Announced Inspection Report: Independent Healthcare

Service: Elanic (West Regent Street), Glasgow
Service Provider: Elanic Limited

15 September 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 Elanic (West Regent Street) on Wednesday 15 September 2021. We spoke with the registered manager and the operations managers during the inspection. We also received feedback from three 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 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.

What we found and inspection grades awarded

For Elanic West Regent Street Clinic, the following grades have been applied to the key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
<td>Treatments were delivered in a clean and well maintained environment with systems in place to ensure the safety of patients attending the clinic. The service had introduced processes to monitor the effectiveness of these systems.</td>
<td>✔  ✔ Good</td>
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<tr>
<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>A clear leadership structure was in place. The service has embedded aspects of quality improvement into</td>
<td>✔  ✔ Good</td>
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</table>
practice. A quality improvement plan would help improve the quality of the service provided and ensure the delivery of safe and effective treatments.

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

### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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</thead>
<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records were securely stored and contained essential patient information. Patients had a consultation where appropriate assessments were made, the patients consent was obtained prior to any treatment. Discussions relating to the cost of treatments should be clearly documented in the patient’s care record.</td>
</tr>
<tr>
<td><strong>Domain 7 – Workforce management and support</strong></td>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Induction and ongoing training programmes were in place. Staff had regular appraisals. Protecting Vulnerable Groups (PVG) checks must be completed for non-clinical staff. Staff files must be completed in line with relevant guidance.</td>
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</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 Elanic Ltd to take after our inspection

This inspection resulted in one requirement and three 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 requirement 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

Elanic Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Elanic West Regent Street Clinic 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

Treatments were delivered in a clean and well maintained environment with systems in place to ensure the safety of patients attending the clinic. The service had introduced processes to monitor the effectiveness of these systems in place.

The clinic environment was in a generally good state of repair and was visibly clean. Flooring and surfaces were easily cleaned. We saw evidence of cleaning schedules to help make sure environmental cleanliness was maintained. Clinic staff were responsible for daily cleaning and the service used a company to deep clean the environment twice a week. Staff we spoke with told us that they were happy with the standard of cleaning the company provided. Feedback from our survey showed that all patients were satisfied with the cleanliness of the environment they were treated in.

Equipment, such as treatment couches and procedure trolleys were also visibly clean and in a good state of repair. Single-use equipment was used where appropriate. Clinical waste, including sharps was managed appropriately and a waste management contract was in place.

Hand hygiene facilities were available in the treatment rooms and alcohol-based hand rub was available in the reception area. Personal protective equipment, such as aprons, gloves and face masks were also available. We observed good staff compliance with use of facemasks in line with guidance during our inspection.
The service ordered medications directly from the manufacturer or from an online pharmacy. Medicines were stored appropriately and a dedicated clinical fridge was available for temperature-sensitive medications. We saw that medications were in-date and a system was in place to monitor the temperature of the fridge. Information documented in patient care records included the batch number of any medicines used, which would allow tracking if medications had any issues. Nursing and Midwifery Council-registered nurses and General Medicine Council-registered doctors prescribed medications for the service.

Fire safety equipment was seen in the clinic, such as:

- alarms
- extinguishers
- lighting, and
- signage.

The landlord and an external company carried out maintenance and servicing, such as for water safety, lighting and fire safety equipment.

The service had an audit programme in place that covered infection control, fire safety and patient care records. We were told that, after an audit was completed an action plan would be developed if required and would be discussed at the service’s clinical governance meeting. The most recent infection control audit showed good compliance with infection prevention and control, such as in environmental cleanliness, hand hygiene facilities and waste management.

While the service did not have a risk register, we saw that individual risk assessments had been completed, including for electrical safety and slips, trips and falls. We saw these risk assessments listed the mitigating factors in place to reduce the risk and also a date for when the risk would be reviewed.

- No requirements.
- No recommendations.
Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were secure and contained essential patient information. Patients had a consultation where appropriate assessments were made, the patient’s consent was obtained prior to any treatment. Discussions relating to the cost of treatments should be clearly documented in the patient’s care record.

