Announced Inspection Report: Independent Healthcare

Service: RPA Clinic, Glasgow
Service Provider: Reach Aesthetics Ltd

9 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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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 RPA Clinic on Tuesday 9 November 2021. We spoke with one of the directors during the inspection. We received feedback from 10 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 RPA Clinic, the following grades have been applied to the key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
<td>The environment is clean, well maintained and patient equipment is in a good state of repair. Patient feedback was positive about the service. Regular risk assessments and an audit programme must be developed.</td>
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<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
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<td>9.4 - Leadership of improvement and change</td>
<td>Two of the three directors carry out aesthetic treatments in the service. A suitable system of regularly reviewing the quality of the service must be</td>
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implemented. Pre-employment checks carried out must be documented in staff files. Senior management meetings should be formal and have recorded outcomes. A quality improvement plan should be in place.

The following additional quality indicator was inspected against during this inspection.

<table>
<thead>
<tr>
<th>Additional quality indicators inspected (ungraded)</th>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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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)

**What action we expect Reach Aesthetics Ltd to take after our inspection**

This inspection resulted in four requirements and five recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: [www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Reach Aesthetics 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 RPA 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

The environment is clean, well maintained and patient equipment is in a good state of repair. Patient feedback was positive about the service. Regular risk assessments and an audit programme must be developed.

The service consisted of a large consultation room in a multi-purpose building. The landlord and external contractors were responsible for the maintenance of the building, such as:

- electrical checks every year
- fire safety, and
- gas maintenance.

Fire extinguishers and fire signage were in place through the building. The landlord employed a cleaner for the building who had access to the consultation room to clean it daily.

We saw that the environment was clean and well maintained. All equipment, such as couches and clinical trollies were clean and in a good state of repair. Single-use equipment was used where appropriate.

The service had an updated infection prevention and control policy in place. We were told that staff cleaned ‘high-touch areas’ and equipment after every patient. Patient appointments were appropriately spaced out to allow for necessary cleaning and to avoid having patients wait. We saw that personal protective equipment, such as masks, aprons and gloves were readily available.
and patients had access to alcohol-based hand gel when arriving at the service. Hand hygiene facilities were available in the consultation room. Clinical waste, including sharps was managed appropriately and a waste contract was in place.

All medications were ordered from appropriately registered suppliers and stored in lockable cupboards. A dedicated clinical fridge was used to store medicines and the service had a system in place to document its temperature. All medicines and patient equipment was in-date and we were told a regular monthly check was carried out to make sure. All patient care records we reviewed contained details of the batch number and expiry date of the medicines used.

Feedback from our survey showed that patients were satisfied with the cleanliness of the environment they were treated in. Comments included:

- ‘Very clean and professional.’
- ‘Very clean and inviting environment to be in so I was very happy with my visit to the clinic.’

**What needs to improve**

The service did not have a structured approach to managing risk. All risks to patients and staff must be effectively managed. A register of risk assessments that was regularly reviewed and updated would help manage risk. Processes must be in place to manage accidents and incidents (requirement 1).

The service had an up-to-date infection prevention and control policy. However, this did not include reference to Health Protection Scotland’s *National Infection Prevention and Control Manual* or the Healthcare Associated Infection (HAI) standards (requirement 2).

We were told that stock expiry dates were checked every month and staff regularly carried out cleaning. However, the service did not have documented evidence of this. A documented programme of regular audits should be implemented which, as a minimum includes:

- environmental checks and cleaning schedules
- medicine management, including checking expiry dates of equipment and medicines.
- patient care records (recommendation a).
Requirement 1 – Timescale: immediate

■ The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Requirement 2 – Timescale: immediate

■ The provider must ensure the infection prevention and control policy references Health Protection Scotland’s national Infection Prevention and control manual or the Healthcare associated Infection (HAI) Standards.

Recommendation a

■ The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records are completed appropriately in a legible format and stored securely. Patients responding to our survey felt fully informed when consenting to treatment. Aftercare information given to patients should be recorded.

All patient care records were in paper format and stored in a locked filing cabinet. We reviewed five patient care records and found that all aspects of patient contact details were completed in a legible format, including GP and emergency contacts. A past medical history was recorded, which included:

- allergies
- current medicines, and
- previous aesthetic treatments.

A detailed consent process was completed, which included sharing information about the risks and benefits of treatments. Patients could also consent to have their photographs taken. Patients and the practitioner had signed all consent forms we reviewed.
The consultation process was documented and included details of the treatment plan in place. Each individual had a completed consultation form and we saw evidence of COVID-19 screening documents in patient care records.

We were told that aftercare was discussed verbally after treatment and patients were given an information sheet when leaving the service.

