Announced Inspection Report: Independent Healthcare

**Service:** La Belle Forme (Parklands), Newton Mearns

**Service Provider:** La Belle Forme (Parklands) Limited

19 February 2020
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
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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 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 La Belle Forme (Parklands) on Wednesday 19 February 2020. We spoke with the service manager and staff during the inspection. We did not receive any feedback from patients to 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.

What we found and inspection grades awarded

For La Belle Forme (Parklands), the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<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>
Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>A quality assurance programme helped to improve the quality of the service provided, and make sure the delivery of treatments is safe and effective. A quality improvement plan was not in place.</td>
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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>
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</thead>
<tbody>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care 5.2 - Assessment and management of people experiencing care</td>
<td>Patient assessments were carried out. However, patient care records did not have enough detailed information about consultation and treatment. Consent to photography and sharing information with other healthcare professionals where appropriate was not always recorded.</td>
</tr>
<tr>
<td>Domain 7 – Workforce management and support 7.1 - Staff recruitment, training and development</td>
<td>Employed staff received induction training and continuing professional development opportunities. Pre-employment safety checks must be completed for all staff.</td>
</tr>
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</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 La Belle Forme (Parklands) Limited to take after our inspection

This inspection resulted in seven 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

La Belle Forme (Parklands) Limited, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at La Belle Forme (Parklands) 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 felt involved in planning their care. No complaints had been received about the service. The way patient feedback is used to improve the service could be improved. A duty of candour policy was not in place.

Consultations were appointment-only and the service’s environment helped maintain patient privacy and dignity.

A patient information sheet was emailed to patients before their appointment. This helped them make an informed choice about their treatment.

The initial consultation included a discussion about the patient’s desired outcomes, the benefits and risks of treatment and information about aftercare.

A link to an online survey was emailed to patients after each appointment. Patients were also asked to complete a paper-based questionnaire. The layout of the waiting area had been changed after one patient had said it was not private enough. The change in layout had helped to make sure patients had more privacy when attending their appointment.

Patient satisfaction was reviewed monthly and discussed at management team meetings and staff meetings. Patient satisfaction levels and service improvements made after feedback was also discussed. The patient feedback we saw was mostly positive.

While the service had not received any complaints since its registration in August 2017, a complaints policy was in place with clear timescales for investigating and responding to complaints. Information about how to make a complaint was available in the service.
A duty of candour policy was also in place that described how the service would meet its professional responsibility to be honest with patients when things go wrong.

- 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

Patients were cared for in a clean and safe environment with systems and processes in place to maintain safety. A water flushing regime should be put in place and the audit programme should be further developed.

Patients were cared for in a clean and safe environment. All equipment used for procedures was single-use to prevent the risk of cross-infection. An infection prevention and control policy was in place, and staff had a good awareness of infection prevention and control practices.

A safe system was in place for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked room or a drug refrigerator.

Arrangements were in place to deal with medical emergencies. This included training for staff, first aid supplies and medicines available that could be used in an emergency, such as adrenaline.

A range of policies and procedures were in place to help the service deliver care safely. A rolling programme of review made sure all policies and procedures remained up to date and in line with current legislation and best practice guidance. Appropriate arrangements were in place for:

- equipment servicing and maintenance
- fire safety, and
- waste management.

The maintenance of the building was the responsibility of the landlord and we saw evidence of the recent gas safety and electrical safety checks completed.
While the service had not had any incidents or accidents since registration, a log book was kept to record these.

Monthly audits were carried out, including:

- clinical consent form
- health and safety
- infection prevention and control, and
- medicine management.

We saw examples of completed audits and outcomes from audits discussed at management team meetings.

**What needs to improve**

We saw that in one of the treatment rooms, a shower and hand wash basin were rarely used. It is recommended that infrequently used outlets are flushed weekly for 3 minutes to reduce the risk of legionella contamination and a record of these checks are kept in line with current guidance (recommendation a).

Although audits of the patient demographic and clinical consent forms were completed, these could be further developed to include key audit points from the patients journey, including a record of:

- the patient consultation
- discussion of benefits and risks of treatment
- documentation of consent, and
- medical questionnaire (recommendation b).

- No requirements.

**Recommendation a**

- The service should ensure a water flushing regime is put in place for infrequently used outlets and records of these kept to minimise the risk from legionella.

**Recommendation b**

- The service should further develop its programme of regular audits to cover key aspects of care and treatment.
## Our findings

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

Patient assessments were carried out. However, patient care records did not have enough detailed information about consultation and treatment. Consent to photography and sharing information with other healthcare professionals where appropriate was not always recorded.

We reviewed four patient care records. We saw that, before any treatment, patients received an initial consultation where an assessment was carried out. Information about risks and benefits was given to patients before any treatment started and patients were asked to consent to treatment and to the use of photographs for marketing purposes. We saw that these records had been signed by both the practitioner and the patient.

