

Announced Inspection Report: Independent Healthcare

Service: FTT Skin Clinics (Hamilton)

Service Provider: FTT Skin Limited

18 April 2023

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1 Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 13 May 2019

Requirement

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

Action taken

The service now risk assessed all roles for staff employed in the service including those with practicing privileges. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 13 May 2019

Recommendation

The service should provide information for patients on how to make a complaint.

Action taken

Information for patients about how to make a complaint was available on the service's website and displayed in the service. This included a statement advising patients of their right to contact Healthcare Improvement Scotland at any stage if they had a complaint.

Recommendation

The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Action taken

A programme of audits had now been introduced. This included audits of the environment, medicines management, stock control and patient care records.

Recommendation

The service should develop the existing cleaning schedules to include details on cleaning products, processes and the people responsible for cleaning.

Action taken

The cleaning schedules had now been reviewed and updated to include information about the cleaning products to be used, processes and the people responsible for cleaning.

Recommendation

The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients' care records.

Action taken

During the inspection, the patient care records we reviewed still did not include consent to share information with the patient's GP or other healthcare professionals. This recommendation is reported in Quality indicator 5.2 (see recommendation e).

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

While the service could demonstrate it had made some improvements since the last inspection, there was no structured quality improvement plan to show the actions taken or the impact of these changes and improvements in the service. This recommendation is reported in Quality indicator 9.4 (see recommendation i).

2 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 FTT Skin Clinics (Hamilton) on Tuesday 18 April 2023. We spoke with a number of staff and one patient during the inspection. We received feedback from five patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of one inspector and an inspector observing.

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 FTT Skin Clinics (Hamilton), 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 very complimentary about the service. A wide range of methods was used to ensure patients received information to make informed decisions about their treatment. A participation policy was in place and feedback from patients was used to support improvements in the service. Information about how to make a complaint was easily accessible to patients. Clear procedures were in place for managing complaints and responding to duty of candour incidents.	✓✓ Good

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	The service was clean, equipment was in good condition and processes were in place to maintain this. Although a risk management system was in place, this should be further developed. Laser safety recommendations must be addressed, and medicines management arrangements reviewed to ensure medicines and medical devices remain fit for purpose. Botulinum toxin should be used in line with the manufacturer's guidance.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Staff and management kept up to date with changes in the aesthetic industry through their membership of various national organisations, and through training and development. The clinical director also provided teaching and mentoring support to other aesthetic colleagues. Staff and patients were encouraged to share their ideas for improvement. Although clinical governance arrangements should be strengthened, staff told us the directors were supportive and approachable. A quality improvement plan would help the service measure the quality, safety and effectiveness of the service delivered.	✓ 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	Consultations included a full assessment to determine patients' suitability for treatment. Consent to treatment should be obtained from patients, as well as next of kin and emergency contact details. Where medicines are used outwith manufacturer's guidance, this should be fully discussed and documented in the patient care record. The weight loss management protocols should be reviewed in line with manufacturer's guidance.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Staff received good opportunities for training, ongoing development and career progression. All staff had a yearly appraisal and a 6-month review. A training plan helped to monitor compliance with mandatory training, and when professional registration and insurance checks were due for review. All pre-employment checks must be completed before staff start work in the service.

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 FTT Skin Limited to take after our inspection

This inspection resulted in three requirements and 10 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

FTT Skin 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 FTT Skin Clinics (Hamilton) for their assistance during the inspection.

3 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 very complimentary about the service. A wide range of methods was used to ensure patients received information to make informed decisions about their treatment. A participation policy was in place and feedback from patients was used to support improvements in the service. Information about how to make a complaint was easily accessible to patients. Clear procedures were in place for managing complaints and responding to duty of candour incidents.

The service made sure that patients' privacy and dignity was maintained. Windows were adequately screened and the treatment rooms were locked when patients were undergoing their treatment. The service operated a 'by appointment only' system for all patients attending the clinic.

