

Announced Inspection Report: Independent Healthcare

Service: Superdrug Nurse Clinic (Forge SC),
Glasgow

Service Provider: Superdrug Stores Plc

9 May 2023

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

© Healthcare Improvement Scotland 2023

First published July 2023

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
<hr/>		
	Appendix 1 – Requirements and recommendations	19
	Appendix 2 – About our inspections	20
<hr/>		

1 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 Superdrug Nurse Clinic (Forge SC) on Tuesday 9 May 2023. We spoke with the manager and the regional nurse manager during the inspection. We did not receive any feedback from patients to an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up one inspector.

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 Superdrug Nurse Clinic (Forge SC), 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	Patient information and a consultation process gave patients the opportunity to discuss treatment and provide informed consent. Patient feedback was gathered and reviewed regularly to help continually improve the service. Clear procedures were in place for managing complaints.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Good processes and procedures helped make sure the clinic environment and equipment were well maintained. A comprehensive audit programme and good governance systems were in place for managing medicines, incidents and infection prevention and control.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Comprehensive governance and visible leadership was in place. Good information sharing and communication between the provider and service was evident. Regular support was available for staff and various meetings allowed them to stay up to date and raise concerns if needed. Staff achievements were recognised and celebrated.	✓✓✓ Exceptional

The following additional quality indicator 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	Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear, comprehensive and fully completed. Patients were well informed about their treatments. Patient care records were audited regularly.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Good systems were in place for recruiting new staff. A comprehensive training programme was in place for induction and continued learning. The clinic nurse had access to peer, clinical and managerial support.

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

More information about grading can be found on our website at:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Framework can also be found on our website at:

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

What action we expect Superdrug Stores Plc 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

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

2 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

Patient information and a consultation process gave patients the opportunity to discuss treatment and provide informed consent. Patient feedback was gathered and reviewed regularly to help continually improve the service. Clear procedures were in place for managing complaints.

Information about the treatments available was detailed on the provider's website and leaflets in the clinic. Patients could make appointments online, over the telephone or in-person at the service. We saw that patients were:

- provided with relevant information during a face-to-face consultation
- provided with supporting documentation, if required (such as information leaflets and a copy of the consultation record)
- told about risks and benefits, and
- told about the possible side effects.

Consultation pathways were in place to make sure that all required information to make a decision to treat was gathered and assessed appropriately. We were told that patients would be signposted to other providers if assessed as not suitable for services in the clinic or if the treatment would be free through the NHS. The consultation pathways also included reminders of extra advice to give, such as only drinking bottled water if travelling abroad. We saw that patients were told about treatment options and given all relevant information to make an informed choice and before signing a consent form.

Immunisations for children required a process for parental consent, including identity checks carried out at the face-to-face immunisation appointments.

The nurse had received consent training as part of the induction process.

The provider's patient participation policy described its focus on improving its services through patient feedback, complaints and suggestions. Patients could leave informal feedback on an online review platform or social media. After every appointment, patients were encouraged to leave feedback on an online review website and complete a customer satisfaction survey. Survey questions asked patients about the clinic environment, cleanliness and manner of staff. If patients had consented to allow the service to contact them, they would be contacted to discuss any feedback.

Patient feedback was linked to the clinic nurse's key performance indicators to motivate them to make sure patients were always encouraged to provide feedback. The regional nurse manager reviewed patient feedback weekly and shared it with the clinic nurse during their weekly conference call. We saw that the majority of feedback and reviews the service had gathered were very positive.

We saw a process in place for the management of complaints. The clinical governance team reviewed complaints and passed them on for further investigation. The regional nurse manager managed non-clinical complaints and a clinical excellence nurse managed clinical complaints in order to provide the most appropriate response to the patient. We saw an example of a complaint which had been well managed in line with the service's policy and saw evidence that the clinic nurse had received complaints management training. Complaints and the actions taken to address them were discussed during monthly clinical governance meetings. These were communicated to the clinic if required, through the regional nurse manager's conference calls and clinic newsletters.

The provider's duty of candour policy set out its responsibility to be honest with patients if something went wrong with their treatment or care. The policy included a link for staff training, which the clinic nurse had completed. Any incidents where duty of candour principles had to be implemented would be highlighted in yearly patient safety reports so that learning could be shared with staff. The service had not had any instances requiring it to implement duty of candour principles. A yearly duty of candour report was published on the service's website.

Staff could raise any concerns anonymously about a wrongdoing in the service or organisation on the staff intranet site as part of a whistleblowing process.

The service had a chaperone policy in place. A poster was also displayed, advising patients of their right to have a chaperone present during their visit to the service to help make them feel more comfortable and safe.

The clinic nurse had completed appropriate national children and adults safeguarding training, which must be updated every 3 years. They had also completed training in female genital mutilation (FGM) and could safeguard anyone that may be travelling to a country where they could be subjected to this.

What needs to improve

A complaints policy detailed how patients could complain. This information was also displayed on a poster in the clinic and published on the provider's website. However, the information on the posters about Healthcare Improvement Scotland was incorrect (recommendation a).

- No requirements.

