Announced Inspection Report: Independent Healthcare

Service: Quest Clinic, Ayr
Service Provider: Quest Clinic Ltd

3 December 2018
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 Quest Clinic on Monday 3 December 2019. We spoke with the service manager during the inspection. We also received feedback from one patient after the inspection who had received treatment at the clinic.

The inspection team was made up of two inspectors. This was our first inspection of this service.

What we found and inspection grades awarded

For Quest 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>
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</table>
**Key quality indicators inspected (continued)**

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tr>
<td>5.1 - Safe delivery of care</td>
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<th>Domain 9 – Quality improvement-focused leadership</th>
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<td>9.4 - Leadership of improvement and change</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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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients had a comprehensive consultation and assessment prior to any treatment taking place. Practitioner notes made it easy to follow the patient’s journey throughout each treatment.</td>
</tr>
<tr>
<td>Domain 7 – Workforce management and support</td>
<td></td>
</tr>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Appropriate processes were in place to recruit staff and carry out relevant checks. The service should keep all recruitment information together in one place.</td>
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</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

**What action we expect Quest Clinic Ltd to take after our inspection**

This inspection resulted in one requirement and two recommendations. The requirement is 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 requirement 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

Quest Clinic Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Quest Clinic for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

This section is where we report 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

A thorough consultation process was being followed before providing treatment. Patients were given good information to help them make informed choices and their feedback was sought about their experience. The service should record the provision of aftercare advice in the patients’ care record.

The service offered patients a 'no obligation' consultation to ask questions about treatments they were considering. This supported patients to make informed decisions before giving their consent to have treatment carried out.

We saw evidence that the service followed a thorough consultation process before treatment. The four patient care records we reviewed showed that patients had received written information about:

- what they could expect from using the service
- the proposed treatment costs
- the risks involved in the treatment, and
- aftercare advice.

We received feedback from five patients. One patient responded and stated that the service provided them with easy-to-understand information.

Their comments included:

- ‘The service gives comprehensive impartial information allowing service users to make informed choices about whether they wish to uptake treatment or not.’
Following treatment, the service asked patients for verbal and written feedback in a feedback form. Patients could also email their feedback directly to the clinic or use the suggestion box in the reception area.

The service had not received patient complaints at the time of our inspection. However, a clear, written complaints procedure was accessible in the reception area and website.

**What needs to improve**
The service proactively asked for patients’ verbal and written testimonial feedback about their experience following treatment. While this type of feedback was useful, the format made it difficult to draw any conclusions that could be used to drive improvement (recommendation a).

Aftercare was discussed with patients following treatment and the service manager advised that patients were also given a written advice sheet to take home. We advised the service manager to document that this information had been given, in the patient care record. We will follow this up at future inspections.

**Recommendation a**

- We recommend that the service should develop and implement a formalised patient engagement strategy to direct the way it engages with its patients and uses their feedback to drive improvement.
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 good compliance with infection prevention and control procedures. Appropriate procedures were in place to manage patients’ health and safety and manage risks. The service must follow the manufacturer’s guidelines when using Botulinum Toxin.

The service was accessed through a buzzer entry system operated from its reception and consultations and treatments were appointment-only. Patients were cared for in a clean and safe environment with adequate heating and ventilation. Equipment we saw was in a good state of repair and patient care records were stored securely in a lockable filing cabinet.

We saw good compliance with infection prevention and control procedures in line with the service’s policy. This included the safe disposal of clinical waste, sharps and single-use medical devices (used to prevent the risk of cross-infection). The service had an arrangement with a licensed waste contractor for the safe disposal of clinical waste and needles.

We received written feedback from one patient who stated they were extremely satisfied with the cleanliness and maintenance of the environment in which they were treated.

Policies and procedures were in place to manage risks and there was a regular review process to make sure policies were always in line with current legislation and best practice.

An accident and incident investigation procedure was in place along with processes to support people when things go wrong. This included a duty of
candour procedure (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong).

Arrangements were in place to deal with emergencies, including first aid supplies and equipment to treat allergic reactions.

Staff demonstrated a proactive culture of openness and transparency about health, safety and wellbeing through discussions. The service’s strategies for protecting patients, visitors and staff included appropriate risk assessments and relevant policies.

**What needs to improve**

The service manager told us that it sometimes offered botulinum toxin anti-wrinkle injection treatments to patients as a follow-up or ‘top-up’ treatment, up to 28 days following initial treatment. In order to provide this treatment, reconstituted botulinum toxin was being stored for up to 28 days, for use on an individual patient at their follow-up treatment appointment. This is not in line with the manufacturers guidelines, which state that physical and chemical stability is guaranteed for a maximum of 24 hours (in a pharmacy refrigerator) following reconstitution. We discussed this with the service manager, who agreed to cease this practice immediately (requirement 1).

