Announced Inspection Report: Independent Healthcare

Service: La Belle Forme (Glasgow), Glasgow
Service Provider: La Belle Forme Ltd

4 December 2019
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 13 June 2019

Requirement 1
The provider must develop effective systems that demonstrate the proactive management of risk to patients and staff.

Action taken
The provider appointed a business consultant to help develop and implement new risk and quality management systems and processes. This requirement is met.

Requirement 2
The provider must implement a structured approach to cleaning the environment and patient equipment that sets out all cleaning tasks, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately.

Action taken
The service had employed an external cleaning company to carry out daily cleaning tasks in the clinic environment, as well as a full decontamination of the service every 3 months. Cleaning audits were carried out to quality assure the standard of cleaning. The standard of cleaning found at this inspection was much improved from our previous inspections. This requirement is met.

Requirement 3
The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.

Action taken
An internal electronic database was used to record all incidents and accidents. A section on this database asked the user to choose whether an incident is reportable to Healthcare Improvement Scotland. We saw a recent example where the database had been used and an incident had been correctly reported to Healthcare Improvement Scotland. This requirement is met.
Requirement 4
The provider must ensure that all take-home medicines are labelled correctly and that patients have the drug information sheets required for each medication provided.

Action taken
The service submitted evidence of appropriate labeling used for patient take-home medicines. This requirement is met.

Requirement 5
The provider must review and update its policies and procedures for all aspects of care and treatment to ensure each one accurately reflects practice in the service.

Action taken
A system for regularly reviewing policies and standard operating procedures had been developed, to make sure all information and instructions remained relevant. This requirement is met.

Requirement 6
The provider must carry out pre-employment checks in line with current legislation and best practice guidance to make sure it does not employ any person that is unfit.

Action taken
The service had put in place systems to make sure all checks were carried out, including Disclosure Scotland background checks and employment references. This requirement is met.

Requirement 7
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 before commencing employment in the service.

Action taken
The service had risk assessed staff roles. This requirement is met.
**Requirement 8**
The provider must implement a suitable system of regularly reviewing the quality of the service. A written record of the review must be made available to Healthcare Improvement Scotland and service users.

**Action taken**
We saw evidence that audits were regularly carried out and actions were taken to make improvements when needed. **This requirement is met.**

**What the service had done to meet the recommendations we made at our last inspection on 13 June 2019**

**Recommendation a**
The service should continue to implement its patient engagement strategy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.

**Action taken**
The service had implemented a patient engagement strategy. **This recommendation is met.**

**Recommendation b**
The service should hold correspondence about complaints separately to patients’ care records.

**Action taken**
An internal electronic database was used to record all complaints. We saw recent examples where complaints had been recorded on the database, along with detailed notes about the investigation, outcome and resolution. **This recommendation is met.**

**Recommendation c**
The service should update the aftercare section on its website to state that complainants can complain to Healthcare Improvement Scotland at any time.

**Action taken**
The aftercare section of the service’s website had been updated to make it clear that patients can complain to Healthcare Improvement Scotland at any time. **This recommendation is met.**
Recommendation d
The service should ensure that sterile and clean items are appropriately stored to protect them from contamination and that single use items are discarded after one use through the appropriate waste stream.

Action taken
We saw that all storage locations in the clinic had been cleared and cleaned with sterile items stored appropriately. All single use items were now disposed of through sharps disposal as required. This recommendation is met.

Recommendation e
The service should ensure that the laundry service used can demonstrate that all launderable items from the clinic are thermally disinfected in line with Health Protection Scotland’s National Infection Prevention and Control Manual.

Action taken
We saw evidence that the service had appointed a new contractor and that all laundry was thermally disinfected in line with Health Protection Scotland’s National Infection Prevention and Control Manual. This recommendation is met.

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

Action taken
We saw that the service had introduced a new programme of audits. Topics included:

- health and safety
- infection control
- information security, and
- medicine management. This recommendation is met.

