Announced Inspection Report: Independent Healthcare

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

13 June 2019
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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 12 December 2018

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

Action taken
We found that no progress had been made towards complying with this requirement. We remain concerned at the lack of proactive risk management in the service. This requirement is not met and is reported in Quality indicator 5.1 (see requirement 1).

Requirement
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
Insufficient progress had been made towards complying with this requirement. This requirement is not met and is reported in Quality indicator 5.1 (see requirement 2).

Requirement
The provider must provide evidence to demonstrate that the ventilation system installed in the procedure room confirms to the specification required for the surgical procedures carried out in the service.

Action taken
We saw an appropriate validation certificate for the ventilation system in the procedure room. This requirement is met.

Requirement
The provider must demonstrate that it has obtained or applied for a Home Office license for controlled drugs.

Action taken
We were told the service had received a visit from the Home Office and a license for controlled drugs would be issued in due course. This requirement is met.
**Requirement**
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**
The service had started to review its policies and procedures for all aspects of care and treatment. This requirement is not met and is reported in Quality indicator 5.1 (see requirement 5).

**Requirement**
The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff.

**Action taken**
We found that the service had not carried out employment references on three newly appointed staff members. This requirement is not met. A new requirement has been made and is reported in Quality indicator 7.1 (see requirement 6).

**Requirement**
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.

**Action taken**
We saw that Disclosure Scotland or Protecting Vulnerable Groups (PVG) background checks had not been completed for three newly appointed staff members and two independent practitioners granted practicing privileges by the provider (staff not employed directly by the provider but given permission to work in the service). This requirement is not met and is reported in Quality indicator 7.1 (see requirement 7).

**Requirement**
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 found that the service was just starting to put in place an overarching quality assurance system. However, no process was in place to review the
quality of the service delivered. **This requirement is not met and is reported in Quality indicator 9.4** (see requirement 8).

**What the service had done to meet the recommendations we made at our last inspection on 12 December 2018**

**Recommendation**

*We recommend that the service should develop and implement a patient engagement strategy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.*

**Action taken**

While the service had revised its patient engagement strategy and continued to seek feedback from patients, there was still no evidence that feedback was reviewed or acted on. **This recommendation is not met and is reported in Quality indicator 2.1** (see recommendation a).

**Recommendation**

*We recommend that 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**

The service had a programme of audits in place. However, we saw little or no evidence of these audits taking place. **This recommendation is not met and is reported in Quality indicator 5.1** (see recommendation f).

**Recommendation**

*We recommend that the service should ensure all patients undergoing surgery have safety checks completed and documented in line with the World Health Organisation Guidelines for Safe Surgery (2009).*

**Action taken**

We saw that safety checks had been completed and documented for patients undergoing surgical procedures in line with the World Health Organisation *Guidelines for Safe Surgery* (2009). **This recommendation is met.**
**Recommendation**

*We recommend that the service should ensure that a system is in place to make sure that staff are subject to ongoing professional registration checks.*

**Action taken**

We saw that the service had now implemented a system of checking the professional registration status of all clinical staff every year. **This recommendation is met.**

**Recommendation**

*We recommend that the service should formally record the minutes of staff and senior management meetings. These should include any actions taken and those responsible for the actions.*

**Action taken**

We saw that the service was now recording the minutes of senior management and staff meetings. A staff update folder held information from staff meetings. **This recommendation is met.**

**Recommendation**

*We recommend that the service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.*

**Action taken**

The service had not made any progress towards developing a quality improvement plan. **This recommendation is not met and is reported in Quality indicator 9.4** (see recommendation i).
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 Thursday 13 June 2019. We spoke with a number of staff during the inspection. We also received feedback from six patients through an online survey we had issued, and from emails directly sent to us after the service displayed our inspection announcement poster.

The inspection team was made up of four inspectors and a pharmacist.

What we found and inspection grades awarded

For La Belle Forme (Glasgow), the following grades have been applied to three key quality indicators.

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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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needed. Improvements were still needed to the service’s risk management systems and procedures and a regular programme of audit implemented.

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

| 9.4 - Leadership of improvement and change | The service had not met the majority of requirements and recommendations made at the previous inspection in December 2018. Staff and senior management meetings were now being documented. The service was starting to develop a quality assurance system to help review the quality of treatment provided. A quality improvement plan should be developed. | Unsatisfactory |

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** |
| **Quality indicator** | **Summary findings** |
| 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. |

| **Domain 7 – Workforce management and support** |
| **Quality indicator** | **Summary findings** |
| 7.1 - Staff recruitment, training and development | Recruitment, induction and training policies were in place. However, improvements were still needed to ensure the safe recruitment of staff. |

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 La Belle Forme Ltd to take after our inspection**

This inspection resulted in eight requirements and nine recommendations. The 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

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 provided in a responsive and respectful way. Patients were fully involved and informed about their treatment. A clear and accessible complaints procedure was in place. Although the service had now revised its patient engagement strategy, patient feedback still needed to be formally reviewed and then used to improve the service.

