



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Follow-up Inspection Report: Independent Healthcare

Service: Seneca Medical Group, Glasgow

Service Provider: UK Clinics Glasgow Limited

6 December 2023

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

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Seneca Medical Group on 21 June 2023. That inspection resulted in seven requirements and eight recommendations. As a result of that inspection, UK Clinics Glasgow Limited produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

About our follow-up inspection

We carried out an announced follow-up inspection to Seneca Medical Group on Wednesday 6 December 2023. The purpose of the inspection was to follow up on the progress the service has made in addressing the seven requirements and eight recommendations from the last inspection. This report should be read along with the June 2023 inspection report.

We spoke with a number of staff during the inspection.

The inspection team was made up of two inspectors.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

Key quality indicators inspected

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

Quality indicator	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	✓ Satisfactory

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

5.1 - Safe delivery of care	✓ Satisfactory
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Key quality indicators inspected (continued)	
Domain 9 – Quality improvement-focused leadership	
Quality indicator	Grade awarded
9.4 - Leadership of improvement and change	✓ Satisfactory

The grading history for Seneca Medical Group can be found on our website.

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

We found that the provider had complied with all the requirements made at our previous inspection on 21 June 2023. It had also taken steps to act on most of the recommendations we had made.

What action we expect UK Clinics Glasgow Limited to take after our inspection

This inspection resulted in two new recommendations. See Appendix 1 for a full list of the 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

We would like to thank all staff at Seneca Medical Group for their assistance during the inspection.

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 21 June 2023

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

Recommendation

The service should ensure that information about how to make a complaint about the service is available to patients.

Action taken

A complaints policy was now available on the service's website and in the clinic reception area. The policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint.

Recommendation

The service should develop a formal patient participation process with a structured approach to gathering, evaluating and using patient feedback to demonstrate how it involves patients in improving how the service is delivered, and share with patients any actions or improvements made.

Action taken

All patients now completed a feedback survey following their treatment, asking about their experience of the service. The service collated all feedback received, auditing this every month, and used the information to evaluate and review the service and make any changes or improvements. For example, following feedback from patients, the service was considering introducing artwork into the clinic.

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

Requirement – Timescale: by 21 December 2023

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

Action taken

We saw that the service had now installed a ventilation system in the minor surgical room which complied with the required specifications for the surgical procedures carried out. **This requirement is met.**

Requirement – Timescale: immediate

The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Action taken

We saw examples of action plans now being developed as a result of regular safety checks carried out on fire, the gas boiler and electrical equipment. **This requirement is met.** However, additional risk assessments should be developed, such as slips, trips and falls, and data management. **A new recommendation has been made** (see Appendix 1).

Requirement – Timescale: immediate

The provider must ensure that appropriate signage is in place to alert staff to where emergency equipment is located.

Action taken

We saw that signage was now displayed to alert staff to where emergency equipment was located. **This requirement is met.**

Requirement – Timescale: immediate

The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance.

Action taken

The accident/incident policy had now been updated to include the notification process to Healthcare Improvement Scotland. We saw evidence that staff had been emailed with information on the updated policy. We also saw evidence that this had been discussed at the monthly staff meeting. **This requirement is met.**

Recommendation

The service should ensure all policies and procedures identify the lead person(s) responsible for ensuring individual policies and procedures are adhered to.

Action taken

A new service manager had been appointed since the last inspection. They were now in the process of identifying lead person(s) to take responsibility for ensuring policies and procedures were adhered to. The policies we saw were up to date.

Recommendation

The service should ensure records for cleaning schedules which include details of cleaning products, processes and records of completion of cleaning are retained by the service for reference and audit purposes.

Action taken

Completed cleaning schedules were now being retained by the service. However, the cleaning schedules should be further developed to include, for example, what cleaning products should be used. **A new recommendation has been made** (see Appendix 1).

Recommendation

The service should ensure compliance with Health Protection Scotland's National Infection Prevention and Control Manual for personal protective equipment.

Action taken

To comply with current national infection prevention and control guidance, all latex gloves had now been removed from use in the service.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Recommendation

The service should ensure all patients undergoing surgery have safety checks completed and documented in patient care records in line with the World Health Organization Guidelines for Safe Surgery (2009).

Action taken

We saw evidence that all safety checks and information, including patients' identity, operation site and clinical observations, were now recorded in the patient care records.

Recommendation

The service should keep a record of patients' GP details in all patient care records.

Action taken

From the five patient care records we reviewed, we saw that patients' GP details were now documented. We were told that reception staff checked that all details were included in the patient care records. If the GP details were omitted from the electronic record, progress to complete the form could not be completed.

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

Requirement – Timescale: immediate

The provider must 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 (2016) guidance.

Action taken

Following the appointment of a new human resource manager, a review of the recruitment process had now taken place. We noted that no new staff had been recruited since our previous inspection in June 2023. However, from the staff records we reviewed, we saw that all staff files now contained Protecting Vulnerable Groups (PVG) background checks, and a record of mandatory and refresher training. New audit systems were in place for any new staff who started working in the service to ensure appropriate and necessary pre-employment checks were carried out. **This requirement is met.**

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

Requirement – Timescale: by 12 September 2023

The provider must ensure that a registered manager can provide clear leadership and proper oversight of the whole service.

Action taken

Since our last inspection, a new service manager had been appointed who had an oversight of the whole service. We saw that a clear governance and reporting structure was now in place. We saw that staff had been emailed the new management structure and their roles and responsibilities and this had been discussed at staff meetings. **This requirement is met.**

Requirement – Timescale: by 12 September 2023

The provider must implement a suitable system of regularly reviewing the quality of the service to make sure it is of a quality appropriate to meet the needs of patients. This should include developing a quality improvement plan to formalise and direct the way it drives and measures improvement.

Action taken

A quality improvement and business plan, which included both short- and long-term actions, had now been introduced. The plan included details of how the service intended to continually develop, as well as documenting any improvements made, along with action plans where appropriate. For example, information about a planned refurbishment of the service was included in the plan. **This requirement is met.**

Recommendation

The service should adopt a more structured and formal approach for staff meetings. Minutes of meetings should be formally recorded and include any action to be taken forward and monitored, as well as identifying those responsible for these actions. This will ensure better reliability and accountability.

Action taken

We saw evidence that monthly staff meetings were now taking place. This included minutes, with a set agenda and action plans. Minutes were emailed to all staff and available on the service's intranet system which all staff could access.

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.

Implementation and delivery	
Requirements	
None	
Recommendations	
a	<p>The service should complete risk assessments for all appropriate work tasks. Risk assessments should include relevant hazards and actions to minimise potential risks and be reviewed at regular intervals (see page 7).</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>
b	<p>The service should ensure cleaning schedules include more detailed information of cleaning products, processes and records of completion of cleaning (see page 8).</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.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
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