Announced Inspection Report: Independent Healthcare

**Service:** Superdrug Nurse Clinic (Dundee Wellgate)

**Service Provider:** Superdrug Stores Plc

24 October 2019
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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 Superdrug Nurse Clinic (Dundee Wellgate) on Thursday 24 October 2019. We spoke with the clinical nurse manager on the day and to the clinic nurse practitioner by telephone after the inspection. We received no patient responses to an online survey we asked the service to issue before our 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 Superdrug Nurse Clinic (Dundee Wellgate), the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<td>5.1 - Safe delivery of care</td>
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refurbishment plan for the treatment room must be put in place.

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

| 9.4 - Leadership of improvement and change | The provider effectively supported the service and clinical governance systems included an audit programme. Weekly meetings between the provider’s Scottish services allowed good practice to be shared. National and regional staff conferences recognised achievements and gave staff the opportunity to network. | ✓✓ Good |

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

**Additional quality indicators inspected (ungraded)**

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Appropriate consultation, assessments and treatment plans were in place. All patient care records were fully completed. Patients felt involved in the care planning process. Patients’ GP details should be recorded in patient care records to help with sharing of information.</td>
</tr>
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**Domain 7 – Workforce management and support**

| 7.1 - Staff recruitment, training and development | Good systems were in place for recruitment and induction. Training was supported at local and regional level. The nurse practitioner had access to peer and clinical support. Staff felt they had the appropriate skills and training for their role. |

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 Superdrug Stores Plc to take after our inspection**

This inspection resulted in one requirement and one recommendation. 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 requirement and recommendation.

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)

Superdrug Stores Plc, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Superdrug Nurse Clinic (Dundee Wellgate) 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 given information about available treatments in a variety of ways. A consultation process gave patients the opportunity to discuss and agree if treatment was appropriate. All feedback we saw from an online review site showed that patients were very satisfied with the service provided.

Patients could visit the provider’s website to find information about services and treatments offered, including costs. Appointments could be made online, over the telephone or some could be made at the clinic. A consultation with the nurse practitioner gave patients the opportunity to discuss and agree if treatment was appropriate.

Information posters and leaflets were available for all patients, including in languages. This also included languages other than English, such as Mandarin in recognition of the high number of Chinese students studying in Scotland. One patient had commented in an online review site:

• ‘She explained everything clearly, gave me all the information I needed, and made me feel comfortable. Thanks!’

Immunisation appointments for children required to be booked over the telephone. This allowed the service to inform parents about the process for parental consent and identity checks carried out at the face-to-face immunisation appointments.

A safeguarding policy set out how any concerns would be escalated. The clinical nurse manager and nurse practitioner had appropriate training to deal with any safeguarding concerns for children and adults.
The service’s participation policy described how it would collect patient feedback in a number of ways. For example, patients could leave a review on the provider’s website. If a person left negative feedback online, they would be contacted directly and asked for more information. We saw that processes were in place to respond to suggested improvements promptly. The feedback we saw was very positive and comments included:

- ‘I took my two children for a vaccine at Superdrug in Wellgate Dundee. The nurse was wonderful with the little ones, very pleasant, understanding, and super-efficient. The children felt very comfortable, and there were no issues when we went back for the second round. I would definitely recommend for vaccinations...’
- ‘Great experience, had a lovely nurse in Dundee and she gave very good advice and was fab.’

The service had a complaints policy and information available for patients described how to make a complaint. This also stated that patients could contact Healthcare Improvement Scotland at any time. A clinical nurse manager responsible for the provider’s services across Scotland would investigate a complaint, if necessary, or escalate to the provider’s complaints team. We were able to track a complaint and saw that it had been handled correctly.

- 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

Systems and processes were in place to help make sure care was delivered safely. This included systems to support the safe, effective and secure handling of medicines. A rolling programme of clinical audit helped identify whether any improvements were required. A risk-based refurbishment plan for the treatment room must be put in place.

A variety of policies and procedures were in place to help make sure the care environment and equipment was safe, including environmental risk assessments and regular maintenance of equipment. Staff noted in the ‘clinic daily book’ regular tasks to be carried out to improve patient safety, such as recording fridge temperatures. All staff had access to this book and recorded when these tasks were completed.

The provider audited the service twice a year to assess the environment and clinical practice. Audit results were shared with the service to review and develop improvement action plans. The clinical nurse manager reviewed progress against these actions during their regular visits to the service.

The service had a medicines management policy and we saw systems were in place to support the safe, effective and secure handling of medicines. The majority of medicines in the service were prescribed using patient group directives (PGDs) to allow nurse practitioners to administer medicines in line with legislation. These directives allow services to supply and administer a medicine to a pre-defined group of people. If patients were not able to be treated using the PGD, the nurse contacted a doctor at the Superdrug online doctor team for guidance.
The service had a supply of emergency medicines. The nurse practitioner explained the procedure they would follow and that staff had access to the Superdrug online doctor team for advice during an emergency.

**What needs to improve**

At the time of our registration site visit in February 2017, we were told the treatment room would be refurbished as we had noted a number of issues. These included:

- the clinical wash hand basin was not compliant
- the room was cold with no heater, and
- the treatment room had poor sound-proofing.

The refurbishment had not been carried out at the time of our inspection (requirement 1).

