

# Announced Follow-up Inspection Report: Independent Healthcare

**Service:** TLC Clinic, Glasgow

**Service Provider:** Invercoast Limited

20 April 2023

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First published June 2023

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# 1 A summary of our follow-up inspection

## Previous inspection

We previously inspected TLC Clinic on 24 August 2022. That inspection resulted in seven requirements and 10 recommendations. As a result of that inspection, Invercoast Limited 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](http://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 TLC Clinic on Thursday 20 April 2023. The purpose of the inspection was to follow up on the progress the service has made in addressing the seven requirements and 10 recommendations from the last inspection. This report should be read along with the August 2022 inspection report.

We spoke with the service manager (owner) during the inspection.

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	
Domain 2 – Impact on people experiencing care, carers and families	
Quality indicator	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	✓ Satisfactory
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 TLC 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](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](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

We found that the provider had complied with most of the requirements made at our previous inspection. It had also taken steps to act on the majority of the recommendations we made.

Of the seven requirements made at the previous inspection on 24 August 2022 the provider has:

- met five requirements, and
- not met two requirements.

### **What action we expect Invercoast Limited to take after our inspection**

This inspection resulted in two requirements and three recommendations which remain outstanding. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Invercoast Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at TLC 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 24 August 2022

### 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

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##### Recommendation

*The service should provide patients with written information about treatments. This should include information about the procedures, risks and benefits and costs.*

##### Action taken

A range of patient leaflets was now available that contained information about the different procedures offered, the risks and benefits of the procedure, and costs.

##### Recommendation

*The service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.*

##### Action taken

We saw evidence that the service had now introduced a paper feedback form. All patients were encouraged to complete this form after each treatment. Feedback was collated and reviewed on a regular basis to help to develop and improve the service.

## 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

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##### Recommendation

*The service should implement a system to ensure that all staff have read and understood the service's policies.*

##### Action taken

A system had now been introduced where each healthcare professional was required to sign an acknowledgement form to confirm they had read and understood the service's policies.

##### Recommendation

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

##### Action taken

We still saw no evidence of audits taking place to review the safe delivery and quality of service. For example, audits should be carried out on patient care records, and the safety and maintenance of the care environment. An audit programme would help the service structure its audit process, and record any findings and improvements made (see Appendix 1).

## Our findings

### Quality indicator 5.2 - Assessment and management of people experiencing care

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#### Requirement – Timescale: immediate

*The provider must ensure that patient care records are accessible only to the healthcare professional providing treatments for that patient.*

#### Action taken

A system had now been introduced to ensure each healthcare professional was only provided with care records for their own patients at the beginning of their clinic session. **This requirement is met.**

#### Requirement – Timescale: immediate

*The provider must ensure a record is made in the patient care record, as closely as possible to the time of the relevant event, of the following matters:*

- (a) the date and time of every consultation with, or examination of, the service user by a healthcare professional and the name of that healthcare professional*
- (b) the outcome of that consultation or examination*
- (c) details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the healthcare professional responsible for providing it, and*
- (d) every medicine ordered for the service user and the date and time at which it was administered or otherwise disposed of.*

#### Action taken

We were told the patient care record form was being reviewed and updated to include prompts to ensure all relevant information would be consistently recorded. This form would then be introduced for staff to use once the review was completed. **This requirement is not met** (see Appendix 1).

#### Recommendation

*The service should record patient consent for sharing information with the patient's GP and other medical staff in an emergency, if required, in patient care records.*

#### Action taken

We were told the patient care record form was being reviewed and updated to include prompts to ensure all relevant information would be consistently recorded. This form would then be introduced for staff to use once the review was completed (see Appendix 1).



## Recommendation

*The service should provide patients with written aftercare information which includes the service's emergency contact details and formally document what aftercare information has been provided in the patient care record.*

## Action taken

We saw evidence that written aftercare information, including the service's emergency contact details, was provided to patients. This was documented in the patient care record.

