Announced Inspection Report: Independent Healthcare

Service: Clinic 22, Kilmarnock
Service Provider: Clinic 22 Ltd

12 July 2021
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 his.contactpublicinvolvement@nhs.scot.
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against 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 Clinic 22 on Monday 12 July 2021. We spoke with two members of staff during the inspection. We received feedback from 27 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.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

What we found and inspection grades awarded

For Clinic 22, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
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<tr>
<td>5.1 - Safe delivery of care</td>
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<tr>
<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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</table>
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 | All patients received an assessment before any treatment was carried out. Treatments were fully explained and any associated risks discussed. Face-to-face consultations must take place between the prescriber and patient, and a summary of all discussions between the patient and prescriber, or practitioner, should be documented. |

| Domain 7 – Workforce management and support |
|------------------|------------------------------------------------------------------------------------------------------------------|
| 7.1 - Staff recruitment, training and development | Pre-employment safety checks must be completed for all staff that are granted practicing privileges to work in the service. |

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 Clinic 22 Ltd to take after our inspection**

This inspection resulted in two requirements and four 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Clinic 22 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 Clinic 22 for their assistance during the inspection.
2 What we found during our inspection

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 with systems and processes in place to maintain safety.

Patients were cared for in a clean and safe environment. Single-use equipment was used for procedures to prevent the risk of cross-infection. An infection prevention and control policy was in place, and both practitioners had a good awareness of infection prevention and control practices.

All patients who responded to our online survey told us they were extremely satisfied with the environment and the standard of cleanliness. Some comments included:

- ‘The clinic is always clean, bright and fresh.’
- ‘The clinic is incredibly clean and very well run. I felt totally at ease.’

We saw a safe system for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked cupboard or a drug refrigerator.

Arrangements were in place to deal with medical emergencies. This included training for staff, first aid supplies and medicines available that could be used in an emergency, such as adrenaline.

A range of policies and procedures were in place to help the service deliver care safely. Policies and procedures were regularly reviewed to make sure they
remained up to date and the service was continuing to follow current legislation and best practice.

An audit programme had been developed and implemented. Regular audits were carried out on areas such as patient care records, the general environment, health and safety, and hand washing. We saw examples of completed audits and saw areas for improvement had been identified.

The landlord was responsible for the servicing and maintenance of the building. This included gas safety, fixed electrical safety and fire safety. While the service had not had any incidents or accidents since registration in June 2018, a log book was available to record these.

**What needs to improve**

Although audits were completed, we did not see any associated action plans that detailed the improvement action planned and the timescales for completion (recommendation a).

- No requirements.

**Recommendation a**

- The service should develop and implement improvement action plans detailing how issues identified from audits will be addressed.

**Our findings**

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

All patients received an assessment before any treatment was carried out. Treatments were fully explained and any associated risks discussed. Face-to-face consultations must take place between the prescriber and patient, and a summary of all discussions between the patient and prescriber, or practitioner, should be documented.

We reviewed five electronic patient care records. We saw evidence of a medical history, medications and allergies. Patients were asked to consent to treatment, sharing information with their GP, if required, and to having their photograph taken. We saw these records had been signed by both the practitioner and the patient.
Information about risks and benefits was given to patients by the practitioner before any treatment started, and this was documented in the patient care record. All patients who responded to our survey agreed they been involved in decisions about their care and treatment, and had been given time to reflect on their treatment option before consenting to the treatment. Comments included:

- ‘Treatment was discussed fully at consultation allowing me time to ask questions, express my wishes and agree a treatment plan that was recommended and agreed.’
- ‘The clinician focused on me fully, listened to what I was looking for, asked specific questions about my expectations and gave me advice on what was realistic to achieve the results I wanted.’

Following treatment, patients were provided with verbal and written aftercare information, including the emergency contact details of the practitioner. Patient care records documented that patients had been provided with aftercare information. A review appointment was offered if required to make sure that patients were satisfied with the outcome of their treatment.

Patient information was stored electronically. This information was password protected and the electronic system was backed up.

