

Unannounced Inspection Report: Independent Healthcare

Service: The Edinburgh Clinic

Service Provider: Aspen Healthcare Limited

19–20 January 2022

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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 15 January 2019

Requirement

The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.

Action taken

Healthcare Improvement Scotland has received appropriate notifications from the service. **This requirement is met.**

Requirement

The provider must ensure that all patient information, including medical consultation is recorded in a single patient care record.

Action taken

The service had patient pathway documents, used to record all relevant patient information. The pathways and other information, such as details of medical consultation are kept together in a single patient care record. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 19 January 2019

Recommendation

We recommend that the service should ensure all incidents, including near misses are recorded on the electronic risk management system.

Action taken

We saw that all incidents were recorded on an electronic risk management system, including near misses.

Recommendation

We recommend that the service should ensure that all local maintenance reported is recorded and actions taken are documented.

Action taken

A system was in place for departments to log any maintenance issues which recorded actions taken or were awaiting action.

Recommendation

We recommend that the service should ensure that changes in practice are reflected in its medicine management policies and procedures.

Action taken

Each department had a nominated manager to order medication and we saw that the medication policy had been updated to reflect this.

Recommendation

We recommend that the service should review its documentation to make sure it is clear whether a telephone or face-to-face pre-assessment is carried out.

Action taken

We were told that all patients with a pre-assessment before eye surgery were seen face-to-face to complete required tests. We saw that the patient pathway for other procedures had a section to document whether a telephone or face-to-face pre-assessment had been carried out.

Recommendation

We recommend that the service should ensure the surgical site and side of the patient's surgery is recorded on the nursing admission.

Action taken

In the patient care records we reviewed, we saw that the surgical site and side had been recorded.

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 unannounced inspection to The Edinburgh Clinic on Wednesday 19 and Thursday 20 January 2022. We spoke with a number of staff and patients during the inspection.

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 The Edinburgh Clinic, the following grades have been applied to the key quality indicators.

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 views were collected in a variety of ways, feedback was monitored and acted on quickly. The patients spoke positively about their experience in the service.	✓✓ Good
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Appropriate systems and processes were in place. Staff were aware of their roles and responsibilities to deliver safe care and suitable training was in place. The service was clean and well maintained. Clinical hand	✓✓ Good

	wash basins should be cleaned in line with national guidance.	
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Staff told us that the leadership in the service were visible and approachable. Clear governance structures are in place, with systems and processes to monitor the quality of care delivered.	✓✓ Good

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		
5.2 - Assessment and management of people experiencing care	Patient care records were securely stored and generally well completed. Appropriate patient assessments had been completed. A patient care record audit was completed to monitor compliance. Patients told us they were happy with the information they had received about their care.	
Domain 7 – Workforce management and support		
7.1 - Staff recruitment, training and development	Robust systems and processes were in place for the granting and monitoring of practicing privileges given to staff. Systems were also in place for the recruitment of staff. Staff completed induction and training. The service should implement an audit of its recruitment process.	

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 Aspen Healthcare Limited to take after our inspection

This inspection resulted in one recommendation. See Appendix 1 for the recommendation.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

We would like to thank all staff at The Edinburgh Clinic for their assistance during the inspection.

3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Patient views were collected in a variety of ways, feedback was monitored and acted on quickly. The patients spoke positively about their experience in the service.

The service has a participation policy in place. Patient feedback was gathered in a variety of ways, including questionnaires and online services where patients could rate and comment on their experience. An independent company carried out these patient satisfaction surveys and we saw evidence that the service collected and analysed the results.

A 'red-amber-green' (RAG) system was used to categorise comments received. The senior management team decided whether actions were required for comments that caused concern (red or amber). The head of the relevant department was responsible for completing improvement actions and we saw initiatives had been implemented after feedback from patients. For example, aftercare advice was given to patients before treatment since treatments can leave patients with blurry vision. Aftercare advice was also offered in written form. We were told that the service had access to a translation service if required.

We saw patient feedback displayed in the entrance to the hospital. Feedback was positive and covered areas, such as:

- experience of the service,
- how patients rated nursing and theatre staff, and
- the cleanliness of the hospital.

Patient information about coming into hospital for consultation, interventions and treatment was available online and given to patients before their appointments.

We observed staff interacting with patients in the ward areas and treating them with dignity and respect. Patients told us that they had been involved in decisions about their care. Patients we spoke with during our inspection described the staff and their experience of the service as:

- 'Nice staff.'
- 'Helpful and welcoming.'
- 'Fantastic.'

The service had policies in place for whistleblowing, duty of candour, dignity and respect and bullying. All staff we spoke with knew how to access the policies and understood the principles behind them. Staff had received duty of candour training as part of their mandatory training.