## 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 practicing privileges contracts are introduced between the provider and each self-employed clinician to ensure safe delivery of care with individual responsibility and accountability clearly identified.*

#### Action taken

We saw evidence that practicing privileges contracts were now in place between the provider and each self-employed clinician (staff not employed by the provider but given permission to work in the service). These detailed the requirement to work in line with the provider's policies, procedures, equipment and processes. **This requirement is met.**

#### Requirement – Timescale: immediate

*The provider must regularly review practitioners' professional registrations and insurances to ensure they are up to date.*

#### Action taken

A process was now in place to carry out ongoing checks of the status of the practitioners' professional registrations and insurances to ensure they were up to date. **This requirement is met.**

#### **Requirement – Timescale: by 28 March 2023**

*The provider must develop a formal documented induction package for new members of staff to make sure they have the appropriate support to gain the knowledge and skills required for their role.*

#### **Action taken**

A documented induction package for new members of staff had now been developed. As well as an introduction to key members of staff, the induction package covered topics such as:

- policies and procedures
- medicine management
- health and safety training, and
- infection prevention and control. **This requirement is met.**

#### **Requirement – Timescale: by 28 March 2023**

*The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated.*

#### **Action taken**

We were told that staff performance reviews and appraisals had not yet been undertaken. **This requirement is not met** (see Appendix 1).

#### **Recommendation**

*The service should obtain two references for new members of staff, in line with safe recruitment practices.*

#### **Action taken**

No new members of staff had been employed since our last inspection in August 2022. However, we were assured the service would obtain two references for new members of staff, in line with safe recruitment practices.

## 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

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##### Requirement – Timescale: immediate

*The provider must review its governance and accountability arrangements to ensure senior management help staff to drive forward the ongoing delivery of high quality, safe, person-centred care.*

##### Action taken

We saw evidence that assurance systems were now being developed and put in place, such as staff meetings, and reviewing and acting on patient feedback. The service manager was visible, engaged with practitioners who worked with practicing privileges and was aware of their responsibilities. The service manager understood the key priority areas for the service and was working toward achieving successful outcomes. We would encourage the service to continue to develop clear and strong leadership behaviours and strengthen its assurance processes. This will help to continuously improve the quality of the service and the care provided to patients. **This requirement is met.**

##### Recommendation

*The service should ensure information is shared with staff with practicing privileges, to enable them to carry out their role.*

##### Action taken

We saw evidence that processes were now in place to ensure information was shared with staff. This included regular email updates and an online staff forum. The forum provided an opportunity for the service manager to share key information and allow staff to give their feedback.

**Recommendation**

*The service should introduce staff meetings between the manager and staff with practicing privileges. Minutes should be recorded including any actions taken and those responsible for the actions.*

**Action taken**

Staff meetings had now been introduced between the service manager and staff with practicing privileges to support the effective running of the service. Meetings were documented and were shared with all staff to make sure those not attending were kept informed.

**Recommendation**

*The service should develop and implement a quality improvement plan.*

**Action taken**

Although new assurance systems were being developed, the service still did not have an overarching quality improvement plan to structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (see Appendix 1).

## 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

#### Requirement

- 1** The provider must ensure a record is made in the patient care record, as closely as possible to the time of the relevant event, of the following matters:
- (a) the date and time of every consultation with, or examination of, the service user by a healthcare professional and the name of that healthcare professional
  - (b) the outcome of that consultation or examination
  - (c) details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the healthcare professional responsible for providing it, and
  - (d) every medicine ordered for the service user and the date and time at which it was administered or otherwise disposed of (see page 8).

Timescale – immediate

*Regulation 4(2)*

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

This was previously identified as a requirement in the August 2022 inspection report for TLC Clinic.

## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

- a** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement actions implemented (see page 7).

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

This was previously identified as a recommendation in the August 2019 and August 2022 inspection reports for TLC Clinic.

- b** The service should record patient consent for sharing information with the patient's GP and other medical staff in an emergency, if required, in patient care records (see page 8).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

This was previously identified as a recommendation in the August 2022 inspection report for TLC Clinic.

## Domain 7 – Workforce management and support

### Requirement

- 2** The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated (see page 10).

Timescale – immediate

*Regulation 12(c)(i)*

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

This was previously identified as a requirement in the August 2022 inspection report for TLC Clinic.

### Recommendations

None

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
c	<p>The service should develop and implement a quality improvement plan (see page 12).</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 August 2019 and August 2022 inspection reports for TLC 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](http://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](http://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](mailto:his.ihcregulation@nhs.scot)

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