



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: The Glen Clinic, Glasgow

Service Provider: The Glen Clinic Room Limited

17 January 2024

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1 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 The Glen Clinic on Wednesday 17 January 2024. We spoke with the manager and one member of staff. We received feedback from 10 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Glasgow, The Glen Clinic is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For The Glen Clinic, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service had a clear mission statement and set of values. Regular staff meetings were held. Staff described the manager's leadership as visible, approachable and responsive. A system should be in place to measure key performance indicators.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to improve the service. A range of policies and procedures helped to support the safe delivery of person-centred care. This also included clear systems and processes to monitor and manage complaints and risk, and an audit programme. Maintenance contracts were in place. The recruitment and induction policy should be updated to detail the induction programme. A quality improvement plan should be implemented.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The clinic environment and equipment was clean and well maintained, with good infection control measures in place. Detailed records of patients' care and treatment were kept, with a clear patient pathway from assessment to aftercare documented. Patients were very satisfied with their care and treatment. Safe recruitment and ongoing processes ensured staff remained safe to work in the service.	✓✓ 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 The Glen Clinic Room 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 three recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should develop and implement a process for measuring, recording and reviewing key performance indicators (see page 8). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
None	
Recommendations	
b	<p>The service should ensure that the recruitment and induction policy is updated to include information about the induction programme that new staff are required to complete (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>
c	<p>The service should develop and implement a quality improvement plan (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

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 The Glen Clinic for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

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

Our findings

The service had a clear mission statement and set of values. Regular staff meetings were held. Staff described the manager's leadership as visible, approachable and responsive. A system should be in place to measure key performance indicators.

Clear vision and purpose

The service had a mission to always put its patients first and provide professional, high quality healthcare services that inspire confidence in its patients. This was delivered through the provider's core values which centred on being open, showing consideration and compassion to all patients, and staff taking responsibility for their actions. These values were shared with patients through the service's website. The manager was clearly committed to achieving the best possible and safest outcome for patients.

What needs to improve

The service did not have a formal means to measure key performance indicators to provide reassurance that the service's mission and core values were being met (recommendation a).

- No requirements.

Recommendation a

- The service should develop and implement a process for measuring, recording and reviewing key performance indicators.

Leadership and culture

The service is owned and run by the non-clinical manager. A number of registered doctors and nurses worked under practicing privileges (staff not employed directly by the provider but given permission to work in the service), some of whom were independent nurse prescribers. All clinical staff were registered with their professional regulator, the General Medical Council (GMC) or Nursing and Midwifery Council (NMC).

The service used different methods to engage with staff members. We saw evidence that staff meetings were held approximately every 3 months. Different aspects of the service were discussed at this meeting, including changes to the service's practices or standards, training, health and safety, and continuous improvement. Minutes of meetings were documented and included identifying staff members who would be responsible for taking forward any actions or issues noted.

The manager regularly met informally with individual staff members. This provided opportunities for discussion about the day ahead, updates on any service changes, and current and ongoing priorities in the service and with patient care. A communication folder was kept in the treatment rooms for staff to share any feedback, suggestions and key information with the manager.

The manager was accountable for the clinical governance processes to maintain patient safety. This included:

- a risk register and risk assessments
- an audit programme
- gathering and evaluating patient feedback, and
- reviewing clinical procedures and policies.

The manager demonstrated a strong commitment to leadership, learning and service improvement. Staff were encouraged to attend webinars and training sessions to develop their skills.

Staff spoke positively about the leadership and support provided by the manager. They told us they were regularly kept up to date with any changes and described the manager's leadership as visible, approachable and responsive.

- 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
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to improve the service. A range of policies and procedures helped to support the safe delivery of person-centred care. This also included clear systems and processes to monitor and manage complaints and risk, and an audit programme. Maintenance contracts were in place.

The recruitment and induction policy should be updated to detail the induction programme. A quality improvement plan should be implemented.

Co-design, co-production (patients, staff and stakeholder engagement)

Key information about the treatments offered was available on the service's website and on posters in the treatment rooms. Patients were also emailed individualised information before their treatment.

The service had a patient participation policy and actively encouraged patient feedback. We saw a variety of ways for patients to provide input into how the service continued to develop. This included a feedback form on the service's website, verbal feedback, and a paper feedback form and suggestions box in the treatment rooms. After a patient received treatment, an emailed questionnaire asked them to comment on their experience of using the service. The service reviewed and recorded all feedback, and this was discussed at team meetings. We saw evidence that feedback was consistently very positive.

