Announced Inspection Report: Independent Healthcare

Service: Tranzform, Peterhead
Service Provider: Tranzform

27 November 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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First published February 2020

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Healthcare Improvement Scotland Announced Inspection Report
Tranzform: 27 November 2019
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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 Tranzform on Wednesday 27 November 2019. We spoke with the service manager during the inspection and received 48 completed online questionnaires from patients. 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 Tranzform, 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>
</tr>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
</tbody>
</table>
Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The service manager maintained current best practice through ongoing training and development. A quality improvement plan should be developed to demonstrate improvements and measure the impact on the service. | √ Satisfactory |

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
<td></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient confidentiality was maintained. Initial consultations must be documented in patient care record. Not all patients who had attended for botulinum toxin top-up treatments had been consented in line with current legislation.</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 Tranzform to take after our inspection

This inspection resulted in one requirement and five recommendations. The requirement is 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 requirement 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)
Tranzform, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Tranzform 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 very satisfied with their care and treatment. Patients told us they received sufficient information to allow them to make an informed decision about their treatment. Feedback from patients was being collected but had yet to be evaluated to show how it would be used to develop the service.

All 48 patients who responded to our online survey felt they were given enough information at their first consultation to make a decision and give consent to treatment. The majority were extremely positive about the care they received. Comments included:

- ‘I could write a story but only one word needed. Perfection!’
- ‘She explains everything.’
- ‘Very respectful and always treated with dignity! Always made to feel special!’

We saw feedback that the service had gathered in line with its participation policy, such as through social media comments. The service manager had also recently started to hand out a patient experience questionnaire after patients’ treatments. However, the service had not received any completed questionnaires at the time of our inspection.

Patients were offered a free initial consultation and were provided with treatment-specific information so that they could make an informed decision. Information was also available on the services social media page where patients could arrange appointments for consultations and treatments.
The service had a duty of candour policy in place. Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.

The service had a complaints policy that outlined the process for dealing with complaints, including timescales. The policy was available and patients were offered information at their initial consultation. The policy also explained that patients could contact Healthcare Improvement Scotland at any time. At the time of our inspection, the service had not received any complaints.

**What needs to improve**
While the service asked patients for feedback, it did not have a structured approach to analysing it to help identify areas for improvement (recommendation a).

Patient care records did not document the initial consultation and discussion with patients about their expectations as well as the risks, benefits and treatment options. The documentation used did not have a space to record this information (recommendation b).

- No requirements.

**Recommendation a**
- The service should continue to collect patient feedback and evaluate its findings to show how patient feedback is used to inform service improvement.

**Recommendation b**
- The service should review the patient care records to ensure they are suitable to meet the needs of patients.
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. The service had not yet introduced a program of audit to identify and manage risks in the service. Consent for the sharing of patients’ information was not recorded.

We saw that the clinic environment was clean, well maintained and finished to a high standard. Infection prevention and control measures were in place as well as fire safety management procedures. Only single-use disposable equipment was used in the clinic to prevent the risk of cross-infection. The service had a contract for the safe disposal and removal of sharps and clinical waste. From the feedback we received, 100% of patients were satisfied with the clinic environment and the standard of cleanliness in the service. We saw that a qualified electrician regularly serviced all equipment used in the service to make sure it was safe to use.

Effective systems in place included a range of policies, procedures and maintenance arrangements to make sure that the equipment was clean, safe and well-maintained.

The service’s environment helped maintain patients’ privacy and dignity. For example, the treatment room could be locked and windows were adequately screened. The service had a chaperone policy in place.

The practitioner was trained in dealing with medical emergencies and emergency medications were available. The service’s medication policy covered all aspects of the safe and secure handling of medicines, including procurement, storage, prescribing and administration. The service manager was the prescriber and obtained medication from an online pharmacy. Patient care records noted the medications used, including their batch number and expiry date.
The fridge used to store medicines was clean and tidy and temperatures were monitored regularly.

What needs to improve
The service did not carry out any audits, such as infection control, environmental, medication management or patient care record audits to review its safe delivery and quality of care (recommendation c).

■ No requirements.

Recommendation c
■ 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.

Our findings
Quality indicator 5.2 - Assessment and management of people experiencing care

Patient confidentiality was maintained. Initial consultations must be documented in patient care record. Not all patients who had attended for botulinum toxin top-up treatments had been consented in line with current legislation.

The service had a consent policy in place. Patient care records showed that patients consented to treatment. Patient care records were stored in a lockable filing cabinet to help maintain patient confidentiality.

From the five patient care records we reviewed, we saw that patients who attended for a single treatment had given their consent. Patients’ past medical history was recorded in all the patient care records along with the dosage of medication used and traceability labels.

What needs to improve
Patient care records did not fully document treatments administered. Patients who had attended for additional aesthetic treatments, such as botulinum toxin did not have notes of a separate consultation, discussion and treatment in line with current legislation (requirement 1).
While patients were asked to consent to the initial treatment episode, this was not documented for each subsequent treatment episode. Consent to share information with relevant individuals where appropriate, such as the patient’s GP, was not recorded in the patient care record. This should be added to help make sure patients are aware that, in the event of a significant concern, information may be shared with the appropriate healthcare professional (recommendation d).

**Requirement 1 – Timescale: by 1 April 2020**

- The provider must ensure a record is made in the patient care record, as closely as possible to the time of the relevant event, of the following matters:
  - the date and time of every consultation with, or examination of, the service user by a health care professional and the name of that health care professional
  - the outcome of that consultation or examination, and
  - details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the health care professional responsible for providing it.

**Recommendation d**

- The service should document patient consent to treatment and sharing information with other healthcare professionals in the patient care record for each treatment episode.
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 manager maintained current best practice through ongoing training and development. A quality improvement plan should be developed to demonstrate improvements and measure the impact on the service.

The practitioner owned and managed the service and was registered with the Nursing and Midwifery Council (NMC). They kept up to date with best practice through ongoing training and development.

The service manager was a member of several national aesthetics organisations, subscribed to journals and received peer support from other aesthetic practitioners in the industry. This helped the service to stay updated on changes in the aesthetic industry, legislation and best practice.

What needs to improve
The service had not developed a comprehensive quality assurance system or process to drive improvement. The development of a quality improvement plan would help structure and record improvement activities and help evaluate the impact of change on the quality of the service (recommendation e).

- No requirements.

Recommendation e
- The service should develop a quality improvement plan that will support and manage the delivery of service improvements.
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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<thead>
<tr>
<th>Requirements</th>
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<tr>
<td>None</td>
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<table>
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<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>a</strong> The service should continue to collect patient feedback and evaluate its findings to show how patient feedback is used to inform service improvement (see page 8).</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 4.8

| **b** The service should review the patient care records to ensure they are suitable to meet the needs of patients (see page 8). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirement

1. The provider must ensure a record is made in the patient care record, as closely as possible to the time of the relevant event, of the following matters:
   - the date and time of every consultation with, or examination of, the service user by a health care professional and the name of that health care professional
   - the outcome of that consultation or examination, and
   - details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the health care professional responsible for providing it (see page 10).

Timescale – by 1 April 2020

*Regulation 4(2)(a)(b)(c)*

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

#### Recommendations

**c** 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).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

**d** The service should document patient consent to treatment and sharing information with other healthcare professionals in the patient care record for each treatment episode (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
### Domain 9 – Quality improvement-focused leadership

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<tr>
<td>e   The service should develop a quality improvement plan that will support and manage the delivery of service improvements (see page 12). 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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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