

# Announced Inspection Report: Independent Healthcare

**Service:** Therapie Clinic, Edinburgh

**Service Provider:** Therapie Edinburgh Ltd

23 August 2022

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First published October 2022

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## Contents

<b>1</b>	<b>Progress since our last inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>A summary of our inspection</b>	<b>5</b>
<hr/>		
<b>3</b>	<b>What we found during our inspection</b>	<b>8</b>
<hr/>		
	<b>Appendix 1 – Requirements and recommendations</b>	<b>17</b>
	<b>Appendix 2 – About our inspections</b>	<b>18</b>
<hr/>		

## 1 Progress since our last inspection

### What the provider had done to meet the requirement we made at our last inspection on 29 January 2020

#### Requirement

*The provider must ensure that all staff roles are risk assessed and relevant prospective staff are not included on the adults' list in the Protection of Vulnerable Groups (Scotland) Act 2007 before commencing employment in the service.*

#### Action taken

Processes were in place to ensure the safe recruitment of staff. The service carried out its own Protection of Vulnerable Groups (PVG) checks and a system was in place to record staff's PVG information. **This requirement is met.**

## 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 Therapie Clinic (Edinburgh) on Tuesday 23 August 2022. We spoke with a number of staff during the inspection. We received feedback from five patients through our online survey we had asked the service to issue for us before 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 comprehensive self-evaluation.

### What we found and inspection grades awarded

For Therapie Clinic (Edinburgh), 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 felt they were treated with dignity and respect, and were fully informed about their treatment. Patient feedback was reviewed regularly to help continually improve the quality of care provided. A comprehensive complaints tracking and management process analysed and identified any trends or lessons to be learned.	✓✓ 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	The environment and equipment was clean and well maintained. Systems were in place to make sure patients and staff were kept safe, including the safe management of medicines, and infection prevention and control practices. A comprehensive programme of audits was carried out reviewing key aspects of care and treatment.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
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 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	All patients received a clinical assessment before treatment. Patient care records were clear and comprehensive. Patients' medical history was reviewed and consent obtained for each treatment episode. Patients were fully informed and any associated risks were discussed.

Additional quality indicators inspected (ungraded)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	A recruitment policy ensured the safe and effective recruitment of staff, including staff granted practicing privileges. Staff told us there was good training opportunities and they felt well supported.

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](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)

## What action we expect Therapie Edinburgh Ltd to take after our inspection

This inspection resulted in no requirements or recommendations.

We would like to thank all staff at Therapie Clinic (Edinburgh) 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**

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**Patients felt they were treated with dignity and respect, and were fully informed about their treatment. Patient feedback was reviewed regularly to help continually improve the quality of care provided. A comprehensive complaints tracking and management process analysed and identified any trends or lessons to be learned.**

Patients received pre-treatment questionnaires to complete before their initial consultation, covering their past medical history, regular medications and previous treatments carried out. This was then discussed during the patient's initial consultation with the practitioner. The cost of treatment was discussed and patients were provided with information about the appropriate treatment options, and the risks and benefits.

Patients were given time to consider treatment options and ask questions before agreeing to treatment. This helped to make sure patients had realistic expectations of the proposed treatment.

A 'client guide' was available in the clinic reception area. This advised patients of the treatments offered in the service, staffing, out-of-hours information, consent process, chaperone and safeguarding policies, complaints process and emergency arrangements. We were told an online client guide was being developed to make this information more accessible to patients considering treatment.

The service had a comprehensive up-to-date participation policy. Patients had the opportunity to provide feedback to the service in a number of ways, including online reviews and patient satisfaction questionnaires. These were emailed to patients to complete following their treatment.



Patients who responded to our online survey felt well informed about their treatment. Comments included:

- ‘The clinic gave me all the relevant information which made me comfortable to go ahead with treatment.’
- ‘I was given all the information needed about my treatment in detail.’

We saw patient feedback was reviewed every day by the service and audited on a monthly basis. The provider’s compliance officer would also contact 10 patients each month to discuss their feedback. We saw patient feedback was an agenda item at one-to-one staff meetings, team meetings and senior management meetings. This information was then used to inform how the service developed and to further improve patient satisfaction.

