Announced Inspection Report: Independent Healthcare

Service: Tay Medispa, Perth
Service Provider: Tay Medispa Limited

27 August 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
# Contents

1 A summary of our inspection 4

2 What we found during our inspection 7

Appendix 1 – Requirements and recommendations 15
Appendix 2 – About our inspections 18
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 Tay Medispa on Tuesday 27 August 2019. We spoke with a number of staff. We also received feedback from 19 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 Tay Medispa, the following grades have been applied to three key quality indicators.

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

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>9.4 - Leadership of improvement and change</td>
</tr>
</tbody>
</table>

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)

<p>| Domain 5 – Delivery of safe, effective, compassionate and person-centred care |</p>
<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>The service managed the assessment and care of patients well. However, some patient care records showed the documentation used was not suitable to collect the volume of information required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 7 – Workforce management and support</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</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 Tay Medispa Limited to take after our inspection

This inspection resulted in one requirement and six 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

Tay Medispa Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Tay Medispa 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 extremely satisfied with the care they received and were informed and involved in decisions about their treatment. While the service gathered and analysed patient feedback, it did not have a process to record and review the actions taken.

Patients received information about treatments provided by the service in a number of ways. We saw leaflets and a comprehensive website, including costs of treatment. Patients told us they felt well informed before treatment. In the eight patient care records we reviewed, patient consent was recorded and signed at each treatment visit. The consent form included:

- risks and benefits of each treatment
- consent to take photographs for the patient’s care record, and
- consent to share information with other appropriate health professionals, for example the patient’s GP.

The service collected feedback by text following each appointment, through social media and using feedback surveys. A suggestion box was also going to be placed in the reception area. The service published information on its social media to tell patients about changes and improvements made as a result of patient feedback, for example when a new treatment was introduced.
Patients who responded to our survey were all extremely satisfied with the service.

- ‘Everything was explained in full about what I could expect from my treatment and also any aftercare.’
- ‘Before I decided to go ahead with this treatment I was given a full consultation and also given a patch test. I am happy that I understand everything clearly.’
- ‘... was respectful at all times. Respecting my dignity and privacy.’

We tracked a complaint and saw that the service followed its own complaints policy. Patients were provided with information about how to make a complaint through a patient information leaflet, the service’s website and from a poster displayed in the reception area. The majority of patients who responded to our survey knew they could complain directly to Healthcare Improvement Scotland.

We saw an example where improvements were made as a result of an informal complaint received from a patient. The service had updated the information given to patients about treatments at the point of booking. This had decreased the number of consultations and time wasted where patients discovered they were unsuitable for the proposed treatment.

**What needs to improve**
The service did not have a patient participation policy. Although the manager told us they reflected on patient feedback and took relevant actions, we saw little recorded evidence of the actions taken. The impact of improvements made were not being followed up and measured (recommendation a).

- No requirements.

**Recommendation a**
- The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.
Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Patients were cared for in a clean and safe environment. However, a more structured approach to cleaning and risk management was needed. A regular programme of audits should be introduced to help the service make improvements.

We saw that the clinic was clean and well maintained. All consultation rooms were spacious. There were consulting rooms available on the ground floor for less able patients who were unable to manage the stairs. Single-use equipment was used where required to prevent the risk of cross-infection. Clinical waste including sharps were managed and disposed of safely.

Medicines were stored appropriately and securely. Suitable medical emergency equipment was available for the treatments provided. We saw maintenance contracts for gas, electrical and equipment servicing. Intense Pulse Light (IPL) equipment was in a controlled area with adequate safety signage and precautions, in line with the service’s ‘local rules’ and policies.

We were shown staff and patient accident record books. No incidents had been reported or recorded.

Patients told us:

- ‘Very high standard. Clean tidy and well maintained treatment rooms. Creating a safe environment for treatment and relaxation.’
- ‘... a relaxed, comfortable, clean and beautiful environment in which you feel at ease.’
What needs to improve
Apart from a number of audits of patient care records, we saw no evidence that other audits were taking place to review the safe delivery and quality of the service, such as the safety and maintenance of the care environment, were taking place. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation b).

The service had some processes in place to manage risk, including discussion in staff meetings and addressing risks as they were identified. As the service continues to grow, a more structured process will be needed for identifying, recording, communicating and managing risk in the service, including developing a risk register. This will help the service focus and prioritise risk management (recommendation c).

We were told the cleaning contractor had been told about their schedule of work, but no record of the schedule was produced. We were told the management regularly checked the environment for cleanliness and maintenance. However, this could not be evidenced. The service could produce cleaning schedules, record completion, and management should sign off records for assurance.