**What needs to improve**

We saw no evidence of face-to-face consultations between a prescriber and the patient for prescription-only medicines, such as botulinum toxin. These discussions should be documented and include a review of:

- the patient’s medical history
- treatment options
- risks and benefits of treatment, and
- the prescribed treatment plan, prescription and costs (requirement 1).

A summary of any discussions that take place should be recorded in the patient care record and be signed and dated by the patient and the prescriber or practitioner (recommendation b).

No GP or next of kin details were documented in the patient care record (recommendation c).
Requirement 1 – Timescale: immediate
■ The provider must ensure that a face-to-face consultation takes place between the patient and a prescriber.

Recommendation b
■ The service should ensure that a summary of all discussions that take place between the patient and the prescriber or practitioner are documented in the patient care record. This includes any assessments, consultations, treatment plan, costs and details of any medicines used.

Recommendation c
■ The service should document GP and next of kin 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

Pre-employment safety checks must be completed for all staff that are granted practicing privileges to work in the service.

Two staff members had been granted practicing privileges to work in the service (staff not employed directly by the provider but given permission to work in the service). A practicing privileges policy was in place.

What needs to improve
We only found some evidence of the pre-employment safety checks carried out before staff began working in the service, for example Disclosure Scotland background checks. We saw no evidence of reference checks, professional registration checks and proof of immunisation status, such as for hepatitis B. We also saw no evidence of continued fitness to practice checks being completed for staff that had been granted practicing privileges, such as an annual check on professional registration status (requirement 2).
Requirement 2 – Timescale: immediate

- The provider must ensure that all staff, including those with practicing privileges, working in a registered healthcare service have appropriate, and documented, background and safety checks in place.

- 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 service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national groups and training events. A quality improvement plan would help to improve the quality of the service provided, and ensure the delivery of safe and effective treatments.

The service was provided by two nurse practitioners, who were members of various national groups. This included the British Association of Cosmetic Nurses and the Aesthetics Complications Expert (ACE) Group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions. They were also members of online support forums and attended a number of training events. This made sure the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

The service had also formed partnerships with other aesthetic practitioners in the area to help discuss treatments, procedures or complications, and to provide peer support and best practice guidance when needed. They also supported other aesthetic practitioners with more complex complications of dermal fillers treatments.

What needs to improve

A quality improvement plan would help to structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation d).
The service would also benefit from benchmarking itself against other organisations. This will help identify any gaps where further improvements to the service could be made.

- No requirements.

**Recommendation d**

- 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.

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td><strong>Requirement</strong></td>
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<tr>
<td>1</td>
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<tr>
<td>Timescale – immediate</td>
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| *Regulation 4(2)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **Recommendations** |
| a | The service should develop and implement improvement action plans detailing how issues identified from audits will be addressed (see page 7). |
| Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
| b | The service should ensure that a summary of all discussions that take place between the patient and the prescriber or practitioner are documented in the patient care record. This includes any assessments, consultations, treatment plan, costs and details of any medicines used (see page 9). |
| Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27 |
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

**Recommendations**

| c | The service should document GP and next of kin details in the patient care record (see page 9). |

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**

| 2 | The provider must ensure that all staff, including those with practicing privileges, working in a registered healthcare service have appropriate, and documented, background and safety checks in place (see page 10). |

Timescale – immediate

*Regulation 8*

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

**Recommendations**

None

### Domain 9 – Quality improvement-focused leadership

**Requirements**

None

**Recommendation**

| d | The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 12). |

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

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Before inspections</strong></td>
<td>Independent healthcare services submit an annual return and self-evaluation to us.</td>
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<tr>
<td></td>
<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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<tr>
<td><strong>During inspections</strong></td>
<td>We use inspection tools to help us assess the service.</td>
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<td></td>
<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></td>
<td>We give feedback to the service at the end of the inspection.</td>
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<tr>
<td><strong>After inspections</strong></td>
<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>
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<tr>
<td></td>
<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: his.ihcregulation@nhs.scot