



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Merchant City Medical Group, Glasgow

Service Provider: MCMGHC Ltd

17 September 2024

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1 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 Merchant City Medical Group on Tuesday 17 September 2024. We spoke with a number of staff during the inspection. We received feedback from three patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Glasgow, Merchant City Medical Group is an independent clinic providing non-surgical and minor surgical treatments, and hair transplants.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Merchant City Medical Group, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
Aims and objectives had been identified for the service. Although staff spoke positively about working for the service, formal staff meetings would help staff to contribute to the ongoing development of the service. Measurable key performance indicators would help to demonstrate ongoing improvement.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patient feedback was encouraged at each appointment. Policies and procedures set out the way the service would deliver safe care. The service's website should be updated. Staff induction and training programmes should be introduced. Although the service had a risk register, the range and detail within risk assessments should be reviewed. A documented programme of audits, and a quality improvement plan, would help to demonstrate ongoing review of quality and improvement of the service.	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and in a good state of repair. Infection control procedures were being followed. A face-to-face consultation with the patient and ongoing assessment must be completed and documented in the patient care records. Consent for taking treatment photographs should also be documented.	✓ Satisfactory

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: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect MCMGHC Ltd 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 11 recommendations.

Direction	
Requirements	
None	
Recommendations	
a	The service should develop key performance indicators to help achieve its aims and objectives, and a process for monitoring and measuring these (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should introduce regular formal staff meetings. A record of discussions and decisions reached at these meetings should be kept, including the staff responsible for taking forward any actions (see page 11). 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

Requirement

- 1** The provider must have easy access to all recruitment checks to ensure that appropriate staff are safely employed (see page 16).

Timescale – immediate

Regulation 8(1)

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

Recommendations

- c** The service should ensure that information on the website is accurate and up to date and staff job titles reflect their role in the service (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

- d** The service should develop a process of keeping patients informed of the impact their feedback has on the service (see page 13).

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

- e** The service should introduce formal and documented induction and training programmes for staff (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

- f** The service should further develop the range of risk assessments to include more clinically relevant risks, and an appropriate risk scoring system (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- g** The service should develop a programme of audits to cover key aspects of treatment and care. These should be documented and include improvement action plans (see page 17).

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 (continued)

Recommendations

- h** The service should develop and implement a quality improvement plan to formalise and direct the way it measures improvement (see page 18).

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

- i** The service should develop a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 18).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

Results

Requirement

- 2** The provider must ensure that a face-to-face consultation and ongoing assessment is completed and documented in the patient care records (see page 20).

Timescale – immediate

Regulation 4(2)(b)

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

Recommendations

- j** The service should complete and submit a self-evaluation when requested by Healthcare Improvement Scotland (see page 21).

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

- k** The service should obtain and document consent to take and store patient photographs (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

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

We would like to thank all staff at Merchant City Medical Group for their assistance during the inspection.

2 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

Aims and objectives had been identified for the service. Although staff spoke positively about working for the service, formal staff meetings would help staff to contribute to the ongoing development of the service. Measurable key performance indicators would help to demonstrate ongoing improvement.

Clear vision and purpose

On the day of the inspection, we were told the service currently only offered hair transplant treatment and, although registered to do so, was not offering any other types of aesthetic treatments. Its aims and objectives were to offer a regulated local hair transplant service, and to make sure that patients were fully informed about the process and given sufficient time before committing to treatment. We were told that one of the service's objectives was to treat 20 patients each month within the first 3 years. We noted that the service was currently treating 30 patients a month.

We were told the provider aims to expand the service in Scotland, move to a new premises and increase the types of surgical treatments offered.

What needs to improve

Although we were told about the service's aims and objectives, there was no documented evidence of these being measured and reviewed as key performance indicators (recommendation a).

- No requirements.

Recommendation a

- The service should develop key performance indicators to help achieve its aims and objectives, and a process for monitoring and measuring these.

Leadership and culture

The service currently employed reception and sales staff, doctors and health technicians. We were told that a new service manager had been recruited and was due to start working for the service in October 2024. The owner was currently acting as manager at the time of our inspection.

We were told staff met informally every morning before the clinic opened to discuss the daily workload and appointments.

Staff we spoke with told us they felt the owner was visible and approachable, and had an open-door policy at all times.

What needs to improve

No formal staff meetings took place. We saw that the owner was developing a formal staff meeting template that included a core agenda. Regular formal meetings would help staff to contribute to how the service continually improved and developed. Core agenda items and formal minutes would help to ensure that key areas such as quality improvement and patient feedback were effectively monitored and discussed. Minutes should reflect the discussions and decisions reached, and the staff responsible for taking forward any actions should be recorded (recommendation b).

The provider also had similar services in London, Belfast and Dublin. It was not clear if information was shared between the other services to allow any lessons to be learned, to provide additional support for staff and to ensure continuous improvement of the service. We will follow this up at the next inspection.

- No requirements.

