Announced Inspection Report: Independent Healthcare

Service: TLC Clinic
Service Provider: Invercoast Limited

26 August 2019
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www.healthcareimprovementscotland.org
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 TLC Clinic on Monday 26th August, 2019. Before the inspection, we asked the service to display a poster asking patients to provide us with feedback on the service. We did not receive any feedback from patients who had received treatment. We spoke with the manager of the service. 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 TLC Clinic, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></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><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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</table>
The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>The patient care records we reviewed were mostly well completed. A programme of patient care record audits should be implemented.</td>
</tr>
<tr>
<td><strong>Domain 7 – Workforce management and support</strong></td>
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</tr>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>The service does not employ practitioners, it grants practising privileges to practitioners who carry out treatments on patients.</td>
</tr>
</tbody>
</table>

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 Invercoast Limited to take after our inspection

This inspection resulted in four requirements and seven recommendations. The 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

Invercoast Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at TLC Clinic 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

While the service had recently started to gather feedback, this had not been evaluated. Improvement actions had not been developed based on feedback. Patients should be given information on how to make a complaint.

A receptionist staffed a reception desk at the main door of the clinic to welcome patients. Practitioners in the service worked from three treatment rooms and treatments were appointment-only to help maintain patients’ privacy and dignity.

When patients contacted the service for treatment, they were offered a face-to-face appointment to decide on the appropriate treatment. Information about the treatments offered were displayed in the service.

The owner of the service told us that the service had not received any complaints since its registration.

What needs to improve

The service did not have a participation policy that described how patients would be involved in helping to improve quality in the service. We did not see evidence that patients were asked if they were happy with their treatment. While the service had recently started to gather feedback, we saw no evidence that it was recorded to measure the impact of improvement actions. The service would benefit from evaluating the feedback, including:

- using feedback and analyse the results
- implementing changes to make improvement, and
- measure the impact of improvements (recommendation a).
The service’s complaints policy had no information about how or when patients could contact Healthcare Improvement Scotland (recommendation b).

The service manager did not know whether practitioners offered a cooling-off period or discussed the cost of treatment with patients. We will follow this up at future inspections.

- No requirements

**Recommendation a**
- The service should develop a participation policy to get feedback from patients and use the results to make improvements.

**Recommendation b**
- The service should make sure information about how patients can contact Healthcare Improvement Scotland is included in the complaints policy.
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

Patients were cared for in a clean and safe environment and we saw a structured cleaning process in place. A duty of candour policy should be developed.

We saw the clinic rooms were clean, well maintained and a cleaning schedule was in place. The service used an external contractor to carry out regular audits, including:

- equipment testing
- fire safety, and
- incident and accident recording.

Handbooks given to staff summarised this information and contained the forms used to report any accidents or incidents. We were told that no incidents or accidents had been reported.

The service’s medication policy detailed how it would procure, prescribe and administer medicines. Medications were not kept on the premises. Any medicines required were prescription-only and collected from the pharmacy on the day of appointment. All medication and expiry dates were accurately recorded.

The infection prevention and control policy helped make sure appropriate infection prevention and control processes were in place. Single-use patient equipment was used for clinical procedures to prevent the risk of cross-infection. Personal protective equipment was available, such as disposable
aprons and gloves. A clinical waste contract was in place and waste was collected every 2 weeks.

**What needs to improve**

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things have gone wrong with patient treatment or care. The service did not have a duty of candour policy in place that set out what staff should do about an unintended or unexpected patient harm (recommendation c).

The service did not have an audit programme in place to check the safety and quality of service delivery. For example, practitioners with practising privileges (who the provider does not employ but give permission to work in the service) were not audited to make sure they had completed training (recommendation d).

Sharps boxes did not have a date on them. We will follow this up at future inspections.

- No requirements.

**Recommendation c**

- The service should develop and implement a duty of candour policy that will inform patients of actions that require to be taken when unintended actions occur.

**Recommendation d**

- The service should develop an audit system to cover key aspects of care and treatment so assurance is given that learning is taking place. Audits should be documented and action plans developed.

**Our findings**

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

The patient care records we reviewed were mostly well completed. A programme of patient care record audits should be implemented.

Most of the six patient care records we reviewed were fully completed and included consent to treatment, medication administered and notes of reviews.
The assessment form also included consent to share information with the patient’s GP for emergency purposes.

**What needs to improve**

We were told that pharmacy staff scanned all records into a computer system and the records we reviewed were in a locked filing cabinet in the pharmacy, scanned and then given back to the practitioner. However, the service lacked appropriate governance to make sure that practitioners kept patient care records safely locked in a cabinet (recommendation 1).

One patient care record we reviewed had gaps in recording consent and signature. The service did not audit patient care records and action plans were not in place to help improve its record-keeping (recommendation e).

The service manager was unclear whether the practitioners gave patients aftercare advice. We will follow this up at future inspections.