Patients were given verbal and written aftercare advice. Reviews were arranged following treatment when necessary to discuss treatment outcomes and patient satisfaction.

The service stored paper files in a locked filing cabinet in a locked office to maintain the confidentiality of patients’ information. Electronic records were stored on a password-protected device.

### What needs to improve

Patients were asked to complete and email a medical questionnaire each year. The service provider scanned and saved these records to the electronic patient care record. Two patient care records we reviewed did not have a completed medical questionnaire included. We saw that treatment had been carried out without a documented review of one patient’s medical history. In three patient care records, medical questionnaires stated which medicines the patients were on or previous aesthetic treatments they had received. This was not clearly documented in the patient health care record. We also did not always see a completed review of the patient medical history for each episode of care. Discussions between the practitioner and patients were not clearly documented in the patient care record (recommendation c).

We saw evidence that the patient had consented to each treatment episode. However, consent to photography and sharing information with other relevant healthcare professionals was not documented in the patient care record for each episode of care (recommendation d).

- No requirements.
Recommendation c

- The service should record a detailed summary of the discussions that take place between the practitioner and the patient during each episode of care.

Recommendation d

- The service should obtain and record consent to photography and consent to share information with other health care professionals in the patient’s health care record for each episode of care.

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

Employed staff received induction training and continuing professional development opportunities. Pre-employment safety checks must be completed for all staff.

Part of a safe recruitment process is making sure appropriate checks are carried out on potential staff to make sure they are fit to work in the service. We reviewed three staff files. We saw that some recruitment checks, including identity checks were available for all staff.

Yearly professional registration and revalidation status checks were in place for all clinical staff. Revalidation is where every registered nurse sends evidence of their competency, training and feedback from patients and peers to the Nursing and Midwifery Council every 3 years.

All staff completed an induction training programme before starting their role in the service. A checklist was used to make sure this was completed.
Continuing professional training and development opportunities were available for staff. This included education in updated policies and procedures as well as other mandatory training topics, such as:

- fire safety
- infection prevention and control
- basic life support, and
- health and safety.

What needs to improve
We saw no evidence of reference checks and health checks completed for staff in line with the provider’s recruitment policy (recommendation e).

The Protecting Vulnerable Groups (PVG) scheme informs an employer whether an individual is barred from working with protected adults or children. The certificate also provides a point-in-time check of an individual’s criminal convictions history. The service did not have a system to obtain regular PVG updates for staff (recommendation f).

Recommendation e
■ The service should ensure that appropriate pre-employment safety checks are completed for all staff employed to work in the service.

Recommendation f
■ The service should obtain a Disclosure Scotland Protecting Vulnerable Group (PVG) record update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.
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

A quality assurance programme helped to improve the quality of the service provided, and make sure the delivery of treatments is safe and effective. A quality improvement plan was not in place.

An overarching quality assurance programme was in place. This included:

- staff and management meetings held every month
- the ongoing review of policies and procedures
- reviewing patient feedback, incidents and complaints, and
- an audit programme that measured quality in the service.
- using learning to continually improve the patient experience.

The senior manager reviewed quality in the service monthly. This included a review of the service’s performance against a number of indicators, such as:

- complaints
- health and safety
- patient satisfaction
- staff engagement, and
- staff training.

This information was collated and shared between the provider’s group of services.

The service had recently benchmarked itself against another organisation. This helped identify gaps where further improvements to the service could be made.
The service also told us it was considering hosting health promotion sessions in the local area.

Staff had opportunities to lead improvement work in the service. For example, one staff member had become a lead infection prevention and control nurse in the service. Another nurse had recently drafted an updated patient consultation and consent form for use in the service. The service was supporting one staff member to complete an additional qualification for the independent prescription of medicines.

**What needs to improve**
The service had a quality assurance programme in place. However, it did not have a quality improvement plan to help structure and record its improvements processes and outcomes identified from the quality assurance activities (recommendation g).

- No requirements.

**Recommendation g**
- The service should develop and implement a quality improvement plan.
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

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<td>a</td>
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<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
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<td>b</td>
<td>The service should further develop its programme of regular audits to cover key aspects of care and treatment (see page 10).</td>
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<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>
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<td>c</td>
<td>The service should record a detailed summary of the discussions that take place between the practitioner and the patient during each episode of care (see page 12).</td>
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<td></td>
<td>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.15</td>
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The service should obtain and record consent to photography and consent to share information with other health care professionals in the patient’s health care record for each episode of care (see page 12).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

### Domain 7 – Workforce management and support

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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

| f | The service should obtain a Disclosure Scotland Protecting Vulnerable Group (PVG) record update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 13). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

### Domain 9 – Quality improvement-focused leadership

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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.

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**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.

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**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.

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**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.

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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