Announced Inspection Report: Independent Healthcare

Service: Superdrug Nurse Clinic, Aberdeen
Service Provider: Superdrug Stores Plc

25 October 2019
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 contactpublicinvolvement.his@nhs.net
## Contents

1. **A summary of our inspection**  
   - Page 4

2. **What we found during our inspection**  
   - Page 7

Appendix 1 – Requirements and recommendations  
   - Page 15

Appendix 2 – About our inspections  
   - Page 16
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 three 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 Superdrug Nurse Clinic (Aberdeen) on Friday 25 October 2019. We spoke with the clinical nurse manager during the inspection. We received no patient responses to an online survey we asked the service to issue before our inspection. This was our first inspection to this service. The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Superdrug Nurse Clinic (Aberdeen), the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 2 – Impact on people experiencing care, carers and families</td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
</tbody>
</table>
risk-based refurbishment plan must be put in place.

### Domain 9 – Quality improvement-focused leadership

9.4 - Leadership of improvement and change

Clinical governance systems included an audit programme. Weekly meetings between the provider’s Scottish services allowed good practice to be shared. National and regional staff conferences recognised achievements and gave staff the opportunity to network.

✔️ 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

Appropriate consultation, assessments and treatment plans were in place. All records were fully completed. Patients felt involved in the care planning process. GP details should be recorded and patients.

#### Domain 7 – Workforce management and support

7.1 - Staff recruitment, training and development

Good systems were in place for staff recruitment and induction. Training was supported at local and regional level. The nurse practitioner had access to peer and clinical support. Staff felt they had the appropriate skills and training for their role.

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 Superdrug Stores Plc to take after our inspection

This inspection resulted in two 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

Superdrug Stores Plc, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at Superdrug Nurse Clinic (Aberdeen) 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

Patients were given information about available treatments in a variety of ways. A consultation process gave patients the opportunity to discuss and agree if treatment was appropriate. Patient feedback we saw on an online review site stated that patients were very satisfied with their experience.

The provider’s website had information about the services and treatments offered, including costs. Patients could make appointments online over the phone or at the clinic. A consultation with the nurse allowed patients to discuss and agree if treatment was appropriate.

Patient information posters and leaflets were available in languages other than English, such as Mandarin in recognition of the high number of Chinese students studying in Scotland. We saw that one patient had commented:

- ‘[The nurse] was very thorough with our travel consultation...I feel very informed and well prepared for my holiday. Thank you.’

Immunisation appointments for children required to be booked over the telephone. This allowed the service to inform parents about the process for parental consent and identity checks carried out at the face-to-face immunisation appointments.

A safeguarding policy set out how concerns would be reported appropriately. The clinical nurse manager and nurse practitioner had appropriate training to deal with any safeguarding concerns for children and adults.
The service’s participation policy described how it would collect patient feedback in a variety of ways. For example, patients could leave a review on the provider’s website and anyone who left negative feedback online would be contacted directly and asked for more information. We saw that processes were in place to respond to suggestions for improvement promptly. Online reviews from a review site about this service did show that patients were very happy with their experience. All feedback we saw was very positive and comments included:

- ‘I had to go to Superdrug for my travel injections and they were great. [The nurse] was so professional and talked through everything that they would suggest. I was worried I would feel forced into getting everything so they could make money, but I was wrong. I would highly recommend’

The service had a complaints policy in place. Complaints information we saw available for patients described how to make a complaint, which included that patients could contact Healthcare Improvement Scotland at any time. A clinical nurse manager responsible for the provider’s services across Scotland would investigate a complaint if necessary or escalate to the provider’s complaints team.

- 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

Systems and processes helped make sure care was delivered safely. This included systems to support the safe, effective and secure medicines handling. A rolling programme of clinical audit helped identify whether any improvements were required. A risk-based refurbishment plan must be put in place.

A variety of policies and procedures were in place to help make sure the care environment and equipment was safe, including environmental risk assessments and regular maintenance. A clinic daily book included all tasks to be done in the clinic and was kept up to date to make sure appropriate tasks were completed to improve patient safety.

The provider audited the service twice a year to assess the environment and clinical practice. Audit results were shared with the service to review and develop improvement action plans. The clinical nurse manager reviewed improvement action progress during their regular visits to the service.

A medicines management policy was in place and we saw systems to support the safe, effective and secure handling of medicines. The majority of medicines in the service were prescribed using patient group directives (PGDs) to allow nurse practitioners to administer medicines, in line with legislation. Patient group directives allow services to supply and administer a medicine to a pre-defined group of people. If patients were not able to be treated using the PGD, the nurse contacted a doctor at the Superdrug online doctor team for guidance.

The service had a supply of emergency medicines and the nurse explained the procedure and how staff had access to the Superdrug online doctor team for advice during an emergency if required.
What needs to improve
At the time of our registration site visit, we noted a non-compliant clinical wash hand basin. The service had told us the treatment room, including the clinical hand wash basin would be upgraded. However, this had not been upgraded and no risk assessment had been completed (recommendation a).

