Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Clinica Medica, Glasgow

Service Provider: Clinica Medica Limited

21 November 2023

NHS SCOTLAND

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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 18 November 2019

Requirement

The provider must ensure that the theatre ventilation system installed in the procedure room conforms to national guidance for specialised ventilation for healthcare premises.

Action taken

As part of a refurbishment plan, the service had upgraded its service provision in October 2022 to include a dedicated enhanced treatment room. This included the installation of a ventilation system compliant with the specialised ventilation for healthcare premises. **This requirement is met.**

Requirement

The provider must assess the availability and suitability of clinical hand wash basins in the clinic area against current guidance. The service should then develop a risk-based action plan to address any deficiencies noted as part of the wider refurbishment plans for the service.

Action taken

We saw the service had installed compliant clinical hand wash basins in all its clinical areas. **This requirement is met.**

Requirement

The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included in the adults' list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Action taken

We saw that all staff roles were risk assessed and the relevant Disclosure Scotland background checks including PVG updates were carried out by an 'umbrella body' on behalf of the service. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 18 November 2019

Recommendation

The service should ensure all patients having surgery have safety checks completed and documented in line with the World Health Organization Guidelines for Safe Surgery (2009).

Action taken

We saw the service used a surgical safety checklist including a surgical pause before any minor surgical procedure took place. This was documented in patient care records to comply with The World Health Organization *Guidelines for Safe Surgery (2009)*.

Recommendation

The service should ensure an effective process is in place for the tracking and traceability of both single and reusable patient equipment.

Action taken

The service had developed a system to ensure effective tracking and traceability of single-use and re-usable patient equipment.

Recommendation

The service should develop a risk register.

Action taken

We saw the service had developed a comprehensive risk register, which included the control measures in place to reduce each risk identified in the service.

Recommendation

The service should review its policies and procedures to ensure they are in line with current legislation and reflect the service provided.

Action taken

The service had introduced a policy review system to make sure policies were updated regularly or when changes in legislation occurred. The policies we reviewed included a version control system which showed when each policy was last updated.

Recommendation

The service should keep a record of the patient GP details in the patient care record.

Action taken

Patients' GP details were documented in all patient care records we reviewed.

Recommendation

The service should ensure patients are aware that information will be shared with other healthcare professionals as required and that this is documented in the patient care record.

Action taken

Sharing information with other healthcare professionals was documented in the patient care record.

Recommendation

The service should satisfy itself that appropriate health checks have been carried out for staff.

Action taken

We saw that recruitment files included occupational health screening, which contained information about each staff member's immunisation status.

Recommendation

The service should further develop its quality improvement plan to ensure that service improvement objectives are informed by a robust programme of clinical audit, including clinical effectiveness.

Action taken

The service's quality improvement plan included key improvements from its audit programme, such as clinical audits and their impact on the service.

Recommendation

The service should develop a structured approach to recording the minutes of staff and management meetings. These should include details of any actions taken and those responsible for the actions.

Action taken

A structured programme of all-staff and management meetings took place every month and staff responsible for taking forward any actions identified from these meetings was documented.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Clinica Medica on Tuesday 21 November 2023. We spoke with a number of staff, the manager and the directors during the inspection. We received feedback from 29 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our second inspection to this service.

Based in Glasgow, Clinica Medica is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of two inspectors and a pharmacist.

What we found and inspection grades awarded

For Clinica Medica, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
We saw evidence of measurable aims and objectives. The leadership team was visible, and staff were engaged in the business and invested in delivering a high standard of patient care. The service used key performance indicators to monitor performance and drive service improvements. Sharing information about the service mission, vision and values with patients would provide patients with assurance of the provider's commitment to delivering a quality service.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patient feedback was gathered in a variety of ways and we saw evidence of how this was used to improve the service. Patients received detailed information about treatments to help make informed decisions. Staff received appropriate training to carry out their role. Comprehensive policies and procedures were in place and a quality improvement plan helped deliver safe, effective person-centred care and demonstrate continuous service improvement. Good quality assurance systems were in place. An appropriate notice must be displayed on the treatment room door when the laser is in use.	✓✓ Good

Results	*How well has the service demonstrated that it provides safe, person-centred care?*
Summary findings	**Grade awarded**
Patient feedback was very positive. The environment was clean and comfortable. Equipment was regularly maintained and fit for purpose. We saw good compliance with infection control practice and medicines management. Patient care records were fully completed. Recruitment was safe. Staff received regular opportunities for training and had an appraisal every year. The defibrillator battery must be replaced. The service should make sure patients are shown how to administer weight loss treatment safely, this should be documented in patient care records. Fridge temperatures should be checked daily. The frequency of cleaning should be reviewed.	✓✓ Good

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

Further information about the Quality Assurance Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Clinica Medica Limited to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two requirements and seven recommendations.

