

Announced Inspection Report: Independent Healthcare

Service: Tranzform, Peterhead

Service Provider: Tranzform

12 September 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 November 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	Progress since our last inspection	4
<hr/>		
2	A summary of our inspection	6
<hr/>		
3	What we found during our inspection	9
<hr/>		
	Appendix 1 – Requirements and recommendations	17
	Appendix 2 – About our inspections	20
<hr/>		

1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 27 November 2020

Requirement

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, and*
- 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.*

Action taken

We saw that the patient care record did not contain a section to record the outcome of consultations with the patient. However, details of treatments administered were recorded. **This requirement is not met** and is reported in Quality indicator 5.2 (see requirement 2).

What the service had done to meet the recommendations we made at our last inspection on 27 November 2020

Recommendation a

The service should continue to collect patient feedback and evaluate its findings to show how patient feedback is used to inform service improvement.

Action taken

We saw that the service had completed questionnaires from clients, which had been analysed and used to inform service improvement.

Recommendation b

The service should review the patient care records to ensure they are suitable to meet the needs of patients.

Action taken

We saw that the patient care records were not suitable for the needs of the patient. This recommendation is reported in Quality indicator 5.2 (see requirement 2).

Recommendation c

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

Action taken

The only audit seen was for the fridge. No other audits were being carried out. This recommendation is reported in Quality indicator 5.1 (see recommendation b).

Recommendation d

The service should document patient consent to treatment and sharing information with other healthcare professionals in the patient care record for each treatment episode.

Action taken

Patient consent to treatment and sharing information with other healthcare professionals in the patient care record was not recorded. This recommendation is reported in Quality indicator 5.2 (see recommendation d).

Recommendation e

The service should develop a quality improvement plan that will support and manage the delivery of service improvements.

Action taken

We saw that the service had implemented a service improvement plan.

2 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 Tranzform on Monday 12 September 2022. We spoke with the service manager during the inspection.

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 Tranzform, 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 provided with information about their treatments. Following its own participation strategy would help the service collect and use feedback to improve.	✓ Satisfactory
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment was modern, clean and well maintained and clinical waste was being disposed of correctly. However, appropriate processes and procedures must be in place to manage risk and ensure a safe environment for patients and staff. An audit programme should be	✓ Satisfactory

	introduced to review the safe delivery and quality of the service.	
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. A quality improvement plan was in place to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.	✓ Satisfactory

The following additional quality indicators was 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 confidentiality was maintained. Consultations must be documented in patient care records. Not all patients who had attended for botulinum toxin top-up treatments had been consented in line with current legislation.

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 Tranzform to take after our inspection

This inspection resulted in two requirements and five recommendations. 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

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

We would like to thank all staff at Tranzform for their assistance during the inspection.

3 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 provided with information about their treatments. Following its own participation strategy would help the service collect and use feedback to improve.

The clinic promoted the privacy, dignity and confidentiality of its patients. Locks on doors and window blinds in the treatment room maintained patients' privacy.

The service's social media provided information on the aesthetic treatments available and their costs. We were told patients also used the service based on recommendations from friends and also from reviews on social media sites. The practitioner provided verbal and written information following any enquiries, including information about treatment options. During the face-to-face appointment, patients could discuss their treatments further with the practitioner before any treatments were agreed.

Results from our online survey showed that patients felt involved in their treatment and were confident in the service. Comments included:

- '[Practitioner] explained all products and procedures in detail, and answered all my questions in depth.'
- '[Practitioner] fully explained the procedure before my treatment also the risks and benefits to having it done. She informed me of the price beforehand too.'
- '[Practitioner] is an excellent nurse and she explained everything on pros and cons for me. I am totally happy with the outcome.'

Structured questionnaires were given to patients following their treatment to complete. The service analysed and used these to inform service improvement. For example, the service had recently started to provide skin care treatments.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). A protection of vulnerable adults policy was also in place, which covered public protection (safeguarding) issues. The service manager had completed training in both duty of candour and safeguarding and were aware of their duties.

The service's complaints policy detailed how it would manage any complaints received. Details of how to make a complaint were available on the service's website. We noted that the service had not received any complaints since its registration in November 2019.

What needs to improve

The service actively collected and analysed patient feedback with any improvement being recorded in the service's quality improvement plan. However, the service's participation policy did not detail how patient feedback would be obtained or that it would be analysed and used to inform service improvement (recommendation a).

- No requirements.

Recommendation a

- The service's participation policy should document its approach to gathering and using feedback.

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

The environment was modern, clean and well maintained and clinical waste was being disposed of correctly. However, appropriate processes and procedures must be in place to manage risk and ensure a safe environment for patients and staff. An audit programme should be introduced to review the safe delivery and quality of the service.

The clinic environment and equipment was clean, well maintained and fit for purpose. A compliant clinical hand wash basin was in place. Appropriate systems were in place to help make sure the clinic environment was kept clean, tidy and well maintained. 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. Appropriate and up-to-date policies and procedures helped to support the safe delivery of care, including those for:

- infection prevention and control
- information management
- medication management, and
- safeguarding (public protection).

We saw that the service followed its infection prevention and control policy. Effective measures were in place to reduce the risk of infection. Cleaning of the clinic environment and equipment was carried out between patient appointments, as well as a programme of regular deep cleaning three times a week. Appropriate cleaning products were being used. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment such as face masks, gloves and aprons. A suitable waste contract

was in place for the safe disposal of swabs, syringes, needles and other clinical waste and waste transfer notes were kept in line with guidance.

