Announced Inspection Report: Independent Healthcare

**Service**: Cloud Nine Clinic, Glasgow
**Service Provider**: Greenlark Limited

8 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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2. What we found during our inspection  
   
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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 Cloud Nine Clinic on Tuesday 8 October 2019. We received feedback from 14 patients through an online survey we issued before the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Cloud Nine Clinic, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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</tbody>
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of candour policy should be developed.

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
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<tr>
<td>Staff felt supported and able to identify areas for improvement. We did not see evidence of the service manager meeting with staff with practicing privileges. A quality improvement plan should be developed. The registration certificate should be displayed at all times.</td>
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</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients received a comprehensive assessment before treatment. Patient care records were clear and securely stored. Consent should be recorded for sharing information with other relevant medical staff.</td>
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</tbody>
</table>

**Domain 7 – Workforce management and support**

<table>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>A recruitment and training policy was in place. However, improvements were needed to ensure the safe recruitment of staff. Protecting Vulnerable Groups and ongoing professional registration checks must be completed. The service should further develop and implement its induction and ongoing training programme for staff.</td>
</tr>
</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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Greenlark Limited to take after our inspection

This inspection resulted in five requirements and eleven 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

Greenlark Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

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

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients were happy with the care they received and felt fully involved and informed about their treatment. Although the service collected feedback from patients, it should ensure this feedback is used to promote continuous improvement. The service’s complaint policy needs further development.

The service’s environment helped maintain patients’ privacy and dignity. The treatment room could be locked and windows were adequately screened.

All patients who responded to our survey agreed they been treated with dignity and respect and had been provided with information in a format they could understand. Comments included:

- ‘Very helpful and knowledgeable staff, explained everything I needed and wanted to know.’
- ‘Very welcoming and courteous at all times.’
- ‘Very pleased with results and pre and aftercare.’

The service’s website was easy to navigate and described treatments in detail. It included risks, benefits, aftercare and costs. Information leaflets about different treatment options were also available at reception.

What needs to improve

While the service’s complaints policy highlighted that patients can complain to Healthcare Improvement Scotland, it did not state that this could be done at any stage during the process (recommendation a).
The service collected patient feedback in a variety of ways, including patient feedback forms that were available from reception. Patients also had the opportunity to submit online reviews through the service’s website. However, it was not clear how the service was using patient feedback to inform continuous improvement (recommendation b).

The service’s website provided information on all treatment costs. For greater transparency, the service should ensure this information is also available in the customer information leaflets.

**Recommendation a**
- The service should update its complaint policy to make it clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process.

**Recommendation b**
- The service should develop a structured approach to ensure that feedback from patients is used to promote continuous 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.

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**Our findings**

**Quality indicator 5.1 - Safe delivery of care**

The clinic environment and equipment was clean and well maintained. The service should review its practices for the prescribing and storage of botulinum toxin. A regular programme of audits should be introduced to help the service focus improvements. A duty of candour policy should be developed.

Patients were cared for in a clean, well-maintained and suitably equipped environment. We saw contracts in place for the maintenance of the premises and the safe disposal of medical sharps, clinical waste and single use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of personal protective equipment available, such as disposable gloves and aprons.

Portable appliance testing had been carried out and maintenance contracts were in place for fire and gas safety.

Feedback from our online survey showed that patients were extremely satisfied with the cleanliness of the environment they were treated in.

**What needs to improve**

We found that the practice in place for prescribing botulinum toxin was not in line with current prescribing guidelines. This was discussed with the service manager, who agreed to review this practice immediately (requirement 1).

Although infection prevention and control policies and procedures were in place, they did not reference Healthcare Improvement Scotland’s *Healthcare Associated Infection (HAI) Standards* (February 2015) or Health Protection Scotland’s *National Infection Prevention and Control Manual* (recommendation c).
We were told the service stored prepared botulinum toxin for follow-up treatments, and that this could be for up to 21 days. This is not in line with manufacturers’ guidelines (recommendation d).

We found no evidence of audits taking place to review the safe delivery and quality of the service, such as patient care records and medicine management. An audit programme would help the service structure its approach to audit and help focus improvements (recommendation e).