Recommendation g
The service should satisfy itself that appropriate health checks have been carried out for staff.

Action taken
We saw that appropriate health checks had been carried out for staff. This recommendation is met.
**Recommendation h**

_The service should ensure that all staff receive ongoing training appropriate to the work they carry out._

**Action taken**

As part of their yearly appraisals, staff now had a training plan developed specific to their role. _This recommendation is met._

**Recommendation i**

_The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement._

**Action taken**

A quality improvement plan had been drawn up. _This recommendation is met._
2 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 La Belle Forme (Glasgow) on Wednesday 4 December 2019. We spoke with the service manager, business consultant and a number of staff during the inspection. We received 36 responses from patients to an online patient experience survey we issued before the inspection.

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

For La Belle Forme (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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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
<td><strong>Summary findings</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Care was responsive, respectful and patients were fully involved and informed about their treatment. Patients told us they were fully involved in decisions about their care.</td>
</tr>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
<td>The service’s approach to risk management had improved significantly since the last inspection. Standard operating procedures had been developed to make sure policies and procedures were relevant to how the service operated and a new regular audit programme had been introduced. Surgical equipment used was not documented to allow it to be tracked.</td>
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</tbody>
</table>
Key quality indicators inspected (continued)

Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Significant improvement had been made since our previous inspection and quality assurance process were being embedded. Outcomes from audits, complaints and incidents were discussed at clinical governance meetings. Staff shared responsibility to improve the service and help build a culture focused on quality improvement.</td>
<td>✓ Satisfactory</td>
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</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>
<th></th>
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<tbody>
<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. We saw clear and accurate documentation in patient care records. Patients were fully informed about the risks and benefits of treatments. Baseline and post-surgical observations were not carried out and documented.</td>
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Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th></th>
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<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Recruitment, induction and training policies were in place. Staff files were fully completed and recruitment checks were carried out. Staff had appraisals and training plans in place. Staff told us they had training and development opportunities.</td>
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</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)

Healthcare Improvement Scotland Announced Inspection Report
La Belle Forme (Glasgow), La Belle Forme Ltd: 4 December 2019

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What action we expect La Belle Forme Ltd to take after our inspection

This inspection resulted in three requirements and two recommendations. 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

La Belle Forme 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 La Belle Forme (Glasgow) for their assistance during the inspection.
3 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**

Care was responsive, respectful and patients were fully involved and informed about their treatment. Patients told us they were fully involved in decisions about their care.

All patients who responded to our online survey told us that risks associated with treatments were fully explained. Patients were given information about treatment options, the benefits and risks of proposed treatments as well as the cost to make an informed decision. Patients told us:

- ‘Everything was fully explained before, during and after procedure.’
- ‘I was very well informed of how my procedure would be carried out and any risks involved.’

Feedback from patients was asked for in a number of ways. For example, patients had recently been invited to an open forum ‘question and answer’ session, or they could complete an anonymous electronic survey to give their feedback.

From agendas and meeting minutes, we saw examples of where feedback was used to improve the service such as updating the information given to patients after suggestions by patients. The service planned to continue with scheduled open forums as these had proved successful in obtaining an insight into what patients thought about the service and what was important to them.

An allocated patient care co-ordinator managed initial consultations where patient’s expectations and concerns could be discussed. Patients requesting minor surgery were sent an email summarising their consultation and the costs. A minimum cooling-off period of 2 weeks allowed patients to consider whether
they would accept the proposed course of treatment, in line with best practice
guidance.

Patients were directed to online aftercare advice and given the contact details
of an on-call nurse service for out of hours.

The service is registered with a third party to review any unresolved complaints
it received. A clear and accessible complaints procedure made it clear to
patients that they could complain to Healthcare Improvement Scotland at any
time.

**What needs to improve**

Patient care records did not always document whether an assessment had been
carried out to identify any concerns about the patient’s mental health
(recommendation a).

- No requirements.