Direction	
Requirements	
	None
Recommendation	
a	The service should ensure that information about the services mission, vision and values is available to its patients (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.6

Implementation and delivery	
Requirement	
1	The provider must ensure that an appropriate notice is displayed on the treatment room door when the laser is in use (see page 21). Timescale – by 1 February 2024 *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

Implementation and delivery (continued)	
Recommendation	
b	The service should introduce a formal method of sharing with patients the improvements made in the service as a result of their feedback (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

Results	
Requirement	
2	The provider must replace the defibrillator battery (see page 27). Timescale – by 1 February 2024 *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
c	The service should review the cleaning schedules in relation to the frequency of cleaning in the treatment rooms to make sure surface dust levels are minimal to reduce infection risks (see page 27). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
d	The service should review the storage arrangements for scrub suits to minimse risk of contamination (see page 27). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
e	The service should ensure that patients are instructed on how to safely administer weight loss injections, this should be documented in the patient care record (see page 28). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Results (continued)	
f	The service should ensure it adheres to the guidance given by MHRA CAS (central alerting system) for national patient safety alerts, relevant to its practice and update the weight loss management protocol to reflect the changes to treatment options as per the MHRA CAS (see page 28). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
g	The service should monitor fridge temperatures daily to comply with national guidance for temperature-sensitive medicines (see page 28). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

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

We would like to thank all staff at Clinica Medica for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

We saw evidence of measurable aims and objectives. The leadership team was visible, and staff were engaged in the business and invested in delivering a high standard of patient care. The service used key performance indicators to monitor performance and drive service improvements. Sharing information about the service mission, vision and values with patients would provide patients with assurance of the provider's commitment to delivering a quality service.

Clear vision and purpose

The directors of the service were clear in their vision for the service and we saw evidence of aims and objectives that were measurable. The aims and objectives informed actions for improvement and learning in the service's model of care. The service had an internal mission statement in place for all staff. This was part of the induction and introduced new members to the culture and standards of the clinic.

Key performance indicators (KPI) were used to drive improvement and a monthly KPI scorecard allowed analysis of overall service performance. The service measured:

- audit and risk management outcomes
- patient feedback, and
- staff recruitment, retention and development.

The service had a quality improvement plan that captured the required actions from patient feedback, complaints, outcomes from audit and risk management activities and the planned improvements made in the service since the previous inspection in November 2019. This included a timeline and identified who was responsible for each action. We saw this was a live document that was reviewed and updated regularly throughout the year to ensure tasks were completed.

What needs to improve

While the directors and staff were able to tell us its mission, vision and values for the service, it had not yet shared this with its patients. This would enable the service to demonstrate its commitment to involving the key stakeholders in the future development of the service (recommendation a).

We discussed with the directors the value in producing and publicising an annual report. This would help the service to formally capture all the qualitative data from KPIs, the improvements made in the service and any plans for future service changes in one overarching report. We will follow this up at a future inspection.

- No requirements.

Recommendation a

- The service should ensure that information about the services mission, vision and values is available to its patients.

Leadership and culture

The leadership team was made up of three company directors and a registered manager:

- the medical director was a doctor registered with the General Medical Council (GMC) with responsibility for the overall direction, leadership and management of the service
- the clinical director was a nurse independent prescriber registered with the Nursing and Midwifery Council (NMC)
- the director of pharmacy was a pharmacist registered with the General Pharmaceutical Council (GPhC), and
- the registered manager was a former NHS senior nurse manager responsible for the day-to-day management of the service.

A well-established core team of employed clinical and non-clinical staff supported the provider to deliver safe, effective and person-centred care. Staff told us that the senior management team was visible, approachable and encouraged them to share their ideas for service improvement. From minutes of staff meetings we reviewed, we saw that staff could freely express their views and we saw some good examples of staff-led improvement activities being initiated.

The service had recently recruited specialist clinical staff under a practicing privileges arrangement (staff not employed by the provider but given

permission to work in the service). These specialists delivered specific, non-surgical and minor surgical procedures in the service.