While a range of policies and procedures were in place to help the service deliver care safely, we did not see any evidence that these were regularly reviewed. Policies and procedures should be kept up to date and in line with current legislation and best practice guidance (recommendation f).

The service did not have a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong (recommendation g).

**Requirement 1 – Timescale: immediate**

- The provider must ensure that appropriate practices are in place for the prescribing of botulinum toxin medicine and that these changes in practice are reflected in its medicine management policies and procedures.

**Recommendation c**

- The service should review its corporate infection prevention and control policy and auditing system to make sure they are both in line with Scottish guidance.

**Recommendation d**

- The service should ensure botulinum toxin is used in line with the manufacturer’s and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

**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.

**Recommendation f**

- The service should ensure that policies and procedures are reviewed regularly.

**Recommendation g**

- The service should develop and implement a duty of candour policy.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients received a comprehensive assessment before treatment. Patient care records were clear and securely stored. Consent should be recorded for sharing information with other relevant medical staff.

We reviewed five patient care records and saw comprehensive assessments and consultations were carried out before treatment started. All were legible, signed and securely stored. They included:

- medical history, with details of any health conditions
- medications
- allergies, and
- previous treatments.

Treatment records included a diagram of the area treated, medicine dosage given and batch numbers. Each record had a signed consent to treatment, including consent to have their photograph taken.

Follow-up appointments allowed the service to check that patients were happy with the results of their treatments and had not experienced any side-effects. Patients were given verbal and written aftercare advice.

Feedback from our online survey showed that all patients agreed they had been involved in decisions about their care, and the risks and benefits had been explained to them before the treatment.

What needs to improve
The service did not record consent to share information with patients’ GPs and other medical staff, if required, such as, in case of an emergency (recommendation h).

☐ No requirements.

Recommendation h
☐ The service should record patient consent for sharing information with GPs and other relevant medical staff, if required.
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

A recruitment and training policy was in place. However, improvements were needed to ensure the safe recruitment of staff. Protecting Vulnerable Groups and ongoing professional registration checks must be completed. The service should further develop and implement its induction and ongoing training programme for staff.

Both clinical and non-clinical staff worked in the service. Two nurses, who were both independent prescribers had been granted practicing privileges (staff not employed directly by the provider but given permission to work in the service). Both nurses prescribed botulinum toxin and provided treatments for the service.

The training records we reviewed for the nurses only included their training before their work in the service. We saw that Disclosure Scotland Protecting Vulnerable Groups (PVG) checks and identity checks had been completed.

What needs to improve

Although a recruitment policy was in place, it did not detail all the pre-employment checks that should be completed in line with current legislation and best practice guidance. We found multiple gaps in the staff files we reviewed. This included no evidence of application forms and interview notes (requirement 2).

The service was unaware of the requirements for completing Disclosure or PVG checks for non-clinical staff. Non-clinical staff access sensitive and personal information about patients using the service (requirement 3).

We saw no evidence that information in staff files was regularly reviewed. This included ongoing checks on staff professional registration status (requirement 4).

Training records we reviewed only included training carried out before employment by the service. There was no evidence of induction and an ongoing training programme for staff employed by the service (recommendation i).
Requirement 2 – Timescale: by 30 November 2019
■ The provider must implement effective systems that demonstrate safe recruitment of staff.

Requirement 3 – Timescale: immediate
■ The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Requirement 4 – Timescale: by 30 November 2019
■ The provider must implement a system to ensure that professional registrations of staff are current and that staff are fit to practice.

Recommendation i
■ The service should further develop and implement its induction and ongoing training programme for staff.
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

Staff felt supported and able to identify areas for improvement. We did not see evidence of the service manager meeting with staff with practicing privileges. A quality improvement plan should be developed. The registration certificate should be displayed at all times.

Non-clinical staff told us they felt confident to approach the manager and discuss any practice issues. They felt the manager was open to new ideas and staff had the confidence to implement changes that would support service improvement. For example, making adjustments to operational systems and processes.

Staff told us they were aware of the service’s objectives and future plans.

What needs to improve

The registration certificate, issued by Healthcare improvement Scotland, was not displayed in the premises (requirement 5).

