Announced Inspection Report: Independent Healthcare

Service: Clinetix Rejuvenation (Bothwell)
Service Provider: Clinetix Rejuvenation (Glasgow) Ltd

29 November 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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www.healthcareimprovementscotland.org

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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 Clinetix Rejuvenation (Bothwell) on Monday 29 November 2021. We spoke with a number of staff during the inspection. We received feedback from 14 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 Clinetix Rejuvenation (Bothwell), 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>Quality indicator</td>
</tr>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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Domain 9 – Quality improvement-focused leadership

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<tr>
<td>9.4 - Leadership of improvement and change</td>
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<tr>
<td>The leadership team was visible, supportive and open to new ideas and change. An improvement plan would help measure the impact of any service changes and promote a culture of continuous improvement.</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>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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<tr>
<td>Clinical assessments are carried out with patients before a treatment plan is agreed. Patient care records were fully completed and included information about assessments, treatment plans, aftercare arrangements and consent to treatment. Regular patient care records audits make sure practice is in line with the service’s policies and procedures. Our survey results confirmed that patients felt fully involved in their care and treatment.</td>
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<tr>
<th>Domain 7 – Workforce management and support</th>
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<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
</tr>
<tr>
<td>Recruitment and induction practices were in place. Staff performance reviews and appraisals informed individual staff training needs and opportunities for professional development and career progression. Disclosure Scotland Protecting Vulnerable Groups (PVG) checks and updates must be completed for all staff involved in patient care before they start working in the service.</td>
</tr>
</tbody>
</table>

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

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Clinetix Rejuvenation (Glasgow) Ltd to take after our inspection

This inspection resulted in three requirements 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 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

Clinetix Rejuvenation (Glasgow) 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 Clinetix Rejuvenation (Bothwell) 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

The environment and equipment is clean and well maintained. Policies and procedures helped manage risks and an audit programme checked that care and treatment was in line with best practice guidelines. Botulinum Toxin must be disposed in line with waste management legislation. Staff identified as authorised users must complete core of knowledge safety training before carrying out intense pulse light (IPL) treatments.

Patients were cared for in a clean, safe and well maintained environment. All areas of the clinic environment were visibly clean, well equipped and fit for purpose. The fixtures and fittings in the four treatment rooms and communal areas were intact and so could be effectively cleaned. Appropriate systems were in place to achieve this, including:

- daily cleaning schedules
- equipment servicing, and
- maintenance contracts.

Contracts were in place for maintenance of the:

- patient equipment
- fire alarm
- security system, heating and
- electrical equipment, including portable appliance testing.
We saw evidence of routine checks, risk assessments and audits of environmental cleanliness, fire safety equipment and patient equipment.

A process was in place to record and respond to accidents and incidents. However, none had occurred at the time of our inspection. A duty of candour procedure was also in place that set out how the provider would meet its professional responsibility to be honest with patients if something went wrong. The provider published a yearly duty of candour report on its website. No incidents had triggered the duty of candour procedure. We saw the service developed risk assessments for treatments and reviewed its policies and procedures every year or in response to changes in legislation. This helped the service remain up to date with changes in legislation and deliver care and treatment in line with best practice.

The service had a safe system for procuring, prescribing, storage, and administration of medicines. Medicines we looked at were stored securely and were in-date. Medicines the service had in stock did not require refrigeration. A stock control system was in place and provided a record of the medicines supply to make sure medicines were in-date. Arrangements in place to deal with medical emergencies included a first aid kit and an emergency medicines supply to respond to any complications or adverse reactions from treatment. For medicines administered, patient care records we reviewed had documented the:

- batch number
- date and time it was administered
- dosage given
- expiry date, and
- type of medicine.

A hard copy of this information was also maintained to allow the service to track any adverse medicine incidents or respond to medical alerts.

Measures were in place to reduce the risk of infection for patients, in line with the service’s infection prevention and control policy. Single-use personal protective equipment (PPE), such as masks, gloves and aprons were used to prevent the risk of cross-infection. A contract was in place for the safe disposal of syringes, needles and other clinical waste. Extra measures had been introduced since the COVID-19 pandemic to make sure that government public health advice was followed. Examples of measures implemented as a result of this included:

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- enhanced cleaning procedures
- increased time to clean ‘high-touch’ areas between patient appointments
- increased time to clean treatment rooms, and
- restricted access to the clinic.

Staff had a good understanding of standard infection prevention and control measures and COVID-19 protocols. Staff had received training in hand hygiene and the correct use and disposal of PPE.

