Announced Focused Inspection Report: Independent Healthcare

Service: Cloud Nine Clinic, Glasgow
Service Provider: Greenlark Limited

29 June 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 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 8 October 2019

Requirement
The provider must ensure that appropriate practices are in place for the prescribing of botulinum toxin medicine and that these changes in practice are reflected in its medicine management policies and procedures.

Action taken
Botulinum toxin medicines were now being prescribed and administered in line with the manufacturer and best practice guidance. The service had amended its medicines management policy to reflect these improvements. This requirement is met.

Requirement
The provider must implement effective systems that demonstrate safe recruitment of staff.

Action taken
The service’s recruitment and training policy now included the necessary pre-employment checks to be undertaken for all new staff. This requirement is met.

Requirement
The provider must ensure that all 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.

Action taken
The service had not yet completed a risk assessment for non-clinical staff roles, and did not have a system and process in place to undertake background checks, as required by the Protection of Vulnerable Groups (Scotland) Act 2007. This requirement is not met. As the relevant Quality indicator was not reviewed as part of this focused inspection, this requirement will be carried forward with a revised timescale (see Appendix 1).
Requirement
The provider must implement a system to ensure that professional registrations of staff are current and that staff are fit to practice.

Action taken
From the clinical staff files we reviewed, we found the service had carried out relevant professional registration and fitness to practise checks. This requirement is met.

Requirement
The provider must have its Healthcare Improvement Scotland registration certificate on display. This certificate should be displayed where patients can view it.

Action taken
Healthcare Improvement Scotland’s registration certificate was now prominently displayed in the clinic. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 8 October 2019

Recommendation
The service should update its complaint policy to make it clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process.

Action taken
The service’s complaints policy now included information that Healthcare Improvement Scotland can be contacted at any time during the complaints process.

Recommendation
The service should develop a structured approach to ensure that feedback from patients is used to promote continuous improvement.

Action taken
The service had developed a process for recording and analysing patient feedback, and this information was used to help develop and improve the service.
Recommendation
The service should review its corporate infection prevention and control policy and auditing system to make sure they are both in line with Scottish guidance.

Action taken
The service had reviewed its infection prevention and control policy. However, we saw that the policy still did not make specific reference to Scottish guidance. This recommendation is further reported on Quality indicator 5.1 (see recommendation d).

Recommendation
The service should ensure botulinum toxin is used in line with the manufacturer’s and best practice guidance and update its medicines management policy to accurately reflect the process in place.

Action taken
The service was now following manufacturer’s guidance for the storage, administration and disposal of botulinum toxin, and had updated its medicines management policy to reflect this. However, we noted that the safe treatment protocols in the service’s infection prevention and control policy referred to the use of multi-dose vials. Although the service no longer used multi-dose vials, all corresponding policies, procedures and protocols should be updated to reflect this change in practice. We will follow this up at future inspections.

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

Action taken
The service had developed a programme of regular medicines management and infection prevention and control audits, such as environmental and patient equipment cleanliness. We noted that results and any actions required from these audits to help improve the service were discussed at monthly governance meetings. However, the service should continue to expand its audit programme to include audits of other aspects of care and treatment such as patient care records and staff files. We will follow this up at future inspections.
**Recommendation**  
*The service should ensure that policies and procedures are reviewed regularly.*

**Action taken**  
From reviewing a selection of key policies, we saw the service had introduced a process for reviewing and updating its policies and procedures on a regular basis.

**Recommendation**  
*The service should develop and implement a duty of candour policy.*

**Action taken**  
The service had now developed and implemented a duty of candour policy.

**Recommendation**  
*The service should record patient consent for sharing information with GPs and other relevant medical staff, if required.*

**Action taken**  
In the patient care records we reviewed, we saw that patients’ consent to share information with their GP and relevant others was now completed and documented as part of the patient’s initial consultation and assessment for treatment.

**Recommendation**  
*The service should further develop and implement its induction and ongoing training programme for staff.*

**Action taken**  
The service had updated its recruitment and training policy to include an induction programme for new staff. Staff described recent learning and development they had undertaken, such as infection prevention and control and COVID-19 training. However, we saw no evidence of this in the staff files we reviewed. As the relevant Quality indicator was not reviewed in detail as part of this focused inspection, this recommendation will be carried forward (see Appendix 1).

