

# Announced Inspection Report: Independent Healthcare

**Service:** Quest Clinic, Ayr

**Service Provider:** Quest Clinic Ltd

24 January 2023

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## 1 Progress since our last inspection

### What the provider had done to meet the requirements we made at our last inspection on 3 December 2018

#### Requirement

*The provider must ensure that prescription-only medicines are stored and administered according to the manufacturer's guidelines at all times, in order to appropriately manage the risks associated with or arising from the care and treatment of patients.*

#### Action taken

We saw that all medicines were stored appropriately and were assured that botulinum toxin was now being administered and disposed of in line with manufacturer's guidance. **This requirement is met.**

### What the service had done to meet the recommendations we made at our last inspection on 3 December 2018

#### Recommendation

*The service should develop and implement a formalised patient engagement strategy to direct the way it engages with its patients and uses their feedback to drive improvement.*

#### Action taken

An up-to-date patient engagement strategy had now been developed that described the various processes used by the service to gather patient feedback, and how that feedback would be used to continuously improve the service. We were told of further methods of gathering patient feedback that were being developed, for example an electronic survey would be sent out to patients every 6 months.

#### Recommendation

*The service should develop and implement a formalised quality improvement plan.*

#### Action taken

A detailed quality improvement plan had now been developed, which included aspects of clinical audits, infection prevention and control, and plans for refurbishment.

## 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 Quest Clinic on Tuesday 24 January 2023. We spoke with the manager/owner and receptionist during the inspection. We received feedback from 14 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 with one 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 comprehensive self-evaluation.

### What we found and inspection grades awarded

For Quest Clinic, 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	Information about the service and treatments on offer was easily accessible, and patients told us they felt well informed about treatments available. Feedback was regularly requested from patients, and this was reviewed to help the service improve the patient experience, and how care and treatment was delivered. An annual duty of candour report should be produced.	✓✓ 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	Thorough quality assurance and risk management processes ensured care was delivered safely. This included a range of policies and procedures, a comprehensive risk register and an audit programme reviewing the quality of the service.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The manager and owner was an experienced nurse practitioner. A number of processes were in place to support staff and maintain regular communication with them. A comprehensive quality improvement plan had been developed over a number of years.	✓✓ Good

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 detailed and showed good processes in place to document patient information and to assess patients' requirements. Patients receiving weight management treatments were supported with their diet, exercise and medicine management needs.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	A good process of recruitment and safety checks for staff working under practicing privileges was in place. Good training opportunities were available for staff. However, staff files should ensure evidence is available of all required recruitment checks, and appraisal information.

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](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](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

### **What action we expect Quest Clinic Ltd to take after our inspection**

This inspection resulted in two 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](http://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 Quest Clinic 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**

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**Information about the service and treatments on offer was easily accessible, and patients told us they felt well informed about treatments available. Feedback was regularly requested from patients, and this was reviewed to help the service improve the patient experience, and how care and treatment was delivered. An annual duty of candour report should be produced.**

Patients could access information about the service on its website or social media pages. We saw a number of patient information leaflets were also available in the reception area and in the consultation rooms. This included information about the treatments offered, and costs.

Patients could book their first consultation appointment online. When doing this, they were also asked to complete an 'area of enquiry' questionnaire to ensure their appointment was with the correct practitioner. Patients then received a welcome email confirming their appointment and further information on the treatments they were enquiring about. They were then able to discuss this further with the practitioner during their consultation appointment, including their expectations of treatment, and the cost of treatment was then agreed.

The service's patient engagement strategy described the various processes used to gather patient feedback, and then how that feedback would be used to improve the service. Following treatment, patients were sent an email that included an opportunity to provide feedback and give a score for the treatment they received. We saw that most responses provided a five star rating. Feedback could also be provided verbally and through social media, as well as paper questionnaires available in the clinic. We saw that patients were often asked to complete anonymous questionnaires about other aspects of the service, for



example the quality of the environment, the treatments on offer and the referral process. We were given examples of where patient feedback had been used to improve the service, such as a planned update of the website to make it easier to use.

