

Announced Inspection Report: Independent Healthcare

Service: Superdrug Nurse Clinic (Mearns Cross),
Newton Mearns

Service Provider: Superdrug Stores Plc

14 June 2022

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 2022

First published August 2022

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	16
	Appendix 2 – About our inspections	17
<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 (Mearns Cross) on Tuesday 14 June 2022. We spoke with the service manager and regional nurse manager. 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 of 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 (Mearns Cross), 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	The service worked hard to make sure it involved patients in the way it operated and developed. Patient information was available online and in the clinic. A consultation process gave patients the opportunity to discuss and agree if treatment was appropriate. Patient feedback was gathered in several ways, and was regularly monitored, evaluated and used to improve the service, where	✓✓✓ Exceptional

	appropriate. Clear procedures were in place for managing complaints and responding to duty of candour incidents.	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Good processes and procedures ensured the clinic environment and equipment were clean and well maintained. A comprehensive audit programme and good governance systems were in place for managing medicines, infection prevention and control, and incidents.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Comprehensive governance and leadership systems were 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. National and regional staff conferences recognised achievements and gave staff the opportunity to network and share good practice.	✓✓✓ Exceptional

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Appropriate assessments and treatment plans were in place and patients were also signposted to other services if they would be better treated elsewhere. Good aftercare information was given to patients and patient care records were audited regularly. Patients' consent to share relevant information with other healthcare professionals should be recorded.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Good systems were in place for recruiting new staff. Training was supported at local and regional level. The clinic nurse had access to peer and clinical support, and felt they had received appropriate training to carry out their role.

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 one recommendation (see Appendix 1).

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 (Mearns Cross) 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

The service worked hard to make sure it involved patients in the way it operated and developed. Patient information was available online and in the clinic. A consultation process gave patients the opportunity to discuss and agree if treatment was appropriate. Patient feedback was gathered in several ways, and was regularly monitored, evaluated and used to improve the service, where appropriate. Clear procedures were in place for managing complaints and responding to duty of candour incidents.

Information about the treatments available was detailed on the provider's website, and on posters and leaflets in the clinic. This information was available in different languages on request. Patients could make appointments online, by telephone or in person at the clinic. A consultation with the clinic nurse allowed patients to discuss and agree if treatment was appropriate for them.

Consultations included the cost of treatment and advice about whether the treatment the patient was seeking was available without charge on the NHS. Patients confirmed their consent to treatment by completing a paper consent form which was then scanned onto the patient's electronic care record.

Immunisation appointments for children required to be booked over the telephone. This meant the service could inform parents about the process for parental consent and identity checks carried out at the face-to-face immunisation appointments.

Safeguarding procedures were in place and co-ordinated by the governance team at head office. The clinic nurse had completed appropriate national children and adults safeguarding training which they are required to update every 3 years. They had also completed training in female genital mutilation (FGM) and was able to safeguard any person that may be travelling to a country where they could be subjected to this.

The provider's patient participation policy described its focus on improving its services through patient feedback, complaints and suggestions. Various methods were used to encourage patients to provide feedback. These included:

- email
- letter
- website chat function, and
- social media.

An online review website was used and monitored by the provider's 'online doctor' customer service team who actively provided responses to any patient concerns raised and escalated them for further investigation if necessary.

Patients were also asked to provide 'customer love' scores at end of their treatment, using the provider's loyalty card scheme. This online and app-based method asked patients specific questions about the clinic environment, cleanliness and manner of staff. Individual clinic results could be easily identified from this UK-wide system.

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.

Although we did not receive any responses to our feedback survey we had asked the service to advertise during the inspection process, we saw that the vast majority of the service's own feedback and reviews were very positive.

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. Any learning from complaints was shared during weekly clinical nurse manager conference calls, provider newsletters and routine communications.

The provider's duty of candour policy set out its responsibility to say sorry to patients if something went wrong with their treatment or care. Any incidents where duty of candour principles had to be implemented were highlighted in annual patient safety reports so that learning could be shared with staff. We were told about plans to start displaying this information in the clinic so that patients could also read it.

- No requirements.
- No recommendations.

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 ensured the clinic environment and equipment were clean and well maintained. A comprehensive audit programme and good governance systems were in place for managing medicines, infection prevention and control, and incidents.

The clinic environment and equipment were clean and well maintained. A clinic risk assessment had been carried out and was reviewed every year, with actions taken where necessary.

Clear policies and procedures were in place and regularly reviewed to make sure they remained relevant to how the service operated. For example, a reporting system allowed staff to report any equipment safety issues, and a contract was in place with a maintenance company for carrying out repairs to equipment and the clinic premises. Blood pressure monitors were routinely replaced every 2 years to ensure patients always received accurate blood pressure readings.

An online incident reporting system was in place. Patient safety reports were produced each month to review any incidents and share any learning following 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 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.

Some travel vaccinations can cause allergic reactions in some patients, so an emergency kit was kept and checked daily to make sure items were within 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.

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. Both 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 with all medicines checked every month, and vaccines for adults and children were segregated so they could not be confused.

Infection prevention and control measures were good and included:

- suitable disposal arrangements for clinical waste and sharps
- effective cleaning methods and products
- appropriate personal protective equipment, such as disposable gloves
- hand hygiene facilities and products, and
- adequate ventilation.

