

Announced Inspection Report: Independent Healthcare

Service: A&M Acupuncture Clinic, Motherwell

Service Provider: A&M Acupuncture Clinic

20 July 2021

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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to A&M Acupuncture Clinic on Tuesday 20 July 2021. We spoke with the service manager (practitioner) and received feedback from 11 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors.

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

What we found and inspection grades awarded

For A&M Acupuncture Clinic, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The environment and equipment were clean and well maintained, medicines were managed safely and a programme of clinical audit was in place. Patients also gave very positive feedback about their experience of using the service. The service's public protection (safeguarding) procedure should be updated.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with local groups and national organisations. A quality improvement plan should be developed.	✓ 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 were stored securely and contained appropriate consultation and assessment information. The frequency of patient care record audits should be increased to ensure ongoing monitoring.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	No staff were employed in the service, but a practicing privileges agreement was in place between the service and a local independent nurse prescriber. This agreement should be reviewed every year and the service should ensure it can receive updates from Disclosure Scotland at regular intervals. A practicing privileges policy should be developed and an annual review process implemented for the service's practicing privileges agreements.

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

What action we expect A&M Acupuncture Clinic to take after our inspection

This inspection resulted in seven recommendations. See Appendix 1 for a full list of the 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

We would like to thank all staff at A&M Acupuncture Clinic for their assistance during the inspection.

2 What we found during our inspection

Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The environment and equipment were clean and well maintained, medicines were managed safely and a programme of clinical audit was in place. Patients also gave very positive feedback about their experience of using the service. The service's public protection (safeguarding) procedure should be updated.

Appropriate systems were in place to ensure the clinic environment was kept clean, tidy and well maintained. All equipment was in good condition, and regular servicing and maintenance was carried out. Fire safety equipment, heating systems and electrical appliances were regularly tested and maintained by external contractors.

Appropriate policies and procedures were in place to identify and manage risks. We saw a safe system for the procurement, prescribing, storage and administration of medicines. Medicines were stored under controlled temperature conditions, fridge temperatures were regularly monitored and a good stock control system was in place to make sure medicines were always in date. Arrangements were also in place for dealing with medical emergencies.

An accident book was kept and the service manager (practitioner) had a good understanding of their responsibilities for reporting accidents, incidents and adverse events.

Measures were in place to reduce the risk of infection for patients, in line with the service's infection prevention and control policy and government guidance relating to the COVID-19 pandemic. Single use personal protective equipment such as gloves, surgical face masks and single use equipment was used to

prevent the risk of cross-infection. The service had a contract with a waste management company for the collection and safe disposal of used syringes and needles.

A programme of environmental and clinical audits was carried out to provide assurance that the service was being delivered in line with its policies and procedures. We saw the two most recent infection prevention and control audits carried out in January and July 2021 which showed good compliance. We discussed the benefit of updating the infection prevention and control audit tool to better align it with Health Protection Scotland's *National Infection Prevention and Control Manual*.

Feedback from our survey was very positive about patients' experience of using the service. All patients agreed they had been:

- informed about the risks and benefits before going ahead with treatment
- involved in decisions about their care, and
- extremely satisfied with the cleanliness and the environment.

Comments included:

- 'Everything is explained well, it's very easy to ask questions and a comfortable, spotless environment.'
- '[...] is highly professional, qualified and skilled practitioner. Her clinic is of an excellent standard and a pleasure to visit. She was professional... confident and supportive and I was delighted with the results of my procedure.'
- 'I honestly can't think of anything negative, very professional service.'

What needs to improve

All services should have a public protection procedure that sets out what action staff would take if they identified someone who was at risk of harm or abuse. While the service manager understood what action to take, the service's public protection (safeguarding) policy did not describe the reporting process (recommendation a).

- No requirements.

Recommendation a

- The service should amend its public protection (safeguarding) procedure to include a clear process for reporting suspected harm or abuse, including the names and contact details of the public bodies and departments that a report will be made to.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were stored securely and contained appropriate consultation and assessment information. The frequency of patient care record audits should be increased to ensure ongoing monitoring.

A clinical assessment was carried out on all patients before any treatment was agreed. We were told that treatment would not proceed if a clinical risk was identified.

We looked at five patient care records and saw that all patients had received a consultation and assessment. This included their medical history, health conditions, allergies and written consent to treatment. Records were clear, legible and signed by both the practitioner and patient. We also saw records of what medicine had been used, the batch number and expiry date.

Aftercare advice was emailed to patients before their treatment went ahead. Follow-up appointments were offered to patients receiving prescription medicine treatments, such as botulinum toxin, to make sure they were satisfied with the outcome of their treatment.

The service used paper patient care records and these were stored securely in a lockable cabinet.

What needs to improve

Patient care records we reviewed did not include patients' GP details (recommendation b).

Consent to share information with the patient's GP was also not documented in patient care records we saw (recommendation c).

