

# Announced Inspection Report: Independent Healthcare

**Service:** YourGP, Edinburgh

**Service Provider:** YourGP Group Ltd

12 December 2022

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## **1 Progress since our last inspection**

### **What the service had done to meet the recommendations we made at our last inspection on 26 October 2020**

#### **Recommendation**

*The provider should ensure that enhanced cleaning is carried out with a product that is in line with current guidance.*

#### **Action taken**

A suitable product for enhanced cleaning had been sourced that was in line with national guidance at the time of our last inspection.

#### **Recommendation**

*The service should develop a system to ensure that patients have a COVID-19 risk assessment repeated on arrival for their appointment.*

#### **Action taken**

Patients were emailed a COVID-19 questionnaire to complete before their appointment and again on arrival to confirm they were not at risk of having COVID-19 infection.

#### **Recommendation**

*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.*

#### **Action taken**

A programme of regular audits had not been developed. Only hand hygiene audits had been carried out. This recommendation is reported in Quality Indicator 5.1 (see recommendation c).

## 2 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 YourGP on Monday 12 December 2022. We received feedback from six patients through an online survey we had asked the service to issue for us before the inspection, and from an email directly sent to us after the service displayed our inspection announcement poster.

The inspection team was made up of one inspector and a senior medical reviewer.

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 YourGP, 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 received information about the treatments available to help them make informed decisions. Patient feedback was encouraged and acted on. Information for patients about how to make a complaint was easily accessible, and complaints were managed well and learning was shared with staff.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Patients were cared for in a well-maintained environment. A range of policies and procedures were in place to help deliver safe and effective care. A programme of audits should be introduced to review the safe delivery and quality of the service.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with industry developments and best practice. Staff were kept well informed through regular team meetings. An appointment of a medical director would provide leadership and support to medical staff. A quality improvement plan would demonstrate a culture of continuous quality improvement of the service and patient care.	✓ Satisfactory

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Quality indicator	Summary findings
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.2 - Assessment and management of people experiencing care	Appropriate consultation, assessments and treatment plans were in place. Patients' NHS GP and emergency contact details should be documented. Relevant consents from patients were obtained and detailed aftercare advice was given.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Staff recruitment systems were in place. Staff performance and skills were regularly reviewed. The occupational health status of staff working under a practicing privileges agreement should be obtained. Practicing privileges staff files should record ongoing training.

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)

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)

### **What action we expect YourGP Group Ltd to take after our inspection**

This inspection resulted in three requirements and nine 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)

YourGP Group Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at YourGP for their assistance during the inspection.

### 3 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**

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**Patients received information about the treatments available to help them make informed decisions. Patient feedback was encouraged and acted on. Information for patients about how to make a complaint was easily accessible, and complaints were managed well and learning was shared with staff.**

The service's website detailed the:

- costs
- clinicians' qualifications and experience
- range of services and treatments offered
- risks, benefits and aftercare for the aesthetics treatments, and
- staff in the service.

Consent forms for aesthetic treatments also included information about the risks and benefits, so patients could make fully informed decisions.

The service had a consent policy in place. All patients who responded to our survey said they had been given enough time to reflect on the treatment options before giving consent. All patients told us they felt fully informed and included in decisions about their care and had confidence in the service.

Comments included:

- '...everything was fully and properly explained to me.'
- 'Gender specialist staff have been brilliant in helping me to get through many difficult issues. I greatly value their support.'



The clinic environment helped maintain patients' privacy and dignity. Individual consulting and treatment rooms had 'engaged' signs on doors when in use and windows were adequately screened. Patients who completed our survey said they had been treated with dignity and respect.

The service had a patient participation strategy in place. Patients were encouraged to complete a feedback questionnaire and post it in a box at reception or on an online review platform. A link to an online survey was emailed every year to patients who had given their consent to receiving it. We saw that feedback was monitored, responded to, reviewed and collated. Feedback was discussed in team meetings for staff learning and to help improve the quality of care.

A system was in place to manage complaints and the complaints procedure was available on the service's website and at reception. This stated that patients could contact Healthcare Improvement Scotland at any stage of the complaints process. We saw that complaints were managed in line with the service's complaints procedure and documented. We saw evidence of feedback to staff and changes made as a result of a complaint to improve the complaints procedure for patients.

The service had a duty of candour policy in place (where healthcare organisations have a statutory responsibility to be honest with people when things go wrong). The service had not had any instances requiring it to implement duty of candour principles.