An initial consultation gave patients an opportunity to fully discuss their expectations about the outcomes of the treatment. Patients told us:

- ‘Detailed explanation of procedure was provided.’
- ‘I agreed to every step before I was treated.’

For surgical procedures, patients were given a minimum cooling-off period of 2 weeks to consider whether they would like to proceed with the proposed course of treatment. This is in line with best practice guidance.

All patients who responded to our survey told us that risks associated with treatments were fully explained. Patients were provided with information about treatment options, the benefits and risks of proposed treatments and the cost in order to make an informed decision about their care.

Patients were provided with verbal and written aftercare advice. They were also directed to the aftercare section on the service’s website following some treatments. This included written aftercare advice, emergency contact details and information about how to make a complaint to the service.
All patients told us they had been treated with dignity and respect. Some comments included:

- ‘Very respectful and polite treatment from whole team.’
- ‘I felt I was treated with dignity and respect at all times.’

The service had revised its patient engagement strategy and continued to seek feedback from patients. A number of different methods were used to obtain feedback, including its website, social media and an online anonymous survey.

A written complaints procedure made clear to patients they could complain to Healthcare Improvement Scotland at any time. The service was also a member of the Independent Sector Complaints Adjudication Service (ISCAS). This is a voluntary subscriber scheme for the independent healthcare sector that sets standards to be met when handling complaints about their services. Healthcare Improvement Scotland had not received any complaints about the service since the last inspection in December 2018.

**What needs to improve**

While the service proactively sought feedback from patients, the service could not demonstrate that it had reviewed the feedback or acted on any suggestions for improvements made by patients. We were told the service planned to discuss patient feedback as part of management team meetings held every 2 months (recommendation a).

The service had received one complaint since our last inspection in December 2018. Although the complaint had been resolved, correspondence with the complainant was held in the patient’s care record. Complaint records should be held separately to the patient’s care record to maintain patient confidentiality (recommendation b).

The aftercare section on the service’s website did not clearly state that Healthcare Improvement Scotland could accept complaints at any time, not just if the complainant was dissatisfied with the service’s resolution. Some patients who provided feedback to us said they were unaware of this (recommendation c).

- No requirements.
**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.

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

**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.
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

Lasers were managed safely and arrangements were in place to deal with medical emergencies. Although the service was clean, a more structured approach to cleaning was needed. Improvements were still needed to the service’s risk management systems and procedures and a regular programme of audit implemented.

We found the environment and the majority of equipment was mainly clean and in a good state of repair. All patients told us they were extremely satisfied with the cleanliness of the service.

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

Arrangements were in place to deal with medical emergencies. This included training for staff, first aid supplies and equipment. We saw the service had an automatic defibrillator. This meant that trained and informed staff could support patients in an emergency.

An external laser protection advisor had been appointed by the service. They provided expert advice and oversight to ensure the way that lasers were being used in the service was safe. We looked at the advisor’s most recent report for the service. The service had acted on the recommendations made and was awaiting a second report to confirm the recommended actions had been taken.
What needs to improve
All risks to patients and staff in the service must be effectively managed on an ongoing basis. We noted that, since the last inspection in December 2018, a management consultant had been appointed to help develop the service’s policies, procedures and audits.

However, similar to the previous inspection in December 2018, we found a lack of proactive risk management in the service. This included:

- no overarching risk management strategy or similar approach
- no risk register or equivalent approach to managing ongoing risks
- no risk assessments for any aspect of service delivery to protect patients and staff, and
- reporting and investigation procedure (requirement 1).

A cleaning policy was in place that described roles, responsibilities, cleaning methods and frequency of cleaning. However, similar to the previous inspection in December 2018, we found no evidence of a structured approach to cleaning. This included:

- some cleaning products were not suitable for the purposes they were being used for
- some cleaning frequencies were inappropriate
- no evidence of appropriate training for clinic staff carrying out cleaning or for external cleaning staff
- guidance in the service’s own cleaning policy was not being followed
- dirty mops were stored touching each other (allowing cross contamination)
- some patient mattresses were torn and damaged
- dust on some low surfaces in the main treatment/procedure room, and
- cleaning schedules were not being completed (requirement 2).

Healthcare Improvement Scotland’s notifications guidance is a list of specific events and circumstances which services are required to report to Healthcare Improvement Scotland. The service had not notified Healthcare Improvement Scotland about some incidents that should have been reported (requirement 3).
Following treatments, the service gave patients certain medications to take home, such as painkillers or antibiotics. We saw that some of these medications were not labelled correctly and did not contain drug information leaflets for patients (requirement 4).

