

Announced Inspection Report: Independent Healthcare

Service: Superdrug Nurse Clinic, Inverness

Service Provider: Superdrug Stores Plc

25 October 2023

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1 Progress since our last inspection

What the service had done to meet the recommendation we made at our last inspection on 5 December 2019

Recommendation

The service should review the information being held in the patient care record for patients undergoing phlebotomy procedures and ensure it is in line with best practice and is consistent with other procedures being carried out.

Action taken

We reviewed four patient care records for a range of treatments, including phlebotomy procedures (blood sampling), and found the phlebotomy records were now consistent with other treatment records.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Superdrug Nurse Clinic (Inverness) on Wednesday 25 October 2023. We spoke with the service manager and regional nurse manager during the inspection. We received feedback from eight patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Inverness, Superdrug Nurse Clinic (Inverness) is an independent clinic providing travel health advice, occupational health services, vaccines (including travel vaccines) and phlebotomy (blood sampling).

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Superdrug Nurse Clinic (Inverness), the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service's vision and purpose is to provide easily accessed private advice and healthcare for patients on the high street. The service is one of a large number of similar services using a range of common policies, procedures and processes. This ensured care to patients across all services was consistent, and service managers could share learning experiences. The service was also supported by regional and national clinical teams. Senior management were supportive of suggestions for further training.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
The service encouraged feedback from patients in a variety of ways. Staff felt supported and appropriately trained for the job. A range of policies and procedures, and a quality improvement plan, helped to maintain a safe service and ensure continuous improvement. Staff carried out regular audits and risk assessments. The complaints policy and procedure were easily accessible to patients. However, the complaints policy must make clear that complaints can be made to Healthcare Improvement Scotland at any time.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment and patient equipment was clean and well maintained, and effective processes were in place to ensure the service continued to be clean and well maintained. Patients were positive and complimentary about the service and the staff. A risk assessment must be carried out on the service's ventilation system in the treatment room.	✓✓ Good

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

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

Further information about the Quality Assurance Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Superdrug Stores Plc to take after our inspection

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two requirements and three recommendations.

Implementation and delivery	
Requirement	
1	<p>The provider must update the complaints policy to make it clear that patients can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process (see page 16).</p> <p>Timescale – immediate</p> <p><i>Regulation 15(6)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)	
Recommendations	
a	<p>The service should develop a process of keeping patients informed of the impact their feedback has on the service (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
b	<p>The service should update its electronic complaints system so that all complaints, clinical and non-clinical, can be accessed by the service managers of individual services (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.17</p>

Results	
Requirement	
2	<p>The provider must carry out a risk assessment on its ventilation system in the treatment room to mitigate against any risk associated with using a non-compliant system until the system can be upgraded to conform with national guidance for specialised ventilation for healthcare services (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 10(2)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
c	<p>The service should develop and implement a privacy and dignity policy to reflect how it will look after and respect patients while in their care (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.3</p>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Superdrug Stores Plc, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Superdrug Nurse Clinic (Inverness) for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

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

Our findings

The service's vision and purpose is to provide easily accessed private advice and healthcare for patients on the high street. The service is one of a large number of similar services using a range of common policies, procedures and processes. This ensured care to patients across all services was consistent, and service managers could share learning experiences. The service was also supported by regional and national clinical teams. Senior management were supportive of suggestions for further training.

Clear vision and purpose

The service is one of a large number of similar services run by the provider throughout the United Kingdom. The provider states on its website its vision and purpose is for its services to be easily accessible to patients for private healthcare and advice, and its mission is to be patients' first choice.

The regional nurse manager had regular meetings with the service manager to discuss and set agreed objectives for the service. We saw examples of these objectives for 2023 involving:

- improving recycling in the service
- working with a local charity in the future to aid fundraising
- carrying out monthly audits
- completing planned training modules
- reviewing success in encouraging patient feedback
- engaging with patients to make the appointment system more efficient, and
- aiming to have all applicable services, including vaccines, available in the service.

The objectives were reviewed at the end of every year and a report was produced with actions for the following year. We saw evidence of objectives from previous years being included in the plan to drive improvement in the service.

- No requirements.
- No recommendations.

Leadership and culture

The service was run by a service manager, a nurse registered with the Nursing and Midwifery Council (NMC), who was responsible for all activities in the service, including:

- arranging appointments
- consultations
- obtaining consent
- giving travel advice, and
- administering vaccines.

The service manager was supported by the wider provider team, including the regional nurse manager and national nurse manager and, where appropriate, by service managers from other Superdrug services. The regional nurse manager communicated regularly with the service manager, including:

- weekly calls which included service managers from other services
- 6-monthly reviews, and
- annual appraisals.

