Announced Inspection Report: Independent Healthcare

Service: The Glasgow Clinic, Glasgow
Service Provider: The Glasgow Clinic Hair Restoration Ltd

25 April 2022
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First published June 2022

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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 The Glasgow Clinic on Monday 25 April 2022. We spoke with the director and lead clinician during the inspection. We received feedback from 16 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

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

What we found and inspection grades awarded

For The Glasgow Clinic, 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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</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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processes helped the service to provide assurance of safe care and treatment, including risk assessments and an audit programme.

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

9.4 - Leadership of improvement and change

<table>
<thead>
<tr>
<th>Summary findings</th>
<th>Good</th>
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<tbody>
<tr>
<td>The service stayed up to date with advances in the sector through regular attendance of conferences, educational sessions and through professional groups. A detailed quality improvement planning process helped the service to demonstrate 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)**

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Patients were fully included and well informed about their treatments. The service kept in regular contact with patients following their procedures to check on their progress.</td>
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**Domain 7 – Workforce management and support**

<table>
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<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Effective systems and processes were in place to safely recruit staff. Learning and development opportunities were available for staff. Regular one-to-ones and yearly appraisals were carried out.</td>
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</tbody>
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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)
Further information about the Quality Framework can also be found on our website at:

**What action we expect The Glasgow Clinic Hair Restoration Ltd to take after our inspection**

This inspection resulted in no requirements and no recommendations.

We would like to thank all staff at The Glasgow Clinic for their assistance during the inspection.
What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients were very complimentary about the service and were able to make fully informed decisions about their treatment. Patient feedback was actively sought to help improve the quality of the service provided. A clear and accessible complaints process was in place.

The service had an informative website which provided information on the hair loss procedure available, including what to expect afterwards and a clear explanation of costs. We saw that patients were also provided with information by email and during the consultation process to enable them to make a fully informed decision.

Results from our online survey showed that patients felt involved in their treatment and were confident in the service. Comments included:

• ‘Staff were friendly, caring, and professional throughout the whole process.’
• ‘Thoughts and preferences actively sought and central to the whole process.’

The service’s participation policy described using the follow-up consultations as an opportunity to collect patient feedback. Each patient was asked to leave online feedback which was analysed, acted upon immediately if possible, or added to the service’s quality improvement plan. Patient feedback was also received verbally, by text and by email from patients. All feedback was recorded and shared with staff.
A complaints policy detailed the process for managing a complaint and provided information on how a patient can make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. This information was available on the service’s website and a complaints form was available in the clinic. The lead clinician had completed complaints training and was responsible for reviewing and managing complaints.

- No requirements.
- No recommendations.
Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

**Our findings**

**Quality indicator 5.1 - Safe delivery of care**

The environment was clean and well maintained. Clinical governance processes helped the service to provide assurance of safe care and treatment, including risk assessments and an audit programme.

The clinic environment and equipment was clean, well maintained and fit for purpose. A compliant clinical hand wash basin was in place and ventilation suitable for minor surgical procedures was installed and serviced every year.

We saw that the service adhered to its infection prevention and control policy. Effective measures were in place to reduce the risk of infection. Cleaning of the clinic environment and equipment was carried out in between patient appointments, as well as a programme of regular deep cleaning. Appropriate cleaning products were being used. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment such as face masks, gloves and aprons. A suitable waste contract was in place for the safe disposal of swabs, syringes, needles and other clinical waste.

Patients told us the environment was clean. Comments included:

- ‘The premises were spotlessly clean and the facilities and equipment seemed perfectly fit for purpose.’
- ‘Dedicated patient facilities and meticulous hygiene standards.’

A log of required and completed routine maintenance and servicing of equipment such as autoclaves (used to clean and sterilise equipment), fire safety equipment, and emergency medical equipment was kept.
The service had a medicines management policy and carried out medicines governance audits. Both routine and emergency medicines were stored appropriately and checked every week. Patient care records we reviewed showed batch numbers and expiry dates of medicines used during treatment were being recorded, in line with best practice.

Before all surgical procedures, a ‘surgical pause’ took place in line with the World Health Organization (WHO) guidelines. This involved the team re-checking the patient’s identity, the procedure to be carried out and that all appropriate processes were in place before surgery took place. After the procedure, a debrief session was held to discuss how the procedure went and any points for learning. A whiteboard in the treatment room displayed information relevant to the procedure such as patient information and clinical observations.

Staff used checklists in the treatment rooms to make sure correct and safe preparations were carried out before and after a procedure, including cleaning and equipment checks.

A number of processes had been implemented to ensure the safe delivery of care. This included a clinical governance policy, regular risk assessments, and an incident recording and review process. A programme of audits was carried out that included infection prevention and control, patient care records, health and safety, and fire safety. We saw evidence of these audits with actions taken documented where necessary. If actions could not be taken immediately, they were added to the service’s quality improvement plan.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong) and a duty of candour report has been produced and made available on the service’s website. The service had not had any instances requiring it to implement duty of candour principles.

