

Announced Inspection Report: Independent Healthcare

Service: The Coast Clinic, Ayr

Service Provider: The Coast Clinic Ltd

4 October 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 11 August 2021

Requirement

The provider must implement systems, processes and procedures to manage all aspects of laser safety in the service.

Action taken

The service had identified a laser protection advisor. Standard operating procedures had been implemented for the use of the laser equipment and staff had ongoing training in place. **This requirement is met.**

Requirement

The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Action taken

The service had carried out risk assessments and implemented a risk register for identified risks in the service, such as infection control. Risk assessments were reviewed monthly, 6-monthly or as required. **This requirement is met.**

Requirement

The provider must ensure that all performance and development reviews are documented and evaluated and include the staff member's aims and expectations.

Action taken

The service had only one staff member working under a practicing privileges arrangement to prescribe for the service. Performance and development was reviewed regularly. **This requirement is met.**

Requirement

The provider must only provide treatments for which it is currently registered with Healthcare Improvement Scotland.

Action taken

The service only provided treatments it was registered for and in line with its conditions of registration. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 11 August 2021

Recommendation

The service should ensure a regular programme of checking equipment and stock expiry dates is in place.

Action taken

Regular checks were part of the service's operating procedures. The service manager carried out the checks.

Recommendation

The service should ensure that all medicines and single-use patient equipment are securely stored.

Action taken

Locks were on the cupboards and the key was securely stored. Temperature-sensitive medicines were kept in a medical refrigerator.

Recommendation

The service should ensure that appropriate recruitment processes are followed for all staff employed in the service, including non-clinical staff.

Action taken

The service had one staff member and the service had developed a recruitment policy. No new staff members had been employed since the previous inspection.

Recommendation

The service should ensure that all recruitment checks are carried out consistently and stored in the individual files of each member of staff.

Action taken

No staff have been recruited since the last inspection. However, the service's recruitment policy set out procedures to follow for new staff joining the service.

Recommendation

The service should continue to develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement.

Action taken

The service measured quality using audits and implemented actions based on its findings. We saw evidence of quality improvement activities, such as in its communication with patients. However, the service had not developed a formal quality improvement plan. This recommendation is reported in Domain 5: Planning for quality (see recommendation d on page 18).

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 The Coast Clinic on Wednesday 4 October 2023. We spoke with the manager and nurse prescriber during the inspection. We received feedback from 10 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Ayr, The Coast Clinic is an independent clinic providing non-surgical treatments, such as anti-wrinkle injections, fillers and hair removal.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For The Coast Clinic, 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 had a clear mission statement that was shared with patients. The service had clear aims and objectives, which were reviewed yearly. Regular staff meetings were held with a clear agenda.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Appropriate policies and procedures are in place for the safe delivery of patient care. Patient feedback was regularly gathered and acted on. Patients received enough information to make informed choices and consent. An audit programme is in place. The service had a maintenance programme and a risk register in place. A formal quality improvement plan should be implemented to support continuous improvement.		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The clinic environment and equipment is clean and well maintained. Patients were positive and complimentary about the service and the staff. A risk assessment should be completed on the clinical hand wash basin and tap. Appropriate cleaning products should be used for cleaning all sanitary fittings.		✓✓ 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 The Coast Clinic Limited 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 one requirement and five recommendations.

Implementation and delivery	
Requirements	
None	
Recommendations	
a	<p>The service should ensure that staff files contain a record of all relevant training (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14.</p>
b	<p>The service should publish its duty of candour report on its website or social media (see page 17).</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>
c	<p>The service should ensure Botulinum toxin is used in line with the manufacturers and best practice guidance (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

Implementation and delivery (continued)

- d** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18).

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

Results

Requirement

- 1** The provider must carry out a risk assessment on the sink in the treatment room to mitigate any risk associated with using a non-compliant clinical hand wash basin and consider a refurbishment programme to upgrade this basin (see page 20).

Timescale – immediate

Regulation 3(d)(i)

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

Recommendation

- e** The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins (see page 21).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.24

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

We would like to thank all staff at The Coast Clinic 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 had a clear mission statement that was shared with patients. The service had clear aims and objectives, which were reviewed yearly. Regular staff meetings were held with a clear agenda.

Clear vision and purpose

The service's mission statement was 'to provide safe, quality, effective and affordable treatment in a clinic you can trust' and this was displayed on the service's website. The service's aims and objectives were:

- to be the preferred service for the people of Ayrshire
- for patients to have a smooth journey from beginning of their treatment until the end, and
- a commitment to excellence.

We saw that the service assessed how it was meeting its aims and objectives every year through reviewing:

- accidents and incidents
- adverse events
- complaints
- patient feedback, and
- the number of returning patients.