The service manager also participated in weekly clinical excellence reviews, where clinical matters would be discussed such as training, improvements and complaints. This ensured a culture of co-operation among all staff throughout the provider organisation in ensuring continuous improvement. The service manager told us the service managers from all services were encouraged to suggest improvements, such as further training, and the provider was always receptive to them.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

The service encouraged feedback from patients in a variety of ways. Staff felt supported and appropriately trained for the job. A range of policies and procedures, and a quality improvement plan, helped to maintain a safe service and ensure continuous improvement. Staff carried out regular audits and risk assessments. The complaints policy and procedure were easily accessible to patients. However, the complaints policy must make clear that complaints can be made to Healthcare Improvement Scotland at any time.

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

We saw that the service engaged with patients in a number of ways to receive feedback. A 'we would love your feedback' notice was displayed in the service which provided patients with a QR code linked to a feedback questionnaire. Patients could also provide feedback through the service's website. The service reviewed patients' feedback and considered and implemented suggestions for improvement where appropriate, such as increasing consultation times where a lot of information had to be given out, for example travel advice.

The service manager told us there was regular communication with the regional and national teams, and they were encouraged to feedback concerns and suggestions. For example, following staff feedback, the provider was considering setting up a nurse bank system to support service managers across the country. This would mean local services could be supported through periods of absence.

We were told staff felt supported in their role, and had the opportunity to suggest and request further training to expand their skills and knowledge.

The role of service manager included incentives such as a staff recognition scheme based on the performance of individual services as determined at monthly, 6-monthly and annual reviews. These reviews involved ongoing assessments, including:

- patient feedback
- audit targets, and
- business performance.

An annual national conference was held where the service managers could share learning and experiences, and contribute to service improvements to help ensure best practice.

What needs to improve

Although the service encouraged feedback from patients to help improve the service, there was no process for feeding back these improvements to patients (recommendation a).

- No requirements.

Recommendation a

- The service should develop a process of keeping patients informed of the impact their feedback has on the service.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

A range of corporate policies and procedures ensured a safe experience for patients and staff. These included:

- health and safety
- medicines management
- emergencies
- infection control, and
- safeguarding (public protection).

We saw that policies had been regularly reviewed.

We saw that facilities maintenance, such as electrical appliance servicing, was routinely carried out.

A medicines management policy described how medicines were ordered, supplied, stored and disposed of. The service had implemented a specific policy that provided guidance on the correct storage of medicines requiring refrigeration. We saw the fridge temperature was monitored to make sure any medicines would be stored at the correct temperature. The service also used a sticker system on all medicines to alert staff when they were close to their expiry dates.

An emergency policy was in place, and the service had an emergency drug supply and first aid kit. Any medicines disposed of were logged with the reason for their destruction, for example they had reached their expiry dates. Emergency drugs were all in date. The service manager was trained in basic life support.

The service had a process for recording any adverse events, incidents and accidents. The service was aware that certain incidents and events must be reported to Healthcare Improvement Scotland. During the inspection, we saw that no incidents which required reporting to Healthcare Improvement Scotland had occurred since the service was registered with Healthcare Improvement Scotland in December 2017.

The service also had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service's most recent duty of candour annual report had been published on the provider's website. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

The complaints policy was clearly displayed on the website and in the service. The complaints procedure was also displayed in the service, and this informed patients they could complain to Healthcare Improvement Scotland at any time during the complaints process.

We reviewed two complaints made to the service in the last year and saw the complaints process was followed in both cases. One complaint had been investigated by the regional nurse manager. The second complaint was managed through the governance team as it did not directly involve the quality or safety of the service.

The service's online patient booking and appointment system helped to document patients' experience from booking an appointment through to aftercare. Patients could either telephone or book directly through this system.

Patient consultations were always carried out face to face. This included a full assessment of patients' histories, including:

- medical history
- medications
- allergies
- pregnancy
- vaccine history, and
- intended travel destinations.

Relevant information, such as risks of treatment and aftercare, and consent forms for treatment and sharing of information with appropriate healthcare professionals, were discussed as part of the consent process.

Patients were offered follow-up appointments if they preferred, allowing the option of a cooling off period. Patient care records were stored on the provider's electronic system. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to ensure all patient information was held and managed securely.

The system for storing patient care records was used across all of the provider's services. Each patient was given a unique identification number which meant that patients could attend follow-up appointments, for example a second vaccine, at another service.

Patients were given a 24-hour number for the provider's helpdesk in the event there were any complications. The helpdesk provided access to doctors where medical advice or intervention was required.

