

Announced Inspection Report: Independent Healthcare

Service: Laser Clinics UK - Glasgow Limited, Glasgow

Service Provider: UKSLC Glasgow Limited

13 December 2022

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

© Healthcare Improvement Scotland 2023

First published February 2023

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
<hr/>		
	Appendix 1 – Requirements and recommendations	18
	Appendix 2 – About our inspections	22
<hr/>		

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 Laser Clinics UK - Glasgow Limited, Glasgow on Tuesday 13 December 2022. We spoke with the service manager and the area lead manager. We received feedback from seven patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

What we found and inspection grades awarded

For Laser Clinics UK - Glasgow Limited, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients were given time and detailed information to help them make an informed decision about their treatment. A participation policy would help inform how the service gathers and uses patient feedback to continue to improve the quality of care and treatment provided. A duty of candour report should be produced.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Processes were in place to make sure the service was clean and in a good state of repair, including effective infection prevention and control measures. However, all laser safety processes must be in place, including a completed laser safety risk assessment. Healthcare Improvement Scotland must be notified of all incidents that result in a serious injury or complication to patients.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	A number of methods are used to ensure staff are kept fully informed of updates or changes in the organisation. A suitably qualified healthcare professional must be working in the service at all times. A quality improvement plan should be developed to demonstrate a culture of continuous quality improvement.	✓ Satisfactory

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	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Patient care records showed a detailed consent to treatment process was completed. However, patients' GP and emergency contact details should also be documented. The service was in the process of streamlining its patient care record keeping processes.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Effective recruitment processes are needed to demonstrate that staff are safe to work in the service. Relevant Disclosure Scotland Protecting Vulnerable Groups (PVG) or basic disclosure checks must be carried out on all staff, as required. Evidence of appropriate mandatory laser training should be available in each staff file.

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 Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect UKSLC Glasgow Limited to take after our inspection

This inspection resulted in five requirements and eight 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

UKSLC Glasgow 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 Laser Clinics UK - Glasgow Limited for their assistance during the inspection.

2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Patients were given time and detailed information to help them make an informed decision about their treatment. A participation policy would help inform how the service gathers and uses patient feedback to continue to improve the quality of care and treatment provided. A duty of candour report should be produced.

Patients were given an initial, free of charge consultation when making an enquiry about treatments. This included a discussion about the types of laser and aesthetic treatments available. Patient information leaflets were readily available. We were told the service wanted to ensure that patients had time to consider the information before starting treatment.

The cost of treatments was discussed at the initial consultation. This information was also available in all consultation rooms, on the service's website and its social media pages. Patients were made aware of the number of treatments they would likely require and the alternative pay options available to them.

Following the initial consultation appointment, patients were sent a detailed email which addressed all aspects to be considered before having laser hair removal treatment. This also included aftercare information, for example exposure to sunshine.

We were told that a patient survey had been sent out in the last year with mainly positive results received. Feedback was also obtained through social media review platforms, the service's website and by email.

The service had a duty of candour policy in place, where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.

Patients who responded to our online survey said:

- 'I have various skin treatments and each time the expected outcome, pricing, number of sessions required and aftercare were explained carefully.'
- 'I was given information on every aspect of the treatment before beginning.'
- 'Was provided with information leaflets and a discussion took place.'

What needs to improve

Although the service had a complaints policy, information about how to make a complaint should be readily available to all patients in the clinic and on the service's website. This should include up-to-date contact details for Healthcare Improvement Scotland (recommendation a).

It was not clear how information received from patient feedback was being analysed and used to drive improvements in the service. A participation policy would help the service structure how it gathers, records and evaluates feedback (recommendation b).

Even where no incidents had occurred requiring the need to implement the duty of candour procedure, an annual report should still be produced and made available to the public (recommendation c).

- No requirements.

Recommendation a

- The service should ensure the complaints policy is easily available to patients and has up-to-date Healthcare Improvement Scotland contact details.