**Recommendation a**

- The service should ensure it is able to identify and record any
  concerns about patients’ mental health.
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 service’s approach to risk management had improved significantly since the last inspection. Standard operating procedures had been developed to make sure policies and procedures were relevant to how the service operated and a new regular audit programme had been introduced. Surgical equipment used was not documented to allow it to be tracked.

Risk assessments had been developed for key risks to patients and staff, including:

- devices
- laser safety
- cleaning, and
- staff groups.

Most risk assessments had been completed and the service manager planned to complete the rest in the near future. Risk assessments we saw were comprehensive and included a record of issues identified, as well as the actions taken to address them. Staff had signed to say they had read and understood the control measures identified in the risk assessments.

We saw that the outcomes of risk assessments had informed the service’s risk register. We were told the risk register was updated monthly and saw the most recent version from November 2019. A colour-coded referencing scheme was used to identify risks on the register. The risks noted on the November 2019 version were all rated as green and low risk.
Standard operating procedures had been developed and staff had received training to make sure they understood how to carry them out. The service planned to introduce a new clinical skills assessment where staff would observe each other to check that practice was in line with standard operating procedures.

Since our last inspection, the service had implemented a programme of regular audits of care and treatment. Recent audits for infection control and medicine management we saw all had a record of issues identified and the improvement action taken.

The service had recently introduced an asset register for all its equipment to help keep track of when servicing, maintenance and calibration was due.

An incident management system was in place and incident records were stored on an internal electronic database. We looked at how a recent incident had been handled and saw that staff had followed the service’s procedures and comprehensive notes had been kept.

The majority of patients that responded to our online survey were satisfied with the cleanliness of the environment. Comments included:

- ‘Lovely, clean, modern environment.’
- ‘Very clean and hygienic. No worries about the treatment rooms at all.’

The service’s medication policy described how medicines (including controlled drugs) were procured, stored, prescribed and administered. Controlled drugs are medications that require to be controlled more strictly, such as some types of painkillers. We saw that all medication was managed in line with best practice guidance.

**What needs to improve**

We saw no evidence of track and traceability of surgical instruments and sundries during minor surgery procedures for patients. This would allow an accurate documentation of surgical instruments and sundries used for each patient. If required, these can then be tracked and traced to each patient they were used on (requirement 1).

An external laser protection advisor had been appointed to provide expert oversight and help make sure lasers were used safely in the service. The laser protection advisor’s most recent report recommended that all authorised users of the laser equipment in the service completed a recognised laser ‘Core of Knowledge’ training course. While staff records indicated that authorised users
had completed this training, they did not contain certificates to evidence this. We will follow this up at future inspections.

**Requirement 1 – Timescale: by 12 May 2020**

- The provider must implement a process of tracking and traceability of all surgical equipment.

- No recommendations.

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**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. We saw clear and accurate documentation in patient care records. Patients were fully informed about the risks and benefits of treatments. Baseline and post-surgical observations were not carried out and documented.

Patient care records clearly documented patients’ thorough consultations before and following their procedures. Patients signed a detailed treatment information sheet logged in patient care records, to confirm they had read and understood the information. We saw documentation in patient care records confirming theatre checks and surgical procedures had been carried out.

Staff told us that daily staff meetings were used to hand over information. Staff we spoke with explained how patient needs were assessed and how treatment was planned and delivered. Patients were given verbal and written pre- and post-treatment advice, including risks and benefits. Patients had to sign this information after they read it and this was downloaded into patient care records.

**What needs to improve**

We saw documented records of the patient vital observations such as temperature, pulse and blood pressure that staff had carried out during patient’s surgical procedures. However, we saw no evidence of any baseline of these vital observations being carried out on patients before treatment. We also saw no evidence of any observations being recorded post treatment. Any change in these recordings could be the first sign of developing complications (requirement 2).
Patients were asked to complete an initial medical assessment, including past medical history. After the patient had completed them, these paper assessments should have been scanned and saved to the electronic patient care record. From the five patient care records we reviewed, three had no clear evidence of these initial medical assessments and the service manager told us more still had to be scanned and saved. We did not receive a copy of these paper records. One electronic patient care record had a partially scanned assessment saved to it. A regular audit of the patient care records would help make sure that all records are complete (requirement 3).