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

Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Patients were fully included and well informed about their treatments. The service kept in regular contact with patients following their procedures to check on their progress.

The lead clinician carried out a full assessment and discussed a proposed treatment plan with patients before any treatment took place. Patients were fully informed to make sure they had realistic expectations of their proposed treatment plan. Treatment would not proceed if patients had unrealistic expectations, if the treatment was unnecessary or if a clinical risk was indicated.

Following the initial consultation, the treatment plan was emailed to the patient. Once a patient agreed to treatment, they were then emailed with all the necessary information about their treatment such as risks, benefits, side effects and expectations so that they could provide fully informed consent.

Patients who responded to our online survey said:

- ‘I had every step of the procedure, costs, recovery time and potential side effects explained fully, in a simple and easy to understand manner.’
- ‘At a face to face ... she went over everything in great detail. This was followed by a substantial email summarising our conversation. There was no sales pitch or timeline put on this.’
- ‘Well informed prior to treatment and full medical and social history taken into account when discussing options.’

All patients were provided with aftercare information and were contacted within the first 2 weeks following treatment to offer further advice. Patients were also given a 24-hour contact telephone number. Every 3 months in the first year following treatment, follow-up emails were sent with information about what progress the patient should be expecting at that time. Patients were encouraged to submit photographs and contact the service at these follow-up intervals, and were then invited for a face-to-face appointment to assess the outcome of their treatment after the first year.
Patient care records were stored on a password-protected electronic system. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights).

**What needs to improve**

We reviewed three patient care records and found these were clear and detailed. However, patients’ next of kin and GP contact details were not always completed. We were told the service had already identified this as an issue and had established that patients were often anxious about sharing information about their treatment. The service planned to encourage patients by explaining the importance of supplying this information. 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**

Effective systems and processes were in place to safely recruit staff. Learning and development opportunities were available for staff. Regular one-to-ones and yearly appraisals were carried out.

The three staff files we reviewed showed that the service had effective recruitment and selection procedures. Pre-employment checks had been carried out, such as:

- proof of identity
- references, and
- their right to work in the UK.

The service was registered with Disclosure Scotland and had a clear process in place to make sure staff had up-to-date Protecting Vulnerable Groups (PVG) background checks. PVGs were checked every 3 years.
Staff completed both a service and a role-specific induction when they started working in the service. This included face-to-face and online training alongside a period of role-related shadowing. New staff who were shadowing as part of their induction were not counted in the staffing numbers. This meant they had dedicated time to learn with support from more experienced colleagues.

All staff had frequent one-to-ones and regular appraisals when personal development opportunities could be discussed. Clear roles, responsibilities and accountabilities were detailed in job specifications, and ongoing training was provided and recorded.

Patients who responded to our online survey said:

- ‘Very cohesive team dynamic.’
- ‘The team worked efficiently and effectively together, inspiring confidence in their expertise.’

- No requirements.
- No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

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

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

**Our findings**

**Quality indicator 9.4 - Leadership of improvement and change**

The service stayed up to date with advances in the sector through regular attendance of conferences, educational sessions and through professional groups. A detailed quality improvement planning process helped the service to demonstrate a culture of continuous improvement.

A detailed quality improvement policy was in place which included processes for monitoring and improving the service. This included reviewing data such as:

- patient safety incidents and the outcome of investigations
- patient and service audits and improvements, and
- results of patient satisfaction surveys.

We saw evidence that the service kept and implemented a quality improvement plan and actions being taken. For example, staff had been involved in an ongoing series of process mapping exercises to identify gaps in knowledge and skills, to standardise clinical processes, and to reduce variation and waste.

Staff were encouraged to improve and increase efficiency through incentive schemes for engaging in quality improvement activities. Staff were supported to identify opportunities for improvement and take ownership of improvement projects. For example, one staff member was given the opportunity to develop and implement a new rota system. We noted the manager of the service was undertaking a Postgraduate Certificate in Healthcare Quality Improvement.

There was evidence that the service responded to feedback from patients to make improvements. Through collating and assessing feedback, the service identified that, very occasionally, patients expressed concerns about the outcome of the surgery not matching their expectations. An audit was conducted, learning points identified and actions taken such as providing more explanation during consultations and in written information to help patients better understand what results could be expected.
Patients were invited to attend an appointment to assess their surgical outcomes 12 months after their procedure. This information was then reviewed against industry best practice results. The lead clinician used their membership of peer and professional groups to improve the service and to keep up to date with changes in best practice and legislation. The service also sought out good practice from sources such as professional bodies, webinars, international conferences and journal publications. There was evidence of involvement with professional organisations, such as the service’s lead clinician being a certified surgeon with the American Board of Hair Restoration Surgery.

**What needs to improve**
Regular team meetings took place to keep staff updated. Although formal minutes of staff meetings were not taken, a communication log of discussions was available for staff to review. We would encourage the service to record minutes of meetings. We will follow this up at a future inspection.

- 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.

This inspection resulted in no requirements and no recommendations.
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)
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