We discussed the benefits of mapping the services policies against those of other similar services, to help identify gaps where improvements could be made.

The service used a number of audits and checklists in place, as part of its quality assurance activities. However, some audits duplicated effort and increased the workload unnecessarily. We discussed the benefits of reducing the number and type of audits and checklists used to better focus quality assurance activity where it is most needed to drive improvement.

**Requirement 1 – Timescale: immediate**

- The provider must ensure that prescription only medicines are stored and administered according to the manufacturer’s guidelines at all times, in order to appropriately manage the risks associated with or arising from the care and treatment of patients.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a comprehensive consultation and assessment prior to any treatment taking place. Practitioner notes made it easy to follow the patient’s journey throughout each treatment.

Appropriate information sharing is an essential part of the provision of safe and effective care. There may be circumstances where a service needs to inform a patient’s GP about something relevant to their treatment, such as an adverse reaction to a medicine or a complication. In order to share information, the service needs the patients consent. We saw that a process was in place to collect patient consent at the appointment booking stage.

We reviewed how patients' needs were assessed and how treatment was planned and delivered in line with patients' individual treatment plans. The four patient care records we reviewed showed that comprehensive assessments and consultations had been carried out before treatment. These included:

- a full medical history
- details of any health conditions, allergies or current medications that may preclude treatment
- a full history of previous aesthetic treatments, and
- a psychological assessment to check treatment was right for the patient.

Patient care records detailed each treatment session, including a diagram of the treated area, the dosage of medicine used and the medicine batch numbers. Practitioner notes of each treatment episode made it easy to follow the patient’s journey.

We received written feedback from one patient who stated that they were given information about risks and benefits of their treatment and good instructions about their aftercare, in a way that they understood.

Their comments included:

- ‘I was given all the necessary information, advantages and possible side effects allowing me to make an informed decision about treatment provided by the clinic, never feeling pressured to purchase goods or services’.
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

Appropriate processes were in place to recruit staff and carry out relevant checks. The service should keep all recruitment information together in one place.

The service employed one member of staff and had practicing privileges agreements in place with several registered healthcare professionals. A practicing privileges agreement is the accepted way of a provider giving permission to a registered healthcare professional to provide their own treatments from the provider’s service, without directly employing them.

A recruitment policy was in place and we saw evidence that appropriate recruitment processes were followed prior to appointing people. The four staff files we examined showed that relevant information had been gathered, including:

- membership of the Protecting Vulnerable Groups (PVG) Scheme
- professional registration checks, and
- references.

What needs to improve

Practicing privileges agreements were in place for each healthcare professional who provided treatments from the service. However, the individual agreements were not easily accessible. The service manager agreed to add the agreements to each healthcare professional’s file, to keep all the information in one place.

- 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

The service was committed to providing a quality service. An appropriate clinical governance system was in place and recent patient feedback showed high levels of satisfaction and positive personal outcomes for patients. The service should develop a quality improvement plan to demonstrate its improvement processes and outcomes.

An experienced nurse registered with the Nursing and Midwifery Council (NMC) owned and managed the service. The service manager was also a member of several national professional associations for aesthetics, such as Association of Aesthetic Practitioners and British Association of Cosmetic Nurses (BACN).

The owner managed their own continuous professional development and completed a revalidation process every 3 years through their NMC registration. They also attended industry training events and maintained connections with other professional aesthetic colleagues, to make sure that peer advice and support was available when needed.

We saw evidence that the service was committed to providing a quality service that used evidenced-based, clinically effective treatments. Issues were discussed at regular staff meetings and shared with other healthcare professionals providing treatments from the service in clinical governance meetings.

Recent patient feedback showed high levels of satisfaction and positive personal outcomes for patients.
What needs to improve
While the service had introduced some aspects of quality improvement in its processes and understood the importance of continued service evaluation, we saw no evidence of an overarching approach to ongoing quality improvement. A quality improvement plan would help the service to demonstrate its improvement processes and outcomes and measure the impact of any changes implemented (recommendation b).

Recommendation b
- We recommend that the service should develop and implement a formalised 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.

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<thead>
<tr>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
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<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>a  We recommend that the service should develop and implement a formalised patient engagement strategy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).</td>
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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 4.6.
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

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<tr>
<td>1 The provider must ensure that prescription only medicines are stored and administered according to the manufacturer’s guidelines at all times, in order to appropriately manage the risks associated with or arising from the care and treatment of patients (see page 10).</td>
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Timescale – immediate

*Regulation 13(2)(a)*

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

### Recommendations

None

## Domain 9 – Quality improvement-focused leadership

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### Recommendation

b We recommend that the service should develop and implement a formalised quality improvement plan (see page 14).

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.

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:** comments.his@nhs.net