- No requirements.
- No recommendations.

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 manager recognised the importance of people's dignity and respect. The service operated an appointment-only system for all consultations and treatments. Controlled access to the treatment rooms and screening of windows meant patients' privacy and dignity was not compromised.

The landlord was responsible for the servicing and maintenance of the building. This included gas safety, electrical installation and portable appliance testing (for electrical appliances and equipment to ensure they are safe to use). A weekly fire alarm test was undertaken within the building, and appropriate fire safety equipment and signage was in place.

Patients were involved in planning their treatment. During their consultation appointment, discussions took place about the risks and benefits, costs and likely outcome of the desired treatment. Consent from the patient was discussed and a consent form completed, which was signed by both the patient and practitioner. Patients were given time to consider treatment options and ask questions before agreeing to treatment. This helped to make sure patients had realistic expectations of the proposed treatment.

All patients who responded to our online survey agreed they were involved in decisions about their care and treatment and were given sufficient time to reflect on their options before consenting to treatment. Comments included:

- 'I was given options and supported in my decision.'
- '[...] presents me with treatment/methods options and explains in great detail each of them to give me the ability to choose.'
- 'I did not have to decide straight away but was given time to think.'

Aftercare instructions were provided for patients before their appointment at both the consultation stage and following treatment. This was documented in the patient care record. We saw that patients were given the service's contact details in case of any complications.

Patient care records were kept in paper and electronic formats. Appropriate procedures were in place to make sure that information was held securely and to 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 safely stored.

Safe management processes were in place for ordering, storing, prescribing and administering all medicines. All medicines were obtained from appropriately registered suppliers. Medicines were stored securely in a locked medical refrigerator. A system was in place to monitor the temperature of the

refrigerator to make sure medicines were being stored at the correct temperature. An effective stock control and rotation system enabled the service to regularly monitor the medicines supply.

Arrangements were in place to make sure that staff could quickly support patients in the event of a medical emergency. This included a first aid kit, emergency medication and emergency protocols to quickly deal with any medical emergencies, such as a complication or adverse reaction from treatment. All staff had been trained to deliver basic life support in the event of a medical emergency.

The service kept a comprehensive register of its policies and procedures. All were in date, and were reviewed and updated regularly to reflect current legislation and best practice. Staff told us they had easy access to relevant policies and procedures to assist them in providing safe and effective care.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland. The service's complaints procedure was displayed on its website and was available in the service. At the time of the inspection, the service had not received any complaints since it was registered with Healthcare Improvement Scotland in February 2022.

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. An annual duty of candour report was published on the service's website and was available in the treatment rooms. The most recent report showed that no duty of candour incidents had occurred. A safeguarding (public protection) policy described the actions to take in case of an adult or child protection concern.

While the service had not had any incidents or accidents since registration, systems were in place to record any that may occur. The manager was aware of their responsibility to notify Healthcare Improvement Scotland of certain events in line with our notifications guidance, and relevant incidents under health and safety legislation.

The manager described an appropriate staff induction process. This included training on the service's policies and procedures, medicine management, complaints procedure and fire safety. Staff were expected to complete mandatory and refresher training on a range of relevant topics. This included basic life support, health and safety, infection prevention and control, and manual handling. The manager monitored completion of training to ensure that all staff were up to date and had the necessary knowledge and skills to do their role.

Staff performance and personal development was monitored through yearly appraisals. These helped to identify training and development needs and opportunities. Formal agendas for the appraisal meetings showed discussions on goals, personal and professional objectives, and training. We found that the service had a process in place for feeding into and obtaining appraisals for the staff working under practicing privileges from their respective NHS employer.

The service subscribed to forums and attended regular conferences and webinars in various industry relevant subjects, including complications in relation to aesthetic treatments. This helped the service keep up to date with current product knowledge, techniques and best practice. The manager had engaged in regular training in management and marketing, and had also written a number of blogs such as prescribing medication and training as a nurse prescriber.

All staff were required to be a member of the Aesthetic Complications Expert (ACE) Group or Complications in Medical Aesthetic Collaborative (CMAC). These groups provide support if complications arise after a patient's treatment, and provide learning opportunities, support and advice for its members.

The manager regularly reviewed how the service was delivered and had identified areas for improvement. For example, a second treatment room had been opened to provide patients with greater access to services. The medical history questionnaire had also been revised to make it more relevant and user-friendly for patients to complete. Staff told us they felt comfortable sharing ideas about how to improve patient care with the manager.