A programme of regular environmental and clinical audits were carried out to make sure the service delivered safe care and treatment for patients in line with its policies and procedures. We reviewed a sample of completed audits for:

- cleaning schedules
- emergency medicines
- hand hygiene, and
- patient care records.

Audit results confirmed good compliance and any actions or improvements were discussed at staff and management meetings and included in the service improvement plan.

We received very positive feedback from 14 patients who responded to our survey about their overall experience of using the service. Patients told us they were extremely satisfied with the individual care and treatment they received from staff. They said that staff were very professional and always treated them with respect and dignity. Patients also commented on the high standard of cleanliness and presentation of the clinic environment. Comments included:

- ‘The place is immaculate.’
- ‘Exceptionally clean and pleasant.’
- ‘Pristine clinic.’

**What needs to improve**
While a clinical waste contract was in place for the safe removal and disposal of clinical waste, this did not include the correct European Waste Category code (EWC 18-01-08) for the segregation and disposal of Botulinum Toxin Type A. This medicine is categorised as cytostatic and hazardous under waste legislation (requirement 1).

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Intense pulse light (IPL) therapy was used for some of the non-surgical treatments the service provided. We saw the service had an authorised laser protection advisor and a signed copy of the ‘local rules’ which described the safe use of the IPL equipment. However, the service was unable to fully demonstrate that all its ‘authorised users’ (individuals who operate this equipment to treat patients) had completed their ‘Core of Knowledge’ safety training (requirement 2).

**Requirement 1 – Timescale: by 31 January 2022**
- The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of via the EWC code 18-01-08, to ensure it complies with appropriate waste legislation. A waste transfer note must also be used each time waste is collected from the service.

**Requirement 2 – Timescale: by 14 February 2022**
- The provider must ensure that staff listed as ‘authorised users’ of laser or IPL equipment have completed their Core of Knowledge safety training before delivering this treatment to patients. A record of when staff completed or updated this training must be maintained.

- No recommendations
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Clinical assessments are carried out with patients before a treatment plan is agreed. Patient care records were fully completed and included information about assessments, treatment plans, aftercare arrangements and consent to treatment. Regular patient care records audits make sure practice is in line with the service’s policies and procedures. Our survey results confirmed that patients felt fully involved in their care and treatment.

The five patient care records we reviewed showed that consultations and assessments were carried out before treatment started. Assessments provided a detailed account of each patient’s medical history, including:

- known allergies
- medicines
- pre-existing health conditions, and
- previous treatments.

Pre-treatment screening was also carried out for COVID-19.

We saw evidence of treatment plans developed and agreed with patients as well as records of each treatment, including a diagram of the area treated. Patient care records we reviewed were clear, up to date and signed by the treating practitioner. The risks, benefits and side-effects of treatments were explained to patients and documented in patient care records. Consent to treatment and to share information with the patient’s GP or other healthcare professionals in an emergency was completed in all patient care records we reviewed.

Patients were given verbal and written aftercare advice, which included the service’s emergency contact details. Patients were invited to a post-treatment review 2 weeks after treatment to discuss the outcome of their treatment and check if they had experienced any side-effects.
Feedback from our online survey confirmed that patients felt they received sufficient information in a format they could understand before they agreed to go ahead with treatment. Many patients said they felt fully involved in the decisions reached regarding their care and treatment. Comments included:

- ‘Explained everything throughout the process.’
- ‘Information was delivered in a way that I felt fully informed.’
- ‘Everything was explained in detail and all questions answered.’

Patient care records were stored electronically and securely to maintain patient confidentiality and comply with data protection regulations. The provider was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights). To make sure practice was consistently in line with the service’s policies and procedures, 10 patient care records were audited every 3 months.

- 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 and induction practices were in place. Staff performance reviews and appraisals informed individual staff training needs and opportunities for professional development and career progression. Disclosure Scotland Protecting Vulnerable Groups (PVG) checks and updates must be completed for all staff involved in patient care before they start working in the service.

New staff had an induction and shadowed existing staff to gain practical experience. They also received ongoing support and guidance from a more experienced staff member, the service manager and the clinical directors.
Electronic staff files included recruitment information, such as:

- contracts of employment
- records of staff training
- performance reviews and
- appraisals.

The majority of staff had worked in the service for a number of years. Staff we spoke with told us they were enthusiastic about their work and committed to delivering the best care and treatment for patients. Our online survey results confirmed that patients found staff very professional, approachable and were confident they had the right skills and experience to administer their treatment.

