated with appropriate processes in place to help manage any risk identified (recommendation b).

While we were told no accidents, incidents or adverse events had occurred in the service since it was registered with Healthcare Improvement Scotland, the service did not have a system in place to record accidents and incidents (recommendation c).

We saw a limited number of audits taking place such as patient care records and clinical outcomes to review the safe delivery and quality of care for the service. A structured programme of audits should be introduced for key areas including infection prevention and control, safe management of sharps, and the use and supply of personal protective equipment (recommendation d).

- No requirements.

Recommendation b

- The service should develop a comprehensive risk register to support the management and review of identified risks.

Recommendation c

- The service should introduce a system to record any accidents or incidents in the service.

Recommendation d

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

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were clear and included patients' medical history, emergency contact details and consent to treatment. Patients were well informed about their treatments. Patient care records should always include consent to share information with patients' GPs, and consent to each new treatment episode, as well information on equipment used.

We reviewed five electronic patient care records, and found all contained comprehensive information. This included patients' GP and next of kin contact details. Patients completed pre-treatment questionnaires, including medical and pain history, and COVID-19 screening. This was discussed with the patient during their initial treatment appointment, and proposed treatment plans were then produced. Patients told us they received good advice and information before, during and after their treatment.

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

The practitioner audited 25 patient care records every year to make sure records were being completed appropriately and fully.

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

- 'The practitioner let me make decisions about my care and treatment.'
- 'The practitioner explained what she going to do and why, always asked first if I agreed.'
- 'The practitioner explained every aspect of my treatment.'

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). The service had moved to electronic records and the majority of patient care records were stored securely on electronic devices. Access to any electronic information was password-protected to ensure confidentiality of patient information was maintained, in line with data protection legislation. Older paper copies of patient care records were stored in a locked filing cabinet and the practitioner was the sole key holder.

What needs to improve

Consent to share information with the patient's GP, if required, was not documented in the patient care records we reviewed (recommendation e).

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

We saw no evidence in patient care records of patients consenting to each new treatment episode, outwith their initial treatment appointment (recommendation g).

The practitioner told us that verbal aftercare advice was provided to patients after their treatment. This included information about contacting the practitioner out of hours if required. However, this information was not recorded in the patient care records. The practitioner agreed to ensure aftercare advice given to the patient was recorded (recommendation h).

- No requirements.

Recommendation e

- The service should record patient consent to share information with their GP and other medical staff in an emergency (if required) in patient care records.

Recommendation f

- The service should record equipment used for patient treatments, including stock batch number and expiry dates.

Recommendation g

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

Recommendation h

- The service should provide written aftercare information.

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 and was a member of the British Medical Acupuncture Society. We saw evidence of continuing professional and personal development. The service's quality improvement plan should be further developed.

The service manager was the sole practitioner and was a nurse 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. This included maintaining and developing current clinical skills within a health care setting. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC, every 3 years.

The practitioner was also a member of the British Medical Acupuncture Society. This provided information about the latest research, as well as a forum with input from the Society's medical director. We were told the practitioner was in regular contact with peers. This helped their ongoing development and support, and provided them with regular updates on best practice, and an opportunity to share learning.

We saw evidence of ongoing training and development. We were told the practitioner had recently attended a course on facial acupuncture as result of a carrying out a clinical outcome audit. The practitioner told us they had booked a course for battlefield acupuncture (used as an alternative for pain management and pain reduction).

What needs to improve

Although a quality improvement plan had been produced, it should be further developed with relevant actions plans and timescales. This would then help the service structure its improvement activities, record the outcomes, and evaluate and measure the impact of service change to demonstrate a culture of continuous quality improvement (recommendation i).

- No requirements.

Recommendation i

- The service should further develop its quality improvement plan to help measure the impact of improvement initiatives and demonstrate a culture of continuous 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 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendation	
a	<p>The service should further develop its participation policy to structure its approach to gathering and analysing patient feedback. This will help drive improvements in the service and demonstrate the impact of change from the improvements made (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
b	<p>The service should develop a comprehensive risk register to support the management and review of identified risks (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>
c	<p>The service should introduce a system to record any accidents or incidents in the service (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>
d	<p>The service should continue to develop its programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
e	<p>The service should record patient consent to share information with their GP and other medical staff in an emergency (if required) in patient care records (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>
f	<p>The service should record equipment used for patient treatments, including stock batch number and expiry dates (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
g	<p>The service should document consent from patients for each new treatment they receive (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

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

Recommendations

- h** The service should provide written aftercare information (see page 12).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

- i** The service should further develop its quality improvement plan to help measure the impact of improvement initiatives and demonstrate a culture of continuous improvement (see page 14).

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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