

Announced Follow-up Inspection Report: Independent Healthcare (online inspection)

Service: The Ever Clinic, Glasgow

Service Provider: The Ever Clinic Ltd

21 February 2022

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Contents

1	A summary of our follow-up inspection	4
<hr/>		
2	Progress since our last inspection	6
<hr/>		
	Appendix 1 – Requirements and recommendations	12
	Appendix 2 – About our inspections	14
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1 A summary of our follow-up inspection

Previous inspection

We previously inspected The Ever Clinic on Monday 19 July 2021. That inspection resulted in four requirements and seven recommendations. As a result of that inspection, the Ever Clinic Ltd produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

About our follow-up inspection

We carried out an announced follow-up inspection to The Ever Clinic on Monday 21 February 2022. The purpose of the inspection was to follow up on the progress the service has made in addressing the four requirements and seven recommendations from the last inspection. This report should be read along with the July 2021 inspection report.

We spoke with the service manager during an online video conferencing call. The inspection team was made up of one inspector.

Grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades may still change after this inspection due to other regulatory activity.

Key quality indicators inspected	
Quality indicator	Grade awarded
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.1 - Safe delivery of care	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership	
9.4 - Leadership of improvement and change	✓ Satisfactory

The grading history for The Ever Clinic can be found on our website.

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

We found that the provider was making progress against the requirements made at our previous inspection. It had also taken steps to act on the recommendations we made.

Of the four requirements made at the previous inspection on 19 July 2021, the provider has met three requirements.

What action we expect The Ever Clinic Ltd to take after our inspection

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

The Ever Clinic Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Ever Clinic for their assistance during the inspection.

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on Monday 19 July 2021

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

Requirement – Timescale: immediate

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

Action taken

A comprehensive risk register had been implemented, which covered a variety of types of risk assessments, including for:

- environmental, such as potential water damage following a leak
- aesthetic treatments, and
- processes, such as potential delays in completing laboratory reports.

This noted the staff member allocated to the risk and included an action plan. We were told all staff had access to the document and could add to it. This would be discussed informally and formally at monthly meetings when required.
This requirement is met.

Recommendation

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

Action taken

A programme of audits had been developed, which included:

- checking expiry dates of all stock
- documented cleaning schedules, and
- regular checking of fridge temperature.

We suggested the auditing of patient care records should be carried out to ensure patient information is completed and accurate. We saw that audits of staff practice, for example hand hygiene were not carried out (see recommendation a).

Recommendation a

- The service should continue to develop its programme of clinical audits to include patient care records and clinical practice.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Recommendation

The service should provide written aftercare information to patients following their treatment. This should include possible complications and details of who to contact when the service is closed.

Action taken

An electronic process of giving patients aftercare information had been developed. Patients were sent this information out before treatment and were asked to sign it after they had read it. The information included telephone contact details for patients to use out of hours in the event of any adverse effects of treatment

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

Requirement – Timescale: immediate

The provider must ensure that it follows recruitment guidelines on safe recruitment this should ensure carrying out PVG checks and obtaining references.

Action taken

No new staff had been recruited since our last inspection. However, the service had made changes to staff files and all staff had a Disclosure Scotland basic disclosure or a PVG check in place. Staff vaccination history was recorded and each staff member's identification had been clarified. **This requirement is met.**

Requirement – Timescale: immediate

The provider must ensure that annual staff performance and development reviews are documented and include staff aims and expectations.

Action taken

We were told that all yearly checks on staff were carried out every April and the service planned to carry out formal performance and development reviews at this time also. **This requirement has not been met** (see requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure that annual staff performance and development reviews are documented and include staff aims and expectations.

Recommendation

The service should ensure that each staff member has a file that stores their recruitment application, professional qualifications, and ongoing development.

Action taken

The five electronic staff files we saw were in place and stored securely on the service manager's computer. Each file had appropriate documents in place.

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

Requirement – Timescale: 11 November 2021

The provider must implement a suitable system of regularly reviewing the quality of the service.

Action taken

Processes had been put in place to review the quality of the service, including:

- audits
- formal meetings about the service delivered, and
- risk assessments.
- More mechanisms to allow patients to feedback about their experience.

We were told how the service managed an incident, documented the learning from this and implemented a change of practice to address the issue. The service should continue to develop these processes. We will follow this up at future inspections. **This requirement has been met.**

Recommendation

The service should formally record the minutes of management meetings. These should include a documented action plan highlighting those responsible for the actions.

Action taken

Monthly management meetings had been held and minuted. The meetings included an agenda and an action plan noted which staff member was responsible for completing actions with a timescale in place.

Recommendation

The service should develop a regular programme of staff meetings. This would allow staff to have an opportunity to participate in the service delivery and development.

Action taken

The service manager planned to hold structured staff meetings in the future. We will follow this up at future inspections.

Recommendation

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

Action taken

We saw evidence that the service managed and documented processes that led to a change of practice with an ongoing review of its impact. This included formal discussions about business, pricing, websites and changes to treatment plans. However, a formal quality improvement plan had not been developed and implemented (see recommendation b).

Recommendation b

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

Recommendation

The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs the patient of how their feedback has been addressed and improved the service.

Action taken

The service had further developed its processes for gathering patient feedback. This included:

- telephone contact with the service manager after treatment
- a weekly email sent out to patients for feedback, and
- anonymised online feedback.

All feedback was discussed at the monthly management meetings with a focus on improvements required. How patients are informed of the changes made based on their feedback could be further developed. We will follow this up at our next inspection.

Appendix 1 – Requirements and recommendations

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

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

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendation	
a	<p>The service should continue to develop it's programme of clinical audits to include patient care records and clinical practice (see page 7).</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>

Domain 7 – Workforce management and support	
Requirement	
1	<p>The provider must ensure that annual staff performance and development reviews are documented and include staff aims and expectations (see page 8).</p> <p>Timescale – by April 30 2022</p> <p><i>Regulation 12(1)(c)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the 19 July 2022 inspection report for The Ever Clinic.</p>
Recommendations	
None	

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
b	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> <p>This was previously identified as a recommendation in the 19 July 2022 inspection report for The Ever Clinic</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

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org