All patients who responded to our survey agreed that they felt involved in the decision about treatment and were not rushed to consent to the process. Comments included:

- ‘The full explanation, not being rushed, I was offered to take more time if I needed it and was offered a return appointment if I wished it’.
- ‘I was not rushed at all at my consult and had plenty of time before I gave consent.’

**What needs to improve**

While we were told that patients received aftercare advice verbally and in an information sheet, this was not documented in patient care records (recommendation b).

- No requirements.

**Recommendation b**

- The service should ensure evidence of verbal or printed aftercare advice is documented in the patient care record.
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

Two of the three directors carry out aesthetic treatments in the service. A suitable system of regularly reviewing the quality of the service must be implemented. Pre-employment checks carried out must be documented in staff files. Senior management meetings should be formal and have recorded outcomes. A quality improvement plan should be in place.

The directors of the service are registered pharmacists on the general pharmaceutical register and provide aesthetic treatments. They complete a rolling programme of ongoing training and are members of an aesthetic forum supporting them in the event of complications.

We were told the service directors had informal, weekly meetings and discussions at these included future plans of the service. We were told the service was considering some service changes, such as:

- increasing the available treatments
- recruiting aesthetic practitioners, and
- inviting professionals to work in the service under a practicing privileges contract.

Patients could share their experiences through a feedback box in the consultation room, on the service’s website or social media. We were told the service responded to these individuals, feedback received had all been positive and the service had not experienced complaints or incidents.

What needs to improve

The service did not have overarching quality assurance structures in place or a system to review the quality of the service delivered. We saw no evidence of lessons learned from incidents or audits which would help improve service.
delivery. Regular reviews of the service would help make sure the service delivered is of a quality appropriate to meet the needs of patients (requirement 3).

We were told that both directors who carried out aesthetic treatments had a Protecting Vulnerable Groups (PVG) check carried out. However, we saw no evidence of completed recruitment checks. These checks should include:

- aesthetics qualifications
- mandatory and statutory training
- professional registration checks, and
- Protecting Vulnerable Groups (PVG) background checks
- references (requirement 4).

While the directors regularly met informally, no formal structured meetings took place. Director meetings should have an agenda, minutes of the meeting should be recorded and action plans should be developed from discussions where improvement actions are identified (recommendation c).

The service did not have a formal quality improvement plan in place (recommendation d).

The service responded to individual patient feedback on social media. However, feedback should be used to improve the quality of care provided, how the service is delivered and to inform patients of their positive impact (recommendation e).

**Requirement 3 – Timescale: by January 2022**
- The provider must implement a suitable system of regularly reviewing the quality of the service.

**Requirement 4 – Timescale: immediate**
- The provider must ensure that all staff, including those with practicing privileges, working in a registered healthcare service have appropriate recruitment safety checks in place.

**Recommendation c**
- The service should formally record the minutes of management meetings. These should include a documented action plan highlighting those responsible for the actions.
Recommendation d

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Recommendation e

- The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs the patient of how their feedback has been addressed.
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 5 – Delivery of safe, effective, compassionate and person-centred care

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<thead>
<tr>
<th>Requirements</th>
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| **1** | The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 9). Timescale – immediate  

*Regulation 13(2)(a)*  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |
| **2** | The provider must ensure the infection prevention and control policy references Health protection Scotland’s national Infection Prevention and control manual or the Healthcare associated Infection (HAI) Standards (see page 9). Timescale – immediate  

*Regulation 3(d)(i)*  
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)

#### Recommendations

**a** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 9).

Health and Social Care Standards: My support, my life: I have confidence in the organisation providing my care and support 4.11

**b** The service should ensure evidence of verbal or printed aftercare advice is documented in the patient care record (see page 10).

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

### Domain 9 – Quality improvement-focused leadership

#### Requirements

**3** The provider must implement a suitable system of regularly reviewing the quality of the service (see page 12).

Timescale – by January 2022

*Regulation 3(1)(a)*

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

**4** The provider must ensure that all staff, including those with practicing privileges, working in a registered healthcare service have appropriate recruitment safety checks in place (see page 13).

Timescale – immediate

*Regulation 8(1)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
### Domain 9 – Quality improvement-focused leadership (continued)

<table>
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<tr>
<th>Recommendations</th>
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| **c** The service should formally record the minutes of management meetings. These should include a documented action plan highlighting those responsible for the actions (see page 12).  
Health and Social Care Standards: My support, my life: I have confidence in the organisation providing my care and support 4.19 |
| **d** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 12).  
Health and Social Care Standards: My support, my life: I have confidence in the organisation providing my care and support 4.19 |
| **e** The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs the patient of how their feedback has been addressed (see page 12).  
Health and Social Care Standards: My support, my life: I have confidence in the organisation providing my care and support 4.8 |
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