Announced Inspection Report: Independent Healthcare

Service: The Belmont Clinic, Uddingston
Service Provider: The Belmont Clinic Limited

14 November 2018
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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 The Belmont Clinic on Wednesday 14 November 2018. We spoke with a number of staff and patients as part of the inspection. No patients were using the service at the time of our inspection. We telephoned four patients before and one after the inspection who had all received treatment at the clinic. 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 The Belmont Clinic, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<td>Quality indicator</td>
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<tr>
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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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<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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The following additional quality indicator was 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>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients received a good quality patient assessment before any treatment was provided, including a comprehensive medical history questionnaire. We saw evidence of clear and accurate documentation. Patients told us they were fully involved in all decisions relating to their treatment.</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.
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 The Belmont Clinic Limited to take after our inspection

This inspection resulted in no requirements and recommendations.

We would like to thank all staff at The Belmont 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

The service had a participation policy and proactively asked for patients’ feedback. Good use was made of the feedback received and the service constantly evaluated how it could improve. Care was provided in a responsive and respectful way. Patients told us they were fully involved and informed about their treatment. A clear and accessible complaints procedure was in place.

All patients were offered a 'no obligation' consultation and were able to ask questions about their treatment. This meant that patients were supported to make informed decisions before giving their consent to treatment.

We reviewed how patients who had recently used the service had been involved in making decisions about their care and treatment. We saw evidence that treatment had only been provided after a thorough consent process had been followed. The patient care records we reviewed showed that patients had received written information about:

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

Patients we spoke with felt the initial no obligation consultations gave them reassurance that there was no rush to ‘get something done’. Once they had decided to go ahead with the treatment, they contacted the clinic to make an appointment.
Some comments we received included

- ‘Fully explained everything to me.’
- ‘I absolutely felt fully involved in decisions regarding my treatment. I told them what I was looking for and they talked me through the options.’

A number of different methods were used by the service to obtain feedback from patients. This included:

- a feedback form available in the waiting room
- a patient questionnaire given to patients following treatment, and
- a section on the service’s website encouraging patients to email feedback.

Patients were also proactively encouraged to give verbal feedback to staff. The service gathered and analysed feedback to help drive improvements. This information was collated annually in a ‘voice of the customer’ document. This was available in the reception area for patients to read. In the last year, patient feedback had resulted in a number of improvements including introducing new payment options and a patient pick-up service from the local train station.

A written complaints procedure was in place which was clear and accessible from the service’s reception area and website. No complaints from patients had been received by the service, nor had any been received by Healthcare Improvement Scotland about the service.

- 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

Patients were cared for in a clean and safe environment. Staff were aware of their roles and responsibilities in maintaining high standards of safe care. Good systems and processes were in place for the safe and secure handling of medicines, and infection prevention and control. The service could be improved by streamlining its audit process.

Patients were cared for in a clean and safe environment, and those we spoke with told us they saw staff wash their hands and use alcohol-based hand rubs. This helps protect staff and patients from the risk of infection. All patients we spoke with rated the service’s cleanliness as excellent, very good or stated they were extremely satisfied.

To keep the clinic secure, all patients had appointments and the entrance was locked until they were greeted at the door and signed in.

Staff demonstrated a proactive culture of openness and transparency about health, safety and wellbeing through discussions with each other. They also demonstrated a good awareness of risk management processes and how these linked to different aspects of the service. Effective strategies, such as a comprehensive risk register and appropriate risk assessments, were in place to protect patients, visitors and staff.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. The service had a duty of candour policy and demonstrated the learning identified from audit outcomes. Learning from adverse events was shared with staff, patients and their families.
A comprehensive accident and incident investigation procedure was in place. We reviewed the records for a recent medication incident and saw evidence that this had been investigated carefully and thoroughly. Detailed information was recorded in the accident and incident book, and the patient care record. A detailed risk assessment with clear follow-up actions had been produced after the investigation. The service had learned from the incident and demonstrated a proactive, focused and effective approach to managing incidents.

