Announced Inspection Report: Independent Healthcare

Service: The Coast Clinic, Ayr
Service Provider: The Coast Clinic Limited

11 August 2021
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www.healthcareimprovementscotland.org
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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 Coast Clinic on Wednesday 11 August 2021. We spoke with the owner/manager of the service during the inspection. We received feedback from 37 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. The service submitted a satisfactory self-evaluation.

What we found and inspection grades awarded

For The Coast 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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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td><strong>Quality indicator</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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### Key quality indicators inspected (continued)

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

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<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>9.4 - Leadership</td>
<td>We saw some good evidence of leadership with a regular programme of audits, review of the service’s policies, and regular staff support and training. The service should continue to develop its quality improvement plan to help improve the quality of the service provided, and ensure the delivery of safe and effective treatments.</td>
<td></td>
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<td>of improvement</td>
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<td>Satisfactory</td>
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<td>and change</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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<tbody>
<tr>
<td>5.2 - Assessment</td>
<td>All patients received an assessment before any treatment was carried out. Patients were given detailed explanations of proposed treatments including any potential associated risks.</td>
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<td>and management</td>
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<td>of people</td>
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<td>experiencing</td>
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**Domain 7 – Workforce management and support**

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<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tr>
<td>7.1 - Staff</td>
<td>Comprehensive and up-to-date recruitment and practicing privileges policies were in place. However, all aspects of the recruitment process, including background and safety checks, should be consistently carried out for each individual and documented in staff files. Staff performance and development reviews must also be documented.</td>
</tr>
<tr>
<td>recruitment,</td>
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<td>training, and</td>
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<td>development</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

**What action we expect The Coast Clinic Limited 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

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

We would like to thank all staff at The Coast 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 service is clean and well maintained. A regular programme of monthly audits showed good compliance, including with infection prevention and control practice. However, appropriate systems, processes and procedures must be in place to manage risks and ensure a safe environment for patients and staff.

The service was clean and well maintained. We were told about the enhanced, additional cleaning now carried out in the clinic due to the pandemic. Patient appointments were arranged with appropriate gaps between to allow for appropriate cleaning to be carried out.

We saw that alcohol-based hand rub was available at the entrance of the clinic and in each treatment room. A good supply of personal protective equipment was available for staff and patients. Appropriate infection prevention and control signage was displayed in all rooms for both staff and patients.

Before attending an appointment, patients were sent a COVID-19 screening questionnaire to complete. Any patient suspecting they had symptoms of COVID-19 were advised not to attend their appointment.

Relevant policies and procedures, such as infection prevention and control, health and safety at work and management of adverse events policies were in place to support the safe delivery of care. We saw these had been reviewed and updated recently.
A comprehensive programme of audits was carried out by the manager every month. This focused primarily on infection prevention and control, particularly looking at managing COVID-19 risks, patient care records and medicine management. Results from audits were documented electronically, and we saw these showed good compliance.

A medicine management policy was in place and we saw that medicines were managed appropriately. This included procuring, prescribing and administering medicines. We saw evidence of regular fridge checks and temperature checks to make sure medication was stored within accepted temperature ranges.

The main treatment room contained a laser machine. There was appropriate laser signage on the door of the room. We were told the machine was serviced every year, and noted it was due for service in August 2021. Appropriate eye protection was available for both patients and staff to wear.

We saw an up-to-date fire risk assessment.

Feedback from patients from our online survey suggested they were all extremely satisfied with the environment:

- ‘Clinic is always impeccable.’
- ‘As always, clean, tidy. Calm and safe environment. Always happy.’

What needs to improve

Although the service offered laser treatments, there was no registered laser protection advisor working for the service. Their role would be to carry out risk assessments to ensure a safe environment for patients and staff. This also meant no laser safety policy or ‘local rules’ were in place to manage laser safety in the service (requirement 1).

The service had recently reviewed and updated its policies, and had carried out COVID-19 related risk assessments and a recent fire risk assessment. However, all risks to patients and staff in the service must be effectively managed on an ongoing basis. A proactive risk management processes must be developed which includes:

- a comprehensive risk register, and
- appropriate risk assessments to protect patients and staff (requirement 2).
During the inspection, we found a small number of items were out of date. This included alcohol-based hand rub and one packet of oral medicine. The manager told us they had been aware that some of these items were out of date and had planned to remove them once stock had been re-ordered (recommendation a).

