

Announced Inspection Report: Independent Healthcare

Service: GP Plus, Edinburgh

Service Provider: GP Plus Ltd

2 April 2025

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

© Healthcare Improvement Scotland 2025

First published May 2025

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.scot

Contents

1	Progress since our last inspection	4
<hr/>		
2	A summary of our inspection	6
<hr/>		
3	What we found during our inspection	11
<hr/>		
	Appendix 1 – About our inspections	25
<hr/>		

1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 4 August 2021

Requirement

The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults' list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Action taken

Administrative staff now had appropriate Disclosure Scotland checks in place. Since the previous inspection, the service now employed healthcare practitioners working under practicing privileges. This is when staff members are not directly employed by the provider but have been given permission to work in the service. However, there was no evidence of the service registering these individuals with the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme. **This requirement is not met** and is reported in Domain 7 (Quality control) (see requirement 1 on page 24).

Requirement

The provider must ensure that practicing privilege agreements are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified.

Action taken

A practicing privileges policy and contract had now been introduced by the service. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 4 August 2021

Recommendation

The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government's Safer Recruitment through Better Recruitment guidance (2016).

Action taken

The service had now implemented comprehensive recruitment policies. New employees had to provide two references. All new staff members received a welcome manual, and an induction and training manual.

Recommendation

The service should develop its quality improvement plan to ensure that service improvement objectives are informed by a robust programme of clinical audit, including clinical effectiveness.

Action taken

A quality improvement plan had now been implemented by the service. This will help to demonstrate and drive ongoing improvements in the service.

2 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 GP Plus on Wednesday 2 April 2025. We spoke with a number of staff during the inspection. We received feedback from 36 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Edinburgh, GP Plus is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For GP Plus, 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
A well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. The service's vision could be easily viewed by patients, and staff were able to contribute to developing and improving the service. The service was currently introducing key performance indicators to be able to further analyse how well it was performing.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients were fully informed about treatment options and involved in all decisions about their care. The service had good communication and engagement with patients, staff and stakeholders. Detailed policies and procedures helped to support the safe delivery of care. The service had particularly invested in its IT data security systems. Clear procedures for managing complaints and a quality improvement plan were in place.</p> <p>Recording all patient feedback would help the service to monitor, review and take action to improve the patient experience. The programme of audits carried out should be further developed. Risk assessments should be formally documented and reviewed.</p>		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The environment and equipment were 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, with detailed consultations and all appropriate consents gained. All healthcare practitioners must be enrolled in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme. Information in staff recruitment files should be immediately accessible to the manager (GP).		✓✓ 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: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect GP Plus 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 one requirement and five recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop measurable key performance indicators and a process to measure these (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery	
Requirements	
None	
Recommendations	
b	<p>The service should implement a structured approach to gathering and analysing patient feedback to help continually improve the service (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
c	<p>The service should develop risk assessments and ensure these are reviewed regularly (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>
d	<p>The service should expand the range of audits carried out to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 21).</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>

Results	
Requirement	
1	<p>The provider must ensure that all staff working under practicing privileges are enrolled in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme by the provider (see page 24).</p> <p>Timescale – immediate</p> <p><i>Regulation 9</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the August 2021 inspection report for GP Plus.</p>

Results (continued)	
Recommendation	
e	<p>The service should ensure that all information relating to a staff member's recruitment is held together securely in a staff file that is immediately accessible to the manager (GP) (see page 24).</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>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

GP Plus Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

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

3 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

A well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. The service's vision could be easily viewed by patients, and staff were able to contribute to developing and improving the service. The service was currently introducing key performance indicators to be able to further analyse how well it was performing.

Clear vision and purpose

The service was owned and managed by an independent GP who was registered with the General Medical Council (GMC) and the Independent Doctors Federation. The service offered consultations, occupational health assessments, health screening and onward specialist referrals.

The service's vision and mission was to provide 'private healthcare with traditional compassionate care' and 'expert treatment tailored to you'. This was on display on the service's website and in the patient welcome pack for all patients and potential patients to view. It was also shared with staff in the service's employee manuals, provided to all staff. The service's aims and objectives were also published in the patient welcome pack. Some of these included to:

- provide a first class, old fashioned GP service
- work with an extensive network of specialists for expert advice and prompt onward patient referrals
- forge close relationships with early detection scanning centres across the UK
- retrieve patient care records from other healthcare professionals to ensure timely, comprehensive care, and
- provide individually timed appointments for consultation.

