Announced Inspection Report: Independent Healthcare

Service: TLC Clinic, Glasgow
Service Provider: Invercoast Limited

24 August 2022
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 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 26 August 2019

Requirement
The provider must ensure patient care records are stored in a secure, locked filing cabinet accessible only to the practitioner.

Action taken
This requirement is not met and is reported in Quality Indicator 5.2 (see requirement 1).

Requirement
The provider must regularly review practitioners’ professional registrations and insurances to ensure they are up to date.

Action taken
This requirement is not met and is reported in Quality Indicator 7.1 (see requirement 4).

Requirement
The provider must have systems in place to make sure practitioners who book clinic rooms have the appropriate checks carried out and are fit to practice.

Action taken
This requirement is not met and is reported in Quality Indicator 7.1 (see requirement 4).

Requirement
The provider must have a risk management arrangement to ensure treatments offered are done so safely, appropriately and meet patient needs.

Action taken
This requirement is not met and is reported in Quality Indicator 9.4 (see requirement 7).
What the service had done to meet the recommendations we made at our last inspection on 26 August 2019

Recommendation
*The service should develop a participation policy to get feedback from patients and use the results to make improvements.*

**Action taken**
The service had developed a participation policy that detailed how the service would get feedback from patients and use the results to make improvements.

Recommendation
*The service should make sure information about how patients can contact Healthcare Improvement Scotland is included in the complaints policy.*

**Action taken**
We saw that the service’s complaints policy included information that Healthcare Improvement Scotland can be contacted at any time in the complaints process.

Recommendation
*The service should develop and implement a duty of candour policy that will inform patients of actions that require to be taken when unintended actions occur.*

**Action taken**
The service had now developed a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when things go wrong).

Recommendation
*The service should develop an audit system to cover key aspects of care and treatment so assurance is given that learning is taking place. Audits should be documented and action plans developed.*

**Action taken**
The service was unable to provide any evidence of quality assurance audits being carried out on its recruitment and induction procedures. This recommendation is reported in Quality indicator 5.1 (see recommendation d).
**Recommendation**

*The service should ensure that all patient care records are fully completed to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records.*

**Action taken**

Patient care records were not fully completed to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records, nor General Medical Council Good Medical Practice. This recommendation is reported in Quality indicator 5.2 (see requirement 2).

**Recommendation**

*The service should develop a quality improvement plan so it can regularly review the quality of the service to make sure it meets the needs of its patients.*

**Action taken**

A quality improvement plan had still not been developed. This recommendation is reported in Quality indicator 9.4 (see recommendation j).

**Recommendation**

*The service should assure itself that information is shared with practitioners to enable them to carry out their role.*

**Action taken**

Information had not been shared with practitioners to enable them to carry out their role. This recommendation 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 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 TLC Clinic, on Wednesday 24 August 2022. We spoke with a number of staff during the inspection. We received no feedback from patients through an online survey we asked the service to issue for us before the inspection.

The inspection team was made up of two inspectors.

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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

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

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
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<tbody>
<tr>
<td>Domain 2 – Impact on people experiencing care, carers and families</td>
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<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>The clinic environment maintained patient privacy, dignity and confidentiality. While the service had a participation policy, it did not actively seek feedback from patients. We saw no evidence patients were given information leaflets at the time of treatment.</td>
<td>Unsatisfactory</td>
</tr>
</tbody>
</table>
### Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Delivery of safe, effective, compassionate and person-centred care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality indicator</td>
<td>Summary findings</td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Patients were cared for in a clean and safe environment. Appropriate systems were in place for safe and secure handling of medicines and infection prevention and control. A system should be implemented to make sure all staff have read and understood the service’s policies. A regular programme of audits should be introduced to help the service make improvements.</td>
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<table>
<thead>
<tr>
<th>Domain</th>
<th>Quality improvement-focused leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Future improvements to how the service is delivered are in progress. We found a lack of governance and assurance structures to lead and support staff and patients. Staff meetings should be introduced. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.</td>
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</table>

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

### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Delivery of safe, effective, compassionate and person-centred care</th>
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</thead>
<tbody>
<tr>
<td>Quality indicator</td>
<td>Summary findings</td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients were fully assessed before any treatment took place and a consent process was in place. Patient care records were up to date and legible. Entries in patient care records should be fully completed and only accessible to the healthcare professional providing treatments for that patient. Aftercare information should be provided.</td>
</tr>
</tbody>
</table>
Additional quality indicators inspected (ungraded) (continued)

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>A practicing privileges policy was in place and a number of recruitment checks were carried out. However, practicing privileges agreements must be developed for all self-employed clinicians in the service. Formal induction programmes should be developed and staff appraisals carried out for all staff members. A system should be introduced to regularly check professional registrations and insurances.</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

Further information about the Quality Framework can also be found on our website at: https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Invercoast Limited to take after our inspection

This inspection resulted in seven requirements and 10 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

Invercoast Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at TLC Clinic 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

The clinic environment maintained patient privacy, dignity and confidentiality. While the service had a participation policy, it did not actively seek feedback from patients. We saw no evidence patients were given information leaflets at the time of treatment.