Recommendation a

- The service should update its complaints posters to clarify that patients can complain directly to Healthcare Improvement Scotland at any time.

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

Good processes and procedures helped make sure the clinic environment and equipment were well maintained. A comprehensive audit programme and good governance systems were in place for managing medicines, incidents and infection prevention and control.

The clinic environment and equipment we inspected was clean. Infection prevention and control measures were in place, such as the provision of personal protective equipment (PPE), hand hygiene facilities and waste management. The environment and equipment was well maintained. A reporting system allowed staff to report any equipment safety issues and a contract was in place with a maintenance company to carry out equipment and clinic premises repairs. We saw a maintenance schedule for safety checks, such as checks on the fixed electrical wiring and portable appliance testing.

The service had a business continuity plan in place that set out the steps to make sure that the clinic services could continue in the event of, for example:

- electricity failure
- failure in water supply, and
- fridge breakdown.

Internal audits were carried out twice a year to assess the day-to-day running of the clinic, the safety of the environment and whether it met patient needs. Yearly infection control and hand hygiene audits were carried out. A clinic audit book helped make sure that appropriate tasks were completed in the clinic, such as:

- cleaning
- emergency drug kit checks
- fridge temperature checks, and
- panic alarms.

Audit results were sent to the clinic, the regional nurse manager and clinical excellence team to review and highlight any urgent actions or suggest recommendations. The clinic produced an audit action plan (where actions were required) with completion timelines and reviewed these during regional nurse manager visits.

A clinic risk assessment had been completed, with actions taken where necessary. The service reviewed this every year during the internal audits. The clinic nurse had received training on how to carry out risk assessments and we saw that a fire risk assessment had also been carried out.

The service had an online incident and accident reporting system in place and produced monthly patient safety reports to review and share any learning from an incident. Monthly clinic newsletters were also used to share significant learning from any incidents or near misses. A 'freedom to speak up' policy and named freedom-to-speak-up guardian supported staff to raise concerns about the conduct of others if necessary. The provider's health and safety team reviewed any reported accidents in the head office and any actions required would be shared with the service.

A medicine management policy was in place and the clinic had two fridges for storing medicines safely. Temperatures were monitored and recorded to check that medicines were stored at the correct temperature. We saw a process in place to manage any instance where the temperature was outside of the safe range for medicines storage. These fridges were kept locked, with the keys held securely in a coded bag when the clinic was closed. Good stock control procedures were in place and all medicines were checked monthly. Vaccines for adults and children were segregated to avoid confusion. The retail store manager carried out a 6-monthly stock count to make sure the count matched stock records.

The majority of medicines in the service were prescribed using patient group directives (PGDs) to allow the clinic nurse to administer medicines in planned circumstances, in line with legislation. If patients were not able to be treated using the PGD, the clinic nurse contacted the provider's online doctor team for guidance. The clinic nurse had completed PGD training on the provider's clinical

training platform. This platform also highlighted recently-updated PGDs to alert the nurse to any changes to them.

Some travel vaccinations can cause allergic reactions in some patients, so an emergency kit was kept and checked daily to make sure items were in-date and ready for use. The clinic nurse had received training in how to deal with anaphylaxis incidents and the service had a specific anaphylaxis PGD. Emergency procedure posters were displayed and a defibrillator was available in case of a cardiac arrest.

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 that policies and procedures were regularly reviewed to make sure they stayed in line with best practice from:

- professional organisations, such as the National Travel Health Network and Centre and the Nursing and Midwifery Council
- the NHS, and
- the UK Government's Green Book (the latest information on vaccines and vaccination procedures).

Standard operating procedures were in place to make sure practice was safe in all aspects of the service, such as for:

- blood tests
- consent
- reporting an incident, and
- signposting.

A standard operating procedure is a set of instructions that should be followed to complete a task correctly, safely and efficiently. The service had a process in place to alert clinic nurses when these procedures were updated to make sure best practice was followed.

What needs to improve

The service did not use the correct cleaning product for cleaning blood contamination and sanitary fittings, including clinical wash hand basins in line with national guidance (recommendation b).

- No requirements.

Recommendation b

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of equipment with blood contamination and clinical hand wash basins.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear, comprehensive and fully completed. Patients were well informed about their treatments. Patient care records were audited regularly.

The three patient care records we reviewed included appropriate information for the treatments being delivered. This included:

- clinic nurse notes
- details of treatments
- medical history
- medicines administered
- record of the face-to-face treatment, and
- signed consent to treatment and to the sharing of information with other healthcare professionals and next of kin in an emergency.

Patients were given aftercare advice and leaflets. A copy of their treatment record was also emailed to them after the consultation to pass to other healthcare professionals, such as their GP for continued care if appropriate.

Each patient care record had a unique patient identification number. This meant that any clinic nurse treating a returning patient could see important information, such as:

- advice given
- any reasons for treatment being refused
- their previous medical history, and
- their previous treatments.

Patient care records were audited every 6 months, during head office governance team audits and stored electronically. The provider was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

An information management policy detailed how the service stored, processed and handled confidential information. Its data privacy policy included a procedure to follow in case of a data breach, including the contact details for the provider's data protection officer. The service had a record-keeping standard operating for staff to follow.

