

# Announced Inspection Report: Independent Healthcare

**Service:** The Medical Suite Scotland, Glasgow

**Service Provider:** The Medical Suite Scotland

6 December 2021

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## 1 Progress since our last inspection

### What the provider had done to meet the requirements we made at our last inspection on 21 November and 11 December 2019

#### Requirement

*The provider must ensure the general patient environment and patient equipment remains clean and safe to use.*

#### Action taken

This requirement is reported in Quality indicator 5.2. **This requirement is met.**

#### Requirement

*The provider must ensure that every consultation with patients is clearly documented in patient care records, including the outcomes of consultations, every treatment provided to the patient and ensure each entry is signed and dated by the healthcare professional.*

#### Action taken

This requirement is reported in Quality indicator 5.2. **This requirement is met.**

#### Requirement

*The provider must develop and implement a recruitment policy, and ensure effective systems are in place to demonstrate the safe recruitment of staff.*

#### Action taken

The service had a recruitment policy in place and had carried out appropriate background checks for staff. **This requirement is met.**

#### Requirement

*The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed in the service.*

#### Action taken

The service had implemented appropriate background checks for staff. **This requirement is met.**

## **What the service had done to meet the recommendations we made at our last inspection on 21 November and 11 December 2019**

### **Recommendation**

*The service should develop a more structured approach for gathering, recording and evaluating patient feedback, and using the outcomes to drive improvements in the service.*

### **Action taken**

This recommendation is reported in Quality indicator 9.4 (see recommendation h).

### **Recommendation**

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

### **Action taken**

This recommendation is reported in Quality indicator 5.1 (see recommendation a).

### **Recommendation**

*The service should introduce a system to regularly review its policies and procedures.*

### **Action taken**

This recommendation is reported in Quality indicator 9.4 (see recommendation g).

### **Recommendation**

*The service should ensure that discussion around consent to treatment, implied or otherwise, is documented in the patient care record in line with the service's consent policy.*

### **Action taken**

This recommendation is reported in Quality indicator 5.2 (see recommendation c).

**Recommendation**

*The service should ensure that staff receive opportunities for learning and development relevant to their role.*

**Action taken**

This recommendation is reported in Quality indicator 7.1 (see recommendation d).

**Recommendation**

*The service should ensure sufficient staff resources are in place to maintain the quality and effective running of the service.*

**Action taken**

The service now had only one member of administrative staff and had sufficient staff resources.

**Recommendation**

*The service should develop a quality improvement plan to formalise and direct service improvement.*

**Action taken**

This recommendation is reported in Quality indicator 9.4 (see recommendation e).

## 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 The Medical Suite Scotland on Monday 6 December 2021. We spoke with two members of staff. We received feedback from 12 patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of one inspector.

### What we found and inspection grades awarded

For The Medical Suite Scotland, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The service is clean and well maintained. However, the service, should have appropriate processes and procedures in place to manage risk and ensure a safe environment for patients and staff. An adult support and protection safeguarding policy should be developed.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The service kept up to date with legislation and best practice through the General Medical Council, attending conferences and journal subscriptions. However, quality assurance processes and systems should be further developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. This should include developing a quality improvement plan. Staff meetings and actions should be formally documented.	✓ Satisfactory

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

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Patients had a full assessment before they received treatment. Patient care records contained this initial assessment information and personal details including planned care and treatments with, where required, appropriate referral paths to other clinicians and aftercare. The service should ensure that all patients consent to consultations and treatments in the service.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	The service had a recruitment policy with review date and appropriate safe background checks for staff. The service should ensure staff employed have files containing appropriate information including opportunities for learning and development.



Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:

[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

### **What action we expect The Medical Suite Scotland to take after our inspection**

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

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

[www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/independent\\_healthcare/find\\_a\\_provider\\_or\\_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

The Medical Suite Scotland, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Medical Suite Scotland for their assistance during the inspection.

### 3 What we found during our inspection

#### Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

#### **Our findings**

##### **Quality indicator 5.1 - Safe delivery of care**

**The service is clean and well maintained. However, the service, should have appropriate processes and procedures in place to manage risk and ensure a safe environment for patients and staff. An adult support and protection safeguarding policy should be developed.**

The landlord was responsible for the maintenance of the building, fire safety equipment and building security. The service had completed a fire risk assessment. The landlord carried out a weekly fire alarm test and regular fire evacuations of the building. Insurance documents for public and employer liability were up to date. The practitioner had up-to-date medical malpractice insurance.