Recommendation b

- The service should develop a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Recommendation c

- The service should produce and publish an annual duty of candour report and make this available to the public.

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

Processes were in place to make sure the service was clean and in a good state of repair, including effective infection prevention and control measures. However, all laser safety processes must be in place, including a completed laser safety risk assessment. Healthcare Improvement Scotland must be notified of all incidents that result in a serious injury or complication to patients.

The environment was clean and in a good state of repair. We saw cleaning checklists in each room. We were told that all staff were responsible for the daily cleaning of treatment rooms and floors. Appropriate cleaning wipes were used for cleaning equipment in between each patient appointment.

All equipment was in good condition, and regular servicing and maintenance was carried out. We saw that all laser equipment had been serviced recently. Each machine had appropriate local rules attached to it for staff to access. These included the methods of safe working, appropriate goggles to use, key storage when machines were not in use and treatment protocols. We saw that each consultation room had a number of pairs of appropriate goggles available, a lockable door and appropriate laser safety signage.

Appropriate fire safety equipment and signage was in place. We were told the landlord was responsible for carrying out regular checks on fire equipment.

Appropriate and up-to-date policies and procedures helped to support the safe delivery of care, including:

- safeguarding (public protection), and
- infection prevention and control.

Single-use equipment was available to prevent the risk of cross-infection, as well as personal protective equipment, including gloves, aprons and face masks. A contract was in place with a waste management company for the collection and safe disposal of clinical waste and sharps, such as used syringes and needles. We saw appropriate sharps bins were in place.

An electronic system was used to record the temperature of the clinical fridge to ensure that medicines were stored at the correct temperature. All medicines and single-use patient equipment was in date. All medicines were obtained from appropriately registered suppliers.

We saw audits had been carried out recently on laser settings and on patient care records.

The service carried out a formal medicine management audit every 4 months. We were told that a regular stocktake was carried out after every injectable clinic day. All medicines were locked away and keys were stored in a key safe.

Patients who completed our online survey told us:

- 'Rooms are spotless and it's easy to tell that the equipment is new and well kept.'
- 'Everything seemed very clean and gloves and masks worn.'
- 'I feel it is well run, professional and friendly.'

What needs to improve

The service had a laser protection advisor who was employed by the provider organisation. However, the advisor had not visited the service or completed a laser safety risk assessment (requirement 1).

During the inspection, we were told about two significant incidents that had occurred involving patients. We saw an incident reporting process was in place between the service and the provider organisation. However, the service had not notified Healthcare Improvement Scotland of these incidents at the time they occurred. This is not in line with our notifications guidance (requirement 2).

We saw that a new programme of clinical risk assessments was about to be rolled out to the service. However, key risk assessments should be in place for a number of aspects of the service. These should be documented on a risk register to ensure ongoing review of all risks. For example, risk assessments should include:

- trips and falls
- sharps injury, and
- laser injury (recommendation d).

While cleaning checklists were in each consultation room, these were wipeable sheets which were wiped clear every morning. This meant there was no documented evidence that cleaning had taken place in each room. A method to ensure the service can demonstrate that cleaning has taken place should be introduced, and this should be included in the service's audit programme (recommendation e).

Requirement 1 – Timescale: immediate

- The provider must have appropriate laser safety processes and procedures in place to ensure the safe use of laser equipment.

Requirement 2 – Timescale: immediate

- The provider must notify Healthcare Improvement Scotland of specific events that occur in its premises, as detailed in Healthcare Improvement Scotland's notification guidance.

Recommendation d

- The service should develop a risk register of risk assessments to support the management and ongoing review of identified risks.

Recommendation e

- The service should develop documented cleaning schedules and checklists which should be included in the infection prevention and control audit.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records showed a detailed consent to treatment process was completed. However, patients' GP and emergency contact details should also be documented. The service was in the process of streamlining its patient care record keeping processes.