- 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

Good systems were in place for recruiting new staff. A comprehensive training programme was in place for induction and continued learning. The clinic nurse had access to peer, clinical and managerial support.

Policies and procedures were in place to support safe and effective recruitment and the ongoing support and development of staff, such as for:

- bullying and harassment
- equality and diversity
- recruitment
- training, and
- whistleblowing (raising concerns).

The regional nurse manager and the provider's recruitment team carried out the service's recruitment process. Systems were in place to make sure the clinic nurse had been recruited safely, with appropriate checks carried out before they started work, including:

- a fitness-to-practice check for healthcare practitioners
- a risk-based Disclosure Scotland background check
- identification
- qualifications, and
- references.

An induction programme for new staff included training on:

- business objectives
- operating the clinic
- policies, and
- standard operating protocols.

After completing their induction, staff shadowed a nurse in another clinic for 2 weeks to gain experience and expertise before being signed off as competent to work in their own. Once in their own clinic, the regional nurse manager continued to provide support to new clinic nurses. Nurses in other clinics could also be contacted for support, as well as the online doctors for any clinical queries.

Staff appraisals were carried out twice a year to manage performance and encourage development and career progression. A system was in place to review clinic nurses' Nursing and Midwifery Council (NMC) registration yearly and Protecting Vulnerable Groups (PVG) status every 3 years to confirm that no fitness-to-practice issues had arisen.

Ongoing staff training was provided face-to-face or online, including for:

- anaphylaxis management
- basic life support
- infection control
- medicine management, and
- safeguarding.

Training records were kept on an online training system. Each nurse had their own login details to access the system and complete any required modules. The system gave an alert when the nurse had to complete any new or updated training. Good oversight systems were in place to make sure nurse training was

kept up to date. A further online training system held staff training records on PGDs.

During an annual conference and regional workshops, nurses were given training relevant to their practice, such as on travel consultations and managing anaphylaxis.

All nurses had access to the clinic newsletter, which shared best practice. 'Test your knowledge' patient examples were also given to nurses to review their practice in example situations.

We were told about opportunities staff had to progress in the organisation. Recently, nurses in the provider's other nurse clinics had enhanced their role to become clinical excellence nurses in the organisation. The role included reviewing and updating policies, pathways and addressing clinical issues that clinic nurses had raised.

Development opportunities were available to the clinic nurses, such as stepping up in times of absence of a senior manager to gain experience in a senior role. The clinic nurse had also mentored new staff.

- No requirements.
- No recommendations.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Comprehensive governance and visible leadership was in place. Good information sharing and communication between the provider and service was evident. Regular support was available for staff and various meetings allowed them to stay up to date and raise concerns if needed. Staff achievements were recognised and celebrated.

We saw good leadership in the service. The clinic nurse was supported through weekly conference calls with the regional nurse manager and nurses from other clinics. This allowed team members to support each other and work together to solve problems or make service improvements.

The regional nurse manager carried out monthly visits to the clinic to review its performance against key performance indicators, such as:

- audit results
- financial performance, and
- patient feedback

Visits were recorded and we saw that any actions required were documented and the progress reviewed at the next monthly visit. A clinic could check its own performance against key performance indicators and this informed part of the nurse's appraisal process.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. The provider's overarching quality improvement plan for all of its nurse clinic services was informed from its findings through:

- audits
- complaints
- feedback
- incidents, and
- staff suggestions.

The regional nurse manager would take any reasonable improvement suggestions that the clinic nurse had made, such as offering additional services and add them to the quality improvement plan. A central spreadsheet of suggestions was kept so that individual nurses could be given recognition for their suggestions.

Regional or national nurse managers could nominate clinic nurses for an award given out every 3 months through a staff recognition system. Clinic nurses' success was celebrated at the provider's yearly national conference, where awards were presented for regional nurse and national nurse of the year. Regional conferences also took place every year where nominated staff were given prizes, such as for service improvement or initiating new practice. All staff received thank you 'goodie bags' during conferences. The national and regional conferences also set out the provider's future vision for the company. During the conferences, workshops were available to provide training and updates for staff on current guidance and best practice.

The clinic provided a sexual health testing service. If a patient received a positive result, the clinic nurse would signpost them to a local NHS service. Clinic nurses in the Glasgow area had identified that some patients could receive positive test results on a Saturday when the NHS service was closed. To address this issue, the service had built a relationship with a charity. The charity had a centre in Glasgow which was open over weekends and provided health information, counselling and advice for patients.

The clinic also participated in a trial of using a new laboratory and courier service. Once found to be successful and an improvement on the previous providers of these services, it was rolled out to other nurse clinics.

A yearly team engagement survey was used to assess whether staff felt supported and valued. The survey was anonymous, so staff could share their feelings and views. We saw positive results from the survey and they had been evaluated, shared with staff and displayed in staff areas.

- 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, 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 update its complaints posters to clarify that patients can complain directly to Healthcare Improvement Scotland at any time (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

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

Requirements

None

Recommendation

- b** The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of equipment with blood contamination and clinical hand wash basins (see page 13).

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

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