

Announced Inspection Report: Independent Healthcare

Service: The Cademuir Clinic, Peebles

Service Provider: The Cademuir Clinic Ltd

21 November 2023

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1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to The Cademuir Clinic on Tuesday 21 November 2023. We spoke with the manager (practitioner) during the inspection. We received feedback from 19 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Peebles, The Cademuir Clinic is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For The Cademuir Clinic, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The sole practitioner is an independent GP registered with the General Medical Council and The Royal College of General Practitioners. The service had clear and measurable aims and objectives to deliver high quality, safe general practice. The aims and objectives were clearly displayed on the service's website.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
The service actively sought patient feedback in a variety of ways and used this information to improve. Any changes were evaluated to ensure they were relevant and sustainable. Appropriate safety assurance processes were evident, such as a comprehensive audit programme, and all appropriate risks were identified and reviewed regularly. Clear procedures for managing complaints and a quality improvement plan were in place.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment and equipment were extremely clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction, and told us they felt safe and cared for in the service. Patient care records were fully completed, and consultations were detailed.	✓✓ Good

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 Assurance Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect The Cademuir Clinic Ltd to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in no requirements and no recommendations.

We would like to thank the manager (practitioner) at The Cademuir Clinic for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The sole practitioner is an independent GP registered with the General Medical Council and The Royal College of General Practitioners. The service had clear and measurable aims and objectives to deliver high quality, safe general practice. The aims and objectives were clearly displayed on the service's website.

Clear vision and purpose

The service was owned and managed by an independent GP who is registered with the General Medical Council and The Royal College of General Practitioners. The service offered consultations, treatments including health screening, and referrals. The service's aims and objectives were displayed on the service's website and were 'to deliver high quality general practice to patients with the focus being on giving the individual the time and space they need'.

A quality improvement plan was used to measure how the service was performing against specific key performance indicators. Non-clinical indicators included patient retention rates and a growing patient base. Clinical indicators such as patient satisfaction and patient outcomes were recorded. This information was used and acted on to help achieve the service's aim of continuously improving. The service had reviewed findings from inspections of other services to inform its own policy and service development.

The practitioner told us their goal was to offer a traditional GP service that was well known in the area, family orientated and able to offer bespoke appointments that meet the needs of the whole family. Consultations were appointment-only and could be face to face, home visits or online if required.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

The service actively sought patient feedback in a variety of ways and used this information to improve. Any changes were evaluated to ensure they were relevant and sustainable. Appropriate safety assurance processes were evident, such as a comprehensive audit programme, and all appropriate risks were identified and reviewed regularly. Clear procedures for managing complaints and a quality improvement plan were in place.

Co-design, co-production (patients, staff and stakeholder engagement)

The service's comprehensive participation policy described how it would gather and use patient feedback to continually improve. Patients were actively encouraged to provide feedback electronically or in paper format. We saw that the service actively sought and gathered feedback and used this to inform the quality improvement plan. We saw the service shared its quality improvement plan with patients, and it included examples of actions taken such as:

- moving premises in direct response to growing numbers of attending patients
- changing from paper to electronic patient care records, and
- moving to an online booking system in addition to telephone calls and emails so that patients could have more choice in how they booked their appointments.

Any changes in the service that led to improvements were monitored and evaluated through audit. Any feedback of the service to the practitioner helped provide assurance that changes were relevant and sustained.

The service's website was both comprehensive and informative. Information was provided on the background and experience of the practitioner, including qualifications, and the treatments and costs offered by the service before they booked. Once they had booked an appointment, patients were emailed with their confirmation. They could contact the service through the website, social media platforms or by telephone.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland. A clear system was in place to record and manage accident and incident reporting.

The service was proactive in developing and implementing policies to help make sure that patients had a safe experience in the service. These were regularly reviewed every 2 years or as required to ensure they remained relevant to the service and aligned to national guidance. Key policies included those for:

- emergency arrangements
- infection prevention and control
- medication management
- patient privacy and dignity, and
- safeguarding (public protection) of adults.

