

# Announced Follow-up Inspection Report: Independent Healthcare

**Service:** One Private Healthcare, Glasgow

**Service Provider:** One Private Healthcare Ltd

7 June 2023

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# 1 A summary of our follow-up inspection

## Previous inspection

We previously inspected One Private Healthcare on 7 December 2022. That inspection resulted in seven requirements and 10 recommendations. As a result of that inspection, One Private Healthcare Ltd produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: [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)

## About our follow-up inspection

We carried out an announced follow-up inspection to One Private Healthcare on Wednesday 7 June 2023. The purpose of the inspection was to follow up on the progress the service has made in addressing the seven requirements and 10 recommendations from the last inspection. This report should be read along with the December 2022 inspection report.

We spoke with the manager and director of the service during the inspection.

The inspection team was made up of one inspector.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

### Key quality indicators inspected

#### Domain 2 – Impact on people experiencing care, carers and families

Quality indicator	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	✓ Satisfactory

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

5.1 - Safe delivery of care	✓ Satisfactory
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#### Domain 9 – Quality improvement-focused leadership

9.4 - Leadership of improvement and change	✓ Satisfactory
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The grading history for One Private Healthcare can be found on our website.

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)

We found that the provider had complied with most of the requirements made at our previous inspection. It had also taken steps to act on most of the recommendations we made.

Of the seven requirements made at the previous inspection on 7 December 2022, the provider has:

- met six requirements, and
- not met one requirement.

### **What action we expect One Private Healthcare Ltd to take after our inspection**

This inspection resulted in one requirement and two recommendations which remain outstanding, and three new 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)

One Private Healthcare 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 One Private Healthcare for their assistance during the inspection.

## 2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 7 December 2022

### 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

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##### Recommendation

*The service should develop and implement a patient participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.*

##### Action taken

A participation policy had been developed which described how the service would gather and use feedback to inform improvements in the service. We saw that patient feedback questionnaires asking patients about their experience of the service were now emailed to patients following an assessment.

##### Recommendation

*The service should ensure that information about how to raise a concern or complain about the service is accessible to patients.*

##### Action taken

A complaints policy was in place and a complaints information leaflet was accessible to patients at the reception area.

### **Recommendation**

*The service should publish a duty of candour report every year and ensure staff receive training on the principles of duty of candour.*

### **Action taken**

A yearly duty of candour report had been produced. This is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. We saw a copy of the service's duty of candour yearly report and were told this was to be published on the service's website. Staff had access to a duty of candour policy and told us they understood their duty of candour responsibilities. We were told the service had not had instances requiring it to implement duty of candour principles.

## 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

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##### Requirement – Timescale: by 30 March 2023

*The provider must review and update its policies and procedures for all aspects of care and treatment, ensuring they are in line in with current legislation and reflect the service it provides.*

##### Action taken

The provider had reviewed and updated a range of policies, including those for consent, information management and safeguarding (public protection). Policies we reviewed were in line with current legislation. **This requirement is met.**

##### Requirement – Timescale: immediate

*The provider must develop an infection prevention and control policy and, systems and processes ensuring they are in line with Scottish guidance, in particular Healthcare Improvement Scotland's Healthcare Associated Infection (HAI) standards (2022) and Health Protection Scotland's National Infection Prevention and Control Manual.*

##### Action taken

An infection prevention and control policy had been developed and was in line with Scottish guidance. **This requirement is met.**



### **Requirement – Timescale: immediate**

*The provider must develop cleaning schedules to ensure the environment is clean and safe for use by implementing a structured approach to cleaning the environment. This should detail all cleaning tasks, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately in line with Health Protection Scotland's National Infection and Prevention Control Manual.*

#### **Action taken**

Appropriate systems had been introduced to make sure the clinic environment was kept clean, tidy and well maintained. An external cleaner cleaned the service every week and staff were responsible for cleaning consultation rooms after each patient. Cleaning schedules had been developed for daily and weekly cleaning tasks. These had been documented and the service manager had confirmed in the schedules that appropriate cleaning had been carried out. **This requirement is met.**

### **Requirement – Timescale: by 30 March 2023**

*The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff, and monitors the quality of the service.*

#### **Action taken**

A health and safety policy had been developed. An environmental checklist for staff to complete had been produced. Policies and procedures had been reviewed and updated. However, we saw no examples of completed templates for environmental checks and no risk register was in place to record and effectively monitor all risks in one place. **Although this requirement is met, a new recommendation has been made** (see Appendix 1).

We discussed with the service the importance of implementing the environmental checklist. We will follow this up at the next inspection.

#### **Recommendation**

*The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and any actions for improvement identified and implemented as part of an improvement plan.*

#### **Action taken**

An infection prevention and control audit had been developed and implemented. This included a review of cleaning schedules and tasks that had been completed. However, the audit programme should be further developed to include key aspects of care and treatment (see Appendix 1).

## Recommendation

*The service should develop and implement an incident management policy and process for dealing with accidents, incidents and adverse events, including how any lessons learned would be implemented and shared with staff.*

## Action taken

An adverse events management policy had been developed. We saw a reporting system had been implemented to record and manage any incidents in the service. During the inspection, we were told there had been no incidents in the service. All incident reports are reported to the service manager and these would be reviewed with the director. Any lessons learned would be shared with staff at team meetings.

## Our findings

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

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## Recommendation

*The service should ensure patient care records are regularly audited to ensure good record keeping standards are maintained and all relevant information is captured.*

## Action taken

We saw that patient care records were audited. However, the audit questions were broad and may still not have sufficiently identified gaps in patient care records. **A new recommendation has been made** (see Appendix 1).

## 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

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## Requirement – Timescale: by 28 April 2023

*The provider must develop a recruitment policy, practicing privileges policy and training and induction policy to ensure safe recruitment and consistent induction and training processes for any new staff working in the service.*

### Action taken

A recruitment policy, practicing privileges policy, and training and induction policy had been developed. However, the recruitment policy should be further developed to include a comprehensive and structured approach for recruitment. This should be in line with the Scottish Government's *Safer Recruitment through Better Recruitment* guidance (2016). Although **this requirement is met, a new recommendation has been made** (see Appendix 1).

### Requirement – Timescale: immediate

*The provider must ensure that the safe recruitment of staff is completed in line with policy and national guidance, including Protecting Vulnerable Groups (PVG) and basic disclosure. A process should be in place to obtain a PVG and review update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.*

### Action taken

We were told the service was in the process of applying for Disclosure Scotland Protecting Vulnerable Groups (PVG) background checks for all staff. However, evidence of this was not available for us to view during our inspection. **This requirement is not met** (see Appendix 1).

### Recommendation

*The service should securely destroy original PVG certificates and replace this with a record of all background checks in personnel files.*

### Action taken

Original PVG certificates had been destroyed.

### Recommendation

*The service should develop an induction and training policy a yearly training plan and ensure that a written record of all training provided is held for each staff member, including those that are granted practicing privileges.*

### Action taken

A training and induction policy had been developed which included an induction checklist with identified mandatory training. Training topics included:

- fire plan
- health and safety, and
- policies and procedures.

We were told that all new employed staff had a 6-month probation period and yearly appraisals after that.

## 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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##### Requirement – Timescale: by 28 April 2023

*The provider must implement a suitable system of regularly reviewing the quality of the service to make sure it is of a quality appropriate to meet the needs of patients.*

##### Action taken

Quality assurance processes were in place, including regular staff meetings, policies and procedures reviews and the introduction of audits. **This requirement is met.**

##### Recommendation

*The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.*

##### Action taken

The service had not developed a quality improvement plan (see Appendix 1).

##### Recommendation

*The service should formally record the minutes of staff meetings. These should include any action taken and those responsible for the actions to ensure better reliability and accountability of these meeting.*

##### Action taken

Team meetings were held. These meetings were minuted and included standing agenda items, such as:

- incident reviews
- patient feedback, and
- policy and procedure reviews.

We saw that action plans and named responsible people were documented where appropriate.

## 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	
Recommendations	
a	<p>The service should develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered (see page 9).</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>
b	<p>The service should further develop its programme of audits to cover key aspects of care and treatment (see page 9).</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> <p>This was previously identified as a recommendation in the December 2022 inspection report for One Private Healthcare.</p>
c	<p>The service should expand the range of information audited as part of the patient care record audit (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>

Domain 7 – Workforce management and support	
Requirement	
1	<p>The provider must ensure that the safe recruitment of staff is completed in line with policy and national guidance, including Protecting Vulnerable Groups (PVG) and basic disclosure. A process must be in place to obtain a PVG review update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 11).</p> <p>Timescale – immediate</p> <p><i>Regulation 9</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the December 2022 inspection report for One Private Healthcare.</p>
Recommendation	
d	<p>The service should review and further develop its recruitment policy in line with Scottish Government’s Safer Recruitment through Better Recruitment guidance (2016) (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
e	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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 4.19</p> <p>This was previously identified as a recommendation in the December 2022 inspection report for One Private Healthcare.</p>

## 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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