The service told us that the focus of the clinic was to ensure that time was taken to fully understand patients' health concerns, by carrying out individually tailored appointments. We were also told that the service prided itself in

educating patients to ensure there was a full understanding of any investigations carried out and that they were fully informed when receiving results.

What needs to improve

The service told us it was currently working on producing key performance indicators to monitor and measure the quality and effectiveness of the service. We were told these would focus on:

- staff engagement and wellbeing
- patient satisfaction
- clinic performance, and
- ongoing professional development and training.

Discussions were currently under way in the service on how these key performance indicators would be evaluated (recommendation a).

- No requirements.

Recommendation a

- The service should develop measurable key performance indicators and a process to measure these.

Leadership and culture

As well as the manager (GP), the service's management team also included a business support director.

The management team had well-defined roles, responsibilities and support arrangements. This helped to provide assurance of safe and consistent patient care and treatment. An independent human resources and recruitment company was employed to support management and staff with all recruitment and human resources related activity, including employment law.

Staff in the service included administrative staff employed by the service and healthcare practitioners appointed under practicing privileges (staff not employed directly by the provider but given permission to work in the service). All staff were encouraged to participate and contribute to the day-to-day running of the service. Team meetings were held frequently and were led with a set agenda. We saw minutes of these meetings which showed that staff could make suggestions and voice ideas for improvements to the service.

We also saw evidence that staff were able to contribute to developing and improving the service during staff appraisals and staff discussions.

Once a week, informal 'coffee and cake meetings' were scheduled away from the clinic for individual staff members to meet with the business support director. This was rotated between staff members every week. Feedback we received from staff showed that this undisturbed time allowed for open and relaxed conversation in privacy and was greatly appreciated by staff. One staff member told us: 'These sessions contribute to a positive workplace culture, where team members feel heard and supported, while also allowing for much-needed time away from daily tasks.'

We saw a recent example in the service's quality improvement plan of staff feedback being used to improve the service. Changes were made to the manager's (GP's) consulting diary where administrative staff now allocated 15-minute slots throughout the diary when the manager (GP) could spend this time responding to emails, making onwards referrals or speaking with other clinicians if required. The aim was to reduce pressure on the manager (GP) and administrative staff without interrupting patient care.

Various staff events were held throughout the year to enhance working relationships in the service and to give staff the opportunity to assist in shaping the service. This included afternoon tea for the team, evening meals, Christmas events, and events with local charities and sponsors.

The healthcare practitioners were supported by the manager (GP) who was always present in the service when they were consulting with patients. They offered advice and support to the healthcare practitioners who were encouraged to discuss more complex patient cases with them. The healthcare practitioners regularly met together as a group for clinical peer reflection and discussion on, for example, individual patient management issues, and updates to best practice and legislation.

The service's whistleblowing policy described how staff could raise a concern about patient safety and/or practice.

- 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

Patients were fully informed about treatment options and involved in all decisions about their care. The service had good communication and engagement with patients, staff and stakeholders. Detailed policies and procedures helped to support the safe delivery of care. The service had particularly invested in its IT data security systems. Clear procedures for managing complaints and a quality improvement plan were in place.

Recording all patient feedback would help the service to monitor, review and take action to improve the patient experience. The programme of audits carried out should be further developed. Risk assessments should be formally documented and reviewed.

Patients could contact the service in a variety of ways, including by telephone, email, text message or online enquiries through the service's website.

The service's website contained information on the services available, as well as costs and detailed information on the healthcare practitioners working in the service, including their qualifications. The website and the service's social media also published information about how the service engaged with community stakeholders, including events, as well as any changes or improvements made in the service, and links to recent medical publications or articles for patient education.

We were told that many of the patients were returning patients who had used the service for many years. Consultations were appointment-only and were face to face in the clinic or by video call if required. One patient told us: '... years of good experiences as a family with an array of issues - we all trust in [dr].'