The complaints policy was available both in paper copy and electronically for staff to access. Information about how to make a complaint was also available on the service's website. This included contact details for Healthcare Improvement Scotland, and made clear that patients could contact Healthcare Improvement Scotland at any time. We were told there had been no complaints in recent years.

Patients who completed our online survey told us they felt well informed:

- 'Advised I could contact if I had any problems and felt included in discussions about the procedure.'
- 'We talked through what was to happen and the effects expected.'
- '... team talk you through treatment options carefully, making sure you understand specific procedures, aim objectives, and outcomes.'

### **What needs to improve**

The service had an up-to-date duty of candour policy (where healthcare organisations have a responsibility to be honest with patients if something goes wrong). We were told the service had not had any instances requiring the need to implement the policy. However, in line with national guidance, healthcare organisations are required to produce a yearly duty of candour report and make this available to the public (recommendation a).

- No requirements.

### **Recommendation a**

- The service should ensure an annual duty of candour report is produced and published.

## 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**

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**Thorough quality assurance and risk management processes ensured care was delivered safely. This included a range of policies and procedures, a comprehensive risk register and an audit programme reviewing the quality of the service.**

Appropriate systems were in place to help make sure the environment was kept clean, tidy and well maintained. All equipment was in good condition, and regular servicing and maintenance was carried out. Appropriate fire safety equipment and signage was in place. External contractors regularly tested and maintained the fire alarm and smoke detectors.

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

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

We saw the service had processes in place to regularly review and update its policies.

Measures were in place to reduce the risk of infection. A good supply of single-use equipment was available and used to prevent the risk of cross-infection. The service also had a good supply of 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, used syringes and needles. We saw appropriate sharps bins were in place.

The service employed an external cleaner to clean the whole service once a week. Staff were responsible for cleaning surfaces and floors in between appointments. We saw electronic daily cleaning schedules were completed.

A system was in place to record the temperature of the clinical fridge to check 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. The service kept some prescription-only medicines as stock, including medicine required in an emergency.

We saw a good process of managing risk with a detailed risk register that was reviewed regularly. Risk assessments included those for:

- slips, trips and falls
- handling sharps
- lone working, and
- moving and handling.

We saw a thorough audit programme included medicine management audits and environmental audits. Patient care records were also audited regularly, in particular focusing on the consent process, and a clinical practice audit was completed regularly. The service used an electronic system to highlight when audits were due to be carried out.

Although no accidents or incidents had occurred since the service was registered with Healthcare Improvement Scotland in January 2017, an accident book was available to record any accidents or incidents in the service.

Comments from patients who completed our online survey included:

- 'Always very modern and up to date techniques and cleanliness and hygiene is top level.'
- 'The equipment and environment is always extremely clean and tidy.'
- 'Clinic was clean and tidy and I felt comfortable during my consultation.'

■ No requirements.

■ No recommendations.

### Quality indicator 5.2 - Assessment and management of people experiencing care

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**Patient care records were detailed and showed good processes in place to document patient information and to assess patients' requirements. Patients receiving weight management treatments were supported with their diet, exercise and medicine management needs.**

Patient care records were securely stored on a password-protected electronic system. Weight management patient care questionnaires were stored in a separate password-protected system through the National Medical Weight Loss Programme. This protected confidential patient information. The service and individual practitioners were registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

We reviewed four patient care records including two weight management patient care records. All records reviewed had patient contact details including patient name, address, mobile telephone number, next of kin and GP contact details.

Each patient completed information on their past medical history, allergies, regular medicines, previous treatments and expectations online before their initial consultation appointment. All patient care records included details of the consultation period and a treatment plan. For patients who received aesthetic treatments, treatment plans included a facial diagram of the areas treated, the volumes of medicine used, batch number and expiry date of the product used.

Patients also completed a comprehensive consent form for the treatment they were planning. We saw this included risks and benefits of the treatment, as well as consent to take photographs and to share information with their GP. This was signed and dated by both the patient and the practitioner.

Patients who were receiving weight management treatments completed a consent document developed by the product manufacturer. This referred to issues such as side effects, diet and the calculation of body mass index (BMI). The document clearly informed patients that the medicine would be used 'off license' when used for weight management. This means it is being used differently from its original intended use. Those patients were in regular contact with the practitioner approximately every 3 days following the start of their initial treatment and then reviewed every 2 weeks. We saw that patients received support with diet and meal planning and had the potential to receive additional therapies in the service, for example coaching or cognitive behavioral therapies.

