



Healthcare  
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Inspections  
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To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Tay Medispa, Perth

**Service Provider:** Tay Medispa Limited

23 January 2024

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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 27 August 2019

#### Requirement

*The provider must ensure that it follows guidelines on safer recruitment, and that its recruitment policy reflects these guidelines. This must include carrying out Protecting Vulnerable Groups checks.*

#### Action taken

The provider had registered with Disclosure Scotland to get appropriate disclosure checks carried out for people working in the service. Its recruitment policy had also been reviewed and now included the process for carrying out disclosure checks. **This requirement is met.**

### What the service had done to meet the recommendations we made at our last inspection on 27 August 2019

#### Recommendation

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

#### Action taken

A participation policy had been developed that set out how the service would engage with its patients and use their feedback to improve the service.

#### Recommendation

*The service should further develop its programme of audits to cover key aspects of care, treatment and record keeping including all types of patient care records. Audits should be documented and improvement action plans implemented.*

#### Action taken

More audits were carried out, including patient care records audits. We saw that the service planned to further develop these to include a medicines ledger to track medicine batch numbers and expiry dates in one place, as well as in individual patient care records.

### **Recommendation**

*The service should put appropriate measures in place to identify, record, communicate and manage risk in the service.*

### **Action taken**

The management team carried out visual audits of the environment to check the building and care environment and identify any potential risks every 3 months. These were recorded and communicated with staff through staff meetings.

### **Recommendation**

*The service should review all patient care record templates to ensure there is enough space to record all information consistently for each patient.*

### **Action taken**

The service had moved to an electronic system for storing patient care records. While some paper records were still used, where documents required a signature for the patient and practitioner, all other information was captured on the new database.

### **Recommendation**

*The service should ensure that a formal system is in place to make sure that staff are subject to ongoing professional registration checks.*

### **Action taken**

A system was now in place for checking the registration status of each healthcare professional yearly.

### **Recommendation**

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

### **Action taken**

A quality improvement plan was in place and we saw several examples of quality improvement projects that had been carried out.

## **2 A summary of our inspection**

### **Background**

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

### **Our focus**

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

### **About our inspection**

We carried out an announced inspection to Tay Medispa on Tuesday 23 January 2024. We spoke with a number of staff, patients and carers during the inspection. We received feedback from 18 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Perth, Tay Medispa is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspector.

## What we found and inspection grades awarded

For Tay Medispa, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
<b>Summary findings</b>	<b>Grade awarded</b>
<p>The provider had identified an aim and purpose and key performance indicators to help identify and measure the quality of the service it provided. Staff told us leaders were visible, approachable and inclusive. A strategic plan should be developed and key performance indicators should be regularly reviewed.</p>	✓✓ Good
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Information about the treatments offered was available on the service's website and social media pages. Patient feedback was used to make improvements to the service. Policies and procedures were in place to direct the safe delivery of patient care. Risk assessments had been carried out and a system was in place to manage ongoing risks. A quality improvement plan directed how improvements were identified and achieved.</p> <p>The recruitment policy should detail the recruitment process, including the types of checks that will be carried out. A system of periodically re-checking staff disclosure status should be implemented. A regular programme of audits should be introduced.</p>	✓✓ Good
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>The service engaged well with the inspection process, submitted its annual returns when asked and completed a comprehensive self-evaluation. The care environment and patient equipment were clean and well maintained. Our online survey results showed that patients were very happy about their experience of using the service and staff spoke positively about what it was like to work there.</p> <p>Patients' GP and next of kin details should be recorded in patient care records. Staff recruitment information should be held securely in one place.</p>	✓✓ Good

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 Assurance Framework can also be found on our website at:

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## What action we expect Tay Medispa Limited to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two requirements and seven recommendations.

Direction	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>a</b>	The service should develop a strategic policy that formalises the provider’s vision and purpose, strategic priorities and key performance indicators (see page 13).  Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.17
<b>b</b>	The service should review and re-set key performance indicators each year to demonstrate continuous improvement (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

## Implementation and delivery

### Requirements

- 1** The provider must arrange 'Core of Knowledge' training for all authorised users of the intense pulsed light equipment. This training must be repeated at appropriate intervals (see page 21).

Timescale – by 18 April 2024

*Regulation 12(c)(ii)*

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

- 2** The provider must arrange for an Electrical Installation Condition Report (EICR) to be carried out by a competent person or company to determine whether the electrical installation is in satisfactory condition (see page 21).