The service's participation policy detailed how it would actively engage with and encourage feedback from patients about their experience of treatment and care, and how this feedback would be used to continually improve how the service was delivered. Feedback from patients was normally obtained verbally or by patients emailing their healthcare practitioner directly. Although a number of ways were used to gather feedback from patients, we were told there was often a limited response.

Following the introduction of new healthcare practitioners to the clinic, the service recently requested feedback from all patients under their care using a patient survey. The results of the survey were positive, and this was fed back to the staff involved. We were told the service planned to repeat this survey again in the next 6 months to ensure continued satisfaction.

The service recognised and rewarded its staff in a variety of ways for their commitment. This included:

- paid sickness and annual leave
- private health insurance
- paid staff events throughout the year, and
- ‘coffee and cake’ catch-ups.

The service was involved with and supported a number of community organisations, including attending many organised events throughout the year. This included sponsoring the local football team, the local brass band and a local artists award ceremony. The service also helped to fund and organise an event for the Independent Doctors Federation to come to Edinburgh for members to meet in person.

What needs to improve

Although the methods used to gather patient feedback were useful (verbal, free text emails and specific surveys), it was difficult for the service to draw more wide-ranging conclusions or identify trends that could be used to help improve the service. A more structured approach to collecting and analysing feedback would help the service continually improve. This should be reflected in the service’s participation policy (recommendation b).

- No requirements.

Recommendation b

- The service should implement a structured approach to gathering and analysing patient feedback to help continually improve the service.

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. We noted that the service had not had any events that should have been notified to Healthcare Improvement Scotland in the last year. A clear system was in place to record and manage any accidents and incidents that occurred in the service.

A range of policies and procedures set out the way the service was delivered, and supported staff to deliver safe, compassionate, person-centred care. These were updated every year or in response to changes in legislation, national and best practice. Key policies included:

- adult and child safeguarding (public protection)
- health and safety
- infection prevention and control
- duty of candour
- recruitment, and
- complaints.

The service's infection prevention and control policies and procedures were in line with national infection prevention and control guidance.

An annual fire risk assessment was carried out. Fire safety signage was displayed, and fire safety equipment was checked regularly. Safety certificates were in place for the fixed electrical wiring and gas boiler. Portable appliance testing on electrical equipment had been completed, as well as calibration and servicing on specialist equipment.

Emergency medicines were kept in the service. The clinic was well equipped and contained medicines and equipment to deal with any foreseeable medical emergencies. The defibrillator and oxygen were regularly checked and maintained. All healthcare practitioners were trained in basic life support.

Prescription pads for the prescribing of controlled drugs (medications that require to be controlled more strictly, such as some types of painkillers) were counted and kept in a locked cupboard with restricted access. All copies of controlled drugs prescribed were scanned into patient care records to ensure safe monitoring. No controlled drug medication was prescribed to patients without the service having received the patient's NHS care summary from their current NHS GP practice. This provides information including medications, allergies, medical history and care plans. This helps ensure patients receive better care, especially when away from their usual GP practice.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. The complaints procedure was included on the service's website and was prominently displayed in the service. At the time of inspection, the service had not received any complaints in the last year.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service's most recent duty of candour report was available in the clinic. We noted that the service had not experienced any incidents that required it to follow the duty of candour process since the service was registered with Healthcare Improvement Scotland in June 2018.

Patients booked their appointments by contacting the service directly. They were then sent a health questionnaire and consent form to complete either online or they could complete in the clinic before their appointment. A comprehensive consultation with a healthcare practitioner then took place. This included the patient's presenting complaint and past medical history, as well as discussions on any investigations or onward referrals if required. The service told us that if multiple investigations were required, the patient was given time to think about this and the costs involved. The service requested an NHS care summary for the majority of its patients to enable them to provide more comprehensive care.

A consent policy detailed how the service would make sure that informed consent was obtained from patients before any investigations or treatment took place. Patients completed a consent form to consent to investigations or treatment being carried out, as well as consent for sharing their information with other healthcare professionals if required.

Patients were given the choice about how they would like to receive information from the service, such as by telephone, email (encrypted or non-encrypted) and by post. This could include educational information and advice, onward specialist referrals, and information on, or results of, investigations carried out. The patient's choice was documented in the patient care record and all information was individually tailored to the patient. The patient's NHS GP was updated with all investigations and results.