Patients completed an electronic health care questionnaire when they arrived for their appointment. All five patient care records we reviewed contained the patient's name, mobile number and email address. We saw a documented consultation process included the patient's expectations, number of treatments that may be required and cost of the treatment.

We saw a detailed electronic consent process, including the risks and benefits of treatment, was completed for each appointment. However, we noted that if the patient was a regular attender to the clinic they completed a less detailed consent form recapping on aspects discussed previously. All consent forms were signed and dated by the patient.

Of the records we reviewed that were for injectable treatments, we saw that a facial diagram was completed. This detailed the areas injected and volumes of medicines used. Batch numbers and expiry dates of medicines used were documented. Following treatment, patients were sent an email which included all aspects of aftercare, including an out-of-hours contact number should they have concerns.

We were told that patients would be contacted in the days following treatment to ensure there were no concerns.

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.

What needs to improve

We saw that some treatments allowed for more information to be gathered about the patient, for example patient address, GP and emergency contact details. However, this information was not always being completed in the patient care records we reviewed (recommendation f).

At the time of the inspection, the service was using two different electronic systems for documenting patient care records. Paper copies of facial diagrams were then used for injectable treatments. This could lead to errors or omissions being made with documentation. We were told that the provider organisation was introducing an updated electronic system which would make the documentation of patient care records more straightforward. We will follow this up at our next inspection.

- No requirements.

Recommendation f

- The service should record patients' GP and emergency contact details in the patient care record, or document if consent is not given for this.

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

Effective recruitment processes are needed to demonstrate that staff are safe to work in the service. Relevant Disclosure Scotland Protecting Vulnerable Groups (PVG) or basic disclosure checks must be carried out on all staff, as required. Evidence of appropriate mandatory laser training should be available in each staff file.

The service recruited a number of laser therapists providing laser treatments and healthcare professionals providing aesthetic treatments working under practicing privileges contracts (staff not employed directly by the provider but given permission to work in the service). All new recruits had a 6-month probationary period, with the opportunity for this to be extended should the staff member require it.

We saw an up-to-date practicing privileges policy detailed the recruitment and required ongoing checks to be carried out on all professionals working under a practicing privileges agreement.

We reviewed five electronic staff files. We saw that, in most cases, staff identification had been checked and recorded, and some staff files included various training certificates. Staff working under practicing privileges had up-to-date insurance to allow them to practice safely.

Each staff member had monthly one-to-one meetings with a senior member of staff. At this meeting, staff performance was discussed along with general feedback and sales targets. We saw documented minutes from these meetings with associated action plans. Staff appraisals were then carried out by the manager and senior staff every 6 months where staff's personal objectives were developed and discussed. We saw documented evidence of this.

The provider organisation's laser national trainer visited the clinic every 4-6 weeks to support staff with training and to observe and provide feedback on staff practice. The manager told us they felt this was beneficial for all staff involved. A number of internal training webinars were also available for all staff. We were told a number of training sessions were organised in the coming weeks from companies involved in aesthetic treatments.

Staff took part in a staff survey each year. We were told this year's results had shown a high staff engagement compared to other clinics across the provider organisation.

We were told about a number of recent promotions in the service including therapists being promoted to team leaders and a clinical team lead.

What needs to improve

Part of a robust and safe recruitment process is ensuring appropriate checks are carried out on potential employees to ensure they are fit to work with vulnerable adults and children. No staff employed or working under practicing privileges had had a Disclosure Scotland Protecting Vulnerable Groups (PVG) check or update carried out (requirement 3).

All therapists working with lasers are required to have core of knowledge training on the use of lasers. From the staff files reviewed, we found that some certificates were not available and some were dated on the day of the inspection (requirement 4).

We noted the service did not have a recruitment policy. We found that various recruitment checks were missing across the staff files reviewed, for example references, employment contracts and health declarations (recommendation g).