We saw that patients received information about treatments in a variety of ways. This included information leaflets, social media podcasts, one-to-one consultations and videos playing on screens in the reception. The clinic director also published a newsletter every week on the service's website. This provided useful information for patients about any developments in the clinic, information about treatments, staffing and patient reviews.

The service used a variety of initiatives to gather feedback from patients in line with its participation policy. After every patient appointment, the service's electronic administrative system automatically generated an email to patients with a web link to a patient experience survey. Feedback was also gathered verbally following treatment and through social media sites.

We saw that patient feedback was very positive and the service routinely monitored and responded to patient reviews to make sure any issues raised were addressed in a timely fashion. An analysis of recent patient feedback confirmed high satisfaction rates with almost all patients leaving a five-star review. Patients who rated their experience less than five stars were contacted by the service to address any issues and identify any actions for improvement. We were told that an online patient forum was being considered to further develop patient engagement.

We received similar positive comments from patients who completed our survey. For example, patients told us they were always treated with dignity and respect, and were provided with sufficient information to help them make a decision about treatments. They also told us the risk and benefits of treatment were fully explained before they agreed to go ahead with treatment. Comments included:

- 'I always feel I am listened to and am the most important person during my appointment and treatment.'
- 'Just always treated with respect, comfort ensured in a pleasant respectful manner.'

Complaints information was displayed in the clinic and on the service's website. This included the contact details for Healthcare Improvement Scotland. We saw a complaints log was maintained to enable the service to respond to any issues raised by patients, and to monitor any themes or trends. This helped to support future learning and service improvement. For example, the service received a number of complaints from patients who had received multiple appointments when a new electronic booking system was introduced. We saw the service took immediate action to rectify this error with the IT company responsible for the booking system.

The service had a duty of candour policy (where healthcare organisations have a responsibility to be honest with patients if something goes wrong). Although we were told there were no instances that required the need to implement this policy, a duty of candour report was published on the service's website. Staff we spoke with were aware of their duty of candour responsibilities.

- No requirements.
- No recommendations.

Service delivery

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

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

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

Our findings

Quality indicator 5.1 - Safe delivery of care

The service was clean, equipment was in good condition and processes were in place to maintain this. Although a risk management system was in place, this should be further developed. Laser safety recommendations must be addressed, and medicines management arrangements reviewed to ensure medicines and medical devices remain fit for purpose. Botulinum toxin should be used in line with the manufacturer's guidance.

Appropriate systems were in place to help make sure the environment was kept clean, tidy and well maintained. Patients who completed our online survey told us the clinic was bright, airy and immaculate. All equipment was in good condition, and maintenance contracts were in place for fire safety and heating equipment, and regular servicing was carried out. Appropriate fire safety signage was in place and the service completed a yearly fire risk assessment of the premises. We saw the service had up-to-date insurance cover for public and employer liability and indemnity insurance.

We saw completed daily cleaning schedules that showed that cleaning was taking place. This included cleaning the treatment rooms between patient appointments, and at the beginning and end of each clinic day. A monthly deep cleaning schedule was also in place for all the treatment rooms and communal areas in the clinic.

The service followed Health Protection Scotland's national guidance to reduce infection risks in line with its infection control policy. We saw a good supply of personal protective equipment in use, such as disposable aprons, gloves and masks. Anti-bacterial hand wash and disposable paper hand towels were used to promote good hand hygiene for staff and patients.

Single-use medical devices such as syringes, needles and patient equipment were used to reduce the risk of cross-infection. A clinical waste contract was in place for the safe removal and disposal of clinical waste. This included the safe disposal of hazardous waste such as botulinum toxin. Staff had received infection control training and understood the importance of good hand hygiene practice and how to use personal protective equipment.