Staff were suitably skilled and experienced, with regular opportunities for training and development. For example, the service carried out a training needs analysis to help identify the specific training needs and priorities. Training needs were matched to staff roles and supported the development of a yearly training plan. This helped make sure staff had appropriate skills, knowledge and tools to carry out their role effectively. Staff told us they had regular training opportunities online, 'in-clinic' and with external training providers. The medical and clinical directors were trainers in aesthetic practice.

We saw the service had adequate staffing to support the delivery of safe and person-centred care to patients. We saw a clear reporting structure in place and evidence of good governance to inform staff of their tasks. For example, a morning review of all the planned activity for the day was carried out. All staff we spoke with told us they were confident in what was expected of them. Staff were encouraged to work autonomously while maintaining high standards of care. We saw that staff who wanted further training and development were encouraged and the service funded their training.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

Patient feedback was gathered in a variety of ways and we saw evidence of how this was used to improve the service. Patients received detailed information about treatments to help make informed decisions. Staff received appropriate training to carry out their role. Comprehensive policies and procedures were in place and a quality improvement plan helped deliver safe, effective person-centred care and demonstrate continuous service improvement. Good quality assurance systems were in place. An appropriate notice must be displayed on the treatment room door when the laser is in use.

Co-design, co-production *(patients, staff and stakeholder engagement)*
Key information about treatments, costs and how to make appointments was available for patients in leaflets in the clinic and on the service's website. The website also included a copy of the service's complaints policy.

We saw a patient participation strategy in place which described the methods used to gather feedback from patients. The service actively sought patient feedback about their experience and used this information to:

- address any concerns raised
- change practice
- meet individual patient needs, and
- meet patients' expectations.

For example, the service had reduced waiting times for appointments in response to patient feedback. This allowed the service to demonstrate its commitment to continuous improvement.

Patient feedback was gathered in a variety of ways, including:

- feedback cards
- patient questionnaires
- social media reviews, and
- website testimonials.

Patients were also encouraged to provide verbal feedback about their experience at any stage of their treatment. The service held 'open evening' events, where patients could come and meet the staff and raise any questions or share any ideas for improvement. For example, the service recently held an open evening to celebrate its 10-year anniversary and we were told it had a good level of patient attendance.

Results from patient feedback were evaluated and discussed at staff meetings. Audits we reviewed showed high levels of patient satisfaction. We saw the service had started to measure patient outcomes from two specific treatments it had introduced. When fully completed, this will allow the service to measure the impact of the treatments for individual patients to ensure it met their needs and expectations.

Staff told us they were fully involved in the service and could raise any issues or suggestions directly with the manager, the directors and in staff meetings. We saw that staff were encouraged to work on their own initiative with previously agreed projects. For example, staff were leading on the development of a paperless clinic environment and offering a range of payment options for patient treatments.

What needs to improve

Although the service could demonstrate it made improvements to the service as a result of patient feedback, it did not have a formal method of sharing these improvements with patients (recommendation b).

- No requirements.

Recommendation b

- The service should introduce a formal method of sharing with patients the improvements made in the service as a result of their feedback.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The registered manager fully understood the process for notifying Healthcare Improvement Scotland of certain events in line with our notification guidance and of relevant incidents that required to be reported under health and safety legislation.

The service maintained a comprehensive register of its policies and procedures. These were regularly reviewed and updated to ensure they followed current legislation and guidance. Key policies in place included those for:

- health and safety
- infection control
- medicines management
- recruitment, and
- safeguarding (public protection).

An effective governance structure set out the agreed ways of working and supported the service to deliver safe, effective person-centred care.

Appropriate arrangements were in place to maintain the privacy and dignity of patients in line with its policy. All consultations were appointment-only and scheduled for one patient at a time to maintain confidentiality. Access to treatment rooms was controlled through reception and treatment room doors were locked when patients were receiving treatment to maintain privacy.

Infection prevention and control policies and procedures were in line with national guidance and best practice. A contract was in place to help make sure all clinical waste (including hazardous waste, such as Botulinum toxin) was disposed of safely.

Medicines management was in line with the service policy and all medicines were stored securely in locked cupboards or in medical-grade refrigerators. We saw an effective stock control and rotation system to regularly monitor the medicines supply. Medicines were obtained from an appropriately-registered supplier. The service was registered to receive alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) which the service manager monitored. Alerts were shared with staff at meetings or through email.

The service was equipped with all the necessary emergency medicines and equipment including oxygen and a defibrillator. Arrangements were in place to make sure that staff could quickly support patients in the event of a medical emergency. We saw that all staff had received first aid training and clinical staff attended life support training every year to make sure they remained competent to respond to medical emergencies.