The manager (GP) kept an up-to-date database for staff of the most current healthcare advice. We saw that educational advice was given to patients all the way through their experience with the service. Patients who responded to our online survey told us:

- ‘... has always given clear and concise information and advice.’
- ‘High levels of explanation and never patronising, always feel valued.’
- ‘I have never felt rushed or pressured into any treatment plan. If I require time to consider the options available, I am ALWAYS afforded that opportunity... before committing to any treatment plan.’

All patient information was stored securely on password-protected devices, with every healthcare practitioner having their own device. This helped to protect confidential patient information in line with the service’s information management policy. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) and we saw that the service followed the appropriate data protection regulations.

An external recruitment company was employed to carry out pre-employment checks for staff before they started work in the service. This included obtaining references, identification checks and contract signing. A number of checks were then carried out by the manager (GP), including professional registration checks and insurance cover.

All new staff working in the service completed an induction and were supplied with a welcome manual, and an induction and training manual.

Recruitment and practicing privileges policies were in place. Practicing privileges contracts were also in place for relevant staff members. The service’s practicing privileges policy included a description of how these staff members were expected to work in the service. This included employee responsibilities, aims, expectations and behaviours.

All staff in the service had documented annual appraisals carried out by the manager (GP). We were told the service was considering upgrading the current appraisal system to include the planned introduction of the key performance indicators. Staff training requirements were discussed during the annual appraisal process. Staff were also encouraged to identify and request any training needs at their one-to-one discussions and team meetings. We could see staff had identified a range of different, individualised training needs which the service had taken forward. A recent example showed administrative staff requesting basic life support training in the event of any patient emergencies, with a date now set for this to take place.

The manager (GP) participated in formal appraisal under the Independent Doctors Federation as part of their GMC revalidation. This process is how doctors demonstrate to the GMC that they are up to date and fit to practice. This helped to provide confidence and assurance in their own performance. We noted that the manager (GP) was recently nominated by other external medical experts for a fellowship at the Royal College of Physicians of Edinburgh.

We saw that the service kept up to date with research and best practice through continued professional development and from the mutual support of professional colleagues, with the most up-to-date best practice guidance being implemented in the service. The manager's (GP's) continued professional development was often shared with their patients through the service's website, social media or by email.

- No requirements.
- No recommendations.

Planning for quality

Effective systems were in place to show that the service proactively managed risks to patients and staff through developing and implementing policies. All changes to processes in the service were communicated through staff meetings to ensure the safety of patients and staff.

We saw evidence of a recent clinical audit carried out in the service following publication of best practice guidance about ensuring compliance with the prescribing of paracetamol in patients with identified risk factors. The service carried out a search on its patients prescribed paracetamol to check whether any had the identifying risk factors requiring a reduced dosage. Learning taken from the audit results showed that it would be beneficial to update all patient health questionnaires to ensure all patients had a current weight, height and body mass index (BMI) recorded in their patient care record. This learning was then shared in the service's clinical peer group of healthcare practitioners.

Administrative staff completed a billing audit every month which ensured that patients were not charged for any investigations or procedures that were not carried out. On occasion, after the service received further information from other healthcare professionals, a patient may not need the initial investigations already billed for. The billing audit cross-referenced all investigations ordered with what the patient had been billed for. Occasionally, this resulted in the patient being refunded.

A monthly medication audit was completed by the administrative lead and was overseen by the manager (GP). This audit checked the stock balance of all prescription-only medications, monitored controlled drug prescription medications pads and checked the expiry dates on all medications. All cupboards were labelled with updated expiry dates for easy recognition.

With the help of an external IT company, the service completed a yearly data protection audit to comply with and renew its certification with Cyber Essentials. This government-backed certification scheme helps keep organisation's data safe from cyber attacks. We were told this was the first service in Scotland to receive this certification. In 2024, the service's data protection audit showed that, despite using a variety of tools and software, the service's data was not completely protected against cyber attacks. As a result, the service replaced its entire IT infrastructure system to ensure the continued safety of its data. This improvement was fed back to patients who told the service they appreciated the lengths gone to ensure their data was kept secure.