Infection prevention and control measures were in place to reduce the risk of infection. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. Equipment, including personal protective equipment (such as disposable aprons and gloves), was single use to prevent the risk of cross-infection, where appropriate. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. Clinical waste was safely disposed of and stored in a secure area until collection. A clinical waste contract was in place.

While the service did not stock medicines, an emergency policy was in place and the service had an emergency drug supply and first aid kit. We saw that the emergency supplies and the first aid kit were regularly checked. The service's prescription pad (a pre-printed form used by healthcare providers, such as doctors, to prescribe medications to their patients) was stored securely when not being used.

Maintenance contracts for fire safety equipment, the boiler and portable appliance testing for electrical equipment were up to date. A current fire risk assessment was in place. Electrical fixed wiring testing had recently been carried out.

The service's complaints policy was available in the service and on its website. It stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. At the time of our inspection, the service had not received any complaints since it was registered with Healthcare Improvement Scotland in July 2021.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). Its most recent duty of candour report was available on the service's website. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

Patient consultations were mainly carried out face to face. A comprehensive assessment included a full medical history as well as current medications. Where appropriate, aftercare leaflets were provided by the service which included the service's contact details. We saw examples of aftercare instructions such as guidance following steroid injection treatment. The service maintained supportive professional relationships with other independent healthcare and NHS services as part of shared patient care arrangements.

Patient care records were stored on a password protected system and the service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). The service's general data protection regulations policy was available on the service's website. The service had a confidential waste collection contract in place for the disposal of patient information.

The practitioner participated in formal appraisal under the Medical Appraisal Scotland scheme as part of their revalidation. This process is how doctors demonstrate to the General Medical Council (GMC) that they are up to date and fit to practice. This helped to provide confidence and assurance in their own performance. We were told that the service kept up to date with research and good practice through continued professional development and through mutual support of professional colleagues, for example it had set up a private GPs group to share cases and learning. The practitioner provided representation at relevant stakeholder meetings and was registered with the Independent Doctors Federation Committee and was appointed as the Scottish representative on the Federation's GP subcommittee. We saw current certificates of training were displayed to provide evidence of their continued professional learning and experience.

- No requirements.
- No recommendations.

Planning for quality

The service's clinical governance process included a risk register which was reviewed regularly. Appropriate risk assessments were in place to effectively manage risk in the service including those for:

- fire
- infection prevention and control, and
- data protection.

The service completed monthly audits, such as those for:

- emergency and first aid kit
- medicines
- patient care records, and
- safe management of equipment.

We saw that all results from audits were documented and actions taken if appropriate. Audit results were also reflected in the quality improvement plan. The quality improvement plan was regularly reviewed and updated.

- No requirements.
- No recommendations.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment and equipment were extremely clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction, and told us they felt safe and cared for in the service. Patient care records were fully completed, and consultations were detailed.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

The clinic was very clean and in an excellent state of repair. Family photos and local artwork on display helped to provide a person-centred and relaxed atmosphere.

Feedback from our online survey was very positive about the experience patients had at the service. Patients told us they had been treated with dignity and respect. They liked the surroundings, had plenty of time for their appointments and were happy with the service provided. Comments included:

- 'Very knowledgeable and considerate GP. Great environment as private, easy to access.'
- 'Any concerns that I have had have been investigated and discussed fully. I have been very pleased.'
- 'Clean, private and accessible.'
- '... asked appropriate questions and valued my opinions.'
- 'Very thorough... with all of the... queries explained in full.'

We saw very good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps, such as syringes

and needles, clinical waste and single-use patient equipment. We saw a good supply of alcohol-based hand rub, and appropriate personal protective equipment was available. Daily cleaning schedules were fully completed and up to date. The correct cleaning products were used in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings.

We reviewed five electronic patient care records and saw evidence of comprehensive record keeping. All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment to treatments provided. Costs of treatment were detailed so patients knew exactly what they were paying. Advice on specific aftercare was given with each treatment and evidenced in all patient care records we reviewed. Patient information included taking a full medical history, with details of any:

- existing health conditions
- medications
- previous treatments, and
- referral, if appropriate.

The service had updated the patient care record to include patients' GP and next of kin details, and consent to share information with their GP and other relevant staff.

- No requirements.
- No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
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