The majority of medicines in the service were prescribed using patient group directives (PGDs) to allow the service manager to administer medicines in planned circumstances, in line with legislation. Patient group directives allow services to supply and administer a medicine to a pre-defined group of people. If patients were not able to be treated using the PGD, the service manager contacted the provider's online doctor team for guidance. The service manager had completed PGD training on the provider's online clinical training system. This system also highlighted recently updated PGDs to alert staff to any changes.

The service was registered with the Medicines and Healthcare products Regulatory Agency (MHRA) to receive national safety information on medicines and medical devices.

We saw evidence of training on vaccines, travel medicine and phlebotomy. The service manager had completed training on giving yellow fever vaccines and the service had been registered with Public Health Scotland as a yellow fever vaccine centre.

We saw evidence that the service maintained best practice through referring to professional organisations, such as the National Travel Health Network and Centre, and the Nursing and Midwifery Council.

What needs to improve

Although the complaints procedure stated that patients could complain to Healthcare Improvement Scotland at any stage of the complaint process, the policy published on its website did not make this clear (requirement 1).

The unique patient identification number did not specify, or was linked to, an individual service. When complaints were made that were not specific to a service, the service manager was not automatically made aware and would find it difficult to locate the complaint on the system (recommendation b).

Requirement 1 – Timescale: immediate

- The provider must update the complaints policy to make it clear that patients can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.

Recommendation b

- The service should update its electronic complaints system so that all complaints, clinical and non-clinical, can be accessed by the service managers of individual services.

Planning for quality

We saw that the service used the provider's audit programme. The audit programme was stored electronically and was reviewed with the regional nurse manager on a regular basis. The key audit topics included:

- complaints audit
- clinical waste audit, and
- information governance audit.

We also saw evidence of daily audits such as cleaning audits and fridge temperature audits.

Risk was managed through the provider's electronic system which included risk assessments and a risk register. We saw examples of risk assessments carried out in the service, including:

- needlestick injuries
- confidential patient data disposal, and
- segregation of certain types of stock (for example paediatric doses of vaccines such as hepatitis B, yellow fever vaccines).

The service had a quality improvement plan, and used its management review processes to feed into this, including:

- audit programme
- performance reviews and ongoing staff training
- regular remote conferences, and
- analyses of patient and staff feedback.

Examples of improvements made in the service included:

- introducing a colour dot system on medicines to highlight upcoming expiry dates, and
- certification with the NHS as a yellow fever vaccine service.

- No requirements.
- No recommendations.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment and patient equipment was clean and well maintained, and effective processes were in place to ensure the service continued to be clean and well maintained. Patients were positive and complimentary about the service and the staff. A risk assessment must be carried out on the service's ventilation system in the treatment room.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

The environment and equipment were clean and well maintained. The treatment room was fitted with a compliant sink and tap. We saw that the service had implemented a cleaning schedule and was using appropriate cleaning equipment and products in line with national standards. Personal protective equipment such as gloves, aprons and face masks were available and close to the point of care.

The treatment room and wider premises were private and secure, with a lockable door to the treatment room. This ensured patients' privacy and dignity were protected. We saw that, between patient appointments, the service manager kept the door open to aid ventilation but locked the door when away from the treatment area. This ensured the security of medicines and other equipment.

The service manager described the service as a safe and supporting environment, and the services carried out were wide and varied. They also told us there was a very good relationship with the wider store staff and they worked together, particularly with the security of the service in the store. For example, anyone visiting the service had to be signed in and out by a member of the store staff.

We reviewed four patient care records covering different treatments and procedures, including:

- phlebotomy
- yellow fever vaccine
- hepatitis B vaccine, and
- typhoid vaccine.

The patient care records were comprehensive and included patients' consents, assessments and medical histories, and treatments and procedures agreed and provided. Consent included keeping records of patient' GPs, emergency/next of kin contact details, and consent to share information with other healthcare professionals. The patient care records also included details of medicines used such as expiry dates and batch numbers. We saw from the records we reviewed that the medicines administered were all in date.

Patients who had responded to our online survey were very positive about their experience with the service. Comments included:

- 'Always extremely clean and clinical.'
- 'Able to answer any and all questions. I have been treated with the best possible care.'
- 'Offered options and was able to discuss with... to pick the best possible outcome.'

What needs to improve

The ventilation unit in the treatment room did not comply with current standards, as there was no mechanical means of extracting air (requirement 2).

Although we saw evidence that the service was respectful of patients' privacy and dignity, no formal privacy and dignity policy was in place (recommendation c).

Requirement 2 – Timescale: immediate

- The provider must carry out a risk assessment on its ventilation system in the treatment room to mitigate against any risk associated with using a non-compliant system until the system can be upgraded to conform with national guidance for specialised ventilation for healthcare services.

Recommendation c

- The service should develop and implement a privacy and dignity policy to reflect how it will look after and respect patients while in their care.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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