In the last year, the service had reviewed its performance in the treatment and quality of care delivered. We also saw that it had reviewed improvements made, such as in how the service communicated with its male clients. The service had asked whether they had a preferred method of contact in a questionnaire in September 2023 and had stopped communicating with these patients electronically based on their feedback.

Treatments in the service were appointment-only and a high number of patients were returning customers. The owner (practitioner) told us they aim for an open conversation about the patient's expectations and requirements and that appointments are deliberately longer to allow time for the consultation.

- No requirements
- No recommendations.

Leadership and culture

The service is owned by an experienced registered nurse. A practicing privileges agreement was in place with a registered nurse qualified to prescribe prescription-only medicines. Practicing privileges is where staff are not employed directly by the provider but given permission to work in the service. The nurse prescriber had worked with the service since it opened in 2009 and attended all treatments and consultations along with the practitioner.

The service manager was accountable for clinical governance processes for patient safety and we saw this was discussed during monthly staff meetings. From minutes we reviewed, we saw monthly staff meetings discussed standing agenda items, including:

- audits and risk assessment
- complaints and patient feedback, and
- training and education.

- 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

Appropriate policies and procedures are in place for the safe delivery of patient care. Patient feedback was regularly gathered and acted on. Patients received enough information to make informed choices and consent. An audit programme is in place. The service had a maintenance programme and a risk register in place. A formal quality improvement plan should be implemented to support continuous improvement.

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

The service used a variety of methods to collect patient feedback in line with its patient participation policy. For example, a suggestion box was available at the front door for patients to give their feedback. Patients were also emailed a questionnaire after their treatments which asked for feedback. A paper copy of this questionnaire could also be completed in the clinic if the patient preferred.

A yearly feedback survey was shared with randomly-selected patients which asked about their opinion of the service's quality, safety and care and treatment. We saw that the service then used the information gathered to make improvements. For example, in August 2022 the service had shared this questionnaire with 46 patients and found that 10% of respondents wanted the option to book appointments online. The service had actioned this and we were told the improvements made were shared with patients face-to-face.

Examples of improvements made as a result of patient feedback included:

- The service had added clear privacy details on patient care records where patients did not wish to be automatically sent a text reminder for their appointment.
- After a patient stated that they struggled with the stairs up to the clinic, the service placed a chair on the landing to allow them to continue to attend for treatments.
- Patients stated that they did not like completing digital forms. The service implemented paper forms to give patients a choice in completing documentation.

All other feedback we saw was positive, with no other changes suggested to the service.

- No requirements.
- No recommendations.

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.

The service was aware that, as a registered independent healthcare service it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. The service has submitted appropriate notifications when required.

We saw systems and processes in place to deliver safe person-centred care including:

- information management
- complaints
- duty of candour
- emergency arrangements policy, and
- medication.

Maintenance contracts for fire safety equipment and fire detection system were up to date. A fire risk assessment was carried out every year. Fire safety signage and fire safety equipment was in place and we saw a safety certificate for fixed electrical wiring. An appropriate waste management contract was in place.

The service provided intense pulsed light therapy (IPL) treatments for patients, for hair removal. The service had a registered laser protection advisor and local rules were in place to help make sure patient and staff were safe. Appropriate safety measures were in place for this treatment, including safety warning signs on the locked treatment room door. The practitioner had completed 'core of knowledge' training. We also saw dates the practitioner planned to attend an online knowledge update session. All checks on the equipment had been carried out and documented. Details of patch testing and treatments for patients were documented in patient care records we reviewed.

A complaints policy detailed the process for managing a complaint and timescales the service would follow. The policy mentioned that patients could

complain to Healthcare Improvement Scotland at any stage of the process. The service had not received any complaints. Information about how to make a complaint was available to patients in the reception area.

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

The service had a safe system for prescribing, procuring, storing and administering medicines in line with the service's medicine management policy.

Medicines were stored in a locked fridge and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. A first aid kit and emergency medication was available in the clinic, along with emergency protocols in the case of an emergency complication. As a member of aesthetic professional organisations, the service could access additional support if a complication occurred from cosmetic treatments. Patients received advice on what to do in the event of an emergency as part of their aftercare information.

The prescriber received alerts and reports from the Medicines and Healthcare products Regulatory Agency (MHRA).

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Patient care records were stored on a password-protected electronic database.

When making an appointment through the online system, patients received information about the treatment they had booked. This included a description of the treatment, what to expect during the procedure and risks and possible side-effects.

On the day of treatment, patients received a face-to-face consultation where they completed a consent form which they and the practitioner signed. Patients had a cooling-off period given before treatment, to consider the information received before agreeing to treatment. Discussions at the consultations included:

- expected outcomes of treatments
- full medical history
- risks and side effects, and
- aftercare.

Printed information was available in the clinic for patients, including aftercare information for each treatment with an emergency contact number. Patients were also emailed this information after their treatments.

