Announced Inspection Report: Independent Healthcare

Service: Therapie Clinic (Glasgow), Glasgow
Service Provider: Therapie Glasgow Ltd

22 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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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 Therapie Clinic (Glasgow) on Tuesday 22 October 2019. We received feedback from 20 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Therapie Clinic (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>
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<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<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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</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>The service had a visible and supportive leadership team that was open to new ideas and change. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.</td>
<td>✔ ✔ Good</td>
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The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

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

<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>All patients received a comprehensive assessment before any treatment was carried out. Treatments were fully explained and any associated risks discussed. Patients told us they felt fully in control of their care.</td>
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#### Domain 7 – Workforce management and support

<table>
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<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
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<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Appropriate processes were in place to ensure the safe and effective recruitment of staff. Staff had a period of induction, and ongoing training and development took place. Disclosure Scotland background checks should be completed for all 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 Therapie Glasgow Ltd to take after our inspection

This inspection resulted in one requirement and four 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

Therapie Glasgow Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Therapie Clinic (Glasgow) for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

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

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

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

Our findings

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

The service listened to what patients said and provided treatment following discussion about patients’ expectations. Patients felt fully involved in their treatment and could provide feedback about the quality of their experience.

All consultations were by appointment only and the service’s environment helped maintain patients’ privacy and dignity.

Pre-treatment information was emailed to patients 2 days before their appointment. A further telephone call was made to patients the day before their scheduled appointment to check if they had any additional questions. This gave patients information to help make an informed choice about their treatment.

The initial consultation included a discussion about the patient’s desired outcomes, the benefits and risks of treatment, information about aftercare and treatment costs. For patients receiving laser hair removal treatments, the consultation appointment also included a PowerPoint presentation that showed images of the risks and benefits of treatment.

A link to an online feedback form was emailed to patients following each appointment. Feedback we saw showed very high satisfaction levels. A review of patient satisfaction was completed each month and discussed at management team meetings and staff meetings.
All patients who responded to our survey said they felt involved in decisions about their care, and the risks and benefits of treatment were explained to them. Comments included:

- ‘The whole process was so helpful as a client that didn’t know where to begin. The consultation was so good I could ask all questions and wasn’t rushed.’
- ‘A detailed consultation and explanation was given on my first appointment.’
- ‘I always feel listened to, the girls are always happy to book a review appointment to discuss my results.’

While the service had not received any complaints since its registration, a complaints policy was in place with clear timescales for investigating and responding to complaints. Information about how to make a complaint was available in the service.

A duty of candour policy was also in place that described how the service would meet its professional responsibility to be honest with patients when things go wrong.

- 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 with systems and processes in place to maintain safety. Staff were aware of their roles and responsibilities. The service should further develop its audit programme.

Patients were cared for in a clean and safe environment. All equipment used for procedures was single use to prevent the risk of cross-infection. An infection prevention and control policy was in place, and the service manager had a good awareness of infection prevention and control practices.

All patients who responded to our online survey told us they were extremely satisfied with the environment and the standard of cleanliness. Some comments included:

- ‘Environment was spotless.’
- ‘Extremely clean. Beautiful and well presented.’
- ‘Immaculate.’

We saw a safe system was in place for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked cupboard or a drug refrigerator.

Arrangements were in place to deal with medical emergencies. This included training for staff, first aid supplies and medicines available that could be used in an emergency, such as adrenaline.

A range of policies and procedures were in place to help the service deliver care safely. A rolling programme of review made sure all policies and procedures remained up to date and in line with current legislation and best practice.
guidance. Adequate arrangements were in place for waste management, fire safety, servicing and maintenance of equipment.

While the service had not had any incidents or accidents since registration, a log book was kept to record these.

Lasers were used in the service for certain treatments, such as hair removal. An appropriately qualified, named laser protection advisor provided regular input to the service. ‘Local rules’ were in place for each laser (local arrangements to ensure lasers are managed safely).

Regular audits were carried out including infection prevention and control, medicine management and patient care records. We saw examples of completed audits and outcomes from audits discussed at management team meetings.

**What needs to improve**
Although we found evidence of audits taking place, these could be further developed to include key points from each relevant policy or procedure. For example, the patient care record audit could include whether consent had been obtained from patients for photography and sharing information with other healthcare professionals during each episode of care (recommendation a).

- No requirements.

**Recommendation a**
- The service should further develop its audit programme. This would help review the safe delivery and quality of the service in line with current legislation and best practice guidance.

## Our findings

<table>
<thead>
<tr>
<th>Quality indicator 5.2 - Assessment and management of people experiencing care</th>
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**All patients received a comprehensive assessment before any treatment was carried out. Treatments were fully explained and any associated risks discussed. Patients told us they felt fully in control of their care.**

We reviewed five patient care records. We saw that, before any treatment, patients received an initial consultation where an assessment was carried out. This included medical history, current physical and mental health, medications and allergies. Patients were asked to consent to treatment, sharing information
with their GP, if required, and to having their photograph taken. We saw that these records had been signed by both the practitioner and the patient.