Patient care records documented that all patients received aftercare information and advice. Patients were provided with an out-of-hours contact number should any concerns arise.

- No requirements.
- No recommendations.

### 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

**A good process of recruitment and safety checks for staff working under practicing privileges was in place. Good training opportunities were available for staff. However, staff files should ensure evidence is available of all required recruitment checks, and appraisal information.**

The service employed two receptionists and had a large number of professionals working under a practicing privileges contract. This is when staff are not employed by the provider but have permission to work in the service. The service also had an up-to-date practicing privileges policy. Healthcare professionals included aesthetic nurse practitioners, and medical and surgical consultants providing a patient consultation service. Therapists provided complementary therapies.

We reviewed six electronic staff files. Every file reviewed included:

- an application form
- two references
- copies of certificates of qualifications
- statements from the professional registered body, and
- a Disclosure Scotland Protecting Vulnerable Groups (PVG) check.

Each staff member had received and signed a service level agreement which detailed conditions for working in the service, for example illness and holiday entitlement. Staff members working under practicing privileges also had a signed and dated contract and up-to-date insurances in place to ensure safe practice.

In a number of files, we saw copies of staff's appraisal from their substantive NHS employers, and a number of staff had also had an appraisal completed in the service. These had been signed and dated by both the staff member and the manager. The in-service appraisals included personal development objectives for the next 12 months.

We were told that new aesthetic practitioners were supported and mentored by the manager to help develop confidence in their practice.

The service had developed an electronic process to ensure yearly checks were carried out on each individual working under practicing privileges. This included:

- annual checks of the professional registered body, and
- updates on individual insurances.

We were told staff were made aware of training opportunities, including upcoming aesthetic conferences. Staff could attend conferences online if this was more suitable for them. We were told there was the opportunity for staff to be supported with funding to attend training sessions. Staff we spoke with told us they felt supported at work and were given opportunities to develop in their role.

### **What needs to improve**

While we saw a good process of recruitment, some information was missing from staff files, for example individual's identification, health declaration and evidence of appraisal (recommendation b).

- No requirements.

### **Recommendation b**

- The service should ensure that staff files contain evidence of all background recruitment checks and ongoing appraisal for all staff.

## 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 manager and owner was an experienced nurse practitioner. A number of processes were in place to support staff and maintain regular communication with them. A comprehensive quality improvement plan had been developed over a number of years.**

The service was managed and owned by a nurse practitioner who was an independent nurse prescriber, registered with the Nursing and Midwifery Council. The nurse practitioner was experienced in aesthetic treatments and qualified to provide weight management treatments.

The nurse manager met with the reception staff on a weekly basis and a formal all staff governance meeting was held every 3 months. We saw agendas and minutes for these meetings with associated action plans. Topics covered during these weekly and 3-monthly meetings included patient feedback and outcomes from the audit programme.

We were told a number of online secure messaging groups had been set up between the manager and staff. This allowed for a regular ongoing conversation about aspects of the service.

The service was a member of a number of forums, for example the Complications in Medical Aesthetic Collaborative (CMAC) and the Aesthetic Complications Expert (ACE) group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions. The manager was also in regular contact with aesthetic healthcare professionals they had known for several years.

We saw a comprehensive quality assurance process in place which addressed the safety and ongoing improvement of the service. A detailed and long-standing quality improvement plan included a number of aspects of clinical practice and plans for the future, for example:

- communication and governance
- ensuring the environment was safe and welcoming, and
- plans for redecorating and refurbishment.

■ No requirements.

■ No recommendations.



## 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

#### Recommendation

- a** The service should ensure an annual duty of candour report is produced and published (see page 9).

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

### Domain 7 – Workforce management and support

#### Requirements

None

#### Recommendation

- b** The service should ensure that staff files contain evidence of all background recruitment checks and ongoing appraisal for all staff (see page 14).

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

## 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](http://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](http://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](mailto:his.ihcregulation@nhs.scot)

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Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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