An effective process was in place to record and respond to accidents and incidents. A comprehensive policy and a briefing note provided assurance of the provider's commitment to embracing a culture of 'safety first' and a 'no-blame' approach to incident reporting.

Fire safety checks were carried out regularly and contracts were in place for the maintenance of equipment and ventilation systems in the premises, including:

- electrical installation
- fire detection and safety equipment
- gas safety
- portable appliance testing (for electrical appliances and equipment to ensure they are safe to use), and
- water testing.

The service's insurance certificates for public and employer liability were in-date and displayed in the reception area.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland. The complaints procedure was prominently displayed in the reception area and published on the service's website. Staff had received training in complaints handling and we saw the complaints log provided information to confirm that complaints were managed appropriately. Lessons learned or actions for improvement following a complaint were discussed at staff and management meetings.

A duty of candour procedure was in place (where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong). Managers and staff we spoke to fully understood their duty of candour responsibilities and we saw that staff had received duty of candour training. While no duty of candour incidents had occurred, the service published a yearly duty of candour report. We saw the most recent report published in March 2023 was available on the service's website.

The patient pathway for treatment followed the service's 'promote and respect independence' policy to help make sure patients were fully involved in planning their treatment. The pre -assessment process included gathering key information about patients' lifestyles and past medical history (including any pre-existing medical conditions, allergies or medicines). Patients had a face-to-face consultation with a practitioner to assess their suitability for treatment before a treatment plan was prepared or any treatment was administered. The consent process included information about the treatment's risks, benefits and the use of unlicensed medicines. It also sought patients consent to share information with their GP or other healthcare professionals and for taking photographs.

Patients were given verbal and written advice after their treatment, which included an out-of-hours contact number to call if they had any concerns or issues following treatment. As part of their treatment plan, patients were invited to attend a follow-up appointment. This allowed the practitioner to review the outcome of their treatment and to check that patients were satisfied with the results.

Patient care records were stored electronically and appropriate procedures were in place to make sure confidential patient information was secure. For example, staff and management had their own unique login details and passwords to access computers and prevent unauthorised access. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was stored in line with data protection legislation.

The service had a system in place for recruiting staff directly employed and those working under practicing privileges in line with its recruitment and selection policy. For example, all offers of employment were subject to receiving satisfactory pre-employment checks, such as:

- Disclosure Scotland background checks
- immunisation clearance
- fitness-to-practise checks for healthcare professionals, and
- references.

Staff completed a 3-month induction period, personal development plan and training needs analysis. This allowed the service to demonstrate that staff had met the competencies required for each role in accordance with its induction and training policy. A 6-monthly performance review and yearly appraisal were also carried out with each staff member. Staff contracted to work under

practicing privileges had to provide evidence of continuing professional development in relevant treatments, their yearly appraisal and revalidation status with their regulatory body.

An appropriately registered external laser protection advisor (LPA) visited the service every year to make sure laser safety rules and guidance were followed to support the safe delivery of laser treatments. We saw the LPA carried out a visit to the premises on 10 March 2023. A laser risk assessment and local rules (the local arrangements developed by the LPA to manage laser safety) were in place for the laser. Staff authorised to operate the laser had completed their laser safety core of knowledge training, which they required to refresh regularly. We saw that authorised laser operators had signed to say they had read and understood the local rules. The clinical director was the service's named laser protection supervisor responsible for making sure the local rules were followed day-to-day.

The provider kept up to date with changes in best practice and legislation through:

- attendance at industry-specific conferences
- attendance at training events, and
- membership of national organisations, such as the British Association of Cosmetic Nurses (BACN).

What needs to improve

The laser treatment room was locked when in use and we saw hazard warning signs were displayed on the door. One of the signs stated not to enter the room when the light above the door was on, as the laser was in use. We were told this was linked to an emergency call system as all the treatment rooms had lights above the door. However, staff used this to summon assistance by pressing a panic button, which activated the light above the relevant treatment room. This sign must be removed and a portable sign displayed to avoid any confusion and reduce the risk of unauthorised access when the laser is in use (requirement 1).

Requirement 1 – Timescale: by 1 February 2024

- The provider must ensure that an appropriate notice is displayed on the treatment room door when the laser is in use.

- No recommendations.

Planning for quality

An effective risk management system supported the proactive management of risk in the service. We saw the service had an up-to-date risk register and individual risk assessments which identified all key risks in the service, as well as the control measures in place to reduce each risk. This included:

- a business continuity plan detailing the arrangements in place if the service had to close in an emergency, such as after a power outage or flooding
- clinical risks associated with treatments, and
- environmental risks.

