Announced Inspection Report: Independent Healthcare

Service: Clinetix Rejuvenation (Glasgow), Glasgow
Service Provider: Clinetix Rejuvenation Ltd

24 June 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
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 Clinetix Rejuvenation (Glasgow) on Monday 24 June 2019. We spoke with a number of staff during the inspection. 16 patients completed our online survey to share their experience of using this service.

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

What we found and inspection grades awarded

For Clinetix Rejuvenation (Glasgow), 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>Domain 2 – Impact on people experiencing care, carers and families</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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</table>
### Key quality indicators inspected (continued)

#### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
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<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>The clinic was organised and well maintained. Cleaning systems were in place. Mechanical ventilation is required in the treatment rooms. Local rules are required for the use of laser equipment.</td>
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#### Domain 9 – Quality improvement-focused leadership

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<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The leadership team was visible, supportive, open to new ideas and change. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.</td>
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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

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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>The service’s electronic system makes sure all patients receive after care advice and contact details in case of emergency. Entries in patient care records should be fully completed.</td>
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#### Domain 7 – Workforce management and support

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<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>An induction programme was in place for new staff. References should be obtained before employment and staff involved in patient care must be Protecting Vulnerable Groups (PVG) checked for working with vulnerable adults.</td>
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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.
What action we expect Clinetix Rejuvenation Ltd 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:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Clinetix Rejuvenation 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 Clinetix Rejuvenation (Glasgow) 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

The service actively asked for feedback to improve. Patients rated their experience as excellent and results from our survey were very positive. Information on how to make a complaint should be provided on the service’s website. The service’s participation policy did not provide information about how it gathered feedback.

The service’s website was informative and easy to navigate with information about treatments, including costs. Treatment information was shared with patients through newsletters and in videos on social media. Patients could ask questions, see how procedures were carried out and outcomes on social media live feeds the service hosted.

Patients could instantly communicate with the service over a ‘live chat’ on its website which operated during opening hours. A marketing manager monitored and responded to concerns or negative social media feedback then shared it with the service manager. Comments from our online survey were very positive about the experience patients had at the service and included:

- ‘Professional, friendly and informative making it an enjoyable experience.’
- ‘Wonderful experience. Looking forward to returning.’
- ‘I would not go anywhere else! I feel very confident in the knowledge I am being treated to a very high standard.’

All patients received an email before their first appointment. This included information about their procedure and pre-treatment instructions. During consultations, patients were given appropriate treatment options, as well as information about the risks and benefits of proposed treatments.
The service used a variety of methods to collect patient feedback. This included email, in writing and through social media. A suggestions box was available in the reception area for patients to leave feedback. The service asked patients to complete an online survey after every appointment. During our inspection, we were shown recent feedback from the service’s online survey which showed high levels of patient satisfaction. All 16 patients that completed our online survey also:

- agreed they had been given enough information
- rated their experience of the service as excellent
- said they were treated with dignity and respect, and
- stated they had the risks and benefits of treatments explained to them before the treatment.

Opening hours had been extended to allow for more appointments with the clinical director after receiving patient feedback. Clear procedures were in place to monitor and respond to feedback. Any issues highlighted in feedback were discussed with patients and recorded on the service’s software system.

The service’s complaints policy stated that patients could complain to Healthcare Improvement Scotland (HIS) at any time and included HIS contact details. The service acknowledged and investigated all complaints in line with its policy and resulted in a satisfactory outcome for the patient. Concerns or complaints were discussed at staff meetings and the service used this information to support learning and inform quality improvement. Staff we spoke with had competed training on complaints handling and described a consistent approach to dealing with complaints.

We observed staff during our inspection and saw that they were respectful with patients.

**What needs to improve**

While the service had a participation policy, it did not provide information about how the service gathered feedback to develop and improve (recommendation a).

The complaints policy was available in reception. However, the service’s website did not detail how to make a complaint (recommendation b).

**Recommendation a**

- The service should develop its participation policy to include information about how it gathers feedback to develop and improve.
Recommendation b

■ The service should provide information for patients on how to make a complaint on its website.
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

The clinic was organised and well maintained. Cleaning systems were in place. Mechanical ventilation is required in the treatment rooms. Local rules are required for the use of laser equipment.

All consultations were appointment-only and private consulting rooms in the service helped maintain patient confidentiality.