The clinical director was also the registered nurse prescriber for the service and was responsible for overseeing the safe procurement, prescribing, storage and administration of medicines in the service. We saw that medicines cupboards and fridges were clean, tidy and not overstocked. Temperature-sensitive medicines were stored in lockable fridges with a built-in thermometer. We saw that fridge temperatures were checked and recorded daily to ensure medicines were stored at the correct temperature. A record of the batch numbers and expiry dates of medicines used for treatments was documented in the patient care records we reviewed. This would allow the service to quickly respond to any medicine alerts or adverse events. The service used Medicines and Healthcare products Regulatory Agency (MHRA) registered pharmacy suppliers.

An emergency medicine kit was available so staff could quickly respond to any medical emergencies such as an allergic reaction from treatment. Staff attended yearly training in basic life support in line with the service's medical emergency policy.

The service's audit programme included auditing patient care records, the environment, medicines management and a stock control audit for medicines.

A policy review system was in place and we saw that some policies had been updated in the last 2 years or in response to legislation changes. Staff accessed policies on the service's electronic database and any updates were discussed at staff meetings.

Although we were told there had been no accidents or incidents involving patients or staff, a system was in place to record, manage and report any notifiable incidents or adverse events to the relevant regulatory authorities.

A laser protection advisor visited the service every year to make sure laser safety rules and guidance were followed in line with health and safety regulations. Staff authorised to deliver laser treatments to patients had completed their laser safety core of knowledge training, and were required to carry out regular refresher training. We saw that all laser operators had an up-to-date laser safety training certificate. The laser room had a lockable door and appropriate signage to alert staff when lasers were in use.

What needs to improve

We reviewed two stock control audits which identified the name of the medicine or medical device, the number of items in stock, reference numbers and expiry dates. However, during the inspection we found some out-of-date medicines and medical devices such as local anaesthetic vials, cannulas and needles. Although the stock control audits showed no discrepancies or items due to expire, the audits had not been signed or dated. Therefore, it was unclear when they were completed. A more effective stock control system must be developed to make sure that medicines and medical devices remain fit for purpose (requirement 1).

During the inspection, we saw that some recommendations from a report completed by the laser protection advisor following a visit to the service in January 2023 were outstanding. For example, the local rules (the local arrangements developed by the laser protection advisor to manage laser safety) were not displayed in the laser room. The designated laser operators had not signed and dated the local rules to confirm they had read and understood them. There was also no evidence of safety audits to monitor compliance and no list of authorised users (requirement 2).

We noted that a medicines audit took place once a year. The frequency of this should be reviewed to provide assurance and governance of safe medicines management in the service (recommendation a).

The service was able to describe how it managed the environmental and clinical risks in the service. We saw some risk assessments had been carried out to record actions taken to reduce risks in the service and to patients themselves, and to monitor compliance. However, these contained minimal details and should be further developed. A risk register would help the service to identify the risks, assess the probability of harm and document the control measures in place to reduce risks in the service (recommendation b).

We noted that the service was using an alternative sterile saline solution from that recommended in the manufacturer's guidance for the reconstitution of botulinum toxin (using a liquid solution to turn a dry substance into a fluid for injection). We were told this was to provide better pain relief for patients. However, this is not in line with the manufacturer's guidance and best practice (recommendation c).

The service had a safeguarding policy which set out the procedure to protect adults at risk of harm or abuse. As the service is registered with Healthcare Improvement Scotland to provide treatment to children aged 16-18 years with medically diagnosed conditions, a child protection policy should also be developed (recommendation d).

Requirement 1 – Timescale: immediate

- The provider must implement a more effective stock control system for medicines or medical devices to make sure they remain in date and fit for purpose.

Requirement 2 – Timescale: immediate

- The provider must ensure the outstanding recommendations from the most recent laser protection advisor's report are actioned. The local rules must be displayed in the laser room, and must be read, understood and signed by all authorised users. An up-to-date list of authorised users must be maintained.

Recommendation a

- The service should review the frequency of the formal medicines audit to provide regular monitoring and compliance for safe medicines management.