The service manager told us that aftercare advice was provided to patients. However, this information was not recorded in the patient care records. The service manager agreed to add a section to the service's treatment form to ensure aftercare advice given to the patient could be recorded. We will follow this up at future inspections.

The service manager audited 10 patient care records every year to make sure records were being completed appropriately and fully. We discussed how this process could be improved by decreasing the number of records audited and

increasing the frequency of carrying them out. We will follow this up at future inspections.

Informal psychological screening was also carried out to identify any factors which may increase the risk of a poor psychological outcome from treatment, such as unrealistic expectations. This screening was not currently recorded but the service manager told us they planned to add it to the service's consultation assessment forms. We will follow this up at future inspections.

- No requirements.

Recommendation b

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

Recommendation c

- The service should record patient consent to share information with their GP and other medical staff in an emergency (if required) in patient care records.

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

No staff were employed in the service, but a practicing privileges agreement was in place between the service and a local independent nurse prescriber. This agreement should be reviewed every year and the service should ensure it can receive updates from Disclosure Scotland at regular intervals. A practicing privileges policy should be developed and an annual review process implemented for the service's practicing privileges agreements.

The service did not employ any staff. Although the service manager delivered the treatments, they were not a certified nurse prescriber. Therefore, an agreement was in place with a local independent nurse prescriber who provided this element of the service.

Joint face-to-face consultations took place between the patient, service manager and prescriber. Any prescription medicines were ordered using an online system, signed by the prescriber and delivered to the service premises ahead of the patient's appointment.

What needs to improve

The service did not have a practicing privileges policy in place. The practicing privileges agreement between the service and prescriber described what checks the service would carry out before granting the prescriber privileges to practice on behalf the service. These checks included:

- medical indemnity insurance
- verifying identity
- professional registration status, and
- arranging Disclosure Scotland Protecting Vulnerable Groups (PVG) background checks.

However, we saw no evidence these checks had been carried out before the service granted practicing privileges to the prescriber (recommendation d).

No review process was in place to make sure the prescriber remained safe to work on behalf of the service (recommendation e).

As well as the PVG scheme informing an employer whether an individual is barred from working with protected adults and/or children, it provides a point in time check of an individual's criminal convictions history. A system should be introduced to obtain a PVG update for relevant staff at regular intervals (recommendation f).

- No requirements.

Recommendation d

- The service should develop and follow a recruitment and practicing privileges policy that sets out how it will safely grant practicing privileges to other registered healthcare professionals to work on behalf of the service.

Recommendation e

- The service should implement a yearly review process for all practicing privileges agreements.

Recommendation f

- The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff are appointed safely and remain safe to work in the service.

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

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with local groups and national organisations. A quality improvement plan should be developed.

The service was owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). They were an active member of industry-specific local groups and national organisations. This included the British Academy of Western Medical Acupuncture (BAWMA) and the Central Scotland Acupuncture Group, a regional group of the British Medical Acupuncture Society which meets every 3 months to share knowledge and discuss clinical cases.

The service engaged in regular continuing professional development activities by attending conferences and update sessions run by BAWMA and pharmaceutical companies. Update training in infection prevention and control and basic life support was carried out every year. They also engaged in the NMC revalidation process, where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to the NMC every 3 years.

What needs to improve

We saw some evidence showing how the service reviewed the quality of care delivered, for example through audits and reviewing policies and procedures. However, this could be further improved by regular reviews of:

- patient feedback
- complaints, and
- incidents, accidents and adverse events.

A quality improvement plan would help to structure and record service improvement processes and outcomes (recommendation g).

We discussed with the service manager how the service may benefit from joining an expert complications group, such as the Aesthetic Complications Expert (ACE) group. This would provide access to a group of practitioners with specific guidance about preventing complications, the difficulties encountered in cosmetic treatments and the potential solutions.

- No requirements.

Recommendation g

- The service should develop and implement a quality improvement plan to structure its processes and outcomes, measure the impact of change and demonstrate a culture of continuous improvement.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
a	<p>The service should amend its public protection (safeguarding) procedure to include a clear process for reporting suspected harm or abuse, including the names and contact details of the public bodies and departments that a report will be made to (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.22</p>
b	<p>The service should keep a record of the patient's GP details in the patient care record (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.18</p>
c	<p>The service should record patient consent to share information with their GP and other medical staff in an emergency (if required) in patient care records (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

Domain 7 – Workforce management and support	
Requirements	
None	
Recommendations	
d	<p>The service should develop and follow a recruitment and practicing privileges policy that sets out how it will safely grant practicing privileges to other registered healthcare professionals to work on behalf of the service (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>
e	<p>The service should implement a yearly review process for all practicing privileges agreements (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>
f	<p>The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff are appointed safely and remain safe to work in the service (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
g	<p>The service should develop and implement a quality improvement plan to structure its processes and outcomes, measure the impact of change and demonstrate a culture of continuous improvement (see page 14).</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>

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

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