

Announced Inspection Report: Independent Healthcare

Service: Welltree Ltd, Livingston

Service Provider: Welltree Ltd

22 February 2023

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
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	Appendix 1 – Requirements and recommendations	15
	Appendix 2 – About our inspections	16
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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 Welltree Ltd on Wednesday 22 February 2023. We spoke with both directors (practitioners) of the service. We also received feedback from five patients through 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 satisfactory self-evaluation.

What we found and inspection grades awarded

For Welltree Ltd, 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	Patients were very happy with the service. A consultation process gave patients the opportunity to obtain information before any treatment took place. Patients were encouraged to provide feedback and results were used to improve the service, where possible. A monthly newsletter was sent to patients to share information about the service. A duty of candour report should be published.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Patients were cared for in a modern, clean and well maintained environment. Policies and procedures helped manage risks to make sure that care and treatment was in line with best practice guidelines. An audit programme should be introduced to review the safe delivery and quality of the service.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer support, continued learning and attendance at national conferences. A quality improvement plan helped evaluate and measure the quality, safety and effectiveness of the service provided.	✓✓ Good

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	Patient care records showed that clear and comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patients were fully included and well informed about their treatments.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Practitioners worked for the service under a practicing privileges agreement. Staff files showed that all pre-employment safety checks had been completed, and recruitment and induction policies were in place.

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 Welltree Ltd 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 Welltree Ltd 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

Patients were very happy with the service. A consultation process gave patients the opportunity to obtain information before any treatment took place. Patients were encouraged to provide feedback and results were used to improve the service, where possible. A monthly newsletter was sent to patients to share information about the service. A duty of candour report should be published.

All patients received a face-to-face consultation before any treatment was carried out. This was recorded in their patient care record. The consultation process gave patients the opportunity to ask the practitioner questions and receive information to help them make a decision about their treatment. This included what treatment options were suitable, the risks and benefits, desired outcomes and costs.

Patients who responded to our online survey told us they were very satisfied with the service and the treatments they had received:

- 'An outstanding place with a very caring team who are always on hand to help you and answer any questions or worries you may have. [...] take the time to understand their patients, [...] very well mannered. I know I am in good hands when I go to my appointments.'
- 'I would highly recommend Welltree as you feel at ease, professional and are happy to answer any questions.'
- '[...] are always great at explaining any procedure and their expected outcome they are very knowledgeable and caring individuals.'

The service's participation policy described the various processes used to gather patient feedback, and how that feedback would then be used to improve the service. Patients were encouraged to complete feedback forms, give verbal feedback to the practitioner or leave reviews on social media. The service collated all feedback received, and used it to evaluate and review the service and make any changes or improvements. For example, following feedback from patients, the service expanded its range of treatments offered to include weight loss injections and hyperhidrosis (excessive sweating) treatment.

A monthly newsletter sent to all patients included details about aesthetics and treatments information, and patient feedback results.

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. The service's website signposted patients to the complaints procedure. The service had not received any complaints since it was first registered with Healthcare Improvement Scotland in July 2020.

A safeguarding (public protection) policy set out a clear protocol to respond to any adult protection concerns.

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

What needs to improve

The service had not produced and published a yearly duty of candour report. Even if there have been no incidents requiring the need to implement the duty of candour procedure, a report is still required (recommendation a).

- No requirements.

Recommendation a

- The service should produce and publish an annual duty of candour report.

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

Patients were cared for in a modern, clean and well maintained environment. Policies and procedures helped manage risks to make sure that care and treatment was in line with best practice guidelines. An audit programme should be introduced to review the safe delivery and quality of the service.

An infection prevention and control policy and effective measures were in place to reduce the risk of infection. Equipment was cleaned between appointments, and the clinic was cleaned at the end of the day. Deep cleaning was carried out twice a week. We saw evidence of completed and up-to-date cleaning schedules and noted appropriate cleaning products were used. All equipment used, including personal protective equipment such as aprons and gloves, was single-use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A contract was in place for the safe disposal of sharps and other clinical waste.

The service's clinical governance process included a risk register and a range of risk assessments to identify and reduce any risks to patients and staff. This helped to ensure that care and treatment was delivered in a safe environment.

The temperature of the refrigerator was monitored and recorded to make sure medicines were stored at the correct temperature.

All equipment was in good condition, and external contractors regularly tested and maintained the heating systems and electrical appliances. Appropriate fire safety equipment and signage was in place.