Recommendation b

- The service should further develop its risk assessments and introduce a risk register to support the management and review of identified risks in the service and to patients. This should include the control measures in place to reduce each risk.

Recommendation c

- The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

Recommendation d

- The service should develop a child protection policy to ensure a clear protocol is in place to respond to child protection concerns.

Quality indicator 5.2 - Assessment and management of people experiencing care

Consultations included a full assessment to determine patients' suitability for treatment. Consent to treatment should be obtained from patients, as well as next of kin and emergency contact details. Where medicines are used outwith manufacturer's guidance, this should be fully discussed and documented in the patient care record. The weight loss management protocols should be reviewed in line with manufacturer's guidance.

We reviewed four patient care records including a patient enrolled on the weight loss management programme. We saw that all patient care records included a record of the initial consultation and an individual treatment plan. We saw that each assessment included a record of patients' full medical history such as pre-existing medical conditions, medicines, allergies and any previous treatments to determine their suitability for treatment. Three patient care records we reviewed had a fully completed consent to treatment form.

The service had introduced a questionnaire that it sent to all new patients who registered with the clinic. This provided information about the patient's expectations from treatment and informed the initial consultation and assessment process. It also helped the service to develop a realistic treatment plan for patients in line with their individual wishes.

Patients told us they felt well informed and had received a substantial amount of information about treatment options before they agreed to go ahead with treatment. Comments included:

- 'At no time was I pressured to have the treatment, everything was thoroughly explained in a relaxed but professional manner.'
- 'I have had several treatments in recent years at this clinic. Someone is always available to advise and a full assessment is made prior to treatments.'

Patients were given clear post-treatment aftercare advice, as well as the service's out-of-hours telephone number in case they had a reaction or complication following treatment. As part of the treatment plan, patients were invited to attend a free follow-up appointment after treatment. This allowed the service to make sure patients were happy with the results or provide them with more treatment, if required.

Patient care records were stored electronically in a password-protected computer. Appropriate procedures were in place to maintain patient confidentiality in line with the service's information management policy.

The service was registered with the Information Commissioner's Office (an independent authority for data and privacy rights) to make sure it handled confidential patient information safely and securely. Staff had received training in information management.

The service's privacy policy was accessible to patients in the clinic and on its website. The policy specified patients' rights to access information the clinic held on them, the procedure for doing so and provided assurance of the service's compliance with general data protection regulation guidelines.

What needs to improve

None of the patient care records we reviewed included consent to share information with the patient's GP or other healthcare professionals. This had previously been identified during the May 2019 inspection. We also noted that patients' next of kin or emergency contact details were not recorded in any of the patient care records we reviewed (recommendation e).

Although the service had developed protocols for prescription-only weight loss management treatments, these should be further developed to make sure they are used in line with the manufacturer's guidance. For example:

- the contraindications for each medicine should be listed in each protocol (a symptom or medical condition that is a reason for a person to not receive a particular treatment or procedure because it may be harmful to them)
- the body mass index (BMI) thresholds should be amended to comply with the guidance, and
- each protocol should make clear that a face-to-face consultation must take place with the prescriber before prescription-only treatment can commence (recommendation f).

The weight loss management protocols should also include the consent process, including consent to treatment, sharing information with the patient's GP and consent from patients when a medicine is used off-licence. This is when a medicine is being used in a way that is different to that described in the product license. We were told that one patient was currently enrolled in the weight loss management programme at the time of the inspection. Although the patient care record included detailed information about their lifestyle, past medical history and a treatment plan, we saw no evidence of a completed consent to treatment form (recommendation g).

The service was using an alternative sterile saline solution from that recommended in the manufacturer's guidance for the reconstitution of botulinum toxin. Any medicines used outwith the manufacturer's recommended guidelines as part of a treatment should be discussed with the patient and documented in the patient care record (recommendation h).

- No requirements.

