Announced Inspection Report: Independent Healthcare

Service: Rejuvedoc Dundee
Service Provider: Rejuvedoc Dundee

5 February 2020
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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 Rejuvedoc Dundee on Wednesday 5 February 2020. We spoke with the service manager at the service. We received feedback from five 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 Rejuvedoc Dundee, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<td>Quality indicator</td>
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<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<td>5.1 - Safe delivery of care</td>
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<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
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<td>9.4 - Leadership of improvement and change</td>
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The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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| **Domain 5 – Delivery of safe, effective, compassionate and person-centred care** | **5.2 - Assessment and management of people experiencing care**  
Patient consultations included assessment, consent and treatment planning. The service was implementing an improvement plan to replace the patient care record electronic system. Paper records should be organised to allow easy access to the whole record. |
| **Domain 7 – Workforce management and support**                                   | **7.1 - Staff recruitment, training and development**  
The service showed us evidence of how it made sure that practitioners with practicing privileges were suitable. |

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

### What action we expect Rejuvedoc Dundee to take after our inspection

This inspection resulted in two recommendations (see Appendix 1).

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

Rejuvedoc Dundee, the provider, must make the necessary improvements as a matter of priority.
We would like to thank all staff at Rejuvedoc Dundee 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 followed its participation policy to collect, action and review feedback from patients. Patients told us they felt informed and treated with dignity and respect.

Patients could access treatment information on the service’s website. We were told that expectations, risks and benefits of treatment options were discussed before any treatment at a joint consultation with the practitioner and the prescriber. Prices were discussed with patients at consultation. Patients we spoke with told us they were well informed and included in discussions.

The service gathered feedback in line with its clinical governance statement, which was effective for a small organisation. For example, a patient questionnaire given after treatment could be returned anonymously to a secure comments box in reception. We saw that the service questionnaire had a better than average rate of reply. Patients also left testimonials on social media and verbal feedback was welcomed. Feedback was reviewed every 4 months and action points were recorded, such as introducing more treatment techniques to meet patient needs. Action progress was reviewed at the 4-monthly reviews until completion. Emails were sent to patients to inform them about changes, such as new treatments added or general news about the service. All patient feedback we saw was positive.

Patient feedback we received from our online survey was also positive. Comments included:

- ‘Clear and concise information.’
- ‘Professional and friendly.’
- ‘Great bedside manner.’
Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. A duty of candour policy was in place and staff we spoke with told us how and when they would use it.

The service had a complaints policy in place and the complaints process was displayed on the consultation desk. It also informed patients that they could complain to Healthcare Improvement Scotland. The service had not received any complaints since its registration.

**What needs to improve**
The service could improve the range of formats that information about treatments was available to patients, for example leaflets to take home and consider.

- 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 environment and they felt safe. Staff were aware of and understood safeguarding principles. Frequency of audit activity was not based on risk assessments.

The service was spacious, clean and tidy. We saw appropriate processes in place to manage effective infection prevention, including cleaning products, single-use equipment and clinical waste handling.

We saw emergency equipment and medicines suitable for the procedures carried out at the service. Staff described what they would do in an emergency, which was in line with nationally-recognised protocols.

Medicines were appropriately and securely stored in a locked cupboard or refrigerator. An online pharmacy wholesaler had provided the prescribed medicines we saw for individual patients. Medicines were stored for a short period from delivery from the pharmacy to administration.

Staff we spoke with demonstrated a good understanding of the principles of safeguarding and were able to tell us how they would report concerns.

We saw documented evidence of the service’s internal review process. Every 4 months, it carried out audits, risk assessments and reviewed any incidents that had occurred. Audits included cleaning charts, patient care records and safe fridge temperature charts. From completed reviews, we saw that progress against action points from one would be reported on in the following review 4 months later. This was another check to make sure that action points had been completed satisfactorily. At the time of our inspection, the service had no reported incidents.
The service worked closely with the landlords to make sure that service and maintenance contracts were completed in a timely manner so they were kept up to date to meet legal requirements, such as gas safety certificates and electrical testing. Patient comments we received included:

- ‘Safe.’
- ‘Very good hygiene.’
- ‘Lovely premises.’