The service had a complaints policy which was accessible to patients. Information about making complaints was also available on the service's website. Reception staff knew who to contact should a client wish to make a complaint. We saw that all complaints were recorded on a RAG system to categorise complaints received.

The service was a member of the Independent Sector Complaints Adjudication Service (ISCAS), the independent adjudicator of complaints for the private healthcare sector.

- No requirements.
- No recommendations.

Service delivery

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

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

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

Our findings

Quality indicator 5.1 - Safe delivery of care

Appropriate systems and processes were in place. Staff were aware of their roles and responsibilities to deliver safe care and suitable training was in place. The service was clean and well maintained. Clinical hand wash basins should be cleaned in line with national guidance.

Appropriate risk management systems covered the care, support and treatment delivered in the service. Staff had been trained in health and safety, and the service's policies and procedures were followed to help deliver care safely. The service used a risk register and electronic risk management system to record and investigate any incidents.

The areas we inspected in the hospital were clean and tidy. Cleaning checklist were fully and accurately completed in the ward areas. An infection prevention lead nurse carried out audits and patients we spoke with stated they felt it was very clean. The infection prevention and control nurse supported staff and monitored and reported any infections that developed in surgical wounds. We saw that staff complied with the infection prevention and control policies and procedures, such as organising and appropriately stocking surgical instruments and other equipment. Theatre equipment and ventilation was also in line with national guidelines and appropriately maintained.

Staff could access safety guidelines for dealing with emergency medical situations, including a kit for treating anaphylactic shock. The expiry dates of items in the kit were documented on the back of the folder to help staff keep track of them. Records showed that the resuscitation equipment on the ward and in theatre was checked daily. Staff could explain how they would respond to signs of a deteriorating patient and what to do in a medical emergency.

Appropriate COVID-19 safety precautions were in place, which included:

- A one-way system to enter and exit the hospital,
- Alcohol-based hand rub dispensers, and
- social distancing measures.

Equipment we inspected was visibly clean, in a good state of repair and ready for use.

All medication in the ward area was in-date and checked regularly. A medication checklist was in place and from reviewing the controlled drug books we found that it was accurately completed

We spoke with the laser protection supervisor and saw that a laser protection advisor had been appointed, appropriate policies including local rules, risk assessments and list of authorised users were in place. Appropriate laser signage and safeguards including safety goggles were seen to be in place along with maintenance contracts.

We saw that the service had leads identified for safeguarding and that their details were displayed. We saw that these individuals had received enhanced training in relation to safeguarding.

We saw evidence that departments used an external company, such as the equipment manufacturer to maintain the clinical equipment. We also saw evidence of environmental risk assessments, including fire and water assessments.

Appropriate fire safety equipment was in place.

An audit programme covered a range of topics, including:

- standard infection control precautions
- surgical site infections
- medications, and
- records, including consent.

Results from audits were shared with staff verbally or through email. Audit results were also available on a shared computer drive that all staff could access and we saw that action plans had been developed from the results.

We observed the hospital 'huddle' and saw each area of the hospital was represented. The head of clinical services led the huddle and we saw that staffing and activity in each area was discussed, along with COVID-19 testing and isolation guidance. At the end of the huddle, time was given to allow anyone present to raise safety concerns. We were told that the outcome of the huddle was emailed to all members of staff and displayed in the staff area.

The services had dedicated housekeeping staff and also employed a cleaning company to carry out cleaning of the clinical areas. Patients we spoke with at the time of our inspection described the hospital as:

- 'Clean and tidy.'
- 'Nice environment.'

The operations manager explained how daily maintenance was managed, as well as maintenance and servicing of the service's non-clinical equipment. The service had a dedicated estates team and any issues were reported electronically. Reported issues were on a shared computer drive so they could be easily viewed. Staff reported receiving a good service from the estates team.

What needs to improve

We saw that the clinical hand wash sinks within the ward areas were not being cleaned with a chlorine solution in line with national guidance (recommendation a).

We saw that the flooring that leads to the theatre area from the ward area could not be effectively decontaminated. However, we saw plans that this flooring would be replaced in February 2022. We will follow this up at future inspections.

- No requirements.

Recommendation a

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were securely stored and generally well completed. Appropriate patient assessments had been completed. A patient care record audit was completed to monitor compliance. Patients told us they were happy with the information they had received about their care.

We reviewed five patient care records and saw that they contained appropriate and relevant information. We saw evidence of initial consultations and patient consent, which outlined the risks and benefits of the planned surgical procedure. Patient pathways that contained appropriate nursing and medical assessments were in place. Appropriate patient risk assessments had also been completed. Safety checks were completed before surgical procedures.

We saw that planned follow up and reviews were documented in the patient care record where appropriate. We were told and saw evidence that patients received a follow-up telephone call the day after their procedure.