Recommendation e

- The service should obtain patient consent to share information with their GP or other healthcare professional and record this in the patient care record. A record of the patient's next of kin or emergency contact details should also be recorded.

Recommendation f

- The service should update the weight loss management protocols for medicines used to support weight loss management to comply with the approved conditions of use in the manufacturer's guidance.

Recommendation g

- The service should obtain patient consent to treatment for all its patients. This should include patients enrolled on the weight loss management programme.

Recommendation h

- The service should ensure it has fully discussed with the patient and documented in the patient care record when using a medicine outwith the manufacturer's guidance (off-licence).

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

Staff received good opportunities for training, ongoing development and career progression. All staff had a yearly appraisal and a 6-month review. A training plan helped to monitor compliance with mandatory training, and when professional registration and insurance checks were due for review. All pre-employment checks must be completed before staff start work in the service.

New staff received an induction and ongoing mentoring support from both an experienced member of the clinical team and the manager until they were deemed competent in their role. We saw that staff completed mandatory training in information management, health and safety, laser safety (for authorised users) and basic life support.

Staff told us they had good opportunities for training and career progression. For example, we were told that one clinical staff member was due to commence their nurse prescriber training. The clinical manager held weekly 'lunch and learn' sessions to share skills and knowledge with staff about new and existing treatments.

We reviewed four staff files which included staff who had practicing privileges (staff not employed directly by the provider but given permission to work in the service). Staff recruitment files were stored electronically with the exception of employment contracts, which were paper based. All staff files we reviewed had a signed contract of employment or practicing privileges agreement, and an up-to-date Disclosure Scotland Protection of Vulnerable Groups (PVG) background check. We saw a system was in place for checking the professional registration of clinical staff and medical malpractice insurance.

All staff had a yearly appraisal and a 6-monthly review meeting to discuss training and development requirements. We saw that a list of individual staff training was documented in their electronic staff file and the date of completion was recorded on the service's training plan.

What needs to improve

We noted that staff had started working in the service before their Disclosure Scotland PVG background checks were completed. We also noted that some staff files only had one reference on file. All essential pre-employment checks must be carried out before staff start work in the service to demonstrate safe recruitment practice. This must include the relevant Disclosure Scotland background check and two references (requirement 3).

Requirement 3 – Timescale: immediate

- The provider must ensure that all staff have the appropriate pre-employment checks carried out in line with current legislation and best practice before they start working in the service.

- No recommendations.

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

Staff and management kept up to date with changes in the aesthetic industry through their membership of various national organisations, and through training and development. The clinical director also provided teaching and mentoring support to other aesthetic colleagues. Staff and patients were encouraged to share their ideas for improvement. Although clinical governance arrangements should be strengthened, staff told us the directors were supportive and approachable. A quality improvement plan would help the service measure the quality, safety and effectiveness of the service delivered.

The manager was one of the directors responsible for overseeing the day-to-day running of the service. The clinical director was registered with the Nursing and Midwifery Council (NMC) and was the registered independent prescriber for the service. The clinical director engaged in regular professional development managed through the NMC registration and validation process. Revalidation is where nurses have to meet the requirements of their professional registration through gathering evidence of their competency, training and development for their professional body such as the NMC every 3 years.

The service belonged to a variety of industry-specific organisations such as the British Association of Cosmetic Nurses (BACN) and the Aesthetic Complications Expert (ACE) Group. This group of practitioners regularly reported on any difficulties encountered and the potential solutions.

We saw the service attended conferences and training days facilitated by pharmaceutical companies. This helped the service keep up to date with any changes in the aesthetic industry, legislation and best practice. The clinical director provided teaching and mentoring support to other aesthetic colleagues

across the UK and more recently visited aesthetic clinics in the USA. They also had articles published from their research into aesthetics-related subjects.

Staff attended a daily brief with the manager and/or the clinical director every day to discuss patient appointments, planned treatments and ensure the treatment rooms were clean, fully equipped and ready for patients. Staff meetings took place regularly and minutes of meetings showed that patient feedback, case studies and training events were discussed.