An audit programme included monthly clinic nurse audits and annual regional nurse manager audits. Audits were also carried out by the head office governance team every 6 months to assess the daily running of the clinic, the safety of the environment and whether information was meeting patients' needs. All audit results were shared with the clinic nurse, regional nurse manager and the provider's clinical excellence team. Action plans were reviewed during the regional nurse manager visits. We looked at recent audits and the few areas for improvement identified had been actioned.

- No requirements.
- No recommendations.

Quality indicator 5.2 - Assessment and management of people experiencing care

Appropriate assessments and treatment plans were in place and patients were also signposted to other services if they would be better treated elsewhere. Good aftercare information was given to patients and patient care records were audited regularly. Patients' consent to share relevant information with other healthcare professionals should be recorded.

All patients received face-to-face consultation and assessment appointments before any treatment. During the assessment, staff discussed:

- benefits of treatment
- costs
- medical history
- risks and possible side effects, and
- whether the treatment would be available free of charge through the NHS.

Patient care records were stored electronically and the provider was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Patient care records had a specific consultation pathway to ensure all required information to make a decision to treat was gathered and assessed appropriately. The pathway included reminders for the clinic nurse on what extra advice to give the patient, for example travel advice such as only drinking bottled water if travelling abroad.

Each patient had a unique patient identification number associated with their record. This meant that any clinic nurse treating the patient could see their previous medical history, treatments, advice given and any reasons for treatment being refused.

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

- a record of the face-to-face consultation
- a medical history
- signed consent to treatment form
- clinic nurse notes
- details of treatments, and
- medicines administered.

A signposting process was in place to provide patients with further information or support if they were not suitable for certain services provided in the clinic.

Patients were provided with advice and leaflets on aftercare following vaccinations. They were also emailed a copy of their treatment record to help support them if they required any further care or if they were going to be receiving care elsewhere.

Patient care records were audited every 6 months during head office governance team audits.

What needs to improve

We noted there was no space to record the patient's consent to share relevant information with their GP, where appropriate. For example, if a patient suffered an allergic reaction to a vaccine, the clinic nurse could not inform the patient's GP. This may then have an impact on the patient's onward care. Staff told us that consent form templates were being reviewed to make sure they contained all relevant information (recommendation a).

- No requirements.

Recommendation a

- The service should continue to develop its consent form templates to ensure patients' consent for relevant information to be shared with other healthcare professionals, if required, is documented.

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. Training was supported at local and regional level. The clinic nurse had access to peer and clinical support, and felt they had received appropriate training to carry out their role.

The service was provided by one nurse who was registered with the Nursing and Midwifery Council (NMC). Systems were in place to make sure the nurse had been recruited safely, with appropriate checks carried out before they started work. Recruitment was carried out by both the regional and national nurse managers.

An induction programme for new staff helped them to learn about the running of the clinic. Following this, a shadowing system supported new clinic nurses with building experience. Regional nurse managers kept in regular contact with new clinic nurses during their 12-week probationary period. The clinic nurse was new in post but told us they had received a good level of training to enable them to carry out their role.

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' NMC registration and Protecting Vulnerable Groups (PVG) status to ensure no fitness to practice issues had arisen.

Ongoing staff training was provided either face-to-face or online. This included basic life support anaphylaxis management, infection control, safeguarding and medicine management. Extra training was also available if clinic nurses requested it, such as phlebotomy training for taking patient's blood. 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. 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. This platform was managed by the provider's online doctor team. The clinic nurse was informed about new PGD releases and their deadline for completion by the regional nurse manager and through internal healthcare communications. PGD completion was tracked by the clinical excellence team and escalated to the regional nurse manager, if required.

- 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 leadership systems were 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. National and regional staff conferences recognised achievements and gave staff the opportunity to network and share good practice.

The provider had comprehensive governance and leadership structures, with clear roles and responsibilities, and good information sharing systems. A national nurse manager led the UK nursing team with support from a regional nurse manager who covered Scotland. The service was staffed by one nurse practitioner, who told us they felt well supported in their role. The regional nurse manager visited the service regularly and these visits were documented with any required actions to be taken shared with the clinic nurse.

The provider's clinical excellence team reviewed clinical practice within services. The clinic nurse also had access to the provider's online doctor team, so that they could message or talk to a doctor if they needed medical advice.

Although there were no recent examples of action taken as a result of incidents or complaints, the regional nurse manager told us these would be shared through local newsletters. Weekly conference calls were held between the regional nurse manager and clinic nurse to provide ongoing support. Conference call notes were produced so that information could be reviewed again if required. Monthly clinical governance meetings were also held between regional nurse managers and the provider's online doctor team to discuss any complaints, incidents or clinical concerns that had been raised.

Best practice was shared through clinic newsletters. These also included a section for staff to test their knowledge on patient scenarios to allow them to review their practice in a given situation.

An annual team engagement survey was carried out anonymously so that staff could share their feelings and views. Results were evaluated, shared with staff and displayed in staff areas.

Regional or national nurse managers could nominate clinic nurses through a staff recognition system. Recipients received small prizes and were placed into a monthly prize draw. Clinic nurses' success was celebrated at the provider's annual national conference, where nurse of the year and clinic of the year awards were presented. Regional conferences also took place every year where nominated staff were given prizes, for example for service improvement or initiating new practice. The national and regional conferences also set out the provider's future vision for the company.

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

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

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

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendation	
a	<p>The service should continue to develop its consent form templates to ensure patients' consent for relevant information to be shared with other healthcare professionals, if required, is documented (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</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