The clinic environment and equipment was clean. We saw completed daily cleaning schedules and weekly environmental cleanliness audit tools. The service used colour-coded cleaning equipment in line with Health Facilities Scotland guidance. The walls, floors, ceilings, fixtures and fittings were free from damage, allowing effective cleaning. The service had three treatment rooms, all of which were well lit and the temperature was comfortable.

All patients who responded to our survey said they were extremely satisfied with the clinic environment and cleanliness. Comments included:

- ‘The clinic was immaculate.’
- ‘Cleanliness of the highest standard.’

We saw good compliance with the standard infection control precautions of waste and sharps management. The service’s infection control policy refers to Health Protection Scotland’s National Infection Prevention Control Manual. We saw evidence that the service carried out hand hygiene audits on its staff.
Contracts were in place for the maintenance of the premises. Portable appliance testing was carried out on electrical equipment and maintenance contracts were in place for appropriate patient equipment.

**What needs to improve**

Treatment rooms had no natural ventilation or mechanical ventilation system installed (requirement 1).

Some treatments and procedures in the service used lasers and had a laser safety policy in place. However, we saw no evidence of local rules for the equipment used. ‘Local rules’ are the local arrangements to manage laser safety which that a laser protection advisor must have signed and dated. There is no appointed laser protection advisor in place and we were told that the list of authorised users was not current (requirement 2).

We found no evidence of audits taking place to review the safe delivery and quality of the service. For example, audits could be carried out on patient care records and medicine management.

**Requirement 1 – Timescale: by 19 October 2019**

- The provider must ensure that treatment rooms have adequate and suitable ventilation.

**Requirement 2 – Timescale: Immediate**

- The provider must ensure a laser protection advisor is appointed and local rules specific for each laser and IPL installation are developed and implemented. The list of authorised users must be kept up to date.

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**Our findings**

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

The service’s electronic system makes sure all patients receive after care advice and contact details in case of emergency. Entries in patient care records should be fully completed.

Patients’ first consultation appointment was free of charge with no obligation and they could have more than one appointment before treatment. All four patient care records we inspected included a medical history, consultation, assessments and signed consents for each treatment. Patients were also asked to attend a review appointment 2 weeks after treatment.
Clear post-treatment aftercare instructions given to patients at consultation and after treatment included the service’s emergency contact details. Patients were invited to attend a free follow-up appointment. This allowed the service to make sure patients were happy with the results and provide more treatment or advice.

Paper patient care records were stored in a lockable room and the service stored some information electronically. The service is registered with the information commissioner’s office as The Data Protection Act 2018 requires.

**What needs to improve**

Not all entries in the patient care records were legible, signed, dated or timed (recommendation c).

While patients’ GP details were recorded, the service did not ask for patient consent to share information with other healthcare professions, such as GPs, in an emergency (recommendation d).

We were told that the patient care records are audited. However, we were not provided with documented evidence of this. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation e).

- No requirements.

**Recommendation c**

- The service should ensure that healthcare record entries are timed.

**Recommendation d**

- The service should ensure patients are aware that information will be shared with other healthcare professionals as required and that this is documented in the patient care record.

**Recommendation e**

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.
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

An induction programme was in place for new staff. References should be obtained before employment and staff involved in patient care must be Protecting Vulnerable Groups (PVG) checked for working with vulnerable adults.

New staff received a staff handbook and receive an email detailing the services policies they need to be aware of. New staff ‘shadowed’ existing staff and after this, a mentoring system was in place for ongoing support. The service has a staff training and development policy.

An electronic system of staff files was in place which included records all staff training. Annual appraisals are also recorded including staffs development needs and action plans. We saw evidence of a post appraisal review to discuss the progress of the identified development needs.

An external pharmacist provided a vaccination service from the premises. The service had policies in place for the vaccination procedure.

What needs to improve

Another service was practicing on the premises providing a healthcare service. However, a practicing privileges policy was not in place for staff who worked in the service but it did not directly employ (requirement 3).

Individuals cannot be employed in an independent healthcare service if they are listed under the Protection of Vulnerable Groups (Scotland) Act 2007. Some staff who worked with vulnerable adults had not been PVG checked (requirement 4).

The service’s recruitment policy also states that two references will be obtained for all shortlisted job applicants. This is in line with the Scottish Government’s Safer Recruitment through Better Recruitment guidance states that two references should be obtained, one of which should be from an appropriately senior manager, before employment. However, the service manager told us that references had not been obtained for some staff (recommendation f).
Requirement 3 – Timescale: Immediate
- The provider must ensure that employment of practicing privilege contracts are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified.