Patients who responded to our online survey told us about their experience at the service. Comments included:

- 'Support and multiple treatments have been provided. Care and undivided attention to detail is always present.'
- 'The treatment performed was very well explained as always and I feel in good hands.'
- '... was extremely professional and assured that I understood everything. In addition to this [...] did a timely check up by phone to ensure everything was ok. At all times I was given clear information, and all my questions were answered in a knowledgeable manner.'

What needs to improve

The recruitment and induction policy did not provide details about the induction programme that new staff were required to complete (recommendation b).

- No requirements.

Recommendation b

- The service should ensure that the recruitment and induction policy is updated to include information about the induction programme that new staff are required to complete.

Planning for quality

Reliable systems were in place to manage risk, and the service maintained a register of practice-associated risks and their impact. We saw a number of current risk assessments were in place to protect patients and staff. For example:

- slips, trips and falls
- violence and threatening behaviour
- control of substances hazardous to health, and
- electrical hazards.

We found that the risk assessments were easy to follow and each risk assessment had a likelihood of occurrence attached. We saw that all risks were reviewed on a regular basis and that all necessary action plans were in place.

Quality assurance systems included carrying out regular audits to monitor the quality and safety of the care and treatments provided to patients. Infection control audits carried out every 6 months covered areas such as the safe disposal of waste, and the safe management of care equipment and the environment. We saw evidence that patient care records were also audited every 6 months. This reviewed areas such as initial consultation, medical history and patient consent. This helped to ensure records were being fully and accurately completed. Additional audits included medicine management, patient feedback, and health and safety. We were told that staff were given verbal feedback from some audits to allow them to take any immediate necessary actions to improve their practice. We saw evidence that where areas for improvement had been identified, planned actions and timescales for completion were documented. All audit results we saw showed good results.

The manager told us that, if the service became unavailable for use for any reason and had to temporarily close, patients would be notified and referred to a suitable alternative local service.

What needs to improve

Although the service had quality assurance systems such as audits and reviewing patient feedback, there was no quality improvement plan. This would help to structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation c).

- No requirements.

Recommendation c

- The service should develop and implement a quality improvement plan.

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

The clinic environment and equipment was clean and well maintained, with good infection control measures in place. Detailed records of patients' care and treatment were kept, with a clear patient pathway from assessment to aftercare documented. Patients were very satisfied with their care and treatment. Safe recruitment and ongoing processes ensured staff remained safe to work in the service.

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 asked 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 satisfactory self-evaluation.

The clinic environment and equipment was clean, well maintained and in a good state of repair. Daily cleaning schedules were fully completed and up to date. The correct cleaning products were used in line with national guidance, for example chlorine-based cleaning products for sanitary fixtures and fittings.

Feedback from our online survey was very positive about the experience patients had at the service. All patients agreed they had been treated with dignity and respect, and told us they were satisfied with the facilities and equipment in the service. Comments included:

- 'Always very professional.'
- '[...] treated myself with respect regarding my treatment.'
- 'All very clean.'
- 'Lovely clinic.'

We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps such as syringes and needles,

clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of alcohol-based hand rub, and appropriate personal protective equipment such as disposable gloves, aprons and face masks was available. Posters in the treatment rooms provided guidance for staff on the correct hand washing procedure.

The eight patient care records we reviewed showed that detailed assessments and consultations were carried out before treatment started. This included documenting:

- patients' medical history
- any health conditions
- medications
- previous treatments, and
- any areas which would highlight any risks associated with the treatment, such as pregnancy or any previous allergic reactions.

Each patient care record showed a clear pathway from assessment to treatments provided and that advice on aftercare was given. Patients' GP and next of kin details, consent to share information with their GP and other relevant staff in the event of an emergency and having their photograph taken were all documented. For aesthetic procedures, treatment plans included facial mapping with a description of the treatment and diagram of the areas treated, including dosage, batch numbers and expiry dates of the medicines used. This would allow tracking if any issues arose with the medications used. All entries were legible, signed and dated.

We reviewed files for three staff members that had been granted practicing privileges to work in the service. We found that safe recruitment policies and processes were in place for all staff, including relevant pre-employment checks such as references, proof of ID, qualifications, insurance and Disclosure Scotland background checks before staff started working in the service. We saw systems were also in place for the ongoing checks of clinical staff members' professional registration and revalidation with their professional regulatory body, such as the GMC or NMC.

- No requirements.
- No recommendations.

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.
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or email his.contactpublicinvolvement@nhs.scot

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