Although key policies had been produced, most of these did not accurately reflect how the service was delivered. For example, the clinical governance policy stated that an audit programme was in place. However, we saw no evidence of this. We discussed the importance of implementing policies and procedures that accurately reflect practice (requirement 5).

We saw clean and sterile equipment was not being stored in a way that prevented contamination. We also found several examples of single use items from sterile packs being reused for other non-clinical activities (recommendation d).

The service used a local laundry to launder all reusable towels, staff scrub uniforms and cleaning cloths. No evidence could be provided to show that thermal disinfection temperatures could be reached and held for the minimum time period required when laundering these items, as described in Health Protection Scotland’s *National Infection Prevention and Control Manual*. Thermal disinfection is required to minimise the risk of cross-infection to patients from laundered items (recommendation e).

Similar to the previous inspection in December 2018, we saw little or no evidence of audit activity taking place in the service. A programme of regular audit should be implemented which includes, as a minimum:

- medicine management
- patient care records
- health and safety, and
- cleaning and maintenance of the care environment (recommendation f).

Clean linen was stored in a cupboard containing staff coats and shoes. Clean laundry should be stored in a clean area, protected from dust. We were told the service would review where clean linen was stored. We will follow this up at the next inspection.

The service now only used botulinum toxin vials for single patient use, in line with recommended practice. The service was developing a procedure for the deactivation and disposal of botulinum toxin vials. We will follow this up at the next inspection.
Requirement 1 – Timescale: 10 October 2019
■ The provider must develop effective systems that demonstrate the proactive management of risk to patients and staff.

Requirement 2 – Timescale: 5 September 2019
■ 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.

Requirement 3 – Timescale: immediate
■ The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.

Requirement 4 – Timescale: immediate
■ 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.

Requirement 5 – Timescale: by 10 October 2019
■ 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.

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.

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.

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.
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.

We discussed with staff how patients' needs were assessed, and how treatment was planned and delivered, in line with patients' individual treatment plans. The three patient care records we reviewed showed that comprehensive assessments and consultations were carried out before treatment started. These included taking a full medical history, with details of any health conditions, medications, allergies and previous treatments. Since the last inspection in December 2018, we noted a new standardised assessment form had been developed to record patients’ medical history. This covered all treatments and procedures.

We saw evidence of treatment plans being developed and agreed with patients. These set out the course and frequency of treatment. Records were kept of each treatment session, including a diagram of the area that had been treated. Dosage and medicine batch numbers were also recorded for each treatment. Patients were given verbal and written aftercare advice, and this was recorded in patient care records.

Information about risks and benefits of treatment was given to patients. This was done in a way that they understood.

What needs to improve
Although a new medical history assessment form had been introduced for patients to complete before each treatment, this information was not being scanned onto patients’ electronic care records. We were told the service would review how this was being managed.

We raised with the medical director that the consent forms used for surgical patients were generic and not patient centred. We were told the service would review this.

- No requirements.
- No recommendations.
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. However, improvements were still needed to ensure the safe recruitment of staff.

A number of different clinical and non-clinical staff worked in the service. Recruitment, induction and training policies were in place.

We reviewed the induction training files for staff members that had recently started working in the service. The staff members were in the process of completing their induction programme. This included topics such as fire safety, health and safety, and information security. Staff were also asked to read a number of key policies and procedures as part of their induction. This included complaints management, customer satisfaction, and equality and diversity. For clinical staff, we saw that training in medicines management and protecting vulnerable groups took place.

What needs to improve

Although a recruitment policy was in place, this was still not being followed. 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. We reviewed the staff files of three newly appointed non-clinical staff members. We saw that Disclosure Scotland background checks and employment references had not been completed before these individuals started working in the service.

For the two independent practitioners that had been granted practicing privileges by the provider (staff not employed directly by the provider but given permission to work in the service), we saw that Protecting Vulnerable Groups background checks had still not been completed (requirements 6 and 7).

We also saw no evidence of indemnity insurance documentation or the occupational health status for these clinical staff (recommendation g).
We were told that clinical staff attended product training sessions for the introduction of new treatments in the clinic, but did not receive any other ongoing training as part of their role. We were told that non-clinical staff received no ongoing training (recommendation h).

**Requirement 6 – Timescale: immediate**

- 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.

**Requirement 7 – Timescale: immediate**

- 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.

**Recommendation g**

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

**Recommendation h**

- The service should ensure that all staff receive ongoing training appropriate to the work they carry out.
**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 not met the majority of requirements and recommendations made at the previous inspection in December 2018. Staff and senior management meetings were now being documented. The service was starting to develop a quality assurance system to help review the quality of treatment provided. A quality improvement plan should be developed.