Timescale – by 18 April 2024

*Regulation 3(a)*

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

### Recommendations

- c** The service should amend its recruitment policy to make sure it sets out the recruitment process it will follow to ensure staff are safely recruited, including the types of checks that will be carried out as part of this process (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

- d** The service should implement a system to periodically update staff Disclosure Scotland checks to make sure staff remain safe to work in the service (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

- e** The service should implement a regular programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 22).

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

Results	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>f</b>	<p>The service should ensure that patients' next of kin or emergency contact details and GP details are documented appropriately in patient care records. The patient's consent to share relevant information with their GP and other healthcare professionals in an emergency should be sought. If the patient refuses to provide this information, this should be documented (see page 26).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>
<b>g</b>	<p>The service should ensure that all information relating to a staff members recruitment is held together securely in a staff file (see page 26).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

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)

Tay Medispa 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 Tay Medispa for their assistance during the inspection.

### 3 What we found during our inspection

#### Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

#### Our findings

**The provider had identified an aim and purpose and key performance indicators to help identify and measure the quality of the service it provided. Staff told us leaders were visible, approachable and inclusive. A strategic plan should be developed and key performance indicators should be regularly reviewed.**

#### *Clear vision and purpose*

The provider told us in its self-evaluation that its vision and purpose for the service was to 'provide the very best treatments available in the beauty and aesthetics industry.' It aimed to do this 'in a clinical setting with the highest standards of safety and quality, striving to use the safest products and devices on the market and work to best practice and best evidence.' This information was recorded in the staff handbook, along with a description of how the service had developed since it opened in 2017.

Key performance indicators were used to help identify and measure the effectiveness of the quality of the service delivered to patients. This included collecting and evaluating data from:

- customer satisfaction
- client retention
- employee satisfaction
- financial performance, and
- recommendations and referrals.

#### **What needs to improve**

The service did not have evidence of a strategy or strategic policy in place that clearly set out the provider's vision and purpose, strategic aims and KPIs (recommendation a).

We saw no evidence that KPIs were reviewed and re-set for the following year, to help demonstrate that the KPIs were leading to continuous improvement in the service (recommendation b).

- No requirements.

#### **Recommendation a**

- The service should develop a strategic policy that formalises the provider's vision and purpose, strategic priorities and key performance indicators.

#### **Recommendation b**

- The service should review and re-set key performance indicators each year to demonstrate continuous improvement.

#### ***Leadership and culture***

The service was staffed by a number healthcare professionals and beauty therapists. Some were employed by the provider and some operated from the service under a practicing privileges contract (staff not employed by the provider but given permission to work in the service). The leadership team was made up the lead clinician (a doctor registered with the General Medical Council (GMC), the registered manager and the clinic manager.

We saw that the provider was committed to making sure that staff were suitably skilled and experienced for their role and had regular opportunities for training and development. Staff told us they received regular training to keep them up-to-date with developments in the business. They also told us that senior leaders were visible, approachable and encouraged them to share their ideas for improvement.

Clear reporting structures helped make sure information was shared appropriately. Management team meetings were held and these included set agenda items, such as:

- audit results
- complaints and feedback
- events and incidents
- risk management, and
- staffing issues.

These set agenda items were always discussed, along with any other management business about the service's operation. Further meetings took place regularly between different staff groups. For example, the front-of-house team met weekly to discuss things like stock ordering and changes to the diary. Separate monthly staff meetings discussing individual cases and any training or policy updates were also held for the:

- aesthetics team
- beauty therapist team, and
- clinicians.

Minutes were recorded and the management team shared key action points from meetings and other updates with the rest of the team on the service's intranet.

- No requirements.
- No recommendations.

## Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

### Our findings

Information about the treatments offered was available on the service's website and social media pages. Patient feedback was used to make improvements to the service. Policies and procedures were in place to direct the safe delivery of patient care. Risk assessments had been carried out and a system was in place to manage ongoing risks. A quality improvement plan directed how improvements were identified and achieved.

The recruitment policy should detail the recruitment process, including the types of checks that will be carried out. A system of periodically re-checking staff disclosure status should be implemented. A regular programme of audits should be introduced.

#### *Co-design, co-production (patients, staff and stakeholder engagement)*

Key information about the service was available on its website. This included information about:

- how to make a complaint
- how to provide feedback, and
- treatments and costs.

The service's participation policy set out how it would collect feedback from patients to help direct and inform service improvement. Patients could provide feedback in a variety of ways, such as:

- a suggestion box in reception
- emails
- in-person
- over the telephone, and
- the service's website or social media pages.

An email with a link to an online survey was sent to every patient following their treatment. With this email, the service aimed to collect information about the

quality of the patient's care and treatment, as well as to encourage the patient to download the service's mobile app, which allowed feedback to be provided. Patients were asked to rate their experience of the service using a five-star system, where one star was poor and five stars was excellent.