**Requirement 1 – Timescale: immediate**

- The provider must ensure patient care records are stored in a secure, locked filing cabinet accessible only to the practitioner.

**Recommendation e**

- The service should ensure that all patient care records are fully completed to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records.
Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

The service does not employ practitioners, it grants practising privileges to practitioners who carry out treatments on patients.

The service manager told us that up to 30 practitioners had practising privileges. Four of these practitioners booked clinical rooms regularly. The service manager told us that practitioners booked clinic space when they had appointments and did not work regularly in the service. Practitioners completed an application form and the provider’s human resources staff checked references and disclosure to make sure practitioners were fit to practice.

The practitioners worked from the service through a practising privileges arrangement. Some of these practitioners were independent nurse prescribers, who also wrote prescriptions for their colleagues.

Practitioners with practising privileges organised their own training and development to keep up to date with changes in practice. This learning was mostly through pharmaceutical companies and conferences and the service manager told us they saw the records to confirm their attendance and completion of courses.

What needs to improve

In staff files we reviewed, we saw gaps in registrations with professional bodies and indemnity insurance was not always up to date. We did not see any staff contracts in the staff files we saw. We saw no evidence that information in staff files was regularly reviewed (requirement 2).

When booking the clinic sessions for practitioners, pharmacy staff were unable to confirm that the practitioner’s registration or insurance was up to date (requirement 3).
**Requirement 2 – Timescale: immediate**

- The provider must regularly review practitioners’ professional registrations and insurances to ensure they are up to date.

**Requirement 3 – Timescale: immediate**

- The provider must have systems in place to make sure practitioners who book clinic rooms have the appropriate checks carried out and are fit to practice.
**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**

We did not see any evidence of the service manager meeting with staff with practising privileges. We saw no opportunity for staff to be involved in service-improvement decisions.

The service manager was an active member of the British Association of Cosmetic Nurses (BACN) and Aesthetic Complications Expert group (ACE). These groups allowed them to stay informed and up to date with current issues. The ACE group also concentrates on producing guidelines for dealing with risks and complications.

**What needs to improve**

The service did not have a visible accountability or governance structure in place for practitioners who work with practising privileges. For example, the service manager was not aware how the practitioners assessed their patients’ care needs (requirement 4).

The service did not have a quality improvement plan in place (recommendation f).

We saw no evidence of information shared with practitioners. For example, the owner did not hold staff meetings, issue staff surveys or publish newsletters (recommendation g).

**Requirement 4 – Timescale: immediate**

- The provider must have a risk management arrangement to ensure treatments offered are done so safely, appropriately and meet patient needs.
**Recommendation f**

- The service should develop a quality improvement plan so it can regularly review the quality of the service to make sure it meets the needs of its patients.

**Recommendation g**

- The service should assure itself that information is shared with practitioners to enable them to carry out their role.
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.

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>a The service should develop a participation policy to get feedback from patients and use the results to make improvements (see page 8).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
</tr>
<tr>
<td>b The service should make sure information about how patients can contact Healthcare Improvement Scotland is included in the complaints policy (see page 8).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</td>
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</tbody>
</table>
**Domain 5 – Delivery of safe, effective, compassionate and person-centred care**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Requirement Details</th>
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<tbody>
<tr>
<td>1</td>
<td>The provider must ensure patient care records are stored in a secure, locked filing cabinet accessible only to the practitioner (see page 11).</td>
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</tbody>
</table>

Timescale – immediate

*Regulation 3(b)*
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td>c</td>
<td>The service should develop and implement a duty of candour policy that will inform patients of actions that require to be taken when unintended actions occur (see page 10).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

| d | The service should develop an audit system to cover key aspects of care and treatment so assurance is given that learning is taking place. Audits should be documented and action plans developed (see page 10). |

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

| e | The service should ensure that all patient care records are fully completed to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records (see page 11). |

Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
## Domain 7 – Workforce management and support

### Requirements

<table>
<thead>
<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>2</td>
<td>The provider must regularly review practitioners’ professional registrations and insurances to ensure they are up to date (see page 13). Timescale – immediate</td>
</tr>
</tbody>
</table>

*Regulation 2
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
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<td>3</td>
<td>The provider must have systems in place to make sure practitioners who book clinic rooms have the appropriate checks carried out and are fit to practice (see page 13). Timescale – immediate</td>
</tr>
</tbody>
</table>

*Regulation 2
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

None

## Domain 9 – Quality improvement-focused leadership

### Requirement

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
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<tbody>
<tr>
<td>4</td>
<td>The provider must have a risk management arrangement to ensure treatments offered are done so safely, appropriately and meet patient needs (page 14). Timescale – immediate</td>
</tr>
</tbody>
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*Regulation 13(1)(2a)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
### Domain 9 – Quality improvement-focused leadership (continued)

<table>
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<tr>
<th>Recommendations</th>
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<tr>
<td><strong>f</strong></td>
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<tr>
<td><strong>g</strong></td>
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</table>

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

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

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
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