The service made sure that patients’ privacy and dignity was maintained. Windows were adequately screened and the treatment room was locked when patients were receiving treatments. All consultations were appointment-only.

The service’s complaints policy included contact details for Healthcare Improvement Scotland and information about how to make a complaint to us. Information on how to make a complaint was displayed in the treatment room. The service had not received any formal complaints.

What needs to improve

We saw no evidence that the service provided written information to patients about costs, procedures, and benefits and risks of treatments to help them make an informed decision about their treatment. For example, information posters were not displayed in the service and information leaflets were not available (recommendation a).

While the service had a patient participation policy, we found no evidence that feedback was actively sought from patients. For example, a post-treatment questionnaire was not issued. We also found no evidence that feedback was being recorded. We discussed with the service the importance of having a structured approach to patient feedback. This should include:

- gathering patient feedback
• analysing results
• implementing changes to drive improvement, and
• measuring the impact of improvements (recommendation b).

■ No requirements.

**Recommendation a**

■ The service should provide patients with written information about treatments. This should include information about the procedures, risks and benefits and costs.

**Recommendation b**

■ The service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.
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. Appropriate systems were in place for safe and secure handling of medicines and infection prevention and control. A system should be implemented to make sure all staff have read and understood the service’s policies. A regular programme of audits should be introduced to help the service make improvements.

We saw that all areas of the clinic were clean and equipment was in good working order. An infection prevention and control policy was in place and we saw good compliance with infection prevention and control procedures. This included the safe disposal of medical sharps, such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of personal protective equipment available (disposable gloves and aprons). Daily cleaning schedules were completed and kept up to date.

We saw maintenance contracts in place and regular servicing was carried out, such as portable appliance testing (for electrical appliances and equipment to ensure they are safe to use). Maintenance contracts were in place for firefighting equipment and fire safety checks were carried out regularly.

A safe system was in place for the procurement, prescribing, storage and administration of medicines, in line with the service’s medication policy. Any medicines required were prescription-only and collected from the pharmacy on the day of appointment and stored securely in a locked medical refrigerator. A system was in place to monitor the temperature of the fridge to make sure medicines were being stored at the correct temperature. Arrangements were in place to deal with medical emergencies. This included first aid supplies and emergency medication, appropriate for the treatments carried out.
While no serious incidents had been reported in the service, a clear system was in place to record and manage accident and incident reporting.

**What needs to improve**

A number of policies were in place which were accessible for practitioners working in the service under practicing privileges (staff not employed by the provider but given permission to work in the service). The service manager was responsible for reviewing and updating the service’s policies every year. However, no system was in place to make sure that all staff had read and understood each policy and any updates (recommendation c).

We found no evidence of audits taking place to review the safe delivery and quality of service. For example, audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation d).

- **No requirements.**

**Recommendation c**

- The service should implement a system to ensure that all staff have read and understood the service’s policies.

**Recommendation d**

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement actions implemented.

**Our findings**

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

Patients were fully assessed before any treatment took place and a consent process was in place. Patient care records were up to date and legible. Entries in patient care records should be fully completed and only accessible to the healthcare professional providing treatments for that patient. Aftercare information should be provided.

The five electronic patient care records we reviewed showed that assessments and consultations were carried out before treatment started. These included taking a full medical history, with details of any health conditions, medications,
and allergies. Treatment risks and benefits were detailed and each record had a signed consent to treatment form, including having their photograph taken.

Patient care records were handwritten. We saw that these were generally legible and dated.

**What needs to improve**

We saw evidence that pharmacy staff scanned all patient care records into a computer system and the records were stored in a locked filing cabinet in the clinic. However, the service lacked appropriate governance to make sure that patient care records were only accessible to the individual healthcare professional providing treatments for that patient (requirement 1).

Patient care records we reviewed were inconsistently completed. For example, the healthcare professionals’ signature was not recorded in all patient care records we reviewed. Patient and GP details, outcome of the consultation, patient treatment plan and medicine batch numbers, dosage and expiry dates were not consistently documented (requirement 2).

The service did not record consent for sharing information with the patient’s GP and other medical staff in an emergency, if required, in patient care records (recommendation e).

We saw no evidence in the patient care records that patients were given written aftercare information (recommendation f).