The management team analysed feedback daily, which discussed any reviews of three stars or less to decide whether a process or system change was needed. If a positive change was made as a result of feedback, the patient that left the feedback was contacted to inform them. A recent example of a change in staff practice after receiving feedback included a therapist tying their hair back. Patient feedback results were routinely discussed at staff meetings and we saw that actions taken to address any negative reviews or trends were recorded. Recent reviews of patient feedback showed high satisfaction levels.

Patients that had agreed to receive marketing emails were sent service newsletters each week. These included discounts and offers and any changes or updates to treatments offered.

We were told that staff surveys were sometimes carried out to make sure the workforce was engaged in any planned service changes. For example, we were told that results from a recent staff survey included a plan to introduce changes to the staff roster. Staff benefits included employee discounts and gifts on special birthdays.

We were told that informal staff feedback was encouraged daily and a staff survey was carried out each year. We looked at the most recent surveys which showed very positive results.

We were told that the service had a very low staff turnover rate, with many key staff still working there since it opened in 2017. It used 'soft indicators' of employee satisfaction to measure staff retention and productivity. From these, it had noted that whenever a staff member had left it had been due to a change in their family circumstances or geographical location.

Since our last inspection in 2019, the service had introduced a 'you said, we did' system for demonstrating its response to staff feedback and suggestions. We looked at recent examples of changes made to improve employee satisfaction as a result of staff feedback. These included:

- fitting a new staff kitchen and coffee machine
- flexible hours for staff with other commitments (childcare, other forms of employment, personal hobbies), and
- staff social nights.

The service planned to introduce an additional anonymous staff survey in the near future to identify any further areas for improvement.

- No requirements.
- No recommendations.

### ***Quality improvement***

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service had a range of policies and procedures that set out how care and treatment would be delivered. Policies generally followed a consistent format and had a clear review process. Policies were reviewed regularly to make sure they were in line with current legislation, national guidance and best practice. Updates to policies were discussed at staff meetings and updates shared through the staff intranet. Some of the key policies we saw included those for:

- health and safety
- infection prevention and control
- medicines management, and
- safeguarding (public protection).

Some policies were in an older format than others and the management team was updating them in batches to make sure they all followed the same format and review process.

Appropriate arrangements were in place to maintain patient privacy and dignity. All consultations were appointment-only and carried out in private consulting rooms to maintain patient confidentiality. Access to these rooms was controlled through reception.

A system was in place for managing complaints and an electronic log was maintained. We saw that complaints were a standing item on the agenda at monthly staff meetings, where the number and nature of the complaints and any lessons learned were discussed. The service's complaints policy included the contact details for Healthcare Improvement Scotland and the process for making a complaint had been published on the service's website. A duty of candour policy set out how the service would fulfil its professional responsibility to be honest with people when something goes wrong. Staff had received duty of candour training and reports were produced each year as required.

An accident book was available and we saw a system in place for reporting and responding to accidents and incidents. We saw that maintenance contracts were in place for:

- fire safety equipment and detection systems
- laser equipment, and
- portable appliance testing (for electrical appliances and equipment to ensure they are safe to use).

The provider was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure patient's confidential information was safely stored. The service used a combination of paper-based and electronic patient care records. Paper files were stored in a locked filing cabinet and electronic devices were password-protected.

Infection prevention and control procedures were in place to reduce the risk of infection to patients. Cleaning schedules demonstrated compliance with standard infection control precautions, including the clinical area and sanitary fixtures and fittings. Only single-use personal protective equipment (such as aprons and gloves) was used. Staff had received training in hand hygiene.

Medicines were obtained from appropriately registered suppliers and the service was registered to receive alerts from Medicines and Healthcare products Regulatory Agency (MHRA). Temperature-sensitive medicines were stored in locked medical refrigerators and the temperature of refrigerators was monitored and recorded every day to make sure medicines were safe to use. A stock control system allowed the service to monitor medicines supplies. The lead clinician was responsible for controlling access to medicines. The service had a first aid kit and a stock of emergency and prescription-only medicines to quickly respond to any medical emergencies or complications from treatment.

All patients received pre-treatment questionnaires to complete before their initial consultation. This included information about patients':

- allergies
- past medical history
- previous treatments, and
- regular medications.

For patients seeing a healthcare practitioner, this information was then discussed during a face-to-face consultation to assess their suitability for

treatment. Before treatment patients signed a consent form to confirm that the risks, benefits and likely outcome of the desired treatment were fully explained. Patients' consent was also obtained to share information with their GP or other healthcare professional where necessary and for taking pre- and post-treatment photographs. Pre- and post-treatment advice leaflets were given to each patient.