**Recommendation**  
*The service should develop and implement a quality improvement plan.*

**Action taken**  
Since the last inspection in October 2019, some improvements had been made to how the service was being delivered, such as introducing audits and updating
policies and procedures. However, the service was still in the early stages of developing a formal quality improvement plan. As the relevant Quality indicator was not reviewed in detail as part of this focused inspection, this recommendation will be carried forward (see Appendix 1).

**Recommendation**

*The service should ensure information is shared with all staff to enable them to carry out their role.*

**Action taken**

Staff told us they were kept informed of any changes about policies, products or service updates. We were told the service was looking at additional ways to involve staff in helping to develop and improve the service.
2 A summary of our inspection

We carried out an announced inspection to Cloud Nine Clinic on Tuesday 29 June 2021. The purpose of the inspection was to make sure the service was delivering care safely to patients, in light of the COVID-19 pandemic. We reviewed progress with the five requirements and eleven recommendations made following the previous inspection on 8 October 2019. We also reviewed the service’s infection prevention and control policies and procedures, and spoke with a number of staff during the inspection.

The inspection team was made up of two inspectors.

We did not request a self-evaluation from the service before the inspection.

What we found and inspection grades awarded

For Cloud Nine Clinic, the following grade has been applied to the key quality indicator inspected.

<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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</table>

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>The service had introduced measures to reduce the risk of COVID-19 transmission between staff and patients. This included social distancing, enhanced cleaning of the clinic environment and pre-screening of patients for COVID-19 before they attended the clinic. However, cleaning equipment and the type of personal protective equipment used in the service should be reviewed to be in line with national guidance. The service needed to update its practice and policy for the management of prescription-only medicines. An environmental risk assessment should be carried out, and a planned refurbishment programme put in place.</td>
<td>✔️ Satisfactory</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

What action we expect Greenlark Limited to take after our inspection

This inspection resulted in one requirement and four 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

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

We would like to thank all staff at Cloud Nine Clinic for their assistance during the inspection.
3 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 service had introduced measures to reduce the risk of COVID-19 transmission between staff and patients. This included social distancing, enhanced cleaning of the clinic environment and pre-screening of patients for COVID-19 before they attended the clinic. However, cleaning equipment and the type of personal protective equipment used in the service should be reviewed to be in line with national guidance. The service needed to update its practice and policy for the management of prescription-only medicines. An environmental risk assessment should be carried out, and a planned refurbishment programme put in place.

We reviewed the policies and procedures the service had introduced or adapted which described the measures put in place to help reduce the risk of transmission of COVID 19. These measures were in line with national guidance and included:

- one way system when entering and leaving the building
- 2 metre markings on the floor to maintain social distancing
- staggered appointments to reduce foot-fall in the building
- gaps between clinic appointments to allow the treatment room and patient equipment to be cleaned
- enhanced cleaning of the clinic environment including frequently touched areas such as door handles, light switches and card payment machine
- introducing a COVID-19 pre-assessment questionnaire for patients
- COVID-19 guidance for staff, and
- personal protective equipment including face masks for patients and staff.
Patients entered the building through the main door, accessed through a secure door entry system controlled by reception staff. This prevented members of the public from entering the building unattended and without an appointment. Before their appointment, patients completed a COVID-19 pre-assessment questionnaire and were provided with information explaining what the service was doing to keep staff and patients safe during the pandemic. This included measures such as waiting outside until their appointment time. When patients arrived at the clinic, staff checked patients’ temperature and provided them with fluid-resistant face masks and alcohol based hand-rub.

A good supply of personal protective equipment was available for patients and staff such as face masks, visors, aprons and gloves. The service stored personal protective equipment close to where patients received their treatment, and disposed of it appropriately as clinical waste.

The clinic environment and patient equipment were visibly clean. Cleaning schedules showed that regular cleaning took place. The service had introduced enhanced cleaning measures such as additional cleaning of frequently touched areas, in line with national guidance.

We reviewed five patient care records. These detailed the patient’s initial consultation and assessment before treatment. Records included a full medical history, with details of medicines, health conditions and allergies, and documented the patient’s consent to treatment. Each patient care record confirmed that staff had screened the patient for symptoms of COVID-19 before they attended the clinic and again before their treatment.