Patient care records were generally well completed and legible with entries dated and signed. Patient care records were audited as part of the service's audit programme and covered areas, such as initial consultation and consent.

Patients we spoke with during our inspection told us that they had received verbal and written information about their procedure. They told us their questions had been answered and knew what was happening with their care.

What needs to improve

While the majority of patient care records we reviewed documented the patient's consent to share information with their next of kin, this was not recorded in some. We will follow this up at future inspections.

- No requirements.
- No recommendations.

Domain 7 – Workforce management and support

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

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Robust systems and processes were in place for the granting and monitoring of practicing privileges given to staff. Systems were also in place for the recruitment of staff. Staff completed induction and training. The service should implement an audit of its recruitment process.

We saw that the service had a clear process for granting practicing privileges, for staff not employed directly by the provider but given permission to work in the service. The service manager and head of clinical services oversaw requests to be granted practicing privileges. An electronic system was used to make sure that all the appropriate checks had been completed before granting practicing privileges. The system also allowed the service to monitor when checks were due, such as for professional registration, Protecting Vulnerable Groups (PVG) and insurance. A staff member with responsibility for monitoring compliance with practicing privileges checks had been identified. We saw good compliance with the majority of these checks.

We reviewed eight staff files and saw that the majority of pre-employment checks had been completed. Evidence was included to support these checks.

The service had recently employed a human resources advisor to support them with staff recruitment. We were told that the service had started to move from paper to electronic staff files. The electronic system provided alerts when checks, such as for professional registration or PVG status are due for staff members.

An induction programme for new staff included general and role-specific induction. We saw that the service had 100% compliance with its induction programme for the last period of monitoring. We were told that the service planned to 'buddy' a new member of staff with an experienced member of staff for a period of time, depending on the experience and needs of the new member of staff.

Staff training was delivered electronically and face-to-face. The service had a spreadsheet to monitor compliance with staff training and this showed generally good compliance with training for permanent members of staff.

What needs to improve

It would be good practice for the service to introduce an audit to provide assurance that all the essential aspects of safer recruitment were being completed consistently. We will follow this up at future inspections.

- No requirements.
- No recommendations.

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

Staff told us that the leadership in the service were visible and approachable. Clear governance structures are in place, with systems and processes to monitor the quality of care delivered.

The service had a clear clinical governance structure in place, with robust systems and processes. Heads-of-service meetings were held monthly and clinical governance meetings every 3 months. A governance quality framework was also used to measure key performance indicators in the service. Clinical indicators included cancelled procedures or the development of complications, such as blood clots in the legs or lungs. Non-clinical indicators included staff recruitment and retention or complaints the service received. This information was used to compare the service's performance with the provider's other services and highlight areas for improvement.

Staff we spoke with told us the service manager and the head of clinical services were readily available, those staff were aware that there was an 'open door' policy for staff to discuss any concerns or raise areas for improvement in the service. Staff we spoke with told us that they felt supported and appreciated.

Staff also felt that the leadership team communicated well. We saw noticeboards in the staff area displaying information about the service and the provider.

The service had a quality improvement action plan in place. From minutes of the heads of service meetings, we saw that performance, areas for improvement and lessons learned were discussed. Quality governance groups were responsible for the improvement actions developed from these discussions. A range of methods used to measure the quality of the service included:

- audits
- complaints
- incidents
- near misses, and
- questionnaires.

We were told that the service had recently introduced new systems for ordering, storage and delivery of supplies using designated staff. We were told that the new system had made clinical and non-clinical areas less cluttered and easier to keep clean. It was also hoped efficiency savings from this would allow staff to be released to concentrate on clinical duties, as well as the service gaining a financial benefit.

The service had also reviewed and implemented a new ophthalmology pathway for patients, which we were told had been developed with direct input from clinical staff. Comments from clinical staff were used as part of the review of the new pathway.

The service had a staff development document called 'Investing in You', which detailed clinical and non-clinical courses that staff could attend to help them develop in their role. To support staff with mandatory and non-mandatory training, the service had recently closed for a day so that more staff could attend and have dedicated time for their development. Staff were asked to evaluate the day and their feedback had been used to inform future development days. The service planned to run these development days twice a year in the future and ask staff to evaluate these days.

We were told that the service held monthly staff forums to share corporate and clinical information with staff. The forums were informal and sometimes delivered virtually.

Staff could nominate other staff members as part of a recognition programme, where they had done something that deserved special recognition. Recognition could be given to the staff member in the service, such as a 'thank you' at the hospital huddle, or from the provider. For example, attending a national award ceremony event the provider had organised after being nominated by the service.

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

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

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

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendation	
a	<p>The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks (see page 13).</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>

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

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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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