The service had an appropriately registered external laser protection advisor (LPA) to make sure treatments carried out using the intense pulsed light (IPL) equipment were done safely. Local rules were in place and staff authorised to operate the IPL equipment had completed their laser safety core of knowledge training. Access to the treatment room where IPL treatments were carried out was controlled by appropriate signage to alert staff when the equipment was in-use and prevent unauthorised entry.

Policies were in place to direct how staff were recruited and inducted. Checks were carried out on applicants':

- Disclosure status
- identity and right to work in the UK
- immunisation status
- qualifications, and
- skills.

Staff directly employed by the service provider and clinical staff who worked under a practicing privileges agreement were recruited according to the skills, experience and qualifications required for the role. For example, the service provider only employed GMC-registered doctors or NMC-registered nurse independent prescribers. A professional registration check was also completed for clinical staff, as well as evidence of professional indemnity insurance. The service had a practicing privileges policy in place.

A standard form was used to record the information obtained when appointing clinicians under practicing privileges. The clinician and the service then signed a contract that was reviewed each year and renewed every 2 years. Therapists were required to complete skills-tests before offer of employment, to make sure the service delivered a consistent standard of treatment to its patients.

The service carried out further checks each year to make sure healthcare professionals remained safe to work in the service. This included checking they remained registered with their professional registration body and had renewed their professional indemnity.

An induction checklist was used to make sure staff received all the appropriate information to allow them to do their job well. We looked at examples for the two most recently employed staff. This induction checklist was part of a staff handbook that every staff member received.

Staff appraisals were carried out each year for employed staff, where a personal development plan was discussed. Where a training need was identified, training was either provided in-house or by an external recognised training provider, where there was benefit to the service and patients. Clinical staff undertook external appraisal and revalidation and were required to provide details of this to the service.

Clinical staff completed basic life support training each year. This was provided in-house for staff solely working in the service. Staff that also worked elsewhere (for example, the NHS) were required to provide a training certificate to demonstrate they had completed the training. We looked at training certificates and continuing professional development records for several staff members, of different job roles. The management team was planning to create a 'training matrix' in January of each year going forward, to map out the training needs for each individual staff member.

### **What needs to improve**

We saw no evidence to demonstrate that the five authorised users of the intense pulsed light (IPL) equipment had received formal 'core of knowledge' training (requirement 1).

We saw no evidence that the electrical installation had been maintained in safe condition (requirement 2).

Appropriate recruitment checks had been carried out for the five staff files we reviewed. However, the service's recruitment policy did not set out what recruitment checks would be carried out as part of the recruitment process (recommendation c).

While appropriate Disclosure Scotland checks were carried out at recruitment, the service did not have a system of periodically re-applying to Disclosure Scotland to carry out further checks (recommendation d).

### **Requirement 1 – Timescale: by 18 April 2024**

- The provider must arrange 'Core of Knowledge' training for all authorised users of the intense pulsed light equipment. This training must be repeated at appropriate intervals.

## **Requirement 2 – Timescale: by 18 April 2024**

- The provider must arrange for an Electrical Installation Condition Report (EICR) to be carried out by a competent person or company to determine whether the electrical installation is in satisfactory condition.

### **Recommendation c**

- The service should amend its recruitment policy to make sure it sets out the recruitment process it will follow to ensure staff are safely recruited, including the types of checks that will be carried out as part of this process.

### **Recommendation d**

- The service should implement a system to periodically update staff Disclosure Scotland checks to make sure staff remain safe to work in the service.

### ***Planning for quality***

Risk assessments had been carried out and recorded. The management team reviewed the risk assessments every 3 months when carrying out visual audits to assess risks and hazards in the building. Ongoing risks were discussed as a standing item at management team meetings. We also saw appropriate specialist external risk assessments for the use of IPL equipment and fire safety.

A business continuity plan set out the arrangements for managing patient care and service delivery in unexpected circumstances, such as power failure, flood or fire.

The service's quality improvement plan set out how it implemented improvements using a 'Plan, Do, Study, Act' (PDSA) approach. We looked at two examples of PDSA cycles that had been carried out:

- The service started using a different brand of dermal filler after some patients experienced adverse effects with an existing brand. A staff member had expressed positive feedback about the new brand before the change.
- The service had made an improvement to its resuscitation equipment after a clinician's suggestion. The clinician had read a research paper about a patient who suffered cardiac arrest and died during routine minor surgery.