### **What needs to improve**

We saw no evidence that clinical staff had received consent or duty of candour training (recommendation a).

- No requirements.

### **Recommendation a**

- The service should ensure all clinical staff are trained in the principles of duty of candour and consent.

## 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

**Patients were cared for in a well-maintained environment. A range of policies and procedures were in place to help deliver safe and effective care. A programme of audits should be introduced to review the safe delivery and quality of the service.**

A medicines policy was in place for the safe procurement, receiving and storage of medicines. Medicines were obtained from General Pharmaceutical Council-registered pharmacies and stored appropriately in the clinic, in locked cupboards or a pharmacy fridge. The temperature of the pharmacy fridge was regularly monitored to make sure medicines were stored at the correct temperature. We saw appropriate medicines management checks were regularly recorded. All clinical staff had signed to confirm they had read and understood the prescribing policy.

Arrangements were in place to deal with medical emergencies, including:

- a first aid kit
- emergency medicines, and
- staff had received training in life support.

All computers in the service had an emergency call function, which alerted other staff in the service to assist when activated. The service was registered with the Medicines and Healthcare products Regulatory Agency (MHRA) to receive safety information on medicines and medical devices.

A range of other policies and procedures helped the service to deliver care safely. For example, a whistleblowing policy was available if staff wished to raise any concerns about patient safety or other harm. A safeguarding (public

protection) policy set out a clear protocol to respond to any adult or child protection concerns.

Staff could access all policies, non-clinical and clinical procedures on a shared computer drive.

All patients who responded to our survey told us they had confidence in the service. Comments included:

- 'The medical staff have been professional, caring and efficient.'
- 'Administrative staff are friendly and efficient.'
- 'Very professional service.'

The clinic was clean, well maintained and clutter-free. We were told that equipment cleaning was carried out in-between patient appointments and a contract cleaning company carried out a full clean daily. Signed cleaning schedules were in place.

Equipment was clean and well maintained. A schedule was in place to make sure clinical equipment was regularly serviced and maintained, such as:

- ear syringe
- hearing testing equipment
- heart monitor, and
- the pharmacy fridge.

Appropriate measures were in place to reduce the risk of infection to patients, in line with the service's infection prevention and control policy. For example, alcohol-based hand gel and face masks were available. Hand hygiene instruction posters were displayed at clinical hand wash basins and staff had received hand hygiene training.

A contract was in place for the safe disposal of sharps, such as needles and syringes, and other clinical waste.

An independent contractor had recently carried out a fire risk assessment and actions from it were in progress or had been completed. Staff had received fire safety training as part of their induction. Fire safety signage was displayed and fire safety equipment in place. Electrical equipment had been tested and safety certificates were in place for facilities.

Risk assessments were carried out for any risks associated with the service, such as health and safety risks. A risk register was used to record the risks and this was updated when required.

Patients who responded to our online survey stated they were satisfied with the facilities and equipment. One patient commented on our survey that the clinic was 'well-equipped and pleasant.'

A system was in place for recording any accidents or incidents that took place in the service. We saw a minor accident had occurred and had been recorded in the accident book. It included a description of the accident, the immediate action taken and what had been done to prevent it happening again. The service manager was aware that the service had a duty to report certain matters to Healthcare Improvement Scotland and had made a notification in the past, as required.

### **What needs to improve**

A prescription pad is a pre-printed form used by healthcare providers, such as doctors to prescribe medications to their patients. The prescription pad was kept in a safe. However, the safe was unlocked (requirement 1).

Incorrect cleaning products were used to clean all sanitary fittings. No risk assessment had been carried out for the continued use of the non-compliant clinical hand wash basins (requirement 2).

We saw a good supply of personal protective equipment. However, some gloves in stock were not appropriate to be used for clinical activities (recommendation b).

The service had carried out hand hygiene audits. However, other formal clinical audits to review the safe delivery and quality of the service were not carried out. For example, audits could be carried out on patient care records, medicine management and the clinic environment. This was a recommendation at our previous inspection in October 2020 (recommendation c).

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

- The provider must ensure that the prescription pad is locked away securely and accessed only by authorised staff.

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

- The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash

hand basins, in line with national guidance. The service should risk assess the continued use of non-compliant clinical hand wash basins.

#### **Recommendation b**

- The service should follow national guidance for the selection and use of gloves.