- No requirements.

Recommendation b
- The service should further develop its programme of audits to cover key aspects of care, treatment and record keeping including all types of patient care records. Audits should be documented and improvement action plans implemented.

Recommendation c
- The service should put appropriate measures in place to identify, record, communicate and manage risk in the service.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

The service managed the assessment and care of patients well. However, some patient care records showed the documentation used was not suitable to collect the volume of information required.
The service used both paper and two different types of electronic patient care records. We reviewed eight patient records: four paper and four electronic records. These showed evidence of consultation, assessment, treatment planning, treatment given, and patient involvement. Aftercare information leaflets were provided and information was also available on the service’s website.

All patient care records reviewed were legible, up to date and were kept in a secure and confidential manner.

**What needs to improve**
There was insufficient space in some areas of the patient care record to document all of the required information consistently in one place for a single patient appointment. This resulted in additional information being noted elsewhere on the form (recommendation d).

- No requirements.

**Recommendation d**
- The service should review all patient care record templates to ensure there is enough space to record all information consistently for each patient.

---

**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**

Good induction and training processes were in place. However, improvements must be made to ensure the safe recruitment of staff. A process is also required to check the ongoing professional registration of staff.

An induction pack was provided for new staff which recorded when staff completed the various elements of induction. This included those working under practicing privileges (staff not employed by the provider but given permission to work in the service). We saw evidence that staff had attended in-house training and a system of staff appraisals was in place.
Staff told us they felt they had clear roles, responsibilities and accountabilities. Staff were able to describe the induction they had received. We were told that staff felt they had training and education opportunities to keep their skills up to date.

What needs to improve
Although a recruitment policy was in place, this lacked the detail of the practical steps to be taken. Part of a safe recruitment process is ensuring appropriate checks are carried out on potential employees to ensure they are fit to work with vulnerable adults. For example, we saw limited evidence of pre-employment checks, references or qualifications being checked in the four staff files we reviewed (requirement 1).

We also found no formal system was in place to check the relevant professional registers to ensure staff professional registration status had not expired (recommendation e).

Requirement 1 – Timescale: by 16 December 2019
■ The provider must ensure that it follows guidelines on safer recruitment, and that its recruitment policy reflects these guidelines. This must include carrying out Protecting Vulnerable Groups checks.

Recommendation e
■ The service should ensure that a formal system is in place to make sure that staff are subject to ongoing professional registration checks.
**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 recognises and implements improvements to the quality of the service provided and how it is delivered. However, a quality improvement plan should be developed to show how the service measures the impact of service change and to demonstrate a culture of continuous improvement.

The service ensured that staff were kept up to date with current practice through membership of national groups, product brand educator training sessions, and attendance at regular product update sessions provided by product sales teams.

We saw minutes of regular staff meetings, which included some aspects of governance such as complaints or reminders to adhere to procedures. Managers told us staff suggestions to improve the service were welcome and encouraged. For example, staff had suggested that some appointments were not long enough and others were too long for the treatment being provided. Managers had agreed to adjust appointment times to improve both the patient and staff experience.

Staff told us they felt involved in improving the service. The service was described by one member of staff as “like a big family”. We were told that all therapists, practitioners and reception staff were involved in informal catch-up meetings. Noticeboards were used to keep staff informed of changes, for example service changes or new legislation.

**What needs to improve**

A quality improvement plan would help to structure and record the service’s improvement processes and outcomes. This would allow the service to demonstrate a continuous improvement cycle and measure the impact of any changes implemented (recommendation f).
No requirements.

Recommendation f

- 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.

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>

| Recommendation | The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8). |

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

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>b</strong></td>
<td>The service should further develop its programme of audits to cover key aspects of care, treatment and record keeping including all types of patient care records. Audits should be documented and improvement action plans implemented (see page 10).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
</tbody>
</table>

| **c** | The service should put appropriate measures in place to identify, record, communicate and manage risk in the service (see page 10). |
|   | Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |

| **d** | The service should review all patient care record templates to ensure there is enough space to record all information consistently for each patient (see page 11). |
|   | Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27 |

### Domain 7 – Workforce management and support

#### Requirement

| **1** | The provider must ensure that it follows guidelines on safer recruitment, and that its recruitment policy reflects these guidelines. This must include carrying out Protecting Vulnerable Groups checks (see page 12). |
|   | Timescale – by 16 December 2019 |

*Regulation 8*

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

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>e The service should ensure that a formal system is in place to make sure that staff are subject to ongoing professional registration checks (see page 12).</td>
</tr>
</tbody>
</table>

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

### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>f The service should develop and implement a quality improvement plan (see page 14).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
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
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net