### **What needs to improve**

A patient care records audit had been carried out in August 2022 and repeated in November 2022. However, the service did not have a formal, regular audit programme in place. It had been recognised in the provider's self-evaluation

that audit activity in the service was relatively small and that a more formalised approach was needed, while making sure that audit activity remained meaningful (recommendation e).

- No requirements.

#### **Recommendation e**

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

## Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

*How well has the service demonstrated that it provides safe, person-centred care?*

### Our findings

The service engaged well with the inspection process, submitted its annual returns when asked and completed a comprehensive self-evaluation. The care environment and patient equipment were clean and well maintained. Our online survey results showed that patients were very happy about their experience of using the service and staff spoke positively about what it was like to work there.

**Patients' GP and next of kin details should be recorded in patient care records. Staff recruitment information should be held securely in one place.**

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

The clinic reception area and treatment rooms were clean and equipment was fit for purpose and well maintained. We saw that the correct cleaning products were used in line with national guidance. For example, chlorine-based cleaning products were used for sanitary fixtures and fittings.

We saw a good supply of alcohol-based hand rub and appropriate personal protective equipment (such as disposable gloves) were available. Antibacterial hand wash and disposable hand towels were used to promote good hand hygiene.

We saw that medicines that required to be stored in a refrigerator were monitored and temperatures were recorded daily to make sure they remained safe to use. Medicine cupboards were tidy and not overstocked. Medicines were stored securely in lockable cupboards and in a locked refrigerator. Patient care records included the batch number and expiry date of medicines used

during clinical treatments. The five patient care records we reviewed all had a fully completed medical questionnaire included and patients had signed consent-to-treatment forms.

We spoke with two members of staff during the inspection who both spoke very positively about their experience of working in the service. They told us leadership was approachable, supportive and encouraging. Some comments included:

- 'I have a good working relationship with the management team. We tend to be passing ships because everyone is busy but I know they're there if I need anything. They're always happy to help over email or phone too if I need anything.'
- 'I'm asked for my input at staff meetings about any changes I'd like to see, for example with treatments. They're always open to suggestions.'
- 'Everyone is easy to speak to and leadership is good. I feel comfortable. I have regular check-ins and they always ask me if I have anything to raise. I feel like they care, it feels like a family really. I'm regularly asked for input.'

Our online survey results confirmed that patients did not feel pressured into making a decision and were given time to reflect on treatment options. All respondents to our survey said they were involved in decisions about their care and treatment and provided with enough information before going ahead. Comments included:

- 'Very thorough pre appointment information and excellent care and advice during appt.'
- 'My therapist was very thorough to explain the treatment fully and what to expect after, and also further treatments that might benefit me in the future.'
- '[...] is very detailed in sharing information and the benefits and risks and I felt very involved and very sure of my decision.'
- '[...] explained all the various options to me and I decided which products I wanted to use.'

All those who responded to our survey also said they were satisfied with the facilities and equipment in the environment they were treated in and had confidence that staff had the right knowledge and skills to administer their treatments. Comments included:

- ‘The surgery is spotless, and I feel very confident that the equipment used is also well maintained and fit for purpose.’
- ‘The spa is immaculate the surroundings comfortable.’
- ‘I asked a lot of questions and everything was answered.’
- ‘All staff are so welcoming professional, I’d never go anywhere else.’

### **What needs to improve**

While patient care records were generally of a good standard, they did not document patients’ GP details or the details of an emergency contact or next of kin. Patients’ consent to share relevant information with their GP had also not been sought. The lead clinician told us they planned to add this information to the standard template forms used (recommendation f).

The five recruitment files we reviewed included:

- a record of the staff member’s professional registration, where relevant
- a record of professional indemnity, where appropriate
- appropriate disclosure checks
- immunisation status, and
- training and appraisal records.

However, we found two records with no interview notes or references and none of the files contained a letter of job offer, confirmation of acceptance or employment contract. We were told that some of this missing information was held elsewhere or had been arranged through email. A recruitment checklist and a more formalised system of keeping staff files together in one place would help make sure recruitment information is held securely and available for inspection (recommendation g).

- No requirements.

### **Recommendation f**

- The service should ensure that patients' next of kin or emergency contact details and GP details are documented appropriately in patient care records. The patient's consent to share relevant information with their GP and other healthcare professionals in an emergency should be sought. If the patient refuses to provide this information, this should be documented.

### **Recommendation g**

- The service should ensure that all information relating to a staff members recruitment is held together securely in a staff file.

## Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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.



More information about our approach can be found on our website:  
[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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.ihtregulation@nhs.scot](mailto:his.ihtregulation@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](mailto: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](http://www.healthcareimprovementscotland.org)