While medicines were stored in a secure locked room, we were told that non-clinical staff had full access to these rooms unsupervised. Therefore, the cupboards storing medicines and single-use patient equipment within this room should also be locked (recommendation b).

During the inspection, it was noted that all items of stock medicine including emergency medicines, anti-wrinkle fillers and creams had individual patient names on them. This is not best practice as an individually named item should only then be administered to that individual. The manager agreed to address this with the pharmacist. We will follow this up at the next inspection.

We noted that the tap of the hand wash basin was loose. The hand wash basin was also not compliant with national guidance about sanitary fittings. The manager told us a plan was in place to replace the sink with an appropriate clinical sink. We will follow this up at the next inspection.

**Requirement 1 – Timescale: immediate**
- The provider must implement systems, processes and procedures to manage all aspects of laser safety in the service.

**Requirement 2 – Timescale: immediate**
- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

**Recommendation a**
- The service should ensure a regular programme of checking equipment and stock expiry dates is in place.

**Recommendation b**
- The service should ensure that all medicines and single-use patient equipment are securely stored.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

All patients received an assessment before any treatment was carried out. Patients were given detailed explanations of proposed treatments including any potential associated risks.

All patients received an assessment before any treatment was carried out. Detailed explanations of proposed treatment was provided including any potential associated risks. We reviewed four patient care records. We saw that these contained the patient’s GP details, medical history, consultation, medications and known allergies. Consent to treatment had been signed by both the practitioner and patient.

A treatment plan was agreed between the practitioner and patient before starting treatment. This included the risks and benefits of treatment. This was then documented in the patient care record.

Patients who responded to our survey told us they had been involved in decisions about their care and treatment, were given time to reflect on consent and had been kept informed throughout their treatment.

After treatment, patients were provided with verbal aftercare information. We were told that the provision of paper copies of written aftercare information had been stopped due to the risk of COVID-19.

Patient care records were regularly audited, and results showed good compliance from staff.

What needs to improve

Patient care records were currently a mix of both paper and electronic records. The service was in the process of migrating to an electronic record-keeping system. All patient care records should be transferred onto the electronic system with information password protected and a suitable back-up system in place. We will follow this up at the next inspection.

- 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

Comprehensive and up-to-date recruitment and practicing privileges policies were in place. However, all aspects of the recruitment process, including background and safety checks, should be consistently carried out for each individual and documented in staff files. Staff performance and development reviews must also be documented.

A detailed and up-to-date practicing privileges policy was in place. This policy was applied to any staff members not employed directly by the provider but given permission to work in the service. At the time of the inspection, the service had practicing privileges contracts in place with four practitioners.

We reviewed three electronic staff files and found appropriate background and safety checks in place in most cases. The manager completed a practicing privileges checklist for each individual. This included checking references, all necessary professional registration checks with the Nursing and Midwifery Council, aesthetics qualifications, Protecting Vulnerable Groups (PVG) background checks and insurance documents. This information was then stored in the individual electronic staff files. We saw an email sent to a new staff member. This included a checklist of documents they had to submit to the service including identity checks and relevant insurance documents. Staff immunisation records were documented in each staff file.

We were told that each individual practitioner had a period of induction when they first started working in the service. A number of meetings were then held with the manager to discuss their ongoing development and training. The manager told us they planned to introduce a regular training programme for all practitioners, for example managing adverse events such as complications from treatment. The manager highlighted current training available to staff through webinars. An external professional training body had approached the service to be included in delivering a programme of aesthetic training.
What needs to improve

We were told that annual meetings were arranged to discuss an individual practitioner’s performance and development. However, the performance review was not documented (requirement 3).

We were told the service employed a cleaner to clean the clinic every week. There was no evidence of a recruitment process having taken place before employing the cleaner (recommendation c).

While most necessary background checks were carried out on the practitioners, there was no evidence in the files of what checks had taken place on each individual’s identity. We were told this information was stored elsewhere and not within the individual’s staff file (recommendation d).