Information was displayed informing patients of their right to have a chaperone present when being seen by healthcare staff. The use of chaperones aims to protect both the healthcare professional and patient when the patient is examined by the healthcare professional. However, we were told that staff had not completed chaperone training and no patients had requested to use this chaperone service. We discussed with the service manager that staff must complete chaperone training before they act as chaperones. We will follow this up at future inspections.

**Requirement 1 – Timescale: immediate**

- The provider must ensure that patient care records are accessible only to the healthcare professional providing treatments for that patient.
Requirement 2 – Timescale: immediate

- The provider must ensure a record is made in the patient care record, as closely as possible to the time of the relevant event, of the following matters:
  
  (a) the date and time of every consultation with, or examination of, the service user by a healthcare professional and the name of that healthcare professional
  
  (b) the outcome of that consultation or examination
  
  (c) details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the healthcare professional responsible for providing it, and
  
  (d) every medicine ordered for the service user and the date and time at which it was administered or otherwise disposed of.

Recommendation e

- The service should record patient consent for sharing information with the patient’s GP and other medical staff in an emergency, if required, in patient care records.

Recommendation f

- The service should provide patients with written aftercare information which includes the service’s emergency contact details and formally document what aftercare information has been provided 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

A practicing privileges policy was in place and a number of recruitment checks were carried out. However, practicing privileges agreements must be developed for all self-employed clinicians in the service. Formal induction programmes should be developed and staff appraisals carried out for all staff members. A system should be introduced to regularly check professional registrations and insurances.

The service engaged the services of a number of clinicians through a practicing privileges arrangement (staff not employed by the provider but given permission to work in the service). We reviewed five staff files and saw evidence of a practicing privileges policy and that pre-employment and recruitment checks had been completed before they started working in the service. This included:

- Disclosure Scotland Protecting Vulnerable Groups (PVG) checks for clinical staff
- indemnity insurance
- qualifications
- the right to work in the UK
- professional registration, and
- proof of identity.

What needs to improve
We looked at staff files which included clinicians who hold practicing privileges (staff not employed by the provider but given permission to work in the service). Practicing privileges contracts setting out the responsibilities and expectations between the service and clinicians were not in place (requirement 3).

Practitioners’ professional registrations and insurance checks were carried out prior to employment. However, we saw no system in place to complete ongoing professional and insurance checks (requirement 4).
We saw no evidence of an induction process in place to help new staff gain an effective understanding of their new role (requirement 5).

Staff did not receive a yearly appraisal. Regular review of staff performance must take place (requirement 6).

The Scottish Government’s *Safer Recruitment through Better Recruitment* guidance states that two references should be obtained. One reference should be from an appropriately senior manager, before employment. However, we found no evidence that references had been obtained for staff (recommendation g).

**Requirement 3 – Timescale: immediate**
- The provider must ensure that practicing privileges contracts are introduced between the provider and each self-employed clinician to ensure safe delivery of care with individual responsibility and accountability clearly identified.

**Requirement 4 – Timescale: immediate**
- The provider must regularly review practitioners’ professional registrations and insurances to ensure they are up to date.

**Requirement 5 – Timescale: by 28 March 2023**
- The provider must develop a formal documented induction package for new members of staff to make sure they have the appropriate support to gain the knowledge and skills required for their role.

**Requirement 6 – Timescale: by 28 March 2023**
- The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated.

**Recommendation g**
- The service should obtain two references for new members of staff, in line with safe recruitment practices.
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

Future improvements to how the service is delivered are in progress. We found a lack of governance and assurance structures to lead and support staff and patients. Staff meetings should be introduced. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

The service is an active member of a variety of industry specific and national organisations. This included the Aesthetic Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. The service kept up to date with changes in the aesthetics industry, legislation and best practice through attending regular conferences and training days provided by pharmaceutical companies.

As part of its approach to quality improvement, the service provider planned to develop a menopause clinic to offer to patients a greater range of treatments.

What needs to improve

Clear leadership within the service was lacking. We saw little evidence of leadership and governance arrangements in place for practitioners who work with practicing privileges. For example, the service manager was not aware how the practitioners assessed their patients’ care needs (requirement 7).

We saw no evidence of regular communication or effective information sharing between the manager and staff with practicing privileges (recommendation h).

We saw no evidence of staff meetings between the manager and staff with practicing privileges. Formalised staff meetings and a system for recording minutes of meetings including any actions taken and those responsible for the actions would help the service show how it supports its staff, keeps them
informed and involves them in developing the service. Minutes should be recorded including any actions taken and those responsible for the actions (recommendation i).

The service had no system in place for reviewing the quality of the service delivered. We saw no evidence of lessons being learned from patient feedback or audits which would help make sure the service delivered is of a quality appropriate to meet the needs of patients. An overall quality assurance system or 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 j).

**Requirement 7 – Timescale: immediate**

- The provider must review its governance and accountability arrangements to ensure senior management help staff to drive forward the ongoing delivery of high quality, safe, person-centred care.

