

# Announced Inspection Report: Independent Healthcare

**Service:** Altruderm, Glasgow

**Service Provider:** Altruderm Ltd

8 November 2022

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

© Healthcare Improvement Scotland 2022

First published January 2023

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

**[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)**

## Contents

<b>1</b>	<b>Progress since our last inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>A summary of our inspection</b>	<b>5</b>
<hr/>		
<b>3</b>	<b>What we found during our inspection</b>	<b>8</b>
<hr/>		
	<b>Appendix 1 – Requirements and recommendations</b>	<b>17</b>
	<b>Appendix 2 – About our inspections</b>	<b>19</b>
<hr/>		

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

**What the service had done to meet the recommendations we made at our last inspection on Monday 30 September 2019**

### **Recommendation**

*The service should add patient care records to their regular program of audits to assess continuity of record keeping.*

### **Action taken**

The service completed and recorded regular audits of patient care records.

## 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 Altruderm on Tuesday 8 November 2022. We spoke with both directors of the service. While no patients were using the service at the time of our inspection, we gathered feedback from 10 service users through an online survey.

This was our second inspection to this service. The inspection team was made up of two inspectors, one observing.

We did not request a self-evaluation from the service before the inspection.

### What we found and inspection grades awarded

For Altruderm, 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 were satisfied with the quality of care and treatment received from the service. Patients were fully consulted before a plan of care was agreed.	✓✓ Good
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The care environment and patient equipment was clean and well maintained. Policies and procedures for safe handling of medicine and infection prevention and control were in place to maintain a safe environment.	✓ Satisfactory

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service's approach to quality improvement was comprehensive and evident throughout all aspects of the service. We saw evidence of best practice and continuing professional and personal development. A comprehensive quality improvement plan was in place with identified outcomes implemented.	✓✓ Good

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	Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Patients were fully included and well informed about their treatments. The service kept in regular contact with patients following treatment to check on their progress.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	The service has a staffing policy in place, which includes staffing induction program, training both professional and mandatory, and staff appraisal plan.

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 Altruderm to take after our inspection**

This inspection resulted in two requirements and one recommendation. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendation.

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)

Altruderm 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 Altruderm 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**

---

**Patients were satisfied with the quality of care and treatment received from the service. Patients were fully consulted before a plan of care was agreed.**

Patients contacted the service through its website or over the telephone. Patients were asked to complete an electronic medical questionnaire before their consultation. The doctor would discuss this with the patient during their consultation. After their face-to-face consultation, patients received:

- aftercare advice in a card format and an e-mail sent to patient
- detailed explanation and plan of treatment
- risk and expected outcomes of treatment, and
- treatment cost information.

Patients who responded to our survey said:

- 'I'm very happy with my treatment and the whole experience. Every step of the treatment and post-procedure period and care were fully explained and all my questions answered. There was no pressure to go ahead with any treatments. I won't hesitate to recommend Altruderm and will go back for another treatment.'
- 'The doctor is skilled and approachable and uses latest technology. Everything is clearly explained making the whole experience from initial consultation through treatment and follow-up appointment most reassuring.'

The service had a participation policy in place and patients could leave feedback online through an online survey, search platform and a section on the service's



website. They could also leave comments through an anonymous suggestions box outside the entrance of the clinic. Outcomes from feedback were shared through a 'you said, we did' poster in the waiting area and on the website.

A duty of candour policy was in place. We saw evidence that this policy was reviewed regularly and outcomes shared with patients, GPs and the directors.

The service had not recorded any complaints since it was registered with Healthcare Improvement Scotland in September 2017. We saw that its complaints policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint. This information was also detailed on the service's website.

- No requirements.
- No recommendations.

## 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 care environment and patient equipment was clean and well maintained. Policies and procedures for safe handling of medicine and infection prevention and control were in place to maintain a safe environment.**

Systems and processes were in place to make sure care was delivered safely. This included:

- a quality improvement action plan
- completing and auditing cleaning schedules
- maintaining contracts for equipment
- reviewing all policies yearly, and
- significant event audits.

The service followed Health Protection Scotland's national guidance to reduce infection risks for patients, in line with its infection prevention and control policy. Antibacterial hand wash and disposable paper hand towels were used to promote good hand hygiene. We saw that the clinical area was well maintained and effectively cleaned. A contract was in place for the safe disposal of sharps and other clinical waste.

Patients who responded to our survey stated:

- 'Very clean and sterile with latest technology and everything that was needed.'
- 'A clean, tidy and hygienic unit.'

The service had a contract with a local decontamination company for equipment requiring specialist cleaning. The equipment was collected directly from the clinic and tracked in an electronic system.

Patients entered the building through a secure entry. The reception door had a lock in place for extra security.

The service had a medicine management policy in place and we saw systems that support the safe, effective and secure handing of medicines. A medicine fridge was in place and we saw evidence that daily temperature readings were recorded. Medicines were prescription-only. Stock medication were electronically tracked for stock control and expiry dates.

Emergency equipment, including oxygen, a defibrillator and emergency medication were easily accessible in the clinic area. Both directors were trained in basic life support.

A system is in place for recording accidents and incidents, with a risk register and accident book in place.

### **What needs to improve**

The service was unable to provide evidence that the ventilation system complied with the required specification for the minor surgical procedures it carried out (requirement 1).