Recommendation b

- The service should introduce regular formal staff meetings. A record of discussions and decisions reached at these meetings should be kept, including the staff responsible for taking forward any actions.

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

Patient feedback was encouraged at each appointment. Policies and procedures set out the way the service would deliver safe care.

The service's website should be updated. Staff induction and training programmes should be introduced. Although the service had a risk register, the range and detail within risk assessments should be reviewed. A documented programme of audits, and a quality improvement plan, would help to demonstrate ongoing review of quality and improvement of the service.

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

The service's patient participation policy highlighted the processes of obtaining and reviewing feedback from patients.

Patients could access information and make enquires about treatments from the service's website and social media pages. Enquiries received were followed up by reception staff and the sales team. The initial patient consultation was free, and patients were given the chance to reconsider the process before agreeing to hair transplant treatment.

Once a patient started a treatment programme, they visited the service every 3 months for ongoing review of the progress of their hair transplant. We were told that throughout this time patients were encouraged to give ongoing feedback on their experience. A QR code was displayed in the consulting room and at reception which patients could scan to leave feedback. Feedback received was reviewed by the owner and fed back to staff. Feedback that we saw was positive. Patients were also invited to contribute to the ongoing development of the service. For example, we were told that patients were asked to complete a questionnaire when the provider was considering buying a new larger property and this influenced their decision on a suitable site.

Patients were given a detailed information leaflet before starting treatment as well as an aftercare information leaflet describing the process of caring for their transplant site. This included information on what to do if they experienced any

complications following treatment. Each leaflet included a contact email address and telephone number for patients if they needed to contact the service.

Patients who completed our online survey told us:

- ‘I was well informed and encouraged to ask questions.’
- ‘... was encouraged to read over [information] and contact the clinic with any questions.’
- ‘I never felt any pressure to book.’

We were told that the provider was considering having a staff car scheme, allowing staff to have access to company cars.

What needs to improve

The service’s website referred to surgical treatments that the Glasgow service was not currently registered to offer, for example abdominoplasty (tummy tuck) procedures. We were told that these treatments were not available at the Glasgow service. The website also referred to the owner as a ‘consultant’. However, they are not a registered healthcare professional and this job title could be misleading in a healthcare setting, where ‘consultant’ often refers to a doctor (recommendation c).

No formal processes were in place for reviewing patient feedback, or for informing patients of the outcomes of their feedback and how this had been used to help improve the service and the patient experience (recommendation d).

- No requirements.

Recommendation c

- The service should ensure that information on the website is accurate and up to date and staff job titles reflect their role in the service.

Recommendation d

- The service should develop a process of keeping patients informed of the impact their feedback has on the service.

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 owner was aware of the process of notifying Healthcare Improvement Scotland of certain events occurring in the service in line with our notifications guidance.

The service had policies and procedures in place to support the delivery of person-centred care. These included policies for:

- responding to emergency situations
- medicine management
- infection prevention and control, and
- safeguarding (public protection).

The infection prevention and control policy referred to Health Protection Scotland's national infection prevention and control manual, and included relevant information on hand hygiene and sharps management. The policy included a body fluid spillage checklist and audit tool.

One item of equipment used in the hair transplant process was not single use and needed to be decontaminated (cleaned) in an autoclave (a machine that sterilises medical equipment following use). The equipment was placed in a sealed bag and then into the autoclave for sterilising. The bag then had an expiry date attached to highlight the timescale that the item of equipment could be safely used by. We saw documents showing the autoclave had been recently serviced.

All medications used in the service were ordered by the owner and were supplied from appropriately registered suppliers. All medicines were stored securely in a locked cupboard which only the owner and doctors had access to. Due to the types of medicines used, a medicine fridge was not required in the service. All medications and single-use equipment reviewed during the inspection were in date. Emergency medicines were also stored appropriately and were in date.

We saw a process for reporting any incidents and accidents that may occur in the service was in place. We noted there had been no incidents or accidents since the service was registered with Healthcare Improvement Scotland in July 2022.

The service had an up-to-date complaints process which included a timeline for dealing with a complaint. Information on how to contact Healthcare Improvement Scotland and up-to-date contact details for Healthcare Improvement Scotland were also included in the policy. Information on how to make a complaint was available to patients on the service's website. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered.

There was an up-to-date duty of candour policy. This is where healthcare organisations have a responsibility to be open and honest with a patient if something goes wrong. We noted there had been no duty of candour incidents in the last year. A yearly duty of candour report was available on the service's website.

Patient care records were stored on a password-protected electronic system. The service was registered with the Information Commissioner's office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

Each patient care record included appropriate patient contact details, a completed medical history questionnaire and evidence of patient consultation, including a treatment plan. Consent was obtained for treatment and for sharing information with other healthcare professionals.

The service's recruitment policy described how staff were recruited. The recruitment process was completed by an external human resources (HR) company. We saw that clinical staff had evidence of job applications, identification checks, Disclosure Scotland Protecting Vulnerable Groups (PVG) background checks and up-to-date insurance cover.