The service’s medication policy covered all aspects of the safe and secure handling of medicines. This included procurement, storage, prescribing and administration of medicines. The service had mapped its own medicines governance procedures against Healthcare Improvement Scotland’s medicines governance audit tool. This helped to identify gaps where improvements could be made to its existing procedures.

An audit schedule was in place for key aspects of the service. This included:

- medicine management
- patient care records, and
- safety and maintenance of the care environment.

Arrangements were in place to deal with emergencies. These included training for staff on how to deal with medical emergencies, first aid supplies and equipment available to treat allergic reactions. We saw the service also had an automatic defibrillator. This meant that trained and informed staff could support patients in an emergency.

**What needs to improve**
We discussed the benefits of the service streamlining the number and type of audits and checklists used. This could help focus quality assurance activity where it is most needed to drive improvement, without becoming too burdensome for the service.

- No requirements.
- No recommendations.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients received a good quality patient assessment before any treatment was provided, including a comprehensive medical history questionnaire. We saw evidence of clear and accurate documentation. Patients told us they were fully involved in all decisions relating to their treatment.

We discussed with staff how patients' needs were assessed, and treatment was planned and delivered, in line with patients' individual treatment plans. The three patient care records we reviewed showed that comprehensive assessments and consultations were carried out before treatment started. These included taking a full medical history, with details of any health conditions, medications, allergies and previous treatments. We saw evidence of treatment plans being developed and agreed with patients. These set out the course and frequency of treatment. Records were kept of each treatment session, including a diagram of the area that had been treated, Dosage and medicine batch numbers were also recorded for each treatment. Patients were given verbal and written aftercare advice and this was recorded in patient care records.

All patients we spoke with told us they were given information about risks and benefits of the procedure and good instructions about their aftercare. This was done in a way that they understood. Some comments we received included:

- ‘Excellent at communicating and talking through any risks involved.’
- ‘Good at follow-up and aftercare instructions, I wouldn’t hesitate to go back or recommend them to others.’

What needs to improve
Staff told us that when patients returned for further treatment, they were asked if their medical history was still correct and up to date. We discussed the benefit of formally recording that this check had taken place in the patient’s care record.

- No requirements.
- No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service had a visible and supportive leadership team that was open to new ideas and change. It was always looking to improve service delivery, and invested time and effort in this process by benchmarking itself against other small businesses and using a quality improvement approach. This helped to ensure that quality improvement was a core part of service delivery and an integral part of the strategic improvement plan.

The service had one lead aesthetics practitioner, a clinic manager and a business director. Regular formal and informal staff meetings took place. Any issues raised were reported into a formal quality assurance meeting held every 3 months. The service carried out a full review of itself every year, where it evaluated all information collected over the year to see how it had performed. It identified strengths and weaknesses in its performance, analysed any risks identified and reviewed patient feedback. This all took place with a view to aligning the information collected with its strategic improvement plan.

Staff were trained in professionally recognised continuous improvement techniques. These techniques were used to drive improvement and measure the difference made by any changes implemented. ‘Control boards’ are made of each improvement being undertaken to show progress and alignment with the service’s strategic improvement plan. Examples of improvements made to the service included out-of-hours access for patients. The new system makes sure patients have access to someone to talk to at any time, to answer any questions and provide further information if required. The service had also improved its online ordering of medicines to make it a more streamlined, efficient service. It is also in the process of improving the payment options for treatments to provide more flexible and discrete options for patients.
The service had sought out other small businesses and benchmarked themselves against them for different aspects of service provision. For example, it compared its risk management approach against one business and its customer engagement approach against another. This enabled the service to identify where there were gaps to excellence and improve its own approach.

It was clear that quality improvement was a core part of the service’s aims and objectives.

- No requirements.
- No recommendations.
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 requirements and no 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: comments.his@nhs.net