The treatment rooms did not have the compliant clinical hand wash basins. Due to the type of procedures the service provided, staff are required to carry out a 'surgical scrub' before treating patients for certain procedures. This method of washing hands, forearms and finger nails is required before carrying out minor surgical procedures. The clinical hand wash basin was not designed for this type of hand-washing technique and restricted the ability of staff to do this effectively (requirement 2).

An oxygen cylinder was in place for use in emergencies. However, no oxygen warning sign was visible. The service addressed this during our inspection and signage was in place and visible.

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

- The provider must ensure that the ventilation system installed in the treatment room conforms to national guidance for specialised ventilation for healthcare premises. The service should develop a risk-based action plan to address any deficiencies noted as part of the wider refurbishment plans for the service.

## Requirement 2 – Timescale: immediate

- The provider must assess the availability and suitability of the clinical hand wash basin in the clinic area against current guidance. The service should develop a risk-based action plan to address any deficiencies noted as part of the wider refurbishment plans for the service.
- No recommendations.

### Our findings

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

**Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Patients were fully included and well informed about their treatments. The service kept in regular contact with patients following treatment to check on their progress.**

We reviewed five electronic patient care records and found all were comprehensive, including information for patients' GP and emergency contact details. Patients completed an initial online consultation form, including a medical history questionnaire and COVID-19 wellness screening. This was discussed with the patient during their initial consultation to make sure patients had realistic expectations of the proposed treatment plan. Risks and benefits of the treatment were explained before treatment. Treatment plans included a description of the treatment and diagram of the areas treated, batch numbers and expiry dates of the medicine used. The treatment plans were reviewed and updated at each treatment.

Patients were asked to give their consent to treatment, sharing information with their GP if required and consent to have their photograph taken.

The service's main treatment is removal and excision of skin conditions. Samples were taken and often sent for further analysis. The results were available to the service. These results were then shared with the patient and their GP.

Patients were given verbal and written aftercare advice after their treatment and were invited for a post-treatment consultation, either telephone or face-to-face consultation. Patients were also given out-of-hours contact details for the director, who is also a doctor.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Electronic records were used and were stored securely on electronic devices. Access to any electronic information was password-protected to maintain the confidentiality of patient information in line with data protection legislation.

The service regularly audited patient records and developed action plans where appropriate.

Patients stated they were very satisfied with the service and the treatments they had received. Comments from our online survey included:

- 'From initial consultation, through treatment and follow up appointment, everything was explained clearly and thoroughly.'
  - 'It was made very clear what treatment options there were and there was plenty of time to reflect on them between initial consultation and treatment.'
- No requirements.
  - No recommendations.

## **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 has a staffing policy in place, which includes staffing induction program, training both professional and mandatory and staff appraisal plan.**

One director, who delivered all clinical care maintained their membership with professional bodies and attends forums to benchmark and keep up to date with latest initiatives and best practices.

We were shown evidence of the non-clinical director's continued professional development.

All training records were held in the service and available for review.

### **What needs to improve**

All areas of the service were discussed regularly at meetings. However, ongoing professional development and training plans were not recorded. A formal method for planning and identifying training needs would help make sure these needs were met (recommendation a).

### **Recommendation a**

- The service should develop a formal training plan.

## Vision and leadership

This section is where we report on how well the service is led.

### Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and 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's approach to quality improvement was comprehensive and evident throughout all aspects of the service. We saw evidence of best practice and continuing professional and personal development. A comprehensive quality improvement plan was in place with identified outcomes implemented.**

The service had clear, well-defined roles, responsibilities and support arrangements. For example, one director, who is also a doctor delivered all clinical care. The non-clinical director was responsible for administration, cleanliness, policy writing and safety. Both directors shared equal responsibility and are members of the PVG scheme.

Good quality assurance systems helped to make sure the service delivered safe, person-centered and effective care. Key performance indicators helped the service to evaluate its performance and inform the development of its quality improvement plan. The indicators focused on:

- clinical outcomes
- patient experience
- productivity, and
- quality.

Monitoring these key performance indicators helped the service to make improvements in these areas. For example, the service discussed best practice with the local hospital in transporting biopsy samples and reporting results. This reduced the risk of errors and how quickly patients received their results. Patient care records had been reviewed and updated in line with the Royal College of Surgeon guideline 2014. Patient care records had been updated to

share the same information as the local hospital. This meant the patient care records were clear, concise and legible.

Continued profession development was evidenced through the director being a member of the Scottish Dermatology Society and attending weekly meeting at the local hospital.

Patient feedback was collected, with regular audits of complaints, risks, and accident or incidents.

- No requirements.
- No recommendations.



## Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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

#### Requirements

- 1 The provider must ensure that the ventilation system installed in the treatment room conforms to national guidance for specialised ventilation for healthcare premises. The service should develop a risk-based action plan to address any deficiencies noted as part of the wider refurbishment plans for the service (see page 11).

Timescale – immediate

*Regulation 10(2)(c)*

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

- 2 The provider must assess the availability and suitability of the clinical hand wash basin in the clinic area against current guidance. The service should develop a risk-based action plan to address any deficiencies noted as part of the wider refurbishment plans for the service (see page 11).

Timescale – immediate

*Regulation 10(2)(c)*

*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)****Recommendations**

None

**Domain 7 – Workforce management and support****Requirements**

None

**Recommendation**

- a** The service should develop a formal training plan (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

## 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)

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  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

## Healthcare Improvement Scotland

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

0131 623 4300

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0141 225 6999

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)