#### **Recommendation c**

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

### **Our findings**

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

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**Appropriate consultation, assessments and treatment plans were in place. Patients' NHS GP and emergency contact details should be documented. Relevant consents from patients were obtained and detailed aftercare advice was given.**

We reviewed six electronic patient care records. An electronic record-keeping system was used that recorded patient consent forms, any current medications, medical history and treatment plans. In patient care records we reviewed, we saw documented evidence of patient involvement in their:

- assessment
- consent process
- consultation, and
- treatment planning.

Aftercare advice was also documented. Records of treatment given included batch numbers and expiry dates of medicines used.

We saw that medications were appropriately prescribed, including controlled drugs, with a review of patients every 2 months for ongoing prescriptions, using the British National Formulary. This details all medicines prescribed in the UK, including information, such as:

- cautions
- contraindications (any symptomatic or medical reason for a person to not receive a particular treatment or procedure because it may be harmful to them)
- dosages
- indications, and
- side effects.

Patients were given aftercare advice leaflets after treatments, such as anti-wrinkle injections or insertion of a contraceptive device. These included what to expect after the treatment and out of hours, as well as emergency information. All patients who responded to our survey said they had received sufficient aftercare advice.

Patient care records were stored on a password-protected electronic system with additional security access requirements. The service was registered with the Information Commissioner's Office (ICO), which is an independent authority for data protection and privacy rights. The service had a data breach log, which included details of the incident, remedial action and communication with the ICO. Staff had received information management training at induction.

### **What needs to improve**

We requested to see the care pathways for patients accessing the gender identity service. The service provided 'shared protocol care' documents that described protocols, such as:

- follow-up of the patient
- monitoring the patient, and
- prescribing arrangements.

While the protocols did include the responsibilities of the parties involved, they did not provide a sufficient level of detail expected in a shared care pathway (recommendation d).

Patient care records we reviewed did not document the patients' NHS GP details or the patients' emergency contact details. If the patient is unable to provide this information, this should be recorded in the patient care record. The service told us and stated in its prescribing policy that if NHS GP details are withheld, the service will not prescribe medicine that it has determined as high risk.

If a patient had disclosed an allergy to the clinician, this was highlighted in the patient care record. This section was often blank. We were told that this was because the patients did not have allergies. In these instances, an entry such as 'no allergies' should be documented (recommendation e).

- No requirements.

#### Recommendation d

- The service should review the shared care protocols and include more detail so the responsibilities of all parties involved in a shared care pathway agreement are clear.

#### Recommendation e

- The service should ensure that the patients' emergency contact, GP and allergy information are documented in the patient care record or a reason given.

### 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

**Staff recruitment systems were in place. Staff performance and skills were regularly reviewed. The occupational health status of staff working under a practicing privileges agreement should be obtained. Practicing privileges staff files should record ongoing training.**

The service carried out pre-employment checks to make sure employed staff were safe to work in the service, in line with its recruitment policy. This included a risk-based Disclosure Scotland background check, references, identification and professional registration if applicable.

Staff received an induction which included training on:

- infection control
- health and safety, and
- safeguarding.

Staff had opportunities for development available. We were told that staff could request to attend external training courses applicable to their role or future development. We saw evidence of career progression in the service with the promotion of two staff members.

Staff had one-to-one meetings every 3 months with the service manager and a yearly appraisal system helped to manage staff performance and review staff skills.

The service also had a number of self-employed specialist healthcare professionals working under a practicing privileges arrangement (staff not employed directly by the provider but given permission to work in the service). Signed practicing privileges agreements were in place and yearly checks were carried out, which included checks for medical malpractice insurance cover and professional registration.

### **What needs to improve**

We saw no proof of immunisation status in staff files for the clinical staff working in the service (recommendation f).

Staff working under a practicing privileges arrangement had not been asked to provide evidence of ongoing training and completed online learning (recommendation g).

- No requirements.

### **Recommendation f**

- The service should retain occupational health records, including immunisation status, for all staff recruited and employed in the service.

### **Recommendation g**

- The service should retain records of ongoing training undertaken by staff under a practicing privileges arrangement.



## 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 industry developments and best practice. Staff were kept well informed through regular team meetings. An appointment of a medical director would provide leadership and support to medical staff. A quality improvement plan would demonstrate a culture of continuous quality improvement of the service and patient care.**

The service kept up to date with industry developments and best practice through ongoing training and its membership of professional bodies, including:

- the British Association for Medical Aesthetic Complications (BAMAC)
- the Independent Doctors Federation that provides access to online learning, educational events and conferences, and peer support
- Practice Index (support for GP practice managers, with weekly updates and a discussion forum), and
- World Professional Association for Transgender Health (WPATH).

