

Announced Inspection Report: Independent Healthcare

Service: Clinetix Rejuvenation (Glasgow), Glasgow

Service Provider: Clinetix Rejuvenation (Glasgow) Ltd

18 May 2022

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 24 June 2019

Requirement

The provider must ensure that treatment rooms have adequate and suitable ventilation.

Action taken

Appropriate ventilation had been installed in one treatment room. The two other treatment rooms were no longer in use. **This requirement is met.**

Requirement

The provider must ensure a laser protection advisor is appointed and local rules specific for each laser and IPL installation are developed and implemented. The list of authorised users must be kept up to date.

Action taken

Laser and intense pulsed light (IPL) treatments were no longer provided in the service. **This requirement is met.**

Requirement

The provider must ensure that employment of practicing privilege contracts are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified.

Action taken

Written contracts were now in place for those staff members who worked in the service under a practicing privileges agreement but were not directly employed by the service. A practicing privileges policy had also been developed setting out the key responsibilities for those practitioners granted practicing privileges. **This requirement is met.**

Requirement

The provider must ensure that all staff roles are risk assessed and relevant prospective employees and all current employees are not included on the children's and adults' list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Action taken

All staff roles had now been risk assessed to determine the appropriate level of Disclosure Scotland background check required for existing staff, and for all prospective employees. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 24 June 2019

Recommendation

The service should develop its participation policy to include information about how it gathers feedback to develop and improve.

Action taken

Since the last inspection, the service had continued to develop its participation policy detailing how it engages with its patients and gathers feedback to develop and improve the service. Following treatment, patients were provided with a feedback form to complete, with responses then collated, reviewed and used to make improvements. For example, the service had reviewed when patients were contacted by text to make sure this was appropriate and within business hours.

Recommendation

The service should provide information for patients on how to make a complaint on its website.

Action taken

The service's website now included information for patients on how to make a complaint. However, we suggested to the service this information needed to be clearer and more accessible for patients as it was difficult to find on the website.

Recommendation

The service should ensure that healthcare record entries are timed.

Action taken

From the electronic patient care records we reviewed, we saw that all entries were timed. This complies with professional standards about keeping clear and accurate records.

Recommendation

The service should ensure patients are aware that information will be shared with other healthcare professionals as required and that this is documented in the patient care record.

Action taken

The service had now introduced an improved consent document as part of the patient care record. This ensured patients were aware that information would be shared with other healthcare professionals, as required.

Recommendation

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

A programme of regular environmental and clinical audits had now been introduced to make sure the service delivered safe care and treatment for patients.

Recommendation

The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government's Safer Recruitment through Better Recruitment guidance (2016).

Action taken

Staff files we reviewed confirmed that two references had been obtained for all new staff members appointed since the previous inspection.

Recommendation

The service should develop and implement quality improvement plan.

Action taken

A quality improvement plan had now been introduced helping to identify specific improvements and actions to be taken to develop and improve the service. For example, a number of projects were being implemented, including staff development, creating a healthy staff culture and improving patient safety. These were all documented on the quality 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 Clinetix Rejuvenation (Glasgow) on Wednesday 18 May 2022. We spoke with a number of staff during the inspection. We also received feedback from eight patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of two inspectors.

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 Clinetix Rejuvenation (Glasgow), the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The service was clean, and equipment was maintained and fit for purpose. Good systems were in place to make sure patients and staff were kept safe. Environmental and clinical audits helped make sure the service delivered safe care and treatment for patients. Suitable procedures were in place to deal with emergencies.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	Staff told us leadership in the service was visible, approachable and supportive. Clear governance structures were in place, with systems and processes to monitor and improve the quality of care delivered. This included a comprehensive continuous quality improvement plan and regular staff meetings.	✓✓ 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	Patients were fully assessed before any treatment took place. Patient care records were detailed, with audits of patient care records helping to make sure documentation was being fully completed. Patients were satisfied with their care and treatment.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Effective systems and processes were in place to ensure staff were recruited safely. New staff received an induction and annual appraisals helped staff to achieve their individual learning and development needs.