Patient care records were in paper and electronic formats at the time of our inspection and the service was moving to electronic records only. Paper records were stored in a lockable filing cabinet, while electronic records were password-protected. Staff had individual computer login details to access the electronic records. When paper records were no longer required, an external company stored them securely and destroyed the records at the end of the retention period.

Patients were asked to complete a pre-consultation document to provide essential information, such as:

- address
- date of birth
- GP details, and
- next of kin.

In this document, patients were also asked to consent to sharing information with others if required. This had been completed for the patient care records we reviewed.

Patients completed a psychological assessment in the pre-consultation document and we saw evidence in the majority of the patient care records we reviewed. The service could request formal psychological assessments for patients if the clinician felt it was required.

We saw evidence of patients’ initial consultation and medical assessments. Consent had been obtained from patients before their procedure and we saw that risks and benefits of treatments were documented. Patient care records included details of the procedure carried out. Where patient care records were handwritten, these were generally legible, dated and signed.
Treatment information was given to patients before their procedure as well as written aftercare. The aftercare information included the contact details for the service so that patients could be given advice should complications arise. Staff told us that any complications would be recorded in the patient care record.

Patient documentation audits were carried out. The audit covered completion of patient documentation and included initial consultation, patient consent and the record of the treatments carried out. The last audit showed good compliance with the completion of patient documentation.

All patients and parents who responded to our survey agreed they had been involved in decisions about their care and treatment. They also told us they had been given time to reflect on their treatment option before consenting to the treatment.

All patients who completed our survey agreed they had been involved in decisions about their care and were given sufficient time to reflect on their treatment options before consenting to treatment. Comments included:

- ‘Time was taken to understand what I needed, and my expectations managed.’
- ‘There was no pressure to make my decision.’

**What needs to improve**

While we were told that cost of treatments were discussed during consultations for aesthetic treatments, this was not recorded in patient care records we reviewed. We will follow this up at future inspections.

- 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

Induction and ongoing training programmes were in place. Staff had regular appraisals. Protecting Vulnerable Groups (PVG) checks must be completed for non-clinical staff. Staff files must be completed in line with relevant guidance.

The service had policies for recruitment and training. We reviewed five staff files, including one for a staff member granted practicing privileges (staff not employed by the provider but given permission to work in the service). We saw evidence that pre-employment checks had been completed. This included:

- Disclosure Scotland Protection of Vulnerable Groups (PVG) checks for clinical staff
- indemnity insurance
- occupational health status
- professional registration, and
- proof of identity.

We saw signed contracts of employment and staff had clear roles, responsibilities and lines of accountability.

A structured induction programme was in place to help new staff gain an effective understanding of their new role which included a period of shadowing, training and supervision. Staff inductions were tailored to the needs of the individual’s role and job description. We were shown the online training system for staff and saw evidence of completed induction check sheets. These were completed when a member of staff was considered to be competent to work without supervision. Staff also completed a 6-month probationary period, and met regularly with their line manager during this time.

We saw that face-to-face and online learning was carried out for mandatory training and this was tailored to specific staff roles. For clinical staff, this included information management, health and safety and infection control. Completion of training was monitored to help make sure all staff were up to date and had the necessary knowledge and skills for their role. Staff training
certificates were copied into the staff file and an electronic log of training was maintained. We noted a high completion rate for mandatory training for all staff.

Continuing professional training and development opportunities were available for staff. This included education in updated policies and procedures, as well as other core topics like public protection (safeguarding).

All staff had a yearly appraisal which included an assessment of any development and training requirements. This appraisal helped inform the staff training plan. We saw that staff training was a standing agenda item at the monthly management team meeting.

**What needs to improve**
All clinical staff had been Protecting Vulnerable Groups (PVG)-checked for working with vulnerable adults. The service told us that it had been informed by another agency that it should not complete PVG checks for non-clinical staff. However, individuals cannot be employed in an independent healthcare service if they are listed under the Protection of Vulnerable Groups (Scotland) Act 2007. The service must have a system in place to check all employees before employment (requirement 1).