The service maintained supportive professional relationships with some NHS services as part of the shared patient care arrangements. YourGP also received referral from these NHS services to provide second-opinion patient assessments.

The service had links in the community with local pharmacies and hotels. The service gave the pharmacies and hotels details of the treatments and care it provided, to share with tourists visiting the area who may need healthcare.

The service manager researched similar GP services to review competitors' pricing and treatments offered. As a result of this, the service planned to establish more sexual health services.

Regular staff meetings were held and staff kept in regular contact through secure online chat groups. From minutes we reviewed, we saw evidence that staff suggested changes and improvements to the service. We were told staff were encouraged to highlight anything, such as improving processes they thought could benefit the organisation and its patients. For example, ways to improve communication between staff was suggested and implemented.

Meetings included:

- monthly gender identity clinic team meetings
- weekly management team meetings
- weekly nurse and health care assistant meetings, and
- weekly reception staff meetings.

The service manager reported that it had been difficult to bring together the clinical staff under practicing privilege agreements for meetings, due to their commitments to their NHS employers. A staff newsletter and staff forum was implemented to engage with staff and encourage discussion. However, the feedback received was that online chat groups would be the preferred tool for communication. Two chat groups had been set up; one for clinical staff and another for administration and reception staff.

### **What needs to improve**

The post of medical director had been vacant since September 2020 and the service had no confirmed plans for filling the vacancy. While the service manager had assumed the management duties of the medical director role in the interim, they were not medically trained. Medical staff working under practicing privileges arrangements supported the service manager (requirement 3).

Staff and the service manager communicated regularly. However, staff did not have a way to formally provide structured feedback about any improvements or changes that would benefit the service, such as an anonymised staff survey. Staff opinion was only asked for in a structured way during an exit interview when leaving employment in the service (recommendation h).

We saw evidence of quality improvement activities and processes. However, the service did not have a formal quality improvement plan. This would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would allow the service to clearly demonstrate a culture of continuous quality improvement. For example, outcomes from audits, complaints patient feedback were not included in a quality improvement plan (recommendation i).

### **Requirement 3 – Timescale: by 13 June 2023**

- The provider must appoint a medical lead to provide effective clinical oversight and leadership to medical staff and medical services offered by the service.

### **Recommendation h**

- The service should develop and implement a staff survey to actively seek the views of staff working within the service.

### **Recommendation i**

- The service should develop 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 2 – Impact on people experiencing care, carers and families

#### Requirements

None

#### Recommendation

- a** The service should ensure all clinical staff are trained in the principles of duty of candour and consent (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

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

#### Requirements

- 1** The provider must ensure that the prescription pad is locked away securely and accessed only by authorised staff (see page 12).

Timescale – immediate

*Regulation 3(d)(iv)*

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

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

- 2** The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins, in line with national guidance. The service should risk assess the continued use of non-compliant clinical hand wash basins (see page 13).

Timescale – immediate

*Regulation 3(d)(ii)*

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

### Recommendations

- b** The service should follow national guidance for the selection and use of gloves (see page 13).

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

- c** The service should ensure 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 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

This was previously identified as a recommendation in the October 2020 inspection report for YourGP.

- d** The service should review the shared care protocols and include more detail so the responsibilities of all parties involved in a shared care pathway agreement are clear (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

- e** The service should ensure that the patients' emergency contact, GP and allergy information are documented in the patient care record or a reason given (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

Domain 7 – Workforce management and support	
Requirements	
None	
Recommendations	
<b>f</b>	<p>The service should retain occupational health records, including immunisation status, for all staff recruited and employed in the service (see page 16).</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>
<b>g</b>	<p>The service should retain records of ongoing training undertaken by staff under a practicing privileges arrangement (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>

Domain 9 – Quality improvement-focused leadership	
Requirement	
<b>3</b>	<p>The provider must appoint a medical lead to provide effective clinical oversight and leadership to medical staff and medical services offered by the service (see page 19).</p> <p>Timescale – by 13 June 2023</p> <p><i>Regulation 12(a)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
<b>h</b>	<p>The service should develop and implement a staff survey to actively seek the views of staff working within the service (see page 19).</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 9 – Quality improvement-focused leadership (continued)

- i The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 19).

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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