The manager was a member of national groups, such as the Aesthetics Complications Expert Group (ACE). This group of practitioners regularly reported on any difficulties encountered and the potential solutions. It also provided learning opportunities and support for its members. The manager also attended courses and conferences as an expert injector. The manager had completed ongoing training as part of their Nursing and Midwifery Council (NMC) registration and attended online and in person aesthetic training events. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

We reviewed the nurse prescriber's staff file and saw that it included evidence that appropriate checks had been carried out to allow them to work safely in the service. Recruitment of the nurse prescriber had pre-dated the service's registration with Healthcare Improvement Scotland. We saw appropriate policies and procedures in place should the service decide to employ other staff in the future.

Staff had opportunities for ongoing training and development. We saw this was a standing agenda item in the monthly staff meetings. Yearly appraisals were carried out for the staff member.

What needs to improve

We were told the service had not had any instances requiring the need to implement duty of candour principles. However, we saw no evidence that staff had completed duty of candour training. While the staff may have received this training as part of their other jobs in the NHS, the service had not requested evidence from them (recommendation a).

The service had not published its yearly duty of candour report (recommendation b).

The service used preserved saline when preparing Botulinum toxin for patients. This is not in line with the manufacturer's guidance, which requires preservative-free saline (recommendation c).

■ No requirements.

Recommendation a

- The service should ensure that staff files contain a record of all relevant training.

Recommendation b

- The service should publish its duty of candour report on its website or social media.

Recommendation c

- The service should ensure Botulinum toxin is used in line with the manufacturers and best practice guidance.

Planning for quality

The service had a comprehensive risk management strategy including a policy, procedure, risk assessment template and register of risk assessments carried out. For example, we saw risk assessments in place for infection control and data security.

A wide range of audits to review the safe delivery and quality of the service were carried out monthly, 6-monthly or yearly and any findings were discussed at staff meetings. Audits completed included those for:

- infection control
- medicines management
- patient care records, and
- slips, trips and falls.

We saw that the service manager documented the findings, completed an action plan if required and was responsible for implementing any improvements identified from the findings.

Measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment (such as disposable aprons, gloves and face masks) and alcohol-based hand gel. Hand hygiene instructional posters were displayed. Sharps were well managed.

A contingency plan was in place with another aesthetics clinic in case of events that may cause an emergency closure of the clinic. This would help make sure patients could continue their treatment plans. Appropriate insurances, such as public liability insurance were in-date.

What needs to improve

While the service made improvements based on audit findings and patient feedback, it did not have a formal quality improvement plan in place. A formal quality improvement plan would help to keep track of planned improvements and allow the service to continually evaluate its performance, identify areas for improvement and take any corrective actions (recommendation d).

- No requirements.

Recommendation d

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

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 clinic environment and equipment is clean and well maintained. Patients were positive and complimentary about the service and the staff. A risk assessment should be completed on the clinical hand wash basin and tap. Appropriate cleaning products should be used for cleaning all sanitary fittings.

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 satisfactory self-evaluation.

The clinic environment was modern, clean and well equipped. Equipment was in good condition. Cleaning of the treatment rooms and equipment was carried out between patient appointments, as well as a full clean of the clinic every day. We saw that cleaning schedules were completed and up-to-date.

All patients who responded to our survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- 'Very clean and relaxing environment.'
- 'Reception area very modern and welcoming and treatment room and equipment pristine.'
- 'Impeccable treatment environment.'

The service ran a range of health promotion activities through the year, such as for mental health support and breast cancer week. The service also shared information with patients for local help and support groups on the topics it promoted.

The five electronic patient care records we reviewed were comprehensive and accurately completed. All five patient care records we reviewed included:

- consent for keeping records of patient' GPs, emergency or next of kin contact details, as well as consent to share information with other healthcare professionals
- details of medicines used and expiry dates, and
- patient consents to treatments, assessments and medical histories, and treatments agreed and provided.

Patient care records we reviewed had a record of medicines used, including the expiry dates and lot numbers.

All patients who responded to our survey told us that they received enough information about their procedure and felt involved in the decisions about their care. Comments included:

- 'Treatment discussed at the appointment, given information and was able to go away and think.'
- 'Full explanation and consultation beforehand and an in depth discussion on treatment and aftercare.'
- 'I researched the facility and staff before deciding to undertake treatment and after the treatment was explained to me in person reinforced I had made the correct choice.'

What needs to improve

The treatment room had a non-compliant clinical hand wash basin in place. The service had not carried out a risk assessment to help mitigate the risks (requirement 1).

An incorrect cleaning product was used to clean it (recommendation e).

Requirement 1 – Timescale: immediate

- The provider must carry out a risk assessment on the sink in the treatment room to mitigate any risk associated with using a non-compliant clinical hand wash basin and consider a refurbishment programme to upgrade this basin.

Recommendation e

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins.

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
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or email his.contactpublicinvolvement@nhs.scot

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