Staff told us that clinical staff participated in COVID-19 testing twice a week as part of their other NHS roles. The service had developed guidance to assist staff with what action they needed to take if they experienced COVID-19 symptoms. This included self-isolating, getting a full COVID-19 test from an approved site and following current national guidance.

**What needs to improve**
The service had updated its medicines management policy since our last inspection in October 2019. However, both the policy and the service’s prescribing and ordering procedures for medicines, still made reference to a named prescriber who no longer worked in the service. We found a number of prescribed medicines with this person’s name who no longer had any involvement in prescribing or ordering stock for the service. The service had not updated its prescribing arrangements with its pharmacy to reflect that one of its independent nurse prescribers must be registered with them as the named prescriber for ordering prescription-only medicines for this service (requirement 1).
Although there was a good supply of personal protective equipment available, the service was using vinyl gloves for patient treatments. This is not in line with Health Protection Scotland’s *National Infection Prevention and Control Manual* (recommendation a).

We noted a number of issues with the type of wall and floor coverings in the treatment room. This included wallpapered surfaces, a lack of a splashback above the sink, damaged flooring and a need to seal edgings round the skirtings. Although the environment was clean, some of these issues mean that the environment cannot be cleaned effectively. Staff told us there had been no refurbishment or upgrading of the environment for a number of years. We were told that a recent environmental risk assessment had not been carried out. This would help the service to highlight areas in the environment that may need action (recommendation b).

The service is based in a shared commercial building. We found the service did not have a full set of dedicated cleaning equipment for the treatment room. The mop used to clean the treatment room was shared and used by other unrelated companies in the building (recommendation c).

Although the service had updated its infection prevention and control policy since our last inspection, it did not reflect best practice guidance in place for Scotland (recommendation d).

Cloud Nine Clinic shared the treatment room with a cosmetic make-up service. We found the room was cluttered with items from this other service. The service agreed to reduce the clutter in the treatment room as a matter of priority. This is important for infection prevention and control, and staff and patient safety reasons.

**Requirement 1 – Timescale: immediate**

- The provider must ensure that its procedures for the management of prescription-only medicines are in line with current prescribing standards, guidance and best practice. The medicines management policy and prescribing and ordering procedures for medicines should be updated to reflect this.
Recommendation a
■ The service should ensure compliance with Health Protection Scotland’s *National Infection Prevention and Control Manual* for personal protective equipment.

Recommendation b
■ The service should ensure a planned programme of refurbishment takes place and that an environmental risk assessment is completed to address any deficiencies.

Recommendation c
■ The service should ensure it has dedicated cleaning equipment for use in its treatment room.

Recommendation d
■ The service should ensure its infection prevention and control policy is updated to include reference to relevant Scottish guidance.
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

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td><strong>1</strong> The provider must ensure that its procedures for the management of prescription-only medicines are in line with current prescribing standards, guidance and best practice. The medicines management policy and prescribing and ordering procedures for medicines should be updated to reflect this (see page 13).</td>
</tr>
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**Timescale – immediate**

**Regulation 3(d)(iv)**

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

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>a</strong> The service should ensure compliance with Health Protection Scotland’s <em>National Infection Prevention and Control Manual</em> for personal protective equipment (see page 14).</td>
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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 4.11
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

| b | The service should ensure a planned programme of refurbishment takes place and that an environmental risk assessment is completed to address any deficiencies (see page 14). |
|   | Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22 |

| c | The service should ensure it has dedicated cleaning equipment for use in its treatment room (see page 14). |
|   | Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |

| d | The service should ensure its infection prevention and control policy is updated to include reference to relevant Scottish guidance (see page 14). |
|   | Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |

### Requirements and recommendations carried forward from our 8 October 2019 inspection

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<td>The provider must ensure that all 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.</td>
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Revised timescale – immediate

*Regulation 9(2)*

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

This was previously identified as a requirement in the October 2019 inspection report for Cloud Nine Clinic.
<table>
<thead>
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<tr>
<td>The service should further develop and implement its induction and ongoing training programme for staff.</td>
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<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</td>
</tr>
<tr>
<td>This was previously identified as a recommendation in the October 2019 inspection report for Cloud Nine Clinic.</td>
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<tr>
<td>The service should develop and implement a quality improvement plan.</td>
</tr>
<tr>
<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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<td>This was previously identified as a recommendation in the October 2019 inspection report for Cloud Nine Clinic.</td>
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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.

### 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
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