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 Clinetix Rejuvenation (Glasgow) Ltd to take after our inspection

This inspection resulted in no requirements or recommendations.

We would like to thank all staff at Clinetix Rejuvenation (Glasgow) for their assistance during the inspection.

3 What we found during our inspection

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 service was clean, and equipment was maintained and fit for purpose. Good systems were in place to make sure patients and staff were kept safe. Environmental and clinical audits helped make sure the service delivered safe care and treatment for patients. Suitable procedures were in place to deal with emergencies.

The clinic environment and patient equipment was clean and in a good state of repair. The landlord was responsible for the servicing and maintenance of the building and the heating system. Fire safety equipment was fit for purpose, and the service reviewed and updated its fire risk assessment every year in line with its fire safety policy. Public and employer liability insurance was in date and displayed in the service.

Effective infection prevention and control measures were in place to reduce infection risks for patients and staff. Environmental audits showed good compliance with the service's infection prevention and control policy and national guidance. Daily cleaning schedules were fully completed and these were audited every week to ensure the standard of cleanliness was maintained. Any changes or improvements needed were identified and appropriate action taken.

We saw good compliance with infection prevention and control procedures. This included the safe disposal of clinical waste, medical sharps such as syringes and needles, and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of personal protective equipment available, including disposable gloves, aprons and masks. Staff hand hygiene audits showed good compliance.

The service had a safe system for procuring, prescribing, storing and administering medicines. Medicines were stored securely in locked cupboards and were in date. None of the medicines used for treatments required refrigeration. An effective stock control and rotation system enabled the service to regularly monitor the medicines supply. Medicines cupboards were clean, tidy and not overstocked. A first aid kit and emergency medicine kit were available to enable the service to quickly deal with any medical emergencies, such as a complication or adverse reaction from treatment.

A process was in place to record and respond to accidents and incidents, although none had occurred since the service was registered in May 2017. The service reviewed its policies and procedures every year, or in response to changes in legislation. A duty of candour procedure set out how the service would meet its professional responsibility to be honest with patients if something went wrong. An annual duty of candour report was published on the service's website. The most recent report showed that no duty of candour incidents had occurred.

We received positive feedback from all patients who responded to our online survey. They told us the clinic environment was always very clean, and staff were friendly, professional and experienced practitioners they trusted to deliver safe care and treatment. Comments included:

- 'Clinic is exceptionally clean.'
 - '100% confident that the staff are clinically knowledgeable and competent to deliver treatments.'
-
- No requirements.
 - No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients were fully assessed before any treatment took place. Patient care records were detailed, with audits of patient care records helping to make sure documentation was being fully completed. Patients were satisfied with their care and treatment.

The five electronic patient care records we reviewed showed that assessments and consultations were carried out before treatment started. This included documenting patients' medical history, any health conditions, medications, previous treatments, and any areas which would highlight any risks associated with the treatment, such as pregnancy or any previous allergic reactions. Face-to-face consultations took place with the patient and their prescriber for prescription-only treatments, such as botulinum toxin. Risks and benefits of proposed treatments were discussed with patients and consent to treatment forms were signed by the patient and the practitioner. New consent forms were completed for all new and returning patients. Records were kept of each treatment session, and diagrams and photographs of the treated area helped to inform the overall plan of care. Dosage and medicine batch numbers were also recorded for each treatment. This would allow tracking if any issues arose with the medications used.

As part of their treatment plan, patients were invited to attend a follow-up appointment. This allowed the service to make sure patients were happy with the results and provide more treatment or advice. We saw that patients were given the service's contact details in case of complications.

In line with the service's record keeping policy, appropriate procedures were in place to make sure information was held securely and to prevent unauthorised access. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to ensure safe storage of confidential patient information.

Audits of patient care records were carried out. This helped to ensure records were being fully and accurately completed, and reviewed areas such as initial consultation, patient consent and the record of treatments carried out. We saw that the latest audit carried out showed good compliance.

Feedback from our online survey showed that all patients stated that the treatment procedure, risks and benefits and expected outcome had been explained to them before treatment. Comments included:

- 'Always takes time to assess fully and listens to your concerns then provides best options of treatment to help achieve the outcome you're looking for.'
- 'Fully informed.'

What needs to improve

We saw that patients were emailed with relevant aftercare information about their treatment when they booked their appointment. However, in one patient care record we saw the patient had received an additional treatment during their appointment. As this treatment had not been booked before the appointment, they had not received written aftercare information for that treatment. Aftercare information should be provided for all treatments patients receive. We will follow this up at a future inspection.

- 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

Effective systems and processes were in place to ensure staff were recruited safely. New staff received an induction and annual appraisals helped staff to achieve their individual learning and development needs.

The three staff files we reviewed showed that all relevant pre-employment checks were completed before staff started working in the service. This included two references, a risk-based Disclosure Scotland background check and a fitness to practice check for healthcare practitioners. We also saw employment or practicing privileges contracts, and records of qualifications and training certificates.

New staff had an induction and shadowed more experienced staff to gain practical experience. Staff had an annual appraisal to identify and set objectives to fulfil their individual learning and development needs. Staff told us they received good opportunities for training and career progression. We saw good examples of staff being supported to enhance their skills and knowledge to take on new roles through coaching and academic learning.

Staff were encouraged to attend inhouse training courses, professional conferences and to undertake webinars on relevant topics to develop their skills and knowledge and to help provide improved patient care. Staff attended a team development event about working and communicating with different

personality styles. This supported staff to learn how to choose the best communication methods for each personality. Career progression was supported and encouraged, and we saw that some staff had progressed into leadership roles.

Many staff had worked in the service for a number of years. They told us they enjoyed working in the service and felt they were part of a team.

Annual professional registration and revalidation status checks were carried out for all clinical staff. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers to their professional body, such as the Nursing and Midwifery Council, every 3 years.

- 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

Staff told us leadership in the service was visible, approachable and supportive. Clear governance structures were in place, with systems and processes to monitor and improve the quality of care delivered. This included a comprehensive continuous quality improvement plan and regular staff meetings.

A clear governance structure and clear lines of management and accountability was evident. Staff spoke positively about the leadership and told us they felt supported by their manager and colleagues. They told us they felt the senior management team were responsive, visible and approachable.

We found well-defined systems and processes were in place to ensure the focus was on continuously improving the service. This was, in part, achieved through a rolling programme of audit and regular meetings between senior management and staff to discuss clinical outcomes associated with the delivery of patient care.

We saw evidence that staff meetings took place every 3 months. Staff told us the meetings provided an opportunity to express their views, and any suggestions for improvements or training and development they had identified. Minutes of these meetings were shared with staff to ensure issues discussed and decisions made were communicated to anyone unable to attend. Weekly senior management meetings were also held with regular agenda items on staffing, training, audits, medicine and incident management. Action plans were in place for areas identified for improvement.

The service was working with a strategic advisor to develop good, clear strategies and strong leadership behaviours. A positive culture was also encouraged that helped to motivate and empower staff and to give employees a sense of belonging and engagement.

A 5-year strategic plan was being developed outlining the key objectives, operational priorities and vision for the service. Key areas of focus included developing staff wellbeing, job effectiveness and work life balance. New treatments were continuing to be introduced for patients to help improve their outcomes. We were told the service planned to relocate to larger premises to provide more space and services for patients.

Staff felt that the leadership team communicated well. We saw all staff could access information about the service through an online noticeboard. This included information such as infection prevention and control, changes in the service's practice, updates on new policies and procedures, recognition of service achievements and staff training. Staff also had the opportunity to voice any comments or feedback at meetings, anonymously or through feedback forms.

Both clinical directors are recognised trainers who lecture and teach at conferences and educational events worldwide. They develop educational and training resources and have written a wide range of industry journals and publications. The service belonged to a variety of industry specific and national organisations, such as the British College of Aesthetic Medicine and the Aesthetic Complications Expert Group. This allowed the service to keep up to date with any changes in the aesthetic industry, legislation and best practice.

- 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.

This inspection resulted in no requirements and no recommendations.

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

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