Since the last inspection in December 2018, we noted that senior management team and staff meetings were now being documented. A staff update folder had been produced to help communicate with and keep staff informed.

The medical director and other staff were members of professional organisations such as the British Association of Aesthetic Plastic Surgeons. The medical director is a trainer for a cosmetic company and training events were run from the clinic on a regular basis. Staff worked with others in the industry and attended trade events to develop and keep their skills up to date. Any new techniques demonstrated at trade events were reviewed and, if appropriate, implemented in the service.

**What needs to improve**

Since the last inspection in December 2018, we noted the service was now starting to develop an overarching quality assurance system. This included evidence of regular senior management team meetings taking place. However, there was still no process in place to review the quality of the service delivered. We saw no evidence of lessons being learned from complaints, incidents or audits which would help improve service delivery. Regular reviews of the service will help to ensure the service delivered is of a quality appropriate to meet the needs of patients (requirement 8).
The service had still not developed a quality improvement plan. This would help to structure and record the service’s improvement processes and outcomes, and allow the service to demonstrate a continuous improvement cycle and measure the impact of any changes implemented (recommendation i).

We did not see evidence of clinical staff taking on leads or championing specific areas such as infection prevention and control. This could be encouraged to ensure staff take ownership for helping to develop the service, ensuring best practice is carried out and providing a contact point for other staff to seek out knowledge or advice.

We discussed with the senior management team the benefit of having regular standing agenda items for meetings, such as infection prevention and control, health and safety, patient satisfaction and quality improvement. This would help to ensure better governance and accountability around this meeting. We will follow this up at the next inspection.

**Requirement 8 – Timescale: by 10 October 2019**

- 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.

**Recommendation i**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.
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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<tr>
<td>None</td>
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<td><strong>Recommendations</strong></td>
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<tr>
<td>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 (see page 13).</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 4.6</td>
</tr>
<tr>
<td>This was previously identified as a recommendation in the December 2018 inspection report for La Belle Forme.</td>
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<tr>
<td>b The service should hold correspondence about complaints separately to patients’ care records (see page 13).</td>
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<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.21</td>
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<tr>
<td>c The service should update the aftercare section on its website to state that complainants can complain to Healthcare Improvement Scotland at any time (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 4.20

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<tr>
<td><em>Regulation 13(2)(a)</em></td>
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<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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<td>This was previously identified as a requirement in the December 2018 inspection report for La Belle Forme.</td>
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<td><em>Regulation 3(d)(i)(ii)</em></td>
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<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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<td>This was previously identified as a requirement in the December 2018 inspection report for La Belle Forme.</td>
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<td><strong>3</strong></td>
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<td>Timescale – immediate</td>
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<td><em>Regulation 5(1)(b)</em></td>
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<tr>
<td><em>The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011</em></td>
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## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Requirements

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 (see page 17).

Timescale – immediate

*Regulation 3(d)(iv)*

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

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 (see page 17).

Timescale – by 10 October 2019

*Regulation 3(d)*

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

This was previously identified as a requirement in the December 2018 inspection report for La Belle Forme.

### Recommendations

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 (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

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* (see page 17).

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 (continued)

Recommendations

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 (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

This was previously identified as a recommendation in the December 2018 inspection report for La Belle Forme.

Domain 7 – Workforce management and support

Requirements

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 (see page 20).

Timescale – immediate

Regulation 8
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

This was previously identified as a similar requirement in the December 2018 inspection report for La Belle Forme.

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 (see page 20).

Timescale – immediate

Regulation 9(2)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
This was previously identified as a requirement in the December 2018 inspection report for La Belle Forme.

### Recommendations

<table>
<thead>
<tr>
<th>g</th>
<th>The service should satisfy itself that appropriate health checks have been carried out for staff (see page 20).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health and Social Care Standards:</strong> My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h</th>
<th>The service should ensure that all staff receive ongoing training appropriate to the work they carry out (see page 20).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health and Social Care Standards:</strong> My support, my life. I have confidence in the people who support and care for me. Statement 3.14</td>
<td></td>
</tr>
</tbody>
</table>

### Domain 9 – Quality improvement-focused leadership

#### Requirement

<table>
<thead>
<tr>
<th>8</th>
<th>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 (see page 22).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timescale – by 10 October 2019</td>
<td></td>
</tr>
</tbody>
</table>

*Regulation 13*

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

This was previously identified as a requirement in the December 2018 inspection report for La Belle Forme.

#### Recommendation

<table>
<thead>
<tr>
<th>i</th>
<th>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 22).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health and Social Care Standards:</strong> My support, my life. I have confidence in the organisation providing my care and support. Statement 4.6</td>
<td></td>
</tr>
</tbody>
</table>

This was previously identified as a recommendation in the December 2018 inspection report for La Belle Forme.
## 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