



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Westbourne Medical Studios, Glasgow

Service Provider: Westbourne Medical Studios Ltd

24 November 2022

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1 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 Westbourne Medical Studios on Thursday 24 November 2022. We spoke with the service owner (GP) and one other member of staff. We received feedback from seven patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For Westbourne Medical Studios, 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	Patient information about the services provided was available in the service and on its website. Patient feedback was reviewed regularly to help continually improve the quality of care. Although information about how to make a complaint was easily accessible for patients, the complaints policy must make clear that patients can contact Healthcare Improvement Scotland at any stage.	✓✓ Good

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 environment and equipment were well maintained. A range of policies and procedures were in place to help the service deliver care safely. However, the audit and risk assessment processes should be formalised, and a schedule for the regular servicing and maintenance of equipment must be in place.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with current best practice through training and development. A more structured quality assurance system would help evaluate and measure the quality, safety and effectiveness of the service provided. A quality improvement plan should be developed to demonstrate a culture of continuous quality improvement. Team meetings should be formalised.	✓ 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 were fully assessed and a consent process was in place before any treatment took place. Where patients do not agree to any part of the consent process, for example sharing information with their GP, this should be documented in the patient care record.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Although recruitment and practicing privileges policies were in place, we found staff files were incomplete. These could not demonstrate that all necessary recruitment checks had taken place. Practicing privileges contracts must be introduced.

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

More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality 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

What action we expect Westbourne Medical Studios Ltd to take after our inspection

This inspection resulted in five requirements 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

Westbourne Medical Studios 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 Westbourne Medical Studios for their assistance during the inspection.

2 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

Patient information about the services provided was available in the service and on its website. Patient feedback was reviewed regularly to help continually improve the quality of care. Although information about how to make a complaint was easily accessible for patients, the complaints policy must make clear that patients can contact Healthcare Improvement Scotland at any stage.

The service operated an appointment system for all consultations, investigations and treatments. Controlled access to the service and the treatment rooms, and screening of windows, meant patient privacy and dignity was not compromised.

Patients could contact the service using social media and book appointments through the service's website or by telephone. We were told patients mostly heard about the service through word of mouth. Information was provided to patients about the types of investigations available, and their benefits and risks, on its website and in the clinic. The website had a clear list of prices, and information was also available at reception.

Patients were given time to consider treatment and investigation options, and ask questions, before going forward with treatment. Patients could have their treatment or investigations on the same day as the consultation, or come back for a second appointment. This helped to make sure patients had realistic expectations of the proposed treatment or investigation. Patients returning for investigations, for example to have blood samples taken, would usually see the nurse practitioner.

A patient participation policy described how the service gathered and used patient feedback. Following their appointment, patients were invited to give feedback through a link to an online survey. The service owner and their team discussed feedback at informal weekly meetings. Additional feedback was received verbally, through website reviews, social media or email. Where appropriate, negative comments or feedback were followed up directly with the patient to discuss their experience and support the service to improve. The service had a 'you said we did' policy and there was evidence of improvements made. For example, a chair for small children had been purchased for the waiting room as a result of patient feedback.

All patients who completed our online survey agreed they had been treated with dignity and respect. Patients also stated they had been provided with information in a format they could understand. Comments included:

- 'Always fully involved and asked on feedback and comments etc.'
- 'Care is exceptional that... team give. As a family we have been cared for above and beyond when we needed it the most.'
- 'Very good communication and booking system. Very good attentive reception staff. It's efficient and runs well.'

A complaints policy was available to patients on request and information on the complaints procedure was available on the service's website. We noted the service had not received any complaints since it was registered with Healthcare Improvement Scotland in May 2021.

A duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when things go wrong) was in place. An annual duty of candour report was published on the service's website.

What needs to improve

Although the complaints policy stated that patients could complain to Healthcare Improvement Scotland, it was not clear that patients could contact Healthcare Improvement Scotland at any time during the complaints process (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must update the complaints policy to make it clear that patients can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.
- 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 environment and equipment were well maintained. A range of policies and procedures were in place to help the service deliver care safely. However, the audit and risk assessment processes should be formalised, and a schedule for the regular servicing and maintenance of equipment must be in place.

The environment and clinical areas were clean and well maintained. All equipment was in a good state of repair. Single-use equipment was used for clinical procedures to prevent the risk of cross-infection. We saw a good supply of personal protective equipment available, such as face masks, disposable gloves and aprons. Personal protective equipment was stored safely and located close to the point of care. Clinical waste, including sharps such as needles and syringes, was managed appropriately and a waste management contract was in place.