Staffing issues had meant that the service did not operate regularly and some audits and checks had been delayed. We discussed this with the clinical nurse manager and the pharmacy superintendent who told us they were aware of a potential for gaps and were addressing it. We will follow this up at future inspections.

Recommendation a

■ The service should assess the sanitary fittings to ensure they are in line with current Health Facilities Scotland guidance and complete a risk assessment to address any deficiencies.

■ No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Appropriate consultation, assessments and treatment plans were in place. All records were fully completed. Patients felt involved in the care planning process. GP details should be recorded and patients.

All patients received a face-to-face consultation before treatment. At this consultation, staff discussed:

• benefits
• costs
• risks and possible side effects, and
• whether the treatment would be available through the NHS.

Consent forms were signed, scanned and included as part of the patient care record. Information leaflets were available for patients to take away. An electronic patient pathway helped to support the nurse practitioner’s specialist knowledge of appropriate vaccinations. A new consent form had been developed to ensure patients were aware that information would be shared with other healthcare professionals in an emergency.
The service stored patient care records electronically. The four patient care records we reviewed included:

- a full medical history
- a record of face-to-face consultation
- any risk assessments, and
- a signed consent form.

Consent forms for children had appropriate permissions. Patient care records were clearly dated and details of treatments included medicines administered.

The electronic system recorded any treatments that patients had received in the provider’s other services. All of the provider’s services could access this information. A new electronic patient care record system was being put in place at the time of our inspection.

**What needs to improve**

Patients’ GP details were not noted in patient care records to allow staff to communicate effectively with the GP when appropriate (recommendation a).

- No requirements.

**Recommendation b**

- The service should keep a record of the patient GP details in the patient care record.
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

Good systems were in place for staff recruitment and induction. Training was supported at local and regional level. The nurse practitioner had access to peer and clinical support. Staff felt they had the appropriate skills and training for their role.

Systems were in place to help make sure staff were recruited safely, with appropriate checks and references carried out before staff worked in the service. The checks included membership of the Protecting Vulnerable Groups (PVG) scheme. Staff training was provided face-to-face, such as basic life support training, or online. Mandatory training included infection control, safeguarding and medicine management.

Staff we spoke with were aware of current evidence-based guidelines relevant to their role and felt they had the skills, knowledge and experience to carry out their roles.

The clinical nurse manager carried out staff appraisals twice a year and a system was in place to check their registration with the Nursing and Midwifery Council. Training records were up to date and stored securely in the service.

What needs to improve

The clinic nurse was on leave and the provider had identified that cover was not always available during these times. The clinical nurse manager acknowledged that cover for this clinic had been difficult to maintain. They told us the service was recruiting and could recruit permanent relief nurses to help this.

- 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

Clinical governance systems included an audit programme. Weekly meetings between the provider’s Scottish services allowed good practice to be shared. National and regional staff conferences recognised achievements and gave staff the opportunity to network.

The provider had a comprehensive leadership structure in place with clear roles and responsibilities. A national nurse manager led the UK nursing team with support from four clinical nurse managers (one that covered Scotland). The provider employed over 70 nurse practitioners, with nine based in Scotland and most of its services were staffed by one nurse practitioner. Staff we spoke with felt that the leadership was visible and approachable.

Weekly conference calls between the provider’s Scotland-based nurses and the clinical nurse manager allowed the Scottish services to support each other and work together. From minutes, we saw that these meetings discussed incidents, complaints and service improvements.

The clinical nurse manager visited the service regularly. Visits were recorded and any actions required were sent to the nurse practitioner. The nurse practitioner told us they felt that they were kept up to date with any changes nationally and felt supported to suggest any improvements to the service. They took an active part in the training of staff and most recently helped implement the phlebotomy training after completing the ‘train the trainer’ course.

The provider’s clinical excellence team, which oversaw clinical practice in the services, and the online doctor team met monthly to discuss any recent incidents or complaints. Any actions would be fed back to the relevant service’s nurse practitioner or at the weekly conference calls with the clinical nurse.
manager. Actions that led to service improvements, such as an audit of yellow fever practice to improve patient safety, were shared through local newsletters.

All staff attended the provider’s national and regional conferences every year which set out the vision for the next year. These conferences also provided staff the opportunity to network, learn about available training and share good practice and learning. Staff received awards in recognition of their work.

The provider worked in partnership with a charity to raise awareness about breast cancer during consultations. The nurses received face-to-face and online training to support their understanding. Leaflets and posters were available to advise patients where to seek further support if needed.

- 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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The service should assess the sanitary fittings to ensure they are in line with current Health Facilities Scotland guidance and complete a risk assessment to address any deficiencies (see page 10).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22</td>
</tr>
<tr>
<td>b</td>
<td>The service should keep a record of the patient GP details in the patient care record (see page 10).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
</tbody>
</table>
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.

### 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.

### 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.

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: hcis.ihcregulation@nhs.net