Announced Inspection Report: Independent Healthcare

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

26 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
Contents

1  A summary of our inspection  4
2  What we found during our inspection  7

Appendix 1 – Requirements and recommendations  17
Appendix 2 – About our inspections  20
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 Strathearn Health & Beauty on Wednesday 26 June 2019. We spoke with a number of staff and one patient during the inspection.

Before the inspection, we asked the service to display a poster asking patients to provide us with feedback on the service. We received feedback from one patient through an online survey we had issued.

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

What we found and inspection grades awarded

For Strathearn Health & Beauty, 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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<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Patient feedback we saw stated they were very satisfied with the care and treatment received and felt fully involved about their treatment options. The methods used to analyse feedback could be improved. Feedback should be used to drive service improvement and improvement actions should be documented.</td>
<td>✔ Satisfactory</td>
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</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

| 5.1 - Safe delivery of care | The environment was clean. The medicines management and prescribing policies should describe the systems in place to support the safe, effective and secure use of medicines for weight management and aesthetic treatments. There should be adherence to national guidelines on management of weight. The use of unlicensed medications must be clearly explained to patients and documented in the patient care record. | Unsatisfactory |

### Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The issues around the weight management programme, a lack of audits and lack of an improvement plan showed the need for improvement in clinical governance. | Unsatisfactory |

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><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>Aesthetic and laser treatment patients’ consent, consultation and assessment were carried out. However, these entries were not always legible in the patient care records.</td>
</tr>
</tbody>
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1 The medicines this service prescribes for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE), the Royal College of Physicians for the treatment of obesity or the Scottish Intercollegiate Guidelines Network (SIGN).
Domain 7 – Workforce management and support

| 7.1 - Staff recruitment, training and development | While the service had a recruitment policy, recruitment checks were not always completed fully. The service must make sure staff files are fully completed, including recruitment checks and training records. |

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 Strathearn Health & Beauty Ltd to take after our inspection

This inspection resulted in five requirements and three 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

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 What we found during our inspection

Outcomes and impact

This section is where we report on what key outcomes the service has achieved and 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

Patient feedback we saw stated they were very satisfied with the care and treatment received and felt fully involved about their treatment options. The methods used to analyse feedback could be improved. Feedback should be used to drive service improvement and improvement actions should be documented.

The manager told us that feedback was gathered from patients in a variety of ways, including through social media.

From its suggestion box in the waiting area, the service had received 26 completed feedback forms from October 2018 until our 26 June 2019 inspection. Overall, responses were positive and patients said they would recommend it to others.

Treatment-room doors were lockable and windows had suitable screening. Patients told us their privacy and dignity had been maintained during treatment.

From patient care records we reviewed, we saw that aesthetics and laser hair removal patients were given information about the risks and benefits of treatments to help inform their decision to have a treatment or not. Feedback from the 26 completed forms and one patient we spoke with confirmed that patients felt they were fully involved in all decisions about their treatment.

The service had not received any complaints. However, its complaints policy included information about how it would respond to and investigate complaints. The policy included Healthcare Improvement Scotland’s (HIS) contact details and stated that patients could contact HIS at any time during the

Healthcare Improvement Scotland Announced Inspection Report
Strathearn Health & Beauty, Strathearn Health & Beauty Ltd: 26 June 2019
complaints process. We saw these details were also included in patient information leaflets.

The service’s website included information about the weight management programme. This programme included weight management advice, treatment and prescribed medicines.

**What needs to improve**
The service could develop the way it analyses feedback. We will follow this up at future inspections.

- 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

The environment was clean. The medicines management and prescribing policies should describe the systems in place to support the safe, effective and secure use of weight management and aesthetic medicines. National weight management guidelines must be followed. The use of unlicensed medications must be clearly explained to patients and documented in the patient care record.

Patients used a controlled entry system to access the service, which helped patient and staff safety. The clinic was bright and in good decorative order. Fire safety equipment was in place and we saw that regular fire safety checks had been completed, as well as safety tests on portable electrical equipment.