Treatment rooms were in good condition with washable walls and floors, and were well ventilated. We saw completed cleaning schedules that showed that cleaning was taking place. Staff were responsible for cleaning between patient appointments, and at the beginning and end of each day.

We saw maintenance contracts were in place for regular portable appliance testing (for electrical appliances and equipment to ensure they are safe to use). Fire safety checks were carried out regularly and the service owner had recently updated the fire risk assessment.

A safe system was in place for the procurement, prescribing and storage of medicines. Only a small number of medicines were stored, for example antibiotics and aspirin. The service's GPs prescribed medications for the service, with most medicines for treatment supplied by local pharmacists directly to

patients when needed. The medicines we looked at were in-date and stored securely in a locked refrigerator or drawer. Fridge temperatures were checked and recorded daily to make sure medicines were stored at the correct temperature.

Feedback from patients was positive. Patients responding to our online survey commented:

- ‘Very pleasant and relaxed surroundings.’
- ‘Everything’s to the highest standard. A very welcoming environment and spotlessly clean.’

What needs to improve

No system was in place to ensure the service’s equipment was regularly serviced and maintained to make sure it was always in good working order (requirement 2).

We were told the service had carried out a number of risk assessments, such as for health and safety, and environmental risks. However, we saw no evidence of any documented risk assessments. While a risk register was available, it should be developed to record and effectively monitor all of the service’s risks in one place. Risks should be regularly reviewed (recommendation a).

We were told the service carried out a range of audits, including medicines management, infection prevention and control, and patient care records. However, we saw no evidence of completed audits or resulting action plans (recommendation b).

We noted the service had a supply of non-compliant vinyl gloves, as well as nitrile gloves, for carrying out patient care and examinations. Vinyl gloves do not protect the practitioner or the patient from blood-borne viruses. When we highlighted this to the service owner, these were removed from the treatment rooms (recommendation c).

Requirement 2 – Timescale: 7 March 2023

- The provider must put in place a schedule for the regular servicing and maintenance of all equipment.

Recommendation a

- The service should formally document all risk assessments carried out, and develop a risk register to support the management and review of identified risks.

Recommendation b

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

Recommendation c

- The service should ensure only nitrile gloves are used and any vinyl based gloves removed from the treatment areas.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients were fully assessed and a consent process was in place before any treatment took place. Where patients do not agree to any part of the consent process, for example sharing information with their GP, this should be documented in the patient care record.

Electronic patient care records were stored on a secure patient records management system. In the five patient care records we reviewed, we found comprehensive documentation of patient consultations including:

- physical and psychological assessments
- medical history
- medications
- care plans
- consent to treatment and sharing information, and
- costs.

Prescription records were available and records of investigations carried out, including blood samples. These samples were sent to a laboratory in London and results received by email. Patients were then contacted about their results if there were any concerns identified.

Post-treatment aftercare instructions were provided for patients at the consultation stage and following treatment. This was documented in the patient care record. We saw that patients were given the service's contact details, including an out-of-hours contact in case of complications.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

Feedback from our online survey showed that all patients agreed they had been involved in decisions about their care, and the risks and benefits had been explained to them before treatment.

What needs to improve

When patients choose not to share information with their GP, this decision should be clearly documented in the patient care records (recommendation d).

- No requirements.

Recommendation d

- The service should document any part of the consent process that patients do not agree to, for example consent to share information with their GP or other healthcare professionals.

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

Although recruitment and practicing privileges policies were in place, we found staff files were incomplete. These could not demonstrate that all necessary recruitment checks had taken place. Practicing privileges contracts must be introduced.

The service recruited a mix of employed staff and staff with practicing privileges (staff not employed directly by the provider but given permission to work in the service). We reviewed staff files for one employed staff member and two staff members employed with practicing privileges.

We saw evidence of induction training and induction checklists. This included staff being asked to sign to show they had read key policies such as confidentiality, and equality and diversity. We also saw evidence of annual appraisals taking place.

What needs to improve

Although the service had a recruitment policy, we found limited evidence that the service had followed safe recruitment practices or had carried out all of the necessary pre-employment checks. For example, we found evidence of identity checks and Disclosure Scotland checks (to ensure staff are fit to work with vulnerable groups). However, there was no documented evidence of:

- application and interview records
- references
- training and qualifications
- continuous professional development, and
- immunisation records (requirement 3).

Although a practicing privileges policy was in place, we found no evidence of practicing privileges contracts detailing the terms and conditions of the working arrangements for staff in the service (requirement 4).

Although we were told ongoing checks of staff's professional registration status took place, we saw no documented evidence of this (recommendation e).

The doctors occasionally visited patients in their homes. A lone worker policy and risk assessment process should be developed to ensure these visits are carried out safely to protect both staff and patients (recommendation f).