Each risk was categorised and colour-coded to highlight risk levels and the impact on the service it delivered to patients.

We saw the service had a structured audit programme. Senior management team members also carried out monthly visual audits of the clinic environment. The audit programme included audits for:

- infection control
- medicines management, and
- safety and maintenance of the building and equipment.

The service also audited six patient care records every 3 months. We saw that outcomes from audits were routinely discussed at staff and management meetings. Action plans were produced to make sure any improvements arising from audits were addressed in a stated timescale and documented in the service's quality improvement plan.

The service's quality improvement plan demonstrated a clear and measurable pathway of improvement activities to help make sure it delivered a sustainable and continuous cycle of service improvement. We saw this included addressing the findings from the previous inspection report in November 2019, as well as from Healthcare Improvement Scotland correspondence and guidance to service providers.

One documented improvement we saw was a dedicated enhanced treatment room completed in November 2022 as part of a planned refurbishment programme. The service was delivering a safe and suitably equipped environment for patients that was compliant with the regulations and standards required for minor surgical procedures.

The service had also introduced a private online pharmacy service in 2023 which the pharmacy director led and managed, to offer choice and flexibility to patients. The pharmacy service was regulated and inspected by the General Pharmaceutical Council (GPhC). We saw a report of an unannounced inspection carried out by the GPhC in August 2023, confirmed that all the required pharmacy standards were met.

The registered manager regularly reviewed inspection reports for other services and acted on communications from HIS to make sure the service continued to operate in line with registration requirements and standards. Improvements made as a result of this included:

- making sure the emergency medicines trolley only stored medicines that could be administered to patients without a prescription in an emergency, and
- reviewing the service's clinical waste contract to make sure it covered the safe disposal of hazardous waste.

We saw some good examples of how staff ideas for improvement had led to service change. For example, a QR code scanner was available at the clinic reception. This linked to a patient questionnaire and helped the service to capture feedback from patients immediately following their treatment. An extended range of beverages were made available to take account of patients with special dietary requirements.

We were told the provider had future plans to expand the surgical provision and develop a bespoke dermatology service and a diagnostic radiology service.

- No requirements.
- No recommendations.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
How well has the service demonstrated that it provides safe, person-centred care?	

Our findings

Patient feedback was very positive. The environment was clean and comfortable. Equipment was regularly maintained and fit for purpose. We saw good compliance with infection control practice and medicines management. Patient care records were fully completed. Recruitment was safe. Staff received regular opportunities for training and had an appraisal every year.

The defibrillator battery must be replaced. The service should make sure patients are shown how to administer weight loss treatment safely, this should be documented in patient care records. Fridge temperatures should be checked daily. The frequency of cleaning should be reviewed.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

The clinic environment was clean, equipment was regularly maintained and fit for purpose. Cleaning schedules were completed and up to date. We saw the correct cleaning products were used in line with national infection prevention and control guidance. This included the use of a chlorine-based product to clean sanitary fixtures and fittings. Patients who responded to our survey told us the clinic was very clean, the facilities were modern, comfortable and in a good state of repair.

We saw good compliance with infection prevention and control procedures to reduce the risk of infection to patients. Staff completed mandatory infection control training every year. Personal protective equipment (such as disposable gloves, masks and aprons) and medical devices (such as needles and syringes) were single-use to prevent the risk of cross-infection. Surgical instruments and sterile packs used for minor surgical procedures were single-use. We saw the

service had an up-to-date contract for the safe disposal of clinical waste including medical sharps and hazardous medicines, such as Botulinum toxin.

The service adhered to the World Health Organization's (WHO) guidance for surgical procedures which included completion of a surgical safety checklist before during and after each patient's surgery.

Medicine cupboards were well organised, not over-stocked and medicines were stored securely in lockable cupboards or in medical-grade refrigerators. We checked a sample of medicines stock, including emergency medicines and found that all were in-date. An effective stock control and rotation system was in place and medicine audits provided assurance of safe medicine governance.

Each of the five patient care records we reviewed followed a clear pathway from initial assessment to treatment delivered and the aftercare provided. We saw detailed assessments of patients' medical history, including any health conditions or known allergies, medicines and previous treatments. We saw that all patients had consented to treatment, sharing information with their GP or other healthcare professional and for taking photographs. A record of the patient's next of kin or emergency contact was also documented. All entries in the patient care records were legible. The batch number and expiry date for medicines used during treatment was also recorded. This helped the service to quickly respond to any adverse events or medical alerts. Our survey results confirmed that patients did not feel pressured to agree to treatment and were encouraged to have a cooling-off period to help them consider the treatment options available.