**Recommendation h**

- The service should ensure information is shared with staff with practicing privileges, to enable them to carry out their role.

**Recommendation i**

- The service should introduce staff meetings between the manager and staff with practicing privileges. Minutes should be recorded including any actions taken and those responsible for the actions.

**Recommendation j**

- The service should develop and implement a quality improvement plan.
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 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>a The service should provide patients with written information about treatments. This should include information about the procedures, risks and benefits and costs (see page 11). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9</td>
</tr>
<tr>
<td></td>
<td>b The service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
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### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirements

<table>
<thead>
<tr>
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<th>Requirement</th>
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</table>
| 1 | The provider must ensure that patient care records are accessible only to the healthcare professional providing treatments for that patient (see page 14). Timescale – immediate  

*Regulation 3(b)*  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011  
This was previously identified as a requirement in the August 2019 inspection report for TLC Clinic. |
| 2 | The provider must ensure a record is made in the patient care record, as closely as possible to the time of the relevant event, of the following matters:  
(a) the date and time of every consultation with, or examination of, the service user by a healthcare professional and the name of that healthcare professional  
(b) the outcome of that consultation or examination  
(c) details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the healthcare professional responsible for providing it, and  
(d) every medicine ordered for the service user and the date and time at which it was administered or otherwise disposed of (see page 15).  
Timescale – immediate  

*Regulation 4(2)*  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011  
This was previously identified as a recommendation in the August 2019 inspection report for TLC Clinic. |
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

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<tbody>
<tr>
<td><strong>c</strong></td>
<td>The service should implement a system to ensure that all staff have read and understood the service’s policies (see page 13).</td>
</tr>
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</table>

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

| **d** | The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement actions implemented (see page 13). |

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 August 2019 inspection report for TLC Clinic.

| **e** | The service should record patient consent for sharing information with the patient’s GP and other medical staff in an emergency, if required, in patient care records (see page 15). |

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

| **f** | The service should provide patients with written aftercare information which includes the service’s emergency contact details and formally document what aftercare information has been provided in the patient care record (see page 15). |

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9
## Domain 7 – Workforce management and support

### Requirements

<table>
<thead>
<tr>
<th>Requirement Number</th>
<th>Requirement Description</th>
<th>Timescale</th>
<th>Regulation</th>
</tr>
</thead>
</table>
| 3                  | The provider must ensure that practicing privilege contracts are introduced between the provider and each self-employed clinician to ensure safe delivery of care with individual responsibility and accountability clearly identified (see page 17). | immediate                  | Regulation 8  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |
| 4                  | The provider must regularly review practitioners’ professional registrations and insurances to ensure they are up to date (see page 17).                                                                 | immediate                  | Regulation 8  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |
| 5                  | The provider must develop a formal documented induction package for new members of staff to make sure they have the appropriate support to gain the knowledge and skills required for their role (see page 17). | by 28 March 2023           | Regulation 12(d)  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |
## Domain 7 – Workforce management and support (continued)

### Requirements

6. The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated (see page 17).

Timescale – by 28 March 2023

*Regulation 12(c)(i)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendation

7. The service should obtain two references for new members of staff, in line with safe recruitment practices (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

## Domain 9 – Quality improvement-focused leadership

### Requirement

7. The provider must review its governance and accountability arrangements to ensure senior management help staff to drive forward the ongoing delivery of high quality, safe, person-centred care (see page 19).

Timescale – immediate

*Regulation 2*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

This was previously identified as a requirement in the August 2019 inspection report for TLC Clinic.
## Domain 9 – Quality improvement-focused leadership (continued)

### Recommendations

<table>
<thead>
<tr>
<th>h</th>
<th>The service should ensure information is shared with staff with practicing privileges, to enable them to carry out their role (see page 19).</th>
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<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27</td>
</tr>
<tr>
<td></td>
<td>This was previously identified as a recommendation in the August 2019 inspection report for TLC Clinic.</td>
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<tr>
<td>i</td>
<td>The service should introduce staff meetings between the manager and staff with practicing privileges. Minutes should be recorded including any actions taken and those responsible for the actions (see page 19).</td>
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</tr>
<tr>
<td>j</td>
<td>The service should develop and implement a quality improvement plan (see page 19).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
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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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<thead>
<tr>
<th>Before inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent healthcare services submit an annual return and self-evaluation to us.</td>
</tr>
<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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<table>
<thead>
<tr>
<th>During inspections</th>
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</thead>
<tbody>
<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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<tr>
<td>We give feedback to the service at the end of the inspection.</td>
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<table>
<thead>
<tr>
<th>After inspections</th>
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</thead>
<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>
</tr>
<tr>
<td>We check progress against the improvement action plan.</td>
</tr>
</tbody>
</table>

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