Requirement 3 – Timescale: 7 March 2023

- The provider must ensure any staff working in the service, including staff working under practicing privileges, are safely recruited.

Requirement 4 – Timescale: 7 March 2023

- The provider must include signed practicing privileges contracts for relevant staff in their staff files.

Recommendation e

- The service should carry out annual registration checks for medical and nursing staff, and include these checks in the staff files.

Recommendation f

- The service should develop a lone worker policy that includes risk-assessing each time a patient is visited at home.

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 current best practice through training and development. A more structured quality assurance system would help evaluate and measure the quality, safety and effectiveness of the service provided. A quality improvement plan should be developed to demonstrate a culture of continuous quality improvement. Team meetings should be formalised.

The service had three GPs and one advanced nurse specialist. The GPs were registered with the General Medical Council (GMC), and the advanced nurse practitioner was registered with the Nursing and Midwifery Council (NMC).

The service engaged in regular continuing professional development. This was managed through the GMC and NMC registration and revalidation processes. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body.

Various methods were used to share information and communicate with staff, including meetings and email updates. For example:

- daily team meetings were held to plan for the day ahead
- a weekly meeting was held with the service owner and clinical staff
- a monthly update meeting was held with a local pharmacist, and
- the service owner met with reception staff every 2 months.

We were told the service was considering recruiting a practice manager and expanding the premises in the future.

What needs to improve

We saw no overarching quality assurance processes regularly reviewing the quality of the service delivered. This would help to make sure the service delivered is of a quality appropriate to meet the needs of patients. This could use information and outcomes from activities such as patient feedback, audits and risk assessments (requirement 5).

A formal 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 enable the service to clearly demonstrate a culture of continuous quality improvement (recommendation g).

Although the service told us staff met regularly, these meetings were not documented. Minutes of these meetings should be formally recorded and include any actions taken as well as those responsible for the actions (recommendation h).

Requirement 5 – Timescale: 7 May 2023

- The provider must develop a more structured quality assurance system to enable the service to evaluate its performance, identify areas for improvement and take corrective actions.

Recommendation g

- The service should develop a formal quality improvement plan to formalise and direct the way it drives and measures improvement.

Recommendation h

- The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions to ensure better reliability and accountability.

Appendix 1 – Requirements and recommendations

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

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

Domain 2 – Impact on people experiencing care, carers and families	
Requirement	
1	<p>The provider must update the complaints policy to make it clear that patients can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process (see page 8).</p> <p>Timescale – immediate</p> <p><i>Regulation 15</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirement	
2	<p>The provider must put in place a schedule for the regular servicing and maintenance of all equipment (see page 10).</p> <p>Timescale – by 7 March 2023</p> <p><i>Regulation 10(2)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

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

Recommendations

- | | |
|----------|--|
| a | <p>The service should formally document all risk assessments carried out, and develop a risk register to support the management and review of identified risks (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17</p> |
| b | <p>The service should formalise its programme of 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> |
| c | <p>The service should ensure only nitrile gloves are used and any vinyl based gloves removed from the treatment areas (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 4.11</p> |
| d | <p>The service should document any part of the consent process that patients do not agree to, for example consent to share information with their GP or other healthcare professionals (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p> |

Domain 7 – Workforce management and support

Requirements

- | | |
|----------|---|
| 3 | <p>The provider must ensure any staff working in the service, including staff working under practicing privileges, are safely recruited (see page 13).</p> <p>Timescale – by 7 March 2023</p> <p><i>Regulation 8</i>
 <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> |
|----------|---|

Domain 7 – Workforce management and support (continued)	
Requirements	
4	<p>The provider must include signed practicing privileges contracts for relevant staff in their staff files (see page 13).</p> <p>Timescale – by 7 March 2023</p> <p><i>Regulation 8</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
e	<p>The service should carry out annual registration checks for medical and nursing staff, and include these checks in the staff files (see page 13).</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>
f	<p>The service should develop a lone worker policy that includes risk-assessing each time a patient is visited at home (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17</p>

Domain 9 – Quality improvement-focused leadership	
Requirement	
5	<p>The provider must develop a more structured quality assurance system to enable the service to evaluate its performance, identify areas for improvement and take corrective actions (see page 15).</p> <p>Timescale – by 7 March 2023</p> <p><i>Regulation 13</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Domain 9 – Quality improvement-focused leadership (continued)

Recommendations

- g** The service should develop a formal quality improvement plan to formalise and direct the way it drives and measures 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

- h** The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions to ensure better reliability and accountability (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

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

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

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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or email his.contactpublicinvolvement@nhs.scot

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