Announced Follow-up Inspection Report: Independent Healthcare

Service: Strathearn Health & Beauty, Glasgow
Service Provider: Strathearn Health & Beauty Ltd

10 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
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1 A summary of our follow-up 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.

Previous inspection

We previously inspected Strathearn Health & Beauty on 26 June 2019. That inspection resulted in five requirements and three recommendations. As a result of that inspection, Strathearn Health & Beauty 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 Strathearn Health & Beauty on Thursday 10 October 2019. We spoke with a number of staff during the inspection.

The inspection team was made up of two inspectors and a pharmacist. This follow-up inspection is our assessment of the progress the service has made in addressing the five requirements and three recommendations from the last inspection. This report should be read along with the 26 June 2019 inspection report.

We have not regraded the service as a result of this follow-up inspection as the focus was limited to the action taken as a result of the requirements and recommendations. Grades may still change after this inspection due to other regulatory activity.

The grading history for Strathearn Health & Beauty can be found on our website.

We noted that the service has been working to address the requirements and recommendations made at our previous inspection. During this inspection, we saw that significant progress had been made in making sure that information about medications used in the clinic was accurate. The service’s new electronic record management system should help patient care records become more accurate, legible and include essential information in line with national
guidance. The service were receptive to suggestions to develop the system further.

Of the five requirements made at the previous inspection on 26 June 2019, the provider has:

- met five requirements.

**What action we expect Strathearn Health & Beauty Ltd to take after our inspection**

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Strathearn Health & Beauty Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Strathearn Health & Beauty 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 26 June 2019

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 1 – Timescale: immediate
The provider must clearly inform patients if unlicensed medicines are used for weight management. The unlicensed status of the medicine must be stated on the patient information leaflet and it must be highlighted that they are not recommended for treatment of obesity. The patient care record must include a note that the medicines are not recommended for treatment of obesity and the doctor’s reasons for prescribing the unlicensed medicine.

Action taken
The service had updated its patient information leaflets to include information about the unlicensed status of medicines used and that they are not recommended for obesity. The new electronic records management system includes a prompt for the doctor to document that the patient has been advised at the consultation that these medicines are not recommended for obesity. The system requires the doctor to document their reasons for prescribing the unlicensed medication.

The service had begun to use the electronic records management system to create electronic patient care records for patients on the weight management programme.
We reviewed five electronic patient care records for patients on the weight management programme. This confirmed the service had addressed the actions in requirement 1. We will inspect patient care records in greater depth at future inspections. **This requirement is met.**

**Requirement 2 – Timescale: immediate**
The provider must follow national medical weight management guidance and provide the detail in the service’s prescribing policy. If patients are prescribed medicines outside of the guidance, the rationale for doing this must be recorded in the patient’s notes.

**Action taken**
The service has developed a clinical guideline, prescribing policy and electronic record management system for its weight management programme that was in line with national guidance and best practice. For example, patient details, emergency contacts and the outcome of initial consultations included a record of the patient’s body mass index (BMI), current weight and target weight. The system was intended to improve the way information was documented in patient care records. For example, mandatory fields that must be completed were designed to make sure the detail required in the service’s prescribing policy was consistently recorded.

The service had begun to use the electronic records management system to create electronic patient care records for patients enrolled on the weight management programme.

We reviewed five electronic patient care records for patients on the weight management programme. This confirmed the service had addressed the actions in requirement 2. We will inspect patient care records in greater depth at future inspections. **This requirement is met.**
**Requirement 3 – Timescale: immediate**
The provider must ensure that patient care records are completed fully and legibly. An accurate record of weight management must be recorded.

**Action taken**
The service planned to use its new electronic records management system to document new patients’ weight management treatment. The system will prompt doctors to fully complete patient care records, including:

- patients’ BMI at the start of treatment and medicines only to be prescribed if appropriate according to BMI (and co-morbidities, which are other, separate medical conditions the patient may also have)
- the doctor’s rationale for prescribing outside of the national guidance thresholds of BMI, and
- patients’ BMI target weights or target BMI.

During our inspection, we recommended that the system includes some further prompts and additional information to be recorded that would improve the management of patients. For example:

- BMI thresholds
- current medication
- dietary, physical and lifestyle advice, and
- medical history.

Some of these suggestions were added to the system during the inspection. The new electronic records management system would allow patient care records to be legibly completed.

The service had begun to use the electronic records management system to create electronic patient care records for patients enrolled on the weight management programme.

We reviewed five electronic patient care records for patients on the weight management programme. This confirmed the service had addressed the actions in requirement 3. We will inspect patient care records in greater depth at future inspections. **This requirement is met.**
Requirement 4 – Timescale: immediate
The provider must review its medicine management policy to ensure it accurately describes the categories of medicines used in the service.

Action taken
The service had reviewed and amended its medicines management policy to accurately describe the categories of medicines it used. This requirement is met.

Recommendation a
The service should highlight the importance of two-way information sharing between it and patients’ GPs. If consent is not given, it should make sure the potential clinical risk to the patient is made clear and is recorded in the patient care record along with their decision.

Action taken
A prompt was included on the electronic patient care record system to make sure that the doctor discusses the importance of the patient giving their consent to allow the service to share information with their GP, as well as the risk of not doing so. If the patient refused to give their consent for this, the doctor must complete a reason for refusal before they can progress with the consultation.

The new electronic patient care record system will allow information to be shared with the patient’s GP. The system will also allow the GP to provide information about the patient that the clinic may request. The patient’s consent is required for both of these processes.

The consent to treatment record on the system includes a section where patients can give or withhold consent for the clinic to contact the patient’s own GP. This will support two way communication and sharing of information between the clinic and the patient’s GP.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Recommendation b
The service should develop its general data protection regulations (GDPR) policy to clearly state the retention period and destruction method of patient care records.

Action taken
The service’s updated its GDPR policy included information about the retention and destruction of patient information, including patient care 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.

Quality indicator 7.1 - Staff recruitment, training and development

Requirement 5 – Timescale: immediate
The provider must establish robust safe recruitment processes.

Action taken
The service’s amended recruitment policy clearly described the pre-employment checks it would carry out. These include protecting vulnerable group (PVG) scheme membership checks and two references, one from the person’s previous employer. We will review staff files at future inspections to confirm the service carries these checks out on all staff. 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

Recommendation c
The service should develop a quality improvement plan that includes a programme of clinical audit, including clinical effectiveness.

Action taken
The service had started to develop a quality improvement plan and had a clinic audit tool that could be completed manually or electronically. The service told us it planned to complete the clinic audit tool every 6 months. Information gathered in its new electronic records management system will allow the service to assess whether treatment has been effective for patients. We will follow this up at future inspections.
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.

This inspection resulted in no new requirements or recommendations.
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