Staff we spoke to confirmed they had a signed copy of their contract of employment which detailed their service conditions and rates of pay. Staff also received an employee handbook outlining the service’s policies and procedures. Pre-employment checks for clinical staff included yearly professional registration checks and Hepatitis B-status.

Staff told us they had good opportunities for training and said the clinical directors and the service manager were supportive and encouraged career progression. We saw that some staff had progressed into senior roles.

Good communication systems, including regular team meetings allowed staff to keep up to date with any changes in practice or policy updates. The service manager also used an electronic noticeboard to share daily information with staff.

**What needs to improve**

Individuals cannot be employed in an independent healthcare service if they are listed under the Protection of Vulnerable Groups (Scotland) Act 2007. We saw one example of a successful candidate being given a date to commence employment before the service had received their PVG update from Disclosure Scotland (requirement 3).

The service’s recruitment policy stated that two references would be obtained for all shortlisted job applicants. This is in line with Scottish Government’s Safer Recruitment through Better Recruitment. However, the service manager told us that references had not been obtained for all staff (recommendation a).
Requirement 3– Timescale: Immediate

- The provider must ensure that all staff appointments delivering patient care and treatment are not listed under the Protection of Vulnerable Groups (Scotland) Act 2007, before they commence working in the service.

Recommendation a

- The service should review its pre-employment procedure and the information requested for new members of staff in line with the Scottish Government’s Safer Recruitment through Better Recruitment (2016) guidance.
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 leadership team was visible, supportive and open to new ideas and change. An improvement plan would help measure the impact of any service changes and promote a culture of continuous improvement.

The service had a clear leadership structure with well-defined roles, responsibilities and support arrangements for staff. Staff told us the service manager, and the providers who were also the clinical directors were visible, approachable and supportive and they felt valued and respected.

Staff we spoke with were enthusiastic about their work and committed to giving patients a positive experience of the service. They told us that senior management proactively encouraged them to share their ideas for service improvement.

The clinical directors had invested in staff through organising training events, and team building activities. It had also introduced other incentives, such as a bonus scheme to promote a whole-team approach to service development.

Regular staff and management meetings were held and areas discussed included:

- changes in practice and policies
- complaints, and
- patient feedback.

Actions from these meetings were documented in the service’s improvement plan and used to drive service improvement. For example, the service used a star system to measure the patients overall experience following treatment. A
rating of three stars or below prompted discussion at staff and management meetings and any actions for improvement agreed. The service had fully implemented its electronic record management system. All patient care records and staff files were stored electronically in line with data protection rules. Virtual consultations with patients and staff meetings had been implemented during the pandemic to provide alternative methods of communication with patients asking about treatment and to host team meetings. The service manager had completed a business management course to lead and improve communication and development in the service.

The clinical directors were recognised trainers and regularly delivered teaching courses and lectures to colleagues in the aesthetic industry. They also provided an aesthetic training facility for healthcare professionals.

The service subscribed to journals, published aesthetic articles, and belonged to a variety of industry specific and national organisations, such as the Aesthetics Complication Expert Group. This allowed the service to keep up to date with any changes in the industry. We saw the service and individual staff and management had won awards for excellence and their contribution to the aesthetic industry.

- 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.

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<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
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</table>

1. The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of via the EWC code 18-01-08, to ensure it complies with appropriate waste legislation. A waste transfer note must also be used each time waste is collected from the service (see page 10).

   **Timescale** – by 31 January 2022

   *Regulation 3(d)(iii)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

2. The provider must ensure that staff listed as ‘authorised users’ of laser or IPL equipment have completed their Core of Knowledge safety training before delivering this treatment to patients. A record of when staff completed or updated this training must be maintained (see page 10).

   **Timescale** – by 14 February 2022

   *Regulation 3(d)(v)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td>None</td>
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### Domain 7 – Workforce management and support

<table>
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<tr>
<th>Requirement</th>
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<tr>
<td>3 The provider must ensure that all staff appointments delivering patient care and treatment are not listed under the Protection of Vulnerable Groups (Scotland) Act 2007, before they commence working in the service (see page 14).</td>
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Timescale – immediate

*Regulation 9(2)*

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

<table>
<thead>
<tr>
<th>Recommendation</th>
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<tr>
<td>a The service should review its pre-employment procedure and the information requested for new members of staff in line with the Scottish Government’s Safer Recruitment through Better Recruitment (2016) guidance (see page 14).</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 4.24
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)

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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
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 his.contactpublicinvolvement@nhs.scot.