- No recommendations.

Requirement 2 – Timescale: immediately
- The provider must ensure that patients having minor surgery have a record of temperature, pulse and blood pressure for a period before and following surgery.

Requirement 3 – Timescale: 12 May 2020
- The provider must ensure all patient care records are completed in a timely manner and that all information is available.

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

Recruitment, induction and training policies were in place. Staff files were fully completed and recruitment checks were carried out. Staff had appraisals and training plans in place. Staff told us they had training and development opportunities.

Clinical and non-clinical staff worked in the service and we saw recruitment, induction and training policies were in place. A mentor system was used to pair new employees with existing employees until they were competent and confident to perform their job role independently.
We reviewed four staff files and saw that the service was following its recruitment policy. The service had carried out checks to make sure current staff and relevant prospective employees were not included on the adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007.

The service had carried out a skills analysis and developed a training matrix. Staff we spoke with told us they had good training and development opportunities. A system was in place to check staff professional registrations every year.

**What needs to improve**
The post of patient care co-ordinator was unique to this service. While the staff had a basic Disclosure in place, the role also involved duties more suited to regulated staff. This included talking to patients on their own and explaining the treatment process. This role had not been reviewed and risk assessed to make sure the correct background checks were completed (recommendation b).

- No requirements.

**Recommendation b**
- The service should review and risk assess the role of the patient care co-ordinator.
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

Significant improvement had been made since our previous inspection and quality assurance process were being embedded. Outcomes from audits, complaints and incidents were discussed at clinical governance meetings. Staff shared responsibility to improve the service and help build a culture focused on quality improvement.

The service manager had increased their involvement in the operational side of the service since our previous inspection. The service’s quality improvement plan set out what quality improvements had already been made and how they would be maintained, including the introduction of:

- clinical governance meetings
- morning communications meetings
- risk assessments, and
- a risk register.

A new quality manual had been developed that set out the provider’s quality policy statement and quality management processes. The manual described the provider’s clinical governance structure and had a list of all the policies in place. Underneath each policy were standard operating procedures for key tasks, such as:

- incident reporting
- medicine management
- ordering and receiving materials, and
- surgical bookings.
The clinical governance team met four times a year. We saw minutes of the October 2019 meeting detailing discussions about operational issues, such as:

- governance and regulation
- incidents, and
- risk assessment and audit.

We saw that actions were taken to resolve issues raised. For example, a new pathology sample transportation procedure had recently been implemented.

**What needs to improve**

The systems and processes in place to help provide safe treatment and care in the service had significantly improved since our June 2019 inspection. The use of a business consultant had been very positive. However, we will review whether the service’s new processes and systems for risk management and governance have been embedded at future inspections.

- 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.

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

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<tr>
<th>Requirements</th>
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<tr>
<td>None</td>
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**Recommendation**

a The service should ensure it is able to identify and record any concerns about patients’ mental health (see page 13).

Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.14

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

<table>
<thead>
<tr>
<th>Requirements</th>
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<tbody>
<tr>
<td>1 The provider must implement a process of tracking and traceability of all surgical equipment (see page 16).</td>
</tr>
</tbody>
</table>

Timescale – 12 May 2020

_Regulation 3(a)_

_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)

2 The provider must ensure that patients having minor surgery have a record of temperature, pulse and blood pressure for a period before and following surgery (see page 17).

Timescale – immediately

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

3 The provider must ensure all patient care records are completed in a timely manner and that all information is available (see page 17).

Timescale – by 12 May 2020

*Regulation 2(a), 3(b)*
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

**Recommendations**

None

Domain 7 – Workforce management and support

**Requirements**

None

**Recommendation**

b The service should review and risk assess the role of the patient care co-ordinator (see page 18).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

### Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

### During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

### After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net