Staff told us the directors were supportive and open to new ideas for improvement. We saw that staff were encouraged to be actively involved in developing the service. For example, a staff member was responsible for checking that patient care records had been fully completed at the end of each clinic day. This allowed the service to run a report to identify and rectify any missing data and helped to contribute to the audits of patient care records.

What needs to improve

The service had developed a quality assurance system and processes to make sure it delivered care and treatment appropriate to the needs of patients. This included an audit programme, risk assessments and reviewing patient feedback. This had led to some improvements since the previous inspection in 2019, and had helped the service to identify some key priorities over the next 2 years. However, a quality improvement plan had still not been developed. This had previously been identified during the May 2019 inspection. A quality improvement plan would help the service to structure its approach to service improvements and demonstrate a cycle of continuous quality improvement. The plan should identify improvement activities, how they will be achieved and provide an evaluation of their impact on the service (recommendation i).

Although we saw appropriate measures being taken to keep staff and patients safe, we saw little evidence of effective clinical governance and oversight to ensure safe medicines management and stock control, and appropriate laser safety arrangements. The clinical governance arrangements for reviewing and monitoring the effectiveness of these quality assurance systems and processes should be further developed in line with the service's clinical governance policy (recommendation j).

■ No requirements.

Recommendation i

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

Recommendation j

- The service should follow its clinical governance policy to ensure effective review and monitoring of its quality assurance systems and processes.

Appendix 1 – Requirements and recommendations

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

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

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

Requirements

- 1** The provider must implement a more effective stock control system for medicines or medical devices to make sure they remain in date and fit for purpose (see page 15).

Timescale – immediate

Regulation 3(d)(iv)

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

- 2** The provider must ensure the outstanding recommendations from the most recent laser protection advisor's report are actioned. The local rules must be displayed in the laser room, and must be read, understood and signed by all authorised users. An up-to-date list of authorised users must be maintained (see page 15).

Timescale – immediate

Regulation 3(d)(v)

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

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

Recommendations

- a** The service should review the frequency of the formal medicines audit to provide regular monitoring and compliance for safe medicines management (see page 15).

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

- b** The service should further develop its risk assessments and introduce a risk register to support the management and review of identified risks in the service and to patients. This should include the control measures in place to reduce each risk (see page 15).

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

- c** The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place (see page 15).

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

- d** The service should develop a child protection policy to ensure a clear protocol is in place to respond to child protection concerns (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20

- e** The service should obtain patient consent to share information with their GP or other healthcare professional and record this in the patient care record. A record of the patient's next of kin or emergency contact details should also be recorded (see page 18).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

This was previously identified as a recommendation in the May 2019 inspection report for FTT Skin Clinics (Hamilton).

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

Recommendations

- f** The service should update the weight loss management protocols for medicines used to support weight loss management to comply with the approved conditions of use in the manufacturer's guidance (see page 18).

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 obtain patient consent to treatment for all its patients. This should include patients enrolled on the weight loss management programme (see page 18).

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

- h** The service should ensure it has fully discussed with the patient and documented in the patient care record when using a medicine outwith the manufacturer's guidance (off-licence) (see page 18).

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

Domain 7 – Workforce management and support

Requirement

- 3** The provider must ensure that all staff have the appropriate pre-employment checks carried out in line with current legislation and best practice before they start working in the service (see page 20).

Timescale – immediate

Regulation 8(1)

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

Recommendations

None

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendations	
i	<p>The service should develop and implement a quality improvement plan to formalise and direct how it drives and measures improvements in the service (see page 23).</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> <p>This was previously identified as a recommendation in the May 2019 inspection report for FTT Skin Clinics (Hamilton).</p>
j	<p>The service should follow its clinical governance policy to ensure effective review and monitoring of its quality assurance systems and processes (see page 23).</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

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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