All patients who responded to our online survey agreed the environment was clean and in a good state of repair. Comments included:

- 'Always clean and tidy and very particular with PPE.'
- 'The clinic is very clean and feels like a safe environment.'
- 'The facilities are clean and tidy and the environment is great, it's very calm in there I know I am in good hands [...].'

All medicines were obtained from appropriately registered suppliers. The service kept a small number of prescription-only medicines on site, including medicine required in an emergency, vitamin B12 injections and botulinum toxin. All emergency medicines were stored correctly and in-date. We saw monthly checks were carried out on expiry dates.

What needs to improve

We found no evidence of formal clinical audits being regularly carried out in the service. A structured programme of regular audits, including the safety and maintenance of the care environment, medicines management and patient care records, would allow the service to identify any areas for improvement (recommendation b).

- No requirements.

Recommendation b

- 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.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records showed that clear and comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patients were fully included and well informed about their treatments.

A consultation and assessment was carried out to assess patients' suitability for treatment. We reviewed five electronic patient care records, and all showed that consultations and assessments had been carried out before treatment started.

Patient care records included:

- consultation and detailed assessment
- medical history, including details of any health conditions, allergies, medications and previous treatments
- treatment plan, and
- comprehensive practitioner notes.

This information helped the practitioner to plan care and treatment according to individual patient need. We also noted a detailed consent to treatment process, as well as consent to document patients' GPs and emergency contact details, and for before and after photographs. Consent for sharing information with other healthcare professionals in an emergency, if required, was also documented. All entries in the patient care records were signed, dated and timed by the practitioner and patient, where appropriate.

Treatment plans included a description of the treatment and batch numbers and expiry dates of the medicines used. This would allow tracking if any issues arose with the medications used.

Written aftercare instructions were emailed to patients, and we were told the practitioner also discussed these instructions with the patient at the end of their treatment. Patient care records documented that aftercare information had been provided.

All patients who responded to our online survey said they felt involved in decisions about their care and treatment:

- 'Always explain the pros and cons of any procedure and [...] are very thorough.'
- 'They always ask the outcome I am looking for and consult with me ahead of doing anything.'
- 'Options were explained in great detail and what the expected outcomes would be. Any questions I had they were answered very well.'

The service was registered with the Information Commissioner's Office (ICO) (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

- 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

Practitioners worked for the service under a practicing privileges agreement. Staff files showed that all pre-employment safety checks had been completed, and recruitment and induction policies were in place.

Practicing privileges is where staff are not employed directly by the provider but given permission to work in the service. Any practitioner has to meet the standards expected of the service, such as:

- proof of indemnity insurance
- proof of professional registration if needed
- proof of training, and
- right to work in the UK.

The service had recruitment and staff induction policies, and a process in place detailing clinic orientation.

The three staff files we reviewed showed that all appropriate and necessary pre-employment checks had taken place. This included proof of ID, Disclosure Scotland background checks and continued proof of registration checks. Each staff member had a training record and had completed an induction with the service.

Both directors had appropriate training and skills to ensure patients received the best advice and treatments. They were enthusiastic about making improvements to how the service was delivered, and furthering their own knowledge and skills, where possible.

- 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

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer support, continued learning and attendance at national conferences. A quality improvement plan helped evaluate and measure the quality, safety and effectiveness of the service provided.

Both directors are nurses registered with the Nursing and Midwifery Council (NMC). This requires them to register with the NMC every year and to complete a revalidation process every 3 years where they gather evidence of their competency, training and feedback from patients and peers in order to remain a registered nurse practitioner.

The directors met with staff regularly to discuss the care environment, patient feedback and audits. Minutes and agenda were recorded. An online staff group had also been set up to allow staff to regularly communicate with each other.

The service was also a member of recognised national aesthetic forums. This included:

- Aesthetic Complications Expert (ACE) group (practitioners who provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions), and
- Royal College of Nursing advanced nurse practitioner forum.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. A quality improvement plan, which included both short-term and long-term actions, helped the service to demonstrate a culture of continuous improvement.

Examples included feedback from patients and how this had influenced change in the service, and discussions with the local hospital to allow a direct referral pathway to align with the local NHS board about concerns and complications for their patients. The quality improvement plan was reviewed every year.

- 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 2 – Impact on people experiencing care, carers and families

Requirements

None

Recommendation

- a** The service should produce and publish an annual duty of candour report (see page 8).

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

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

Requirements

None

Recommendation

- b** 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 (see page 10).

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

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.
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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