The service environment was clean. We saw completed cleaning schedules that included clinical equipment. All clinical equipment we saw was clean and ready to use.

The service had a supply of personal protective equipment, including disposable gloves and aprons to help manage the risk of infection and contamination. An appropriate cleaning agent was available to help manage blood spills. The service manager told us that leftover or unused medicines were disposed of appropriately after aesthetic treatments, as was the single-use equipment. The service had an up-to-date clinical waste contract and we saw clinical waste bins and the correct type of sharps bin to safely manage clinical waste.

Appropriate equipment, medications and staff were in place to deal with emergencies.
The service offered laser treatments and displayed a copy of its local rules. A laser protection advisor had been appointed and their 2017 report confirmed the service was compliant with its local rules. We saw that the laser treatment environment complied with the local rules and the service showed us maintenance certificates for the laser equipment.

The service had an incident and accident log book in place. The service manager told us there had not been any incidents or accidents to record or manage.

**What needs to improve**

During our inspection, we focused on the service’s weight management programme and identified several concerns.

The provider told us that a Home Office licence was not required as the controlled drugs were managed in line with current legislation. The doctor we spoke with showed us their controlled drug register. However, we were unable to confirm it was accurate as we could not check actual stock against what was recorded. We will follow up this at future inspections.

The medicines that the service prescribed for weight management were unlicensed\(^2\). Unlicensed medicines may not have been assessed for safety, quality and efficacy. National advisory groups do not recommend the use of these medicines. Patients were not told that these medicines were unlicensed (requirement 1).

Care records for weight-loss patients were generally poorly completed and some entries were not legible. For example, in five patient care records for weight-loss patients we reviewed:

- we saw no documentation of any dietary, physical or lifestyle advice given to patients
- body mass indexes (BMIs) were not always recorded when treatment started or at later appointments, and
- target weights or target BMIs were not recorded (requirement 3).

\(^2\) The medicines this service prescribes for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE), the Royal College of Physicians for the treatment of obesity or the Scottish Intercollegiate Guidelines Network (SIGN).
The medicine management policy did not include a prescribing section with reference to good practice guidance. Detail about the assessment and monitoring of patients receiving treatment for weight management was lacking. For example:

- BMI to be recorded at start of treatment and medicines only to be prescribed if appropriate according to BMI (and co-morbidities)
- rationale for prescribing below the national guidance thresholds of BMI to be recorded
- BMI target weight or target BMI should be documented, and
- dietary, physical or lifestyle advice provided should be recorded (requirement 4).

Other parts of the service also required attention, such as the medicines management policy did not accurately describe the medicines it used. For example, it referred to dermal fillers as medicines and botulinum toxin as a controlled drug (requirement 5).

Patients were asked if they wanted to let their own GP know of their weight-loss treatment. Consent was not recorded in the five patient care records we reviewed. Staff we spoke with confirmed that patients often did not give consent to share information (recommendation a).

The service’s health and safety policy included a general risk assessment about medical weight management and another for body fluid contamination. The service could further develop its risk management systems and processes. We will follow this up at future inspections.

The service could register with Medicines and Healthcare products Regulatory Agency (MHRA) to receive medication alerts.

**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.
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.

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.

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.

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.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Aesthetic and laser treatment patients’ consent, consultation and assessment were carried out. However, these entries were not always legible in the patient care records.

Patient care records were paper-based. Patient care records were stored in a locked cupboard and we saw that the service was registered with the Information Commissioner’s Office. Of the 19 patient care records we reviewed:

- three were for aesthetic treatments
- 11 patients had received laser hair removal treatments, and
- five were for weight management treatments.
Aesthetic and laser treatment patients’ care records included a past medical history, allergies and any medicines prescribed, as well as post-treatment advice for every procedure. Entries in the patient care records were dated and signed. Patients’ individual treatment plans included aftercare arrangements and the service manager's out-of-hours contact number in case of a complication or allergic reaction.