From staff records, we saw that not all staff had their recruitment correspondence and interview documentation recorded along with two references (recommendation a).

Informal individual catch up meetings between staff and their line managers were in place. We discussed with the service how these meetings could be developed further if regular, formal staff support and supervision meetings were held. We will follow this up at future inspections.

**Requirement 1 – Timescale: by 5 February 2022**
- The provider must ensure that all non-clinical staff roles are risk-assessed and relevant prospective employees are not included on the adults list in the Protection of Vulnerable Groups (Scotland) Act 2007.

**Recommendation a**
- The service should record all recruitment correspondence and interview documentation and obtain two references for new members of staff.
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

A clear leadership structure was in place. The service has embedded aspects of quality improvement into practice. A quality improvement plan would help improve the quality of the service provided and ensure the delivery of safe and effective treatments.

A clear leadership structure was in place with well-defined roles, responsibilities, and support arrangements for staff. We saw evidence of 3-monthly clinical governance and monthly senior management team meetings. From minutes of senior management team meetings, we saw that standing agenda items discussed included:

- complaints
- patient feedback
- staff engagement, and
- staff training needs.

Action plans with time frames for completion were in place for areas identified for improvement and senior staff had clear areas of responsibility for actions. Meeting outcomes and any changes in practice or improvement plans were shared with staff through email and discussed at staff catch up meetings.

The clinical manager audited patient experience surveys every month to identify any trends or potential improvements in service delivery. Changes in practice or improvement plans were regularly discussed at management meetings. In response to patient feedback, the service had improved its appointment system to make it a more streamlined, efficient service. An appointment-reminder text message system had been introduced to provide patients with the information
they need. This system also helped the service to save time from reminder calls and manage tasks more efficiently.

We found that the service had a number of policies in place which were accessible to all staff and had been reviewed and updated regularly. A duty of candour policy had been developed to provide information for staff about how to manage situations where something has gone wrong with patient treatment or care.

The service made sure that staff had training and personal development opportunities. It worked closely with staff to develop their practice and improve and expand the treatments on offer to patients.

The clinical manager described how staff were encouraged to become involved in the continuous quality improvement culture being further developed in the service. For example, in 2021 a staff survey and improvement activity had been carried out where staff met to discuss topics, including:

- career opportunities
- communication
- culture and diversity
- learning and development, and
- teamwork.

We were told that in response to this feedback, improvement actions with completion timescales would be identified and recorded in an improvement report. The report would be shared with staff.

A ‘purpose and values exercise’ for staff had also been completed to support staff to explore and discuss their understanding of the service’s values. Staff feedback informed the performance-appraisal ‘value statements’.

**What needs to improve**

The clinical manager told us that formal staff meetings had been put on hold during the COVID-19 lockdown and were no longer taking place at the time of our inspection (recommendation b).

Good assurance systems in place included clinical governance and senior management team meetings, audits, reviewing and acting on patient survey comments and complaints. However, the service did not have an overall quality assurance system or improvement plan. 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 c).

■ No requirements.

Recommendation b
■ The service should reintroduce staff meetings. Minutes should be recorded including any actions taken and those responsible for the actions. Minutes should be shared with all staff.

Recommendation c
■ 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 7 – Workforce management and support

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<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>1 The provider must ensure that all non-clinical staff roles are risk-assessed and relevant prospective employees are not included on the adults list in the Protection of Vulnerable Groups (Scotland) Act 2007 (see page 12).</td>
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</table>

Timescale – by 5 February 2022

**Regulation 9**

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

<table>
<thead>
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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
### Domain 9 – Quality improvement-focused leadership

<table>
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<th>Requirements</th>
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<tr>
<td>None</td>
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<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>b</strong> The service should reintroduce staff meetings. Minutes should be recorded including any actions taken and those responsible for the actions. Minutes should be shared with all staff (see page 15).</td>
</tr>
</tbody>
</table>

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

| **c** The service should develop and implement a quality improvement plan (see page 15). |

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.

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

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
**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](mailto:his.ihcregulation@nhs.scot)