**What needs to improve**
The service repeated all audits at fixed time intervals. It could review its audit process to take a risk-based approach to determine how long between each audit based on how good previous audit results were. This would allow the service to review well performing areas less often and poor performing areas more often to focus on driving improvement.

- No requirements.
- No recommendations.

### Our findings

**Quality indicator 5.2 - Assessment and management of people experiencing care**

Patient consultations included assessment, consent and treatment planning. The service was implementing an improvement plan to replace the patient care record electronic system. Paper records should be organised to allow easy access to the whole record.

Each of the six patient care records we reviewed had documented evidence of:

- assessment
- consent for treatment, to share information and for photographic records
- consultation
- treatment planning, and
- follow-up reviews.

Records reviewed were legible and fully completed, with dates and times recorded.
Paper records were kept securely in a locked cupboard. Electronic records were password-protected and were on a suitable online system.

We saw regular patient care record audits had been carried out. Action plans showed that documentation and process improvements were in development.

**What needs to improve**

While moving to an electronic system, we found that paper patient care records were not well organised. The records were not easy to access during a consultation at the time of our inspection. Keeping these organised would reduce repetition and increase awareness of previous treatments delivered (recommendation a).

- No requirements.

**Recommendation a**

- The service should ensure that paper records are brought together and organised to allow easy access to the whole 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**

The service showed us evidence of how it made sure that practitioners with practicing privileges were suitable.

The service showed us evidence of how it made sure that practitioners with practicing privileges (staff not employed directly by the provider but given permission to work in the service) were suitable. We reviewed all staff records and saw evidence of current registration, reference, qualification and Protecting Vulnerable Groups (PVG) checks.

- No requirements.
- No recommendations.
**Vision and leadership**

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

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**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.

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**Our findings**

**Quality indicator 9.4 - Leadership of improvement and change**

A regular audit and review cycle helps drive improvement. We saw evidence of improvement projects completed and in progress. The service should further develop its audit programme to assure practicing privilege practitioners work to the service standards.

The service manager told us they had developed a local peer group of small service managers to support good practice. The peer group had arranged extra training from suppliers to increase understanding of the treatments used. Staff maintained registration with the Nursing and Midwifery Council and worked with a more experienced practitioner to develop more advanced skills in aesthetic procedures.

The service used forums, trade journals and peer discussions to make sure it kept up to date with changes in legislation and good practice.

The service had recently engaged in a business relationship with another service provider and had sought business coaching, practice development and support with reviewing the service.

An organised regular service review process demonstrated that improvement actions were recorded and reviewed. The service manager demonstrated a determination to improve. For example, an audit and review of the patient care record system found the system did not suit the service’s requirements. For safety, the service stopped using the unsatisfactory system and returned to its previous paper system. At the time of our inspection, the service was commissioning and testing a new electronic system as part of an implementation action plan. It was also taking actions to automate and improve feedback-gathering and aftercare information delivery to patients.

Documenting
the progress of actions gave the service oversight and evidence of improvements it made.

**What needs to improve**
The audit process had not been changed after practicing privileges had recently been extended to an aesthetics practitioner. Including the work of those with practicing privileges in audits would help the service assure that standards were consistently met (recommendation b).

While the service had an improvement plan to manage short term improvement projects, an improvement strategy would help prioritise and plan longer-term service improvements.

Benchmarking quality against another, similar, regulated service to compare performance could help to further develop the service.

- No requirements.

**Recommendation b**
- The service should extend current audits to include the work of all those with practicing privileges.
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 5 – Delivery of safe, effective, compassionate and person-centred care |
|-----------------------------|-----------------------------------------------------------------------------|
| Requirements                | None                                                                        |
| Recommendation              | a The service should ensure that paper records are brought together and organised to allow easy access to the whole patient care record (see page 11). |

  Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.27

| Domain 9 – Quality improvement-focused leadership |
|-----------------------------------------------|--------------------------------------------------------------------------------|
| Requirements                                   | None                                                                         |
| Recommendation                                 | b The service should extend current audits to include the work of all those with practicing privileges (see page 13). |

  Health and Social Care Standards: My support, my care. 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](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