We saw that before all three types of treatment, patients had a consultation with a practitioner to discuss the treatment along with risks and benefits. Aesthetic and laser treatments were then started at least 1 week after the consultation and we were told that if they had concerns the treatments would not be carried out.

What needs to improve
The service did not have a policy in place for retaining and destroying patient information (recommendation b).

Recommendation b

- The service should develop its GDPR policy to clearly state the retention period and destruction method of 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.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

While the service had a recruitment policy, recruitment checks were not always completed fully. The service must make sure staff files are fully completed, including recruitment checks and training records.

The service employed four members of staff and gave practising privileges to two doctors. The service manager confirmed that the service had paid for Protecting Vulnerable Groups (PVG) applications for the laser technicians. The doctors had evidence of fitness to practice checks and details of their insurance. The laser technicians had completed their laser ‘core of knowledge’ training and we saw evidence of appraisals and further training in their files.
What needs to improve

The service’s recruitment policy did not state that PVG checks would be made before staff were employed in the service. During our inspection, some staff files we inspected did not have evidence of completed PVG checks and management staff were unsure of the PVG check process. Staff files also lacked evidence of references (requirement 5).

Staff files for doctors had no evidence of training courses they had completed. We will follow up at future inspections.

Requirement 5 – Timescale: immediate

- The provider must establish robust safe recruitment processes.

- 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 issues around the weight management programme, a lack of audits and lack of an improvement plan showed the need for improvement in clinical governance.

Staff told us they had a good working relationships between the director, manager and the rest of the staff in the clinic.

The service’s self-evaluation stated that staff had the opportunity to bring ideas to the management team. The service had introduced a patient access system that allowed patients to book their own appointment at a date and time convenient for them. The service had purchased a tablet computer so patients could easily give electronic feedback after their treatment.

What needs to improve

We saw evidence of discussions about ideas for service improvement. However, the service did not have a quality improvement plan in place and we saw no evidence that improvements had been evaluated. The service also did not carry out audits on:

- clinical effectiveness
- patient documentation, or
- standard infection prevention and control procedures (recommendation c).

The areas for improvement identified for the weight management programme highlighted failings in effective clinical governance and management oversight.

- No requirements.
Recommendation c

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

#### Requirements

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<td><strong>1</strong></td>
<td>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 (see page 11).</td>
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**Timescale – immediate**

*Regulation 3(d)(iv)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
<thead>
<tr>
<th></th>
<th>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 (see page 12).</th>
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|   | *Regulation 3(d)(iv)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
|   | The provider must ensure that patient care records are completed fully and legibly. An accurate record of weight management must be recorded (see page 12). |
|   | Timescale – immediate |
|   | *Regulation 4(1)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
|   | The provider must review its medicine management policy to ensure it accurately describes the categories of medicines used in the service (see page 12). |
|   | Timescale – immediate |
|   | *Regulation 3(d)(iv)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |

#### Recommendations

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<tr>
<th>a</th>
<th>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 (see page 12).</th>
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<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.11 and 2.14</td>
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</table>
**Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)**

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<td><strong>b</strong></td>
<td>The service should develop its GDPR policy to clearly state the retention period and destruction method of patient care records (see page 13).</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 4.11

**Domain 7 – Workforce management and support**

<table>
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<th>Requirement</th>
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<tr>
<td><strong>5</strong></td>
<td>The provider must establish robust safe recruitment processes (see page 14).</td>
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Timescale – immediate

*Regulation 8(1)*

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

<table>
<thead>
<tr>
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<td>None</td>
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**Domain 9 – Quality improvement-focused leadership**

<table>
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<tr>
<th>Recommendation</th>
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<tr>
<td><strong>c</strong></td>
<td>The service should develop a quality improvement plan that includes a programme of clinical audit, including clinical effectiveness (see page 16).</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
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