The service's quality improvement plan helped to ensure a continued cycle of quality improvement. The plan was continually updated at staff meetings, if required, with staff identified to take forward actions. The plan's most recent initiatives included:

- changes to the patient booking system
- onsite staff training with a nurse specialist
- ordering of new clinic equipment, and
- introducing CCTV for staff safety.

What needs to improve

Although the service monitored risk in the service through various channels, formal risk assessments should be introduced. These should be reviewed regularly and updated as necessary (recommendation c).

Although we saw evidence that some audits were carried out, the programme of audits should be further developed to include regular infection control environmental audits and audits of patient care records (recommendation d).

- No requirements.

Recommendation c

- The service should develop risk assessments and ensure these are reviewed regularly.

Recommendation d

- The service should expand the range of audits carried out to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

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 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, with detailed consultations and all appropriate consents gained. All healthcare practitioners must be enrolled in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme. Information in staff recruitment files should be immediately accessible to the manager (GP).

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 environment was clean and well maintained. Local artwork on display helped to provide a person-centred and relaxed atmosphere. Cleaning of the consultation rooms and equipment was carried out by the healthcare practitioners between appointments. The clinic was also deep cleaned by an external cleaning company twice a week. They worked from a task list created by the service and spot checks were carried out by the manager (GP) to ensure high standards were maintained. Patients who responded to our online survey told us they felt the service was kept extremely clean and tidy:

- ‘The surgery is top class. Very comfortable waiting room with excellent receptionists. Modern bright rooms with up to date equipment.’
- ‘A most relaxing and calming environment in which to discuss medical matters.’
- ‘The facilities are immaculate.’

Personal protective equipment (such as disposable aprons and gloves) was readily available. All equipment used was single use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A clinical waste contract was in place, and clinical waste and used sharps equipment was disposed of appropriately. Following a request by staff, the waste contract had been extended to include the collection of commercial, recyclable waste.

Safe management processes were in place for ordering, storing and prescribing medicines. The service's medicine fridges were clean and in good working order. We noted a daily temperature recording log was fully completed and up to date. This was used to ensure medicines were being stored at the correct temperature. The medicine fridges had a built-in alarm system which alerted the service if temperatures were out of acceptable range. We saw evidence of annual calibration of the medicine fridges. Medication stored in the fridges was in-date and was part of the small stock of prescription-only medication held by the service.

We saw the service completed some pre-employment checks in the five staff files we reviewed, including:

- professional registration checks (if required)
- training certification
- insurance cover, and
- previous appraisal from substantive post (if required).

All administrative staff now had appropriate background checks carried out by Disclosure Scotland.

We reviewed five electronic patient care records. All entries were legible, signed and dated. Details of patients' next of kin, GP and emergency contact were documented, as well as consent to share information with other healthcare professionals, as needed. Each patient care record showed a clear pathway from assessment to treatments provided. Advice on specific investigations or procedures was given at each consultation 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.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Some comments we received included:

- 'Always responsive to queries, especially emergencies. Highest quality medical care.'
- 'Good GPs, good knowledge, trust in their diagnosis and beyond... '
- 'The service I receive... is superb.'
- 'End to end, the team work very well together.'

What needs to improve

Since the previous inspection, the service now employed healthcare practitioners working under practicing privileges. We found that the service had not enrolled these healthcare practitioners in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme. At recruitment, the service requested that they provide evidence of their own Disclosure Scotland check. This means that the service would not be directly notified of any PVG updates to ensure staff remain safe to work in the service. This scheme helps to ensure people who are unsuitable to work with children and protected adults cannot do regulated work with these vulnerable groups (requirement 1).

Staff files should contain all the relevant recruitment, induction and staffing information for each staff member and these should be easily accessible by the manager (GP). Although all staff members had an individual staff file, these were not available in full at the time of inspection. The manager (GP) could not provide us with evidence to show that all relevant background and recruitment checks had been carried out. A recruitment and induction checklist would ensure all appropriate documents were together in one place (recommendation e).

Requirement 1 – Timescale: immediate

- The provider must ensure that all staff working under practicing privileges are enrolled in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme by the provider.

Recommendation e

- The service should ensure that all information relating to a staff member's recruitment is held together securely in a staff file that is immediately accessible to the manager (GP).

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:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

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

Email: his.ihtregulation@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

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.scot