**Requirement 1 – Timescale: by 20 March 2020**

- The provider must ensure the fabric of the building and fittings are in line with current Health Facilities Scotland guidance. The provider must then develop a risk-based action plan to address any deficiencies noted as part of the wider refurbishment plans for the service.

- No recommendations.

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**Our findings**

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

Appropriate consultation, assessments and treatment plans were in place. All patient care records were fully completed. Patients felt involved in the care planning process. Patients’ GP details should be recorded in patient care records to help with sharing of information.

All patients received a face-to-face consultation before treatment. At this consultation, staff discussed:

- benefits
- costs
- risks and possible side effects, and
- whether the treatment would be available through the NHS.
Consent forms were signed, scanned and included as part of the patient care record. Information leaflets were available for patients to take away. An electronic patient pathway helped to support the nurse practitioner’s specialist knowledge of appropriate vaccinations. A new consent form had been developed to make sure patients were aware that information would be shared with other healthcare professionals in an emergency.

The service stored patient care records electronically. The four patient care records we reviewed included:

- a full medical history
- a record of face-to-face consultation
- any risk assessments, and
- a signed consent form.

Consent forms for children had appropriate permissions. Patient care records were clearly dated and details of treatments included medicines administered.

The electronic system recorded any treatments that patients had received in the provider’s other services. All of the provider’s services could access this information. A new electronic patient care record system was being put in place at the time of our inspection.

**What needs to improve**

As we had highlighted at other Superdrug inspections, patients’ GP details were not noted in patient care records. This would allow staff to communicate effectively with the GP when appropriate (recommendation a).

- No requirements.

**Recommendation a**

- The service should keep a record of patients’ GP details in the patient care record.
Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Good systems were in place for recruitment and induction. Training was supported at local and regional level. The nurse practitioner had access to peer and clinical support. Staff felt they had the appropriate skills and training for their role.

Systems were in place to help make sure staff were recruited safely, with appropriate checks and references carried out before staff worked in the service. The checks included membership of the Protecting Vulnerable Groups (PVG) scheme. Staff training was provided online and face to face, such as basic life support training. Mandatory training included infection control, safeguarding and medicine management.

Staff we spoke with were aware of current evidence-based guidelines relevant to their role and felt they had the skills, knowledge and experience to carry out their roles. The nurse practitioner took an active role in the induction of new staff. Although they felt this process had improved, they continually looked for ways to develop staff induction and training programmes.

The clinical nurse manager carried out staff appraisals twice a year. A system was in place to check their registration with the Nursing and Midwifery Council. Training records were up to date and stored securely in the service.

What needs to improve

The provider had identified that cover was not always available during times of sickness and annual leave. The clinical nurse manager told us a recruitment process had started and the service was considering recruiting relief nurses to provide this cover.

- No requirements.
- No recommendations.
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 provider effectively supported the service and clinical governance systems included an audit programme. Weekly meetings between the provider’s Scottish services allowed good practice to be shared. National and regional staff conferences recognised achievements and gave staff the opportunity to network.

The provider had a comprehensive leadership structure in place with clear roles and responsibilities. A national nurse manager led the UK nursing team with support from four clinical nurse managers (one that covered Scotland). The provider employed over 70 nurse practitioners, with nine based in Scotland and most of its services were staffed by one nurse practitioner. Staff we spoke with felt that the leadership was visible and approachable.

Weekly conference calls between the provider’s Scotland-based nurses and the clinical nurse manager allowed the Scottish services to support each other and work together. Minutes of these meetings showed that incidents, complaints and service improvements were discussed.

The clinical nurse manager visited the service regularly. Visits were recorded and any actions required were sent to the nurse practitioner. The nurse practitioner told us they felt they were kept up to date with any changes nationally and felt supported to suggest any improvements to the service. They took an active part in the training of staff and most recently helped roll out phlebotomy training (the taking of blood) after completing the ‘train the trainer’ course.

The provider’s clinical excellence team, which oversaw clinical practice in the services, and the online doctor team met every month to discuss any recent incidents or complaints. Any actions would be fed back to the relevant service’s
nurse practitioner or at the weekly conference calls with the clinical nurse manager. Actions that led to service improvements, such as an audit of yellow fever practice to improve patient safety, were shared through local newsletters.

All staff attended the provider’s national and regional conferences every year which set out the vision for the next year. These conferences also provided staff the opportunity to network, learn about available training and share good practice and learning. Staff also received awards in recognition of their work.

The provider worked in partnership with a charity to raise awareness about breast cancer during consultations. The nurse practitioners received face-to-face and online training to support their awareness. Leaflets and posters were available to advise patients where to seek further support if needed.

■ No requirements.
■ No recommendations.
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

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<th>Requirement</th>
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Timescale – by 20 March 2020

*Regulation 3(d)(i)*

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

<table>
<thead>
<tr>
<th>Recommendation</th>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
### Appendix 2 – About our inspections

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

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

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

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<th>Before inspections</th>
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<tbody>
<tr>
<td>Independent healthcare services submit an annual return and self-evaluation to us.</td>
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<tr>
<td>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.</td>
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<th>During inspections</th>
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<tr>
<td>We use inspection tools to help us assess the service.</td>
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<tr>
<td>Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.</td>
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<td>We give feedback to the service at the end of the inspection.</td>
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<tr>
<th>After inspections</th>
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<tbody>
<tr>
<td>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: <a href="http://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a></td>
</tr>
<tr>
<td>We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.</td>
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<td>We check progress against the improvement action plan.</td>
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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
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

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