The provider was registered as a designated body with the General Medical Council (GMC). This ensured that all the doctors employed by the service had a responsible officer making sure that they were regularly appraised and kept up to date with their skills. This also ensured that the service would be notified should any issue arise about a doctor's practice.

In the last 12 months, the service had increased the number of staff employed. This included reception and sales staff, and health technicians who provided support to the doctors who we were told were registered on the Health and Care Professions register. We were told all new staff underwent a 3-month probationary period and were now due to receive their first appraisal.

The owner kept up to date with hair transplant treatments by being a part of online groups and forums, for example the International Society of Hair Restoration Surgery.

What needs to improve

Although we saw evidence of some aspects of the recruitment process, not all of the necessary documents were immediately available for the owner to access. This included staff references and occupational health information. All recruitment checks must be easily accessible to the owner of the service to ensure appropriate checks have been completed (requirement 1).

We were told that induction of new staff only included fire safety and training in the fire alarm panel. A formal induction programme should include familiarisation with the service's policies and procedures, and health and safety issues. We were told the service was currently planning to develop training for staff in duty of candour. A more developed programme of training should include infection prevention and control, safeguarding (public protection), handling complaints and medical emergency training (recommendation e).

Requirement 1 – Timescale: immediate

- The provider must have easy access to all recruitment checks to ensure that appropriate staff are safely employed.

Recommendation e

- The service should introduce formal and documented induction and training programmes for staff.

Planning for quality

The service's risk register included examples of risk assessments, such as slips and trips, and moving and handling. The risk register helped to record details of all risks in one place and their potential impact. It also detailed any actions required and by whom.

External companies serviced some of the equipment used in the service, for example the ventilation and the electrical equipment. We saw a fire safety report had been completed in August 2024 and a fire risk assessment was available.

What needs to improve

We found no evidence of clinical risk assessments, such as sharps injuries, infection prevention and control and medicine mismanagement. The risk register also did not include a risk scoring system to demonstrate whether each risk identified was considered a low, medium or high risk in the service. This

would help to ensure that risks were reviewed within appropriate timescales with suitable processes in place to help manage the risks identified (recommendation f).

We were told some audits were carried out, for example infection prevention and control. However, there was no documented evidence of this. While we found that all medicines and single-use equipment were in date, systems were not in place to regularly record the expiry dates of medicines and single-use equipment. A regular process of checking equipment, the environment, medication expiry dates and patient care records should be developed to review the safe delivery and quality of the service. A regular programme of audits should include:

- patient care records
- infection prevention and control audits, for example environmental walkrounds, and
- regular checks on expiry dates of medicines and single-use equipment (recommendation g).

A quality improvement plan had not been developed. This would help the service to structure and record its improvement processes and outcomes. It would also allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation h).

No business contingency arrangements were in place should the service need to close for any reason (recommendation i).

- No requirements.

Recommendation f

- The service should further develop the range of risk assessments to include more clinically relevant risks, and an appropriate risk scoring system.

Recommendation g

- The service should develop a programme of audits to cover key aspects of treatment and care. These should be documented and include improvement action plans.

Recommendation h

- The service should develop and implement a quality improvement plan to formalise and direct the way it measures improvement.

Recommendation i

- The service should develop a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

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 environment was clean and in a good state of repair. Infection control procedures were being followed.

A face-to-face consultation with the patient and ongoing assessment must be completed and documented in the patient care records. Consent for taking treatment photographs should also be documented.

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.

The environment was clean and in a good state of repair. A good supply of single-use equipment was available to prevent the risk of cross-infection. This included personal protective equipment, such as disposable gloves and aprons. 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 being used. We saw evidence of a completed daily cleaning checklist that included cleaning specific equipment in each consultation room. We were told that environmental walkrounds were regularly carried out by the owner.

We reviewed five patient care records and noted that each one contained the patient's name, date of birth and contact details. We also saw that patients were asked for their GP and next of kin contact details.

Before receiving treatment, patients completed an electronic health questionnaire which included information on current medication and allergies. A consent form was signed and dated by the patient and doctor, and included information on the risks and benefits of treatment.

Patient care records also detailed information including the patient's blood pressure and oxygen monitoring before treatment took place. The treatment plan and a handwritten checklist confirmed that the patient's past medical history, allergies and previous local anesthetic experience had been reviewed and they had been fully informed of the process before treatment began.

We saw that the treatment plans and checklist forms were signed by the doctor. Expiry dates and batch numbers of medication used were also documented, as well as the final treatment outcome.

Patients who completed our online survey told us:

- ‘Surgeon and staff professional, showed empathy and respected my views.’
- ‘The clinic was immaculate.’
- ‘Surgeon provided professional accurate advice on each stage of the process and recovery.’
- ‘From arriving at reception to leaving the clinic I was made to feel comfortable.’

What needs to improve

From the patient care records we reviewed, we found that the initial patient consultation with the doctor