

Announced Inspection Report: Independent Healthcare

Service: Latch World, Dunfermline

Service Provider: Carla Rodrigues

30 March 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 Latch World on Wednesday 30 March. 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 World, 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	Procedures were in place to prevent the spread of COVID-19. Appropriate safety and emergency policies were in place. The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.	✓✓ Good

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 for feedback and to follow up on their progress. The practitioner 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 and we saw evidence of follow-up arrangements. Consent was recorded. 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

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 Carla Rodrigues to take after our inspection

This inspection resulted in one requirement and one recommendation. 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

Carla Rodrigues, 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 World 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

Procedures were in place to prevent the spread of COVID-19. Appropriate safety and emergency policies were in place. The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.

The service had infection prevention and control procedures in place and the practitioner had completed infection prevention and control training. Supplies and equipment taken to consultations were cleaned between uses or were single-use, such as sterile packs for performing the tongue-tie procedure. Appropriate personal protective equipment (PPE) and cleaning products were available. Clinical waste and a sharps bin were available and a waste contract was in place. Monthly infection prevention and control audits were carried out. Service users were asked to complete a COVID-19 risk assessment before their appointment.

The service had protocols in place in case of an emergency. The practitioner had completed safeguarding training and had a safeguarding policy in place. 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).

Service users who responded to our online survey said:

- 'Everything was sterile and presented to us beforehand.'
- 'Her equipment was sterile and single-use packaged. She left our home in the same condition it was before.'

What needs to improve

Some incidents that had occurred in the service had been documented, reported to and discussed with the practitioner's professional body, the Association of Tongue-tie Practitioners. However, these incidents had not been notified to Healthcare Improvement Scotland in line with regulations (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must notify Healthcare Improvement Scotland of certain matters as detailed in the notification guidance.
- No recommendations.

Our findings

Quality indicator 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 and we saw evidence of follow-up arrangements. Consent was recorded. Service users were fully included and well informed about the treatment.

After an online booking was made, service users received pre-appointment forms to complete, such as:

- the medical history of the mum
- the medical history of the baby, and
- feeding history.

We saw evidence that the practitioner reviewed this information before the appointment and highlighted any information to be discussed in detail during the consultation. Treatment would not proceed if a clinical risk was indicated.

Consultation notes were recorded in the patient care records. We saw evidence of service users being fully involved in the decision-making. Appropriate consents were also gathered, such as for permission to share information with other health professionals and for following up on the baby's progress after the procedure.

Following consultation, an explanation was given in-person about the risks and benefits after it is established if the baby needs a tongue-tie division. A consent

form for the procedure included information on the risks of the treatment, so the service user was fully informed.

After all appointments, the service user received an individualised care plan. The practitioner sent out a letter to the patient's GP following tongue-tie division to inform them of the procedure carried out. Entries were also made in the patient's NHS-issued child health record to inform other health professionals involved in the patient's care.

Aftercare advice was provided verbally and written in a care plan, as well as in a detailed aftercare leaflet. Care plans also included links to guidance and videos to show service users that the information received followed best practice guidelines. Follow-up emails were sent after the consultation or procedure. The service users were provided with contact details to use if they have any concerns or require advice.

We reviewed three electronic patient care records and found that all 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).

Service users who responded to our online survey said the practitioner:

- 'Provided detailed information on all of the above and asked for consent, verbally and written before completing the procedure.'
- 'Obtained consent and developed a care plan together with me.'
- 'Being able to have follow up support via email was excellent and I knew that [the practitioner] was always there to answer any queries I had.'

What needs to improve

Although the patient care records we saw were fully completed the service should carry out patient care record audits to ensure this standard of being fully and consistently completed continues (recommendation a).

- No requirements.

Recommendation a

- The service should audit patient care records to ensure that information is recorded consistently in line with best practice and legislation. Audits should be documented and any actions for improvement identified and implemented as part of an improvement plan.

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 practitioners 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 for feedback and to follow up on their progress. The practitioner 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 practitioner is an experienced midwife and an International Board Certified Lactation Consultant. As a member of the Association of Tongue-tie Practitioners (ATP), they attended monthly meetings where new research and changes in guidance was discussed and learning was shared between peers. The practitioner has also joined conferences, symposiums and appropriate study days for the service held by international groups and speakers.

From training records kept in the service, we saw that the practitioner kept up to date with appropriate training as part of their midwifery and lactation consultant professional registration.

The service had a quality improvement plan in place. A service user feedback survey had been produced and helped inform the quality improvement plan. Service users were asked for consent to be contacted after consultation and were sent feedback surveys at different stages of their care plan. All feedback the service had received at the time of our inspection was positive.

The service collated information to assess business development and for quality improvement purposes. As a result of reviewing the data, the practitioner concentrated on providing increased support and advice and a reduction in performing the need for tongue-tie division unless absolutely necessary. It was evident from the data collected that a significant reduction in the procedure had occurred without a reduction in positive service user experience.

Service users who responded to our online survey said:

- 'After discussion and assessment, non-surgical support was suggested so I opted not to go for procedure.'
- 'We were fully briefed about the potential need for a tongue-tie cut, but [were] advised we actually didn't need it. We were happy with her diagnosis and the way she didn't want to carry out an unnecessary procedure on our daughter.'

■ 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 notify Healthcare Improvement Scotland of certain matters as detailed in the notification guidance (see page 8).

Timescale – immediate

Regulation 5(1)(b)

The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011

Recommendation

- a** The service should audit patient care records to ensure that information is recorded consistently in line with best practice and legislation. Audits should be documented and any actions for improvement identified and implemented as part of an improvement plan (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

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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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

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