Information about risks and benefits was given to patients before any treatment started. All patients we spoke with said this was done in a way they understood, and the quality of information and care they received was excellent. Comments included:

- ‘I had a thorough consultation, also received an email with pre and post care instructions 2 days prior to my treatment.’
- ‘I felt very knowledgeable afterwards, and the girls answered all my questions.’

Patients told us they were given verbal and written aftercare advice. Reviews were arranged following treatment where treatment outcomes and patient satisfaction were discussed.

The service maintained the confidentiality of patients’ information by storing any paper files in a locked filing cabinet within a locked office.

**What needs to improve**

On some occasions, we saw that patients recorded in the medical questionnaire that they were taking medicines or had previously had aesthetic treatments. We did not see any evidence of the discussion that took place between the practitioner and the patient about this. A summary of the information discussed during consultations should be recorded in the patient care record (recommendation b).

- No requirements.

**Recommendation b**

- The service should record a summary of the discussions that take place between the patient and the practitioner in the patient care record.
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

Appropriate processes were in place to ensure the safe and effective recruitment of staff. Staff had a period of induction, and ongoing training and development took place. Disclosure Scotland background checks should be completed for all staff.

Part of a safe recruitment process is ensuring appropriate checks are carried out on potential staff to ensure they are fit to work in the service. We reviewed four staff files. We saw that recruitment checks, including identity checks and references, were available for all staff.

Annual professional registration and revalidation status checks were in place for all clinical staff. Revalidation is where every registered nurse sends evidence of their competency, training and feedback from patients and peers to the Nursing and Midwifery Council every 3 years.

All staff undergo a programme of induction training before commencing their role in the service. A checklist was used to ensure this was completed.

Continuing professional training and development opportunities were available for staff. This included education in updated policies and procedures, and other mandatory training topics such as:

- fire safety
- infection prevention and control
- manual handling
- basic life support, and
- health and safety.

For staff that used the laser equipment, we saw evidence of laser equipment training and ‘core of knowledge’ laser safety training.
What needs to improve
We saw no evidence of appropriate Disclosure Scotland background checks being completed for staff employed or granted practicing privileges (staff not employed directly by the provider but given permission to work in the service), in line with current legislation (requirement 1).

As well as the Protecting Vulnerable Groups (PVG) scheme informing an employer whether an individual is barred from working with protected adults and/or children, the certificate provides a point in time check of an individual’s criminal convictions history. A system should be introduced to obtain a PVG update for staff at regular intervals (recommendation c).

Requirement 1 – Timescale: immediate
■ The provider must ensure that all staff roles are risk assessed and relevant prospective staff are not included on the adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007 before commencing employment in the service.

Recommendation c
■ The service should obtain a Disclosure Scotland Protecting Vulnerable Group (PVG) record update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.
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. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

An overarching quality assurance programme was in place. This included:

- staff and management meetings held every month
- the ongoing review of policies and procedures
- reviewing patient feedback, incidents and complaints, and
- an audit programme that measured quality in the service.

A review of quality was completed by the service manager every 3 months. This included a review of the service’s performance against a number of indicators, such as patient satisfaction, complaints, staff engagement, staff training and health and safety. This information was collated and shared between the wider provider group of services.

We were told the service reviewed findings from inspections that had taken place in other similar services, and used this information to inform its own policy and procedure development. This made sure the service kept up to date with changes in the industry, legislation and best practice guidance.

What needs to improve

Although the service had a quality assurance programme, it needed to develop a quality improvement plan to help structure and record its improvements processes and outcomes identified from the quality assurance activities (recommendation d).
No requirements.

**Recommendation d**

- The service should develop and implement a quality improvement plan.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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<thead>
<tr>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
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<tr>
<td><strong>Recommendations</strong></td>
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<tr>
<td><strong>a</strong> The service should further develop its audit programme. This would help review the safe delivery and quality of the service in line with current legislation and best practice guidance (see page 10).</td>
</tr>
<tr>
<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>
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<tr>
<td><strong>b</strong> The service should record a summary of the discussions that take place between the patient and the practitioner in the patient care record (see page 11).</td>
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<tr>
<td>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.15</td>
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**Domain 7 – Workforce management and support**

<table>
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<tr>
<td><strong>1</strong> The provider must ensure that all staff roles are risk assessed and relevant prospective staff are not included on the adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007 before commencing employment in the service (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>
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<td><strong>c</strong> The service should obtain a Disclosure Scotland Protecting Vulnerable Group (PVG) record update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (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 4.24

**Domain 9 – Quality improvement-focused leadership**

<table>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td><strong>d</strong> The service should develop and implement a quality improvement plan (see page 15).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
Appendix 2 – About our inspections

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

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

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

Before inspections

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

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

During inspections

We use inspection tools to help us assess the service.

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

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

After inspections

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

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

We check progress against the improvement action plan.

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

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

Our contact details are:

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

**Telephone:** 0131 623 4300

**Email:** hcis.ihcregulation@nhs.net
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