Requirement 4 – Timescale: Immediate
- The provider must ensure that all staff roles are risk assessed and relevant prospective employees and all current employees are not included on the children’s and adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Recommendation f
- The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government’s Safer Recruitment through Better Recruitment guidance (2016).
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 leadership team was visible, supportive, open to new ideas and change. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

A clear leadership structure was in place with well-defined roles, responsibilities and support arrangements for staff. Staff told us that leadership was visible and approachable and they felt valued and respected. Staff we spoke with had a clear understanding of the provider’s mission, values and were encouraged to share their ideas to support service improvement. The management team had invested in its staff through organising training events, away days, staff benefits and team building activities to support a team approach to service development.

Staff we spoke with were enthusiastic about their work and providing a positive experience. The provider encouraged and supported career progression and we saw some staff had progressed into senior roles.

The service held weekly management meetings and staff meetings approximately every 2 months. From minutes, we saw that different parts of the service discussed included:

- changes in practice
- complaints
- infection prevention and control issues, and
- information management.

Policies, such as data protection and duty of candour had been regularly reviewed and updated to reflect legislative requirements. Duty of candour is
where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. All staff we spoke with were aware how to access the policies and understood the principles behind them.

The clinical directors were recognised trainers and regularly delivered teaching courses, group workshops and lectures to industry colleagues. The service also provided an aesthetic training facility for healthcare professionals to develop skills and knowledge.

The service subscribed to journals, attend meeting and conferences and belonged to a variety of industry-specific and national organisations, such as the Aesthetics Complications Expert Group. This allowed it to keep up to date and knowledgeable about improvements in practice. The service had published an aesthetics medical injectable techniques book and many articles.

The service was part of an advisory board for aesthetic industry organisations and co-founder of Association of Scottish Aesthetic Practitioners. The service and individual staff had won a number of awards for excellence.

We saw evidence that the service was working towards ISO 14001 certification. This environmental management system helps services improve their environmental performance and make their operations more sustainable.

**What needs to improve**

Good assurance systems in place included staff meetings, patient survey comments and complaints. However, the service did not have an overall quality assurance system or improvement plan (recommendation g).

Patient feedback was not a standing agenda item for the weekly management meetings and 2-monthly staff meetings. We will follow this up at future inspections.

■ No requirements.

**Recommendation g**

■ The service should develop and implement 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 2 – Impact on people experiencing care, carers and families

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<thead>
<tr>
<th>Requirements</th>
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<tr>
<td>Recommendations</td>
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<tr>
<td>a</td>
<td>The service should develop its participation policy to include information about how it gathers feedback to develop and improve (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 4.8

| b | The service should provide information for patients on how to make a complaint on its website (see page 9). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

1. The provider must ensure that treatment rooms have adequate and suitable ventilation (see page 11).

   **Timescale – by 19 October 2019**

   *Regulation 10(2)(c)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

2. The provider must ensure a laser protection advisor is appointed and local rules specific for each laser and IPL installation are developed and implemented. The list of authorised users must be kept up to date (see page 11).

   **Timescale – by 19 October 2019**

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

### Recommendations

*c* The service should ensure that healthcare record entries are timed (see page 12).

   Health and Social Care Standards: *My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27*

*d* The service should ensure patients are aware that information will be shared with other healthcare professionals as required and that this is documented in the patient care record (see page 12).

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

*e* The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 12).

   Health and Social Care Standards: *My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19*
## Domain 7 – Workforce management and support

### Requirements

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| **3** | The provider must ensure that employment of practicing privilege contracts are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified (see page 14).  
  
  Timescale – Immediate  
  
  *Regulation 12 (a)*  
  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
|   |   |
| **4** | The provider must ensure that all staff roles are risk assessed and relevant prospective employees and all current employees are not included on the children’s and adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007 (see page 14).  
  
  Timescale – Immediate  
  
  *Regulation 9 (2)*  
  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |

### Recommendations

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| **f** | The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government’s Safer Recruitment through Better Recruitment guidance (2016) (see page 14).  
  
  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24 |
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<tr>
<td>g The service should develop and implement quality improvement plan (see page 16).</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 4.19
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: hcis.ihcregulation@nhs.net