We saw completed weekly cleaning schedules and a deep clean was carried out every 3 months. Any issues identified from cleaning were addressed with responsible persons and timeframes added.

The service used disposable personal protective equipment, including aprons, gloves, and medical devices (such as syringes and needles) to reduce the risk of infection. A contract was in place for the safe disposal of sharps and other clinical waste from the service.

No medicines were stored in the premises. The practitioner confirmed they sometimes issued private prescriptions to patients and occasionally administered vaccinations. A local pharmacy delivered these to the service on the day of the patient's appointment to be administered.

While the service had not had to report any accidents and incidents at the time of our inspection, it did have a system in place to record these. Patients who responded to our survey told us they felt safe in the service.

### **What needs to improve**

The service did not carry out any audits to help remove risks. Completing audits, such as infection prevention and control, environmental and patient care records would allow the service to review the safe delivery and quality of care being provided (recommendation a).

The practitioner was aware of the procedures for reporting concerns about patients who may be at risk of harm or abuse. However, the service did not have an adult support and protection policy. This should set out how any concerns about the safety of a patient would be escalated (recommendation b).

- No requirements.

### **Recommendation a**

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

### **Recommendation b**

- The service should develop and implement an adult support and protection policy.

## **Our findings**

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

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**Patients had a full assessment before they received treatment. Patient care records contained this initial assessment information and personal details including planned care and treatments with, where required, appropriate referral paths to other clinicians and aftercare. The service should ensure that all patients consent to consultations and treatments in the service.**

The practitioner carried out a full assessment of patients' past medical history before they received treatment. This included gathering information about pre-existing medical conditions, prescribed medicines and allergies.

Potential risks, benefits and expected outcomes of treatments, including follow-up care were discussed during patients' first consultation. Patients said they could take time to consider the options available to them before they agreed to go ahead with the treatment.

The service used a paper-based recording system. This system had been reviewed in the last year and updated by the service administrator since our last inspection. This new paperwork allowed the practitioner to have all patient details in one document, including follow-up and ongoing care. Patient care records were kept in a locked filing cabinet to which the practitioner was the sole key holder, in line with data protection guidance.

We reviewed five patient care records and saw that outcomes from patients' initial consultation and their proposed treatment plan were documented. This included a discussion with each patient to set realistic, achievable expectations and agree the most suitable options available to them.

Patients told us the practitioner was always accessible during the day and out of hours if they needed to contact them to discuss any concerns about their health. The majority of patients had attended the service for many years, knew the practitioner well and said they always received a prompt response when they asked for help.

Patients who responded to our own survey were positive about their experience of the service as well as the practitioner's ability and professionalism. We also received positive comments about the quality of advice, information and follow-up care received. These included:

- 'The surgery was welcoming, spacious and clean.'
- 'All COVID-19 related protections were in place and I felt safe in the environment.'

### **What needs to improve**

A record of the treatment delivered, aftercare arrangements and future follow-up appointments was clearly recorded in the patient care records we reviewed. However, consent to treatment was not always documented in the patient care records (recommendation c).

- No requirements.

### **Recommendation c**

- The service should ensure that discussion around consent to treatment, implied or otherwise, is documented in all patient care records, in line with the service's consent policy.

## Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

### Our findings

#### Quality indicator 7.1 - Staff recruitment, training and development

**The service had a recruitment policy with review date and appropriate safe background checks for staff. The service should ensure staff employed have files containing appropriate information including opportunities for learning and development.**

The service was owned and managed by a sole medical practitioner. One staff member was employed to provide administration support and had worked in the service for several years. We saw the post holder had a signed contract of employment.

Patients who responded to our survey stated that the service from staff was efficient, polite and courteous.

We were told the practitioner and the administrative support worker met every day to discuss the appointments and information needed for the day.

#### What needs to improve

We saw no evidence of training and education opportunities made available to staff or meetings to support staff development (recommendation d).

- No requirements.

#### Recommendation d

- The service should ensure that staff receive opportunities for learning and development relevant to their role.