Requirement 3 – Timescale: immediate

■ The provider must ensure that all performance and development reviews are documented and evaluated and include the staff member’s aims and expectations.

Recommendation c

■ The service should ensure that appropriate recruitment processes are followed for all staff employed in the service, including non-clinical staff.

Recommendation d

■ The service should ensure that all recruitment checks are carried out consistently and stored in the individual files of each member 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

We saw some good evidence of leadership with a regular programme of audits, review of the service’s policies, and regular staff support and training. The service should continue to develop its quality improvement plan to help improve the quality of the service provided, and ensure the delivery of safe and effective treatments.

The owner/manager is an aesthetic nurse practitioner along with the four staff members with practicing privileges contracts. They are all members of the Nursing and Midwifery Council, and the manager is a member of a national aesthetic organisation. This ensures they stay up to date with current changes in the aesthetics industry, legislation and best practice guidance.

Regular staff meetings were held every 3 months. These meetings were formally minuted and included discussing patient feedback, audit outcomes and opportunities for further training. Action plans were developed as a result of the meetings which documented which staff members had been assigned to take forward specific actions.

Before the pandemic, staff carried out an employee evaluation process where they received feedback from the manager on a regular basis. The manager also received regular feedback from the staff. This helped to improve communication and staff practice, as well as the quality of the service provided. We were told this would restart as COVID-19 restrictions continue to ease. The manager and staff keep in regular contact through an online electronic messaging group.
Before the pandemic, we were told the service held open evenings allowing potential patients and new staff to visit the service and to speak with others about the service. The service was considering re-introducing these if COVID-19 restrictions continue to ease.

The manager told us they planned to continue to develop the service in the future. This may include introducing other healthcare professionals and expanding the treatments available to patients.

Feedback from patients from our online survey included:

- ‘…I have never had an issue at Coast clinic and have been attending for over 5 years.’
- ‘Everything is carried out meticulously, from timings, treatments, advice, costings and very clean and procedures are adhered to.’

**What needs to improve**

We were told the manager had carried out a treatment which the clinic was not registered to do. As Healthcare Improvement Scotland class this type of treatment as a minor surgical procedure, the clinic must follow due process and formally notify Healthcare Improvement Scotland if it wishes to start carrying out this type of treatment (requirement 4).

The service had started to develop a quality improvement plan. This will help the service identify specific improvements and actions to be taken to help develop and improve the service, measure the impact of change and demonstrate a culture of continuous improvement (recommendation e).

**Requirement 4 – Timescale: immediate**

- The provider must only provide treatments for which it is currently registered with Healthcare improvement Scotland.

**Recommendation e**

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

#### Requirements

1. The provider must implement systems, processes and procedures to manage all aspects of laser safety in the service (see page 9).

   Timescale – immediate

   *Requirement 3(d)(v)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

2. The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 9).

   Timescale – immediate

   *Requirement 13(2)(a)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendations

a. The service should ensure a regular programme of checking equipment and stock expiry dates is in place (see page 9).

   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

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<tr>
<td>b</td>
<td>The service should ensure that all medicines and single-use patient equipment are securely stored (see page 9).</td>
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Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17

### Domain 7 – Workforce management and support

#### Requirement

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<td>3</td>
<td>The provider must ensure that all performance and development reviews are documented and evaluated and include the staff member’s aims and expectations (see page 12).</td>
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Timescale – immediate

*Regulation 12(c)(i)*

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

#### Recommendations

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<td>c</td>
<td>The service should ensure that appropriate recruitment processes are followed for all staff employed in the service, including non-clinical staff (see page 12).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

| d | The service should ensure that all recruitment checks are carried out consistently and stored in the individual files of each member of staff (see page 12). |

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14
### Domain 9 – Quality improvement-focused leadership

<table>
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<th>Requirement</th>
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| 4 | The provider must only provide treatments for which it is currently registered with Healthcare Improvement Scotland (see page 14).  

Timescale – immediate  

*Regulation 3(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

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<th>Recommendation</th>
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| e | The service should continue to develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement (see page 14).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
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](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
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot