

# Announced Inspection Report: Independent Healthcare

**Service:** Quantum Health, Glasgow

**Service Provider:** Medical Weight Loss Limited

23 November 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 Quantum Health on Tuesday 23 November 2021. We spoke with two members of staff. We received feedback from three 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 two inspectors and a GP working with Healthcare Improvement Scotland.

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 Quantum Health, 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 clinic had recently been refurbished, and the environment was clean and well maintained. All patient equipment was in a good state of repair. A more proactive approach must be taken to managing risk to ensure a safe environment for patients and staff. A regular programme of audits should be developed.	✓ 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 was led by two experienced GPs. However, systems must be in place to continually review the quality of the service, including developing a quality improvement plan. Management meetings should be formalised.	✓ Satisfactory

The following additional quality indicators were 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 contained patient details and past medical history. However, consent to treatment and for the sharing of information with other healthcare professionals, if required, should be obtained and recorded in the patient care records.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	The service had recently employed staff and had invited other healthcare professionals to work under practicing privileges contracts. References and Protecting Vulnerable Groups (PVG) checks had been carried out. However, a recruitment policy, training and induction policy and a practicing privileges policy should be developed to ensure safe recruitment in the future.

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 Medical Weight Loss Limited to take after our inspection**

This inspection resulted in three requirements and eight 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)

Medical Weight Loss Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Quantum Health 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 clinic had recently been refurbished, and the environment was clean and well maintained. All patient equipment was in a good state of repair. A more proactive approach must be taken to managing risk to ensure a safe environment for patients and staff. A regular programme of audits should be developed.**

We saw that the environment was clean and well maintained. All equipment, such as patient couches and clinical trolleys, were clean and in a good state of repair. Single-use equipment was used where appropriate to minimise the risk of cross-infection, and this was all in date.

We were told that cleaning of high touch areas, such as door handles, and equipment was carried out by staff after every patient. The clinic also had a thorough clean once a week. We saw that personal protective equipment, such as face masks, aprons and gloves, were readily available and patients had access to alcohol-based hand gel. Hand hygiene facilities were available in both consultation rooms. Clinical waste including sharps was managed appropriately and a waste contract was in place.

All policies had recently been reviewed and updated. We saw an up-to-date infection prevention and control policy which referred to practices appropriate to manage the risks from COVID-19. We were told COVID-19 environmental risk assessments were in place.

The service did not stock medications. A range of laser treatments were provided in the service. We saw that the environment was adapted to manage lasers safely, with appropriate safety signage on the door, a non-reflective environment and blinds on the windows. A registered laser protection advisor worked with the service to ensure a safe environment and 'local rules' were readily available to ensure lasers were managed safely.

The landlord was responsible for the maintenance of the building including fire safety. We saw smoke alarms and appropriate fire signage was in place.

The service has recently re-opened following refurbishment and expansion of the service. Feedback from our online survey showed that patients were satisfied with the cleanliness of the environment they were treated in.

- 'One word, excellent.'
- 'Very clean and professional service.'

### **What needs to improve**

While we were told COVID-19 environmental risk assessments were in place, there was no structured approach to manage risk in the service. All risks to patients and staff must be effectively and continuously managed. This includes developing a register of risk assessments. Risks must be regularly reviewed and updated, with processes in place to manage accidents and incidents (requirement 1).

We were told that cleaning was regularly carried out by staff. However, there was no documented evidence to show this was taking place (recommendation a).

There was no documented programme of regular audits reviewing the safe delivery and quality of the service. As a minimum, an audit programme should include:

- infection prevention and control practices
- checking expiry dates of single-use patient equipment, and
- patient care records (recommendation b).

We were told the landlord had recently removed the fire extinguishers from the service and, as yet, no replacements had been provided (recommendation c).



### **Requirement 1 – Timescale: immediate**

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

### **Recommendation a**

- The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.

### **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.

### **Recommendation c**

- The service should ensure necessary measures to manage fire risk are in place throughout the service.

## **Our findings**

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

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**Patient care records contained patient details and past medical history. However, consent to treatment and for the sharing of information with other healthcare professionals, if required, should be obtained and recorded in the patient care records.**

We reviewed four electronic patient care records and saw that patient details were appropriately documented in each case. We saw that this included patients' past medical history. Where appropriate, details of the patient's treatment plan was also documented. Following a consultation, the patient received a letter for their GP outlining their treatment.

The service's GP patient review appointments comprised talking therapies, blood tests and possible referral to private hospitals. We were told the service had carried out a few consultations about weight management but no prescriptions had been issued. A nurse-led health screening service had recently been introduced.

Patients who responded to our online survey had a positive experience of the service:

- 'I attend... in a counselling capacity and feel I have already benefited from his expertise.'
- 'I did not require any further treatment and I was pleased with the assessment and advice given.'
- '... from the reception to GP I will highly recommend, excellent.'

Patient care records were stored electronically. The electronic system was only accessible by username and password. The service was registered with the Information Commissioner's office (an independent authority for data protection and privacy rights).

### **What needs to improve**

While we saw a comprehensive consent policy and a consent form for laser treatments, we found no documented evidence of consent being discussed or recorded in the patient care records. Patient consent should be obtained and documented before carrying out any tests, as well as for patients agreeing to have their information shared with other external healthcare professionals (recommendation d).

There was no documented contact details for the patient's next of kin or their GP in the patient care records (recommendation e).

- No requirements.

### **Recommendation d**

- The service should ensure that patient consent to treatment, and to sharing information with their GP and other healthcare staff in an emergency, if required, is obtained and documented in patient care records.

### **Recommendation e**

- The service should request next of kin contact details and GP contact details for each patient.

## 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

**The service had recently employed staff and had invited other healthcare professionals to work under practicing privileges contracts. References and Protecting Vulnerable Groups (PVG) checks had been carried out. However, a recruitment policy, training and induction policy and a practicing privileges policy should be developed to ensure safe recruitment in the future.**

The service had recently employed a receptionist as its first employed member of staff. We were told all relevant background checks had been carried out, including relevant qualifications, references, a Protecting Vulnerable Groups (PVG) check and that an employment contract was in place. The receptionist had a period of induction and training. This included sessions on medical terminology and training on how to use the electronic record-keeping database. We were told there was potential future plans to develop this role further to include the training of other staff members.

The service had recently engaged the services of an audiology assistant and an advanced nurse practitioner under practicing privileges contracts (staff not employed directly by the provider but given permission to work in the service). We were told they had contracts in place and we saw that PVGs had been obtained. Both healthcare professionals also underwent a period of induction. Both staff working under practicing privileges were insured under the provider's corporate policy.

#### What needs to improve

While the service had ensured that references, PVG checks and employment and practicing privileges contracts were in place, a recruitment policy, training and induction policy and practicing privileges policy were not in place. Not all of the appropriate background safety checks had been carried out on the staff working under a practicing privileges contract. We saw no evidence of checks made on appropriate qualifications, training and checks carried out on the professional register, for example with the Nursing and Midwifery Council (requirement 2).

## **Requirement 2 – Timescale: immediate**

- The provider must develop a recruitment policy, practicing privileges policy and a training and induction policy to ensure safe recruitment and consistent induction and training processes for any new staff working in the service.
  
- 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 was led by two experienced GPs. However, systems must be in place to continually review the quality of the service, including developing a quality improvement plan. Management meetings should be formalised.**

Both GPs were registered with the General Medical Council. As well as working in this service, they also provided sessions in NHS GP practices, and ensured their skills and knowledge was maintained and kept up to date through their NHS roles.

The GPs and the receptionist formally met every week to discuss operational day-to-day issues. They also communicated regularly through an online messaging platform. We were told the membership of staff meetings would be extended as the service continued to expand to allow all staff to participate in the development of the service.

We were told that both GPs were very accessible and approachable, and staff felt involved in the ongoing development of the service.

We were told the service was planning to further develop the range of services on offer, for example to provide travel clinics.

### What needs to improve

The service did not have a system to review the quality of the service delivered. Regular reviews of the service would help make sure the service delivered is of a quality appropriate to meet the needs of patients (requirement 3).

While the GPs met every week, there was no formal structure to these meetings. Management meetings should be formalised with an agenda to help ensure that sharing of information such as audit findings, learning from

complaints and relevant clinical governance information was always included and discussed. Minutes of the meeting should be recorded and action plans developed where improvement actions are identified (recommendation f).

Patients were encouraged to complete online feedback following their consultation. Feedback could also be given through a specific medical feedback portal. Although we were told all feedback had been positive, we saw no documented evidence that patient feedback was reviewed and considered in a formalised manner. Feedback can be used to improve the quality of care provided and how the service is delivered (recommendation g).

The service did not have a formal quality improvement plan in place (recommendation h).

### **Requirement 3 – Timescale: by 28 February 2022**

- The provider must implement a suitable system of regularly reviewing the quality of the service.

#### **Recommendation f**

- The service should formally record the minutes of management meetings. These should include a documented action plan highlighting those responsible for the actions to ensure better reliability and accountability.

#### **Recommendation g**

- The service should develop a structured processes of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service.

#### **Recommendation h**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures 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 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirement

- 1** The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 9).

Timescale – immediate

*Regulation 13(2)(a)*

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

#### Recommendations

- a** The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance (see page 9).

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

- 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

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

### Recommendations

- c** The service should ensure necessary measures to manage fire risk are in place throughout the service (see page 9).
- Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17
- d** The service should ensure that patient consent to treatment, and to sharing information with their GP and other healthcare staff in an emergency, if required, is obtained and documented in patient care records (see page 10).
- Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14
- e** The service should request next of kin contact details and GP contact details for each patient (see page 10).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

## Domain 7 – Workforce management and support

### Requirement

- 2** The provider must develop a recruitment policy, practicing privileges policy and a training and induction policy to ensure safe recruitment and consistent induction and training processes for any new staff working in the service (see page 12).

Timescale – immediate

*Regulation 12(c)*

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

### Recommendations

None



## Domain 9 – Quality improvement-focused leadership

### Requirement

- 3** The provider must implement a suitable system of regularly reviewing the quality of the service (see page 14).

Timescale – by 28 February 2022

*Regulation 3(a)*

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

### Recommendations

- f** The service should formally record the minutes of management meetings. These should include a documented action plan highlighting those responsible for the actions to ensure better reliability and accountability (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

- g** The service should develop a structured processes of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

- h** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures 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](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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or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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