## 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 legislation and best practice through the General Medical Council, attending conferences and journal subscriptions. However, quality assurance processes and systems should be further developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. This should include developing a quality improvement plan. Staff meetings and actions should be formally documented.**

The service was owned and managed by a medical doctor registered with the General Medical Council (GMC). They kept up to date with legislation and best practice through:

- international conferences
- medical journals
- peer-supported reflective learning, and
- professional regulatory revalidation process.

Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the GMC, every 5 years. We noted that patient feedback from the practitioner's recent revalidation showed that patients were happy with the service provided.

Patients stated they felt the service and the practitioner was very knowledgeable and professional. Comments from our online survey included:

- 'I've never met a doctor like her, her comprehensive medical knowledge is pretty unprecedented, a lifetime of experience.'
- 'Professional and good communication.'
- 'Excellent service manager who is extremely efficient.'

### **What needs to improve**

The service did not have overarching quality assurance structures in place or a system for reviewing the quality of the service delivered. We saw no evidence of actual or potential lessons learned from complaints, incidents or audits which would help improve service delivery. Regular review of the service would help make sure the service delivered is of a quality appropriate to meet the needs of patients (requirement 1).

A quality improvement plan 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 (recommendation e).

The service did not record formal or informal meetings between the practitioner and the service administrator. Minutes of these meetings would allow staff to contribute to service development (recommendation f).

We saw no structured system to review or update policies when legislation changed (recommendation g).

The service had a participation policy and collected verbal feedback from patients after consultations and treatments, as well as asking them to complete survey cards. However, we saw no evidence that this was analysed or used to make improvements. A more formal method for collecting and evaluating patient feedback would help identify improvements and measure the impact of these changes on the service (recommendation h).

### **Requirement 1 – Timescale: by 30 April 2022**

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

### **Recommendation e**

- The service should develop and implement a quality improvement plan to formalise and direct service improvement.

### **Recommendation f**

- The service should formally record the minutes of meetings. These should include a documented action plan highlighting those responsible for the actions.

### **Recommendation g**

- The service should introduce a structured system for reviewing its policies and procedures on a regular basis or when changes occur to ensure they are in line with current legislation and reflect the service provided.

### **Recommendation h**

- The service should develop a more structured approach for gathering, recording and evaluating patient feedback, and using the outcomes to drive improvements in the service.



## 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	
None	
Recommendations	
<b>a</b>	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 11).</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> <p>This was previously identified as a recommendation in the 11 December 2019 inspection report for The Medical Suite Scotland.</p>
<b>b</b>	<p>The service should develop and implement an adult support and protection policy (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.21</p>

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

### Recommendations

- c** The service should ensure that discussion around consent to treatment, implied or otherwise, is documented in all patient care records, in line with the service's consent policy (see page 12).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.3

This was previously identified as a recommendation in the 11 December 2019 inspection report for The Medical Suite Scotland.

## Domain 7 – Workforce management and support

### Requirements

None

### Recommendation

- d** The service should ensure that staff receive opportunities for learning and development relevant to their role (see page 13).

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

This was previously identified as a recommendation in the 11 December 2019 inspection report for The Medical Suite Scotland

## Domain 9 – Quality improvement-focused leadership

### Requirement

- 1** The provider must implement a suitable system to regularly review the quality of the service (see page 15).

Timescale – by 30 April 2022

*Regulation 13*

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

### Recommendations

- e** The service should develop and implement a quality improvement plan to formalise and direct service improvement (see page 15).

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

This was previously identified as a recommendation in the 11 December 2019 inspection report for The Medical Suite Scotland.

- f** The service should formally record the minutes of meetings. These should include a documented action plan highlighting those responsible for the actions (see page 15).

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

- g** The service should introduce a structured system for reviewing its policies and procedures on a regular basis or when changes occur to ensure they are in line with current legislation and reflect the service provided (see page 16).

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

This was previously identified as a recommendation in the 11 December 2019 inspection report for The Medical Suite Scotland.

## Domain 9 – Quality improvement-focused leadership (continued)

### Recommendations

- h** The service should develop a more structured approach for gathering, recording and evaluation patient feedback, and using the outcomes to drive improvements in the service (see page 16).

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

This was previously identified as a recommendation in the 11 December 2019 inspection report for The Medical Suite Scotland.

## 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  
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