We reviewed four recruitment files for staff directly employed by the service and for those granted practicing privileges. We saw that all pre–employment checks were completed before staff started working in the service. The service used an 'umbrella' company to carry out a risk-based Disclosure Scotland background check for all staff. In all staff files we reviewed, we saw:

- a current Disclosure Scotland background check or Protecting Vulnerable Groups (PVG) update
- proof of ID, and
- two references.

Clinical staff were all PVG scheme members. We saw that clinical staff files included a fitness-to-practise check and immunisation record. The service had an effective system in place to update Disclosure Scotland background checks and PVG membership regularly. For staff directly employed in the service, we saw evidence of professional development plans, appraisals and training. The

service conducted regular performance reviews for the staff who had practicing privileges.

Results from the provider's monthly analysis of its KPIs in 2023 confirmed it had many returning and new patients. The report also showed high satisfaction rates from patient feedback. Feedback we received from patients who completed our online survey was also very positive. Some of the comments included:

- 'I have been a client since its inception, been happy and satisfied over the course of the years attending here. There are always updates and improvements which solidifies client loyalty.'
- 'Always made to feel safe and welcome every time I attend.'
- 'Professional from start to finish.'
- 'Patient centred and individual care.'
- 'Very friendly staff who helped me in the most professional manner, always felt at ease and the booking/scheduling was efficient.'
- 'Professional but personalised service at all times, very contactable for any potential concerns or queries, great aftercare.'

What needs to improve

When we checked the content of the emergency trolley, medical devices such as masks, airways and oxygen tubing used in a medical emergency were in-date. However, we saw the defibrillator battery had expired (requirement 2).

During our inspection, we saw evidence of surface dust on radiators and skirting boards in some of the treatment rooms. Staff told us they cleaned and damp dusted each treatment room every morning and between patient appointments. However, the frequency of cleaning these areas should be kept under review to make sure dust is minimised to reduce infection risk (recommendation c).

We saw that staff scrub suits worn during surgical procedures were stored in open shelving in the shower room, which was also the staff changing room. The service should review this arrangement to make sure scrub suits are protected and stored appropriately to prevent them from being contaminated (recommendation d).

We reviewed two patient care records for patients receiving weight loss treatments. We saw key information was recorded about:

- height, weight and body mass index (BMI)
- lifestyle, and
- previous weight loss strategies.

This treatment requires patients to self-administer an injection from a pre-filled pen. However, we saw no evidence of patients receiving instruction on how to administer the treatment safely in the patient care records we reviewed. (recommendation e).

The MHRA Central Alerting System (CAS), issued a national patient safety alert to healthcare providers in July 2023 to advise of a national shortage of medicines supply of weight loss treatments. The alert asked providers not to initiate treatment for any new patients for the duration of the medicines shortage. In one of the patient care records we reviewed, we saw evidence that a patient was commenced on weight loss treatment after the alert was released (recommendation f).

The service used an automated system to monitor the temperature of medicines stored in the refrigerators to make sure they were stored at the correct temperature. Each refrigerator had a visual temperature display and an audible alarm, which we were told would sound if the fridge temperatures fell below or above a set range until it was reset manually. The service downloaded a monthly record of fridge temperatures which showed medicines were being stored at the correct temperature. However, these were not checked daily in line with national guidance (recommendation g).

- No requirements.

Requirement 2 – Timescale: by 1 February 2024

- The provider must replace the defibrillator battery.

Recommendation c

- The service should review the cleaning schedules in relation to the frequency of cleaning in the treatment rooms to make sure surface dust levels are minimal to reduce infection risks.

Recommendation d

- The service should review the storage arrangements for scrub suits to minimise risk of contamination.

Recommendation e

- The service should ensure that patients are instructed on how to safely administer weight loss injections, this should be documented in the patient care record.

Recommendation f

- The service should ensure it adheres to the guidance given by MHRA CAS (central alerting system) for national patient safety alerts, relevant to its practice and update the weight loss management protocol to reflect the changes to treatment options as per the MHRA CAS.

Recommendation g

- The service should monitor fridge temperatures daily to comply with national guidance for temperature-sensitive medicines.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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.

Before

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.

During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: **www.healthcareimprovementscotland.org**

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

After

More information about our approach can be found on our website: https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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

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