Requirement 3 – Timescale: immediate

- The provider must ensure that all staff have a Disclosure Scotland Protecting Vulnerable Groups (PVG) background check carried out. A process should also be in place to obtain a PVG update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

Requirement 4 – Timescale: immediate

- The provider must ensure that all staff working with lasers are appropriately trained with core of knowledge laser training.

Recommendation g

- The service should develop a recruitment policy to help ensure that documented evidence of recruitment checks are obtained and held in individual staff files.

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

A number of methods are used to ensure staff are kept fully informed of updates or changes in the organisation. A suitably qualified healthcare professional must be working in the service at all times. A quality improvement plan should be developed to demonstrate a culture of continuous quality improvement.

Staff met with the manager every morning before the clinic opened. This meeting included discussions about patient lists, challenging treatments, new updates and information coming from the wider provider organisation, and general staff news and events.

Staff also had access to a social media platform and a group messaging service where they could access and share information.

Team meetings were held every 3 months, with the agenda and minutes shared on the staff social media platform. Staff not on duty could attend the meeting virtually.

The manager and team leaders met every week with discussions including staff performance and corporate information from the provider organisation. We saw documentation of these meetings.

We were told that the clinic had recently won a safety award from the provider organisation. Local awards were also regularly presented to staff in the clinic, for example for how they dealt with difficult situations.

What needs to improve

On the day of the inspection, we found the service was breaching Healthcare Improvement Scotland regulations as a healthcare professional was not on site. The regulations state that a suitably qualified healthcare professional should be working when service users are present. We escalated this to the Laser Clinic UK area lead manager and a timescale of 23 January 2023 was put in place to allow this to be resolved. We have since been notified that the service has now recruited a healthcare professional and is completing the recruitment process for a second healthcare professional to work in the service (requirement 5).

A formal quality improvement plan would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would enable the service to clearly demonstrate a culture of continuous quality improvement (recommendation h).

Requirement 5 – Timescale: immediate

- The provider must ensure that, at all times, a suitably qualified healthcare professional is working in the independent healthcare service when service users or patients are present.

Recommendation h

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

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 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
a	The service should ensure the complaints policy is easily available to patients and has up-to-date Healthcare Improvement Scotland contact details (see page 8). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20
b	The service should develop a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
c	The service should produce and publish an annual duty of candour report and make this available to the public (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

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

Requirements

- 1** The provider must have appropriate laser safety processes and procedures in place to ensure the safe use of laser equipment (see page 11).

Timescale – immediate

Regulation 3(d)

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

- 2** The provider must notify Healthcare Improvement Scotland of specific events that occur in its premises, as detailed in Healthcare Improvement Scotland's notification guidance (see page 11).

Timescale – immediate

Regulation 5(1)(b)

The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011

Recommendations

- d** The service should develop a risk register of risk assessments to support the management and ongoing review of identified risks (see page 11).

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

- e** The service should develop documented cleaning schedules and checklists which should be included in the infection prevention and control audit (see page 11).

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

- f** The service should record patients' GP and emergency contact details in the patient care record, or document if consent is not given for this (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

Domain 7 – Workforce management and support

Requirements

- 3** The provider must ensure that all staff have a Disclosure Scotland Protecting Vulnerable Groups (PVG) background check carried out. A process should also be in place to obtain a PVG update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 15).

Timescale – immediate

Regulation 8(1)

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

- 4** The provider must ensure that all staff working with lasers are appropriately trained with core of knowledge laser training (see page 15).

Timescale – immediate

Regulation 12(c)

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

Recommendation

- g** The service should develop a recruitment policy to help ensure that documented evidence of recruitment checks are obtained and held in individual staff files (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

Domain 9 – Quality improvement-focused leadership

Requirement

- 5** The provider must ensure that, at all times, a suitably qualified healthcare professional is working in the independent healthcare service when service users or patients are present (see page 17).

Timescale – immediate

Regulation 12(b)

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

Recommendation

- h** The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvements (see page 17).

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

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.



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:

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

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org