There was no quality improvement plan in place and we saw no evidence of lessons being learned from incidents or audits in order to improve service delivery. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation j).

While there was regular communication between the manager and admin staff, there was no evidence of effective information sharing with the practitioners. We did not see any evidence of staff meetings, staff surveys or any newsletters being published to keep staff up to date (recommendation k).
We saw the service was unaware if the nurse independent prescribers were members of any expert groups, associations or forums. Membership of professional groups provides opportunities for the service to keep up to date with changes in the aesthetics industry, legislation and best practice guidance.

**Requirement 5 – Timescale: immediate**

- The provider must have its Healthcare Improvement Scotland registration certificate on display. This certificate should be displayed where patients can view it.

**Recommendation j**

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

**Recommendation k**

- The service should ensure information is shared with all staff to enable them to carry out their role.
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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Recommendations</th>
</tr>
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</table>
| None               | **a** The service should update its complaint policy to make it clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process (see page 8).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

|                   | b The service should develop a structured approach to ensure that feedback from patients is used to promote continuous improvement (see page 8).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8 |
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirement

<table>
<thead>
<tr>
<th>1</th>
<th>The provider must ensure that appropriate practices are in place for the prescribing of botulinum toxin medicine and that these changes in practice are reflected in its medicine management policies and procedures (see page 10).</th>
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<tbody>
<tr>
<td></td>
<td>Timescale – immediate</td>
</tr>
<tr>
<td></td>
<td>Regulation 3(d)(iv)</td>
</tr>
<tr>
<td></td>
<td>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
</tr>
</tbody>
</table>

### Recommendations

<table>
<thead>
<tr>
<th>c</th>
<th>The service should review its corporate infection prevention and control policy and auditing system to make sure they are both in line with Scottish guidance (see page 10).</th>
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<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
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<table>
<thead>
<tr>
<th>d</th>
<th>The service should ensure botulinum toxin is used in line with the manufacturer’s and best practice guidance and update its medicines management policy to accurately reflect the processes in place (see page 10).</th>
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<tr>
<th>e</th>
<th>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 10).</th>
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<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
</tbody>
</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

**f**  The service should ensure that policies and procedures are reviewed regularly (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

**g**  The service should develop and implement a duty of candour policy (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

**h**  The service should record patient consent for sharing information with GPs and other relevant medical staff, if required (see page 11).

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

### Domain 7 – Workforce management and support

#### Requirements

2  The provider must implement effective systems that demonstrate safe recruitment of staff (see page 13).

Timescale – 30 November 2019

*Regulation 8  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
### Domain 7 – Workforce management and support (continued)

#### Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
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<tbody>
<tr>
<td>3</td>
<td>The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007 (see page 13).</td>
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**Timescale** – immediate

*Regulation 9(2)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>4</td>
<td>The provider must implement a system to ensure that professional registrations of staff are current and that staff are fit to practice (see page 13).</td>
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**Timescale** – by 30 November 2019

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

#### Recommendation

<table>
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<tbody>
<tr>
<td>i</td>
<td>The service should further develop and implement its induction and ongoing training programme for staff (see page 13).</td>
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*Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14*
### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td><strong>5</strong> The provider must have its Healthcare Improvement Scotland registration certificate on display. This certificate should be displayed where patients can view it (see page 15).</td>
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**Timescale** – immediate

**Regulation 2**

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

<table>
<thead>
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<tbody>
<tr>
<td><strong>j</strong> The service should develop and implement a quality improvement plan (see page 15).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

| **k** The service should ensure information is shared with all staff to enable them to carry out their role (see page 15). |

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

<table>
<thead>
<tr>
<th>Before inspections</th>
<th>During inspections</th>
<th>After inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent healthcare services submit an annual return and self-evaluation to us.</td>
<td>We use inspection tools to help us assess the service.</td>
<td>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: <a href="http://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a></td>
</tr>
<tr>
<td>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.</td>
<td>Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.</td>
<td>We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.</td>
</tr>
<tr>
<td>We give feedback to the service at the end of the inspection.</td>
<td></td>
<td>We check progress against the improvement action plan.</td>
</tr>
</tbody>
</table>

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](mailto:hcis.ihcregulation@nhs.net)