The service had a good knowledge of management of blood spillages and had blood spillage kits to use.

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

- 'Room is always immaculately clean. It's maintained to an excellent standard.'
- 'Room is always spotless.'
- 'Beautiful, and clean environment, which looked sterile and hygiene to a very high standard. Very relaxing atmosphere too.'

All medicines were obtained from appropriately registered suppliers. The service kept a small number of prescription-only medicines as stock, including medicine required in an emergency. A system was in place to record the temperature of the clinical fridge to check that medicines were stored at the correct temperature. All medicines were in-date and we saw that monthly checks were carried out.

An accident book was used to record any accidents or incidents that took place. The practitioner had a good understanding of their responsibilities for reporting accidents, incidents and adverse events.

What needs to improve

While a fire risk assessment was in place, the service did not have an effective process in place for risk management. All risks to patients and staff in the service must be effectively managed continuously. Proactive risk management processes must be developed, which include a comprehensive risk register and appropriate risk assessments to protect patients and staff (requirement 1).

The service carried out a fridge temperature audit. However, no other audits were carried out, such as for infection control, patient care records or medication management (recommendation b).

The environment was visibly clean and clutter free. We were told that staff regularly carried out cleaning duties. However, the service did not document evidence to show cleaning was taking place (recommendation c).

Requirement 1 – Timescale: immediate

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

Recommendation b

- The service should develop a programme of regular audits to cover key aspects of care and treatment, including medication, and infection control. Audits should be documented and action plans implemented.

Recommendation c

- The service develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient confidentiality was maintained. Consultations must be documented in patient care records. Not all patients who had attended for botulinum toxin top-up treatments had been consented in line with current legislation.

The service had a consent policy in place. Patient care records showed that patients consented to treatment. Patient care records were stored in a lockable filing cabinet to help maintain patient confidentiality.

From the five patient care records we reviewed, we saw that patients who attended for a single treatment had given their consent. Patients' past medical history was recorded in all the patient care records along with the dosage of medication used and traceability labels.

Patients were given verbal and written aftercare advice after their treatment. Patients were also provided with out-of-hours contact details for the practitioner.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Patients stated they were very satisfied with the service and the treatments they had received. Comments from our online survey included:

- '[Practitioner] is never pushy, in fact she would not offer any treatment she didn't feel was properly explained and agreed to.'
- '[Practitioner] was extremely professional and took time to explain each treatment, I felt under no pressure to rush any decisions, she encouraged me to think over my treatments very carefully.'
- 'Amazing advice and information. Everything explained and anything I asked is always answered.'

What needs to improve

While we were told that consultations took place, we did not see any evidence of the outcome of consultation with the patient being recorded in the patient care records (requirement 2).

A service may sometimes need to inform a patient's GP about something relevant to their treatment, such as an adverse reaction to a medicine or a complication. However, GP details were not documented in patient care records we reviewed. In order to share information, the service needs the patient's consent. The layout of the service's consent form did not allow this patient consent to be recorded (recommendation d).

While patients signed the consent to treatment form, the aesthetics practitioner had not signed the form (recommendation e).

Requirement 2 – 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, and
 - b) the outcome of that consultation or examination.

Recommendation d

- The service should review its patient care record to ensure that GP contact details are recorded and that consent to share information with other healthcare professionals in case of an emergency is documented in patient care records.

Recommendation e

- The service should ensure that consent for treatment forms are appropriately signed before treatment is administered.

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. A quality improvement plan was in place to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.

The service was owned and managed by a nurse practitioner registered with the Nursing and Midwifery Council (NMC). They kept up to date with legislation and best practice through their professional regulatory revalidation process, reflective learning and attending aesthetics industry training events.

Revalidation means they are required to register with the NMC every year and 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. They also used the guidance and peer support provided by the Complications in Medical Aesthetic Collaborative (CMAC).

What needs to improve

A quality improvement plan was in place that detailed realistic and achievable outcomes to help improve the quality of the service provided. However, this could not be informed from audits and risk assessments as the service did not carry these out. Results of audits and risk assessments would help inform the service's quality improvement plan. We will follow this up at future inspections.

We were told of a peer group where the practitioner and other aesthetics practitioners met every 3 months to share learning and discuss updates in current practice. However, minutes of this were not recorded. We will follow this up at future inspections.

- 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's participation policy should document its approach to gathering and using feedback (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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

Requirements

- 1** The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 13).

Timescale – immediate

Regulation 13(2)(a)

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

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

Requirements

- 2** 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, and
 - (b) the outcome of that consultation or examination (see page 14).

Timescale – immediate

Regulation 4(2)(a)(b)

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

This was previously identified as a requirement in the November 2019 inspection report for Tranzform.

Recommendations

- b** The service should develop a programme of regular audits to cover key aspects of care and treatment, including medication, and infection control. Audits should be documented and action plans implemented (see page 13).

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

This was previously identified as a recommendation in the November 2019 inspection report for Tranzform.

- c** The service develop cleaning schedules for the general environment and patient equipment in line with best practice guidance (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

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

Recommendations

- d** The service should review its patient care record to ensure that GP contact details are recorded and that consent to share information with other healthcare professionals in case of an emergency is documented in patient care records (see page 14).

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 November 2019 inspection report for Tranzform.

- e** The service should ensure that consent for treatment forms are appropriately signed before treatment is administered (see page 14).

Health and Social Care Standards: I experience high quality care and support that is right for me. Statement 1.24

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