The service had an up-to-date complaints policy which referred to Healthcare Improvement Scotland as an alternative process for complaints. Information about how to make a complaint was available in the service. While the service had received a high number of complaints since 1 January 2022, we saw evidence of complaints being investigated and managed with clear timescales and correspondence with patients. The service’s comprehensive complaints process included a complaints tracking system which was reviewed every day by the clinic and regional managers. We saw evidence of a complaints trend analysis completed by the compliance officer. This highlighted open complaint cases, complaints that were actioned, and results from complaints. The service told us this helped with improving the service and lessons being learned.

Duty of candour is where healthcare organisations have a responsibility to be honest with patients if something goes wrong. The service had an up-to-date duty of candour policy and we were told the service had not had any instances requiring it to implement duty of candour principles.

- No requirements.
- No recommendations.

## Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

### **Our findings**

#### **Quality indicator 5.1 - Safe delivery of care**

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**The environment and equipment was clean and well maintained. Systems were in place to make sure patients and staff were kept safe, including the safe management of medicines, and infection prevention and control practices. A comprehensive programme of audits was carried out reviewing key aspects of care and treatment.**

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 regular servicing and maintenance was carried out. Appropriate fire safety equipment and signage was in place.

All policies and procedures were reviewed regularly to make sure they were up-to-date and in line with current legislation and best practice guidance. These policies helped to support the safe delivery of care, including:

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

Staff were aware of the service's safeguarding policy, had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse. A named safeguarding lead was identified for the service.

We saw the service followed its infection prevention and control policy. We saw daily cleaning checklists were being completed. Cleaning of the clinic environment and equipment was carried out between patient appointments, as well as a programme of daily cleaning and a monthly deep clean. The service also had an external cleaning company who cleaned the clinic twice a week. A good supply of disposable personal protective equipment was available,

including face masks and gloves, and other items of single-use equipment used to prevent the risk of cross-infection. A contract was in place with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles. We saw appropriate sharps bins were in place.

Lasers were used in the service for treatments such as hair removal. Treatment rooms were suitably designed and equipped for using lasers equipment. The service had an appropriately qualified external laser protection advisor who provided regular input into the service. We saw an appropriate laser risk assessment and 'local rules' in place for each laser (laser arrangements to ensure lasers are managed safely). Local rules were available for patients in each treatment room. New and existing staff had undertaken laser safety core of knowledge training, which they were required to refresh at regular intervals. We saw staff were skilled and knowledgeable in laser safety procedures. The service had a liaison laser officer on duty at all times to support staff for any adverse events. The clinic manager was the nominated laser protection supervisor for the service.

The service had a programme of regular audits for:

- infection prevention and control
- hand hygiene
- laser safety, and
- staff files.

The audits were documented appropriately and risk assessed, with action plans developed, where necessary. We were told the service was visited every month by the provider's compliance officer who completed a full inspection of the clinic to ensure care continued to be delivered safely.

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

- 'Clinic was very clean and well kept.'
- 'Very good facilities, top level machines.'

The service had a safe system for prescribing, storing and administering medicines. We were told the provider was in the process of developing an organisational-wide system for the procurement of medicines. All medicines were obtained from suitably approved suppliers. Temperature-sensitive medicines were stored in the pharmacy fridge and a daily log of temperatures was kept to make sure these medicines were stored at the correct temperature.

All medicines, including medicine required in an emergency, and single-use patient equipment were in date and we saw that stock checks were carried out.

An accident book was used to record any accidents or incidents that took place, and an incident recording and review process was in place. Staff had a good understanding of their responsibilities for reporting accidents, incidents and adverse events.

A comprehensive risk register covered both organisational and clinical risks. This was reviewed regularly and covered risks such as reputational, financial, COVID-19, slips and trips, occupational injury from sharps, skin irritation and eye damage.

- No requirements.
- No recommendations.

## Our findings

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

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**All patients received a clinical assessment before treatment. Patient care records were clear and comprehensive. Patients' medical history was reviewed and consent obtained for each treatment episode. Patients were fully informed and any associated risks were discussed.**

We reviewed five patient care records and found all contained comprehensive information, including patient's GP and emergency contact details. Before any treatment was carried out, patients received an initial consultation which included past medical history, regular medication and any previous treatments carried out. Patients were given the opportunity to discuss their concerns and treatment options. Risks and benefits were explained before treatment to make sure they had realistic expectations of the outcomes. For aesthetic procedures, treatment plans included facial mapping with a description of the treatment and diagram of the areas treated, including batch numbers and expiry dates of the medicine used.

Patients were asked to consent to each treatment episode, sharing of information with their GP, if required, and to having their photograph taken. We saw consent forms had been signed by both the practitioner and the patient.

Patients were given both verbal and written aftercare advice and a patient satisfaction questionnaire after their treatment. Patients were also provided with out-of-hours contact details of the service.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). The service maintained the confidentiality of patients' information by storing paper records in a locked filing cabinet. Access to any electronic records were stored securely on electronic devices that were password protected.

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

- 'All staff are so helpful and knowledgeable.'
- '... staff are very well trained and make you feel at ease.'
- '... they know what they're doing and have the right knowledge and skills.'

We saw the service carried out regular audits of patient care records. This included checking that all required information was documented such as consent, past medical history and treatment discussion along with medication batch number and expiry date. Laser audits were carried out every week and focused on ensuring that information about laser treatments was being fully and accurately documented such as treatment area, medical information and skin reaction.

- 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**

**A recruitment policy ensured the safe and effective recruitment of staff, including staff granted practicing privileges. Staff told us there was good training opportunities and they felt well supported.**

We reviewed five staff files, including three files for staff granted practicing privileges (staff not employed directly by the provider but given permission to work in the service) and found all were well organised. We found that staff had signed contracts of employment.

Recruitment checks included:

- checking the Protecting Vulnerable Groups (PVG) status of the applicant
- checking the staff member's professional registration, where appropriate
- two references, and
- qualifications.

The service carried out its own PVG checks and we saw a system in place to record staff's PVG information. Staff files had a checklist to help make sure that appropriate recruitment checks were carried out. Annual professional registration checks were carried out for all clinical staff.

New staff had an induction period and shadowed a more experienced staff member to gain practical experience before commencing their role. All staff had weekly one-to-one meetings and annual appraisals to identify and set personal development objectives.

Good processes were in place to support staff with training and education. Certificates of qualifications were in place for all staff members. All staff could access an internal staff intranet. This allowed staff to keep up to date with changes in the service, and available training and opportunities for them to progress. A training record was held for each staff member and included mandatory training on topics such as:

- infection prevention and control
- fire safety
- safeguarding
- basic life support
- laser safety, and
- general data protection regulations.

For staff providing laser treatments, we saw evidence of laser equipment training and 'core of knowledge' laser safety training.

Staff we spoke with were clear about their roles and told us they enjoyed working in the service. They told us they felt listened to and were encouraged to give feedback about how the service could continue to improve.

- 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 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.

We found well-defined systems and processes ensured the focus was on continuously improving the service. This included a significant rolling programme of audits, reviewing policies and procedures, staff surveys, and reviewing patient feedback and complaints. We were told the provider was in the process of developing an online audit system to streamline audits and further improve efficiency.

The compliance officer visited the clinic every month to complete a full inspection of the service and review the service's performance, such as patient satisfaction, complaints, health and safety, and staff training. Following these visits, a quality improvement plan with related action plans and timescales was shared with the clinic manager and senior operational managers. Key areas of focus included improving clinical excellence, service improvement, reducing complaints and improving staff retention.

We were told the chief executive held a national meeting with clinic and senior managers every month. This gave managers an opportunity to provide information on feedback or any concerns raised at staff meetings. A staff newsletter helped to keep staff engaged and included up-to-date information about the direction of the organisation.

The regional manager visited the service regularly in order to engage with staff and support the clinic manager. We saw evidence of both weekly and monthly staff meetings with regular agenda items on staffing, training and audits. Staff told us the meetings provided an opportunity to express their views, provide suggestions for improvement and any training and development opportunities they had identified. Minutes of these meetings with action plans were shared with staff to ensure issues discussed and decisions made were communicated.

The provider regularly sought feedback from staff. We saw a recent staff survey was carried out about shift patterns, with results fed back to staff and a planned trial of new working hours based on their feedback. We were told this will be reviewed in the coming months with a further staff survey.

The provider recognised and rewarded staff for their achievements. Staff were nominated for employee of the week and good news stories were highlighted in staff meetings. Staff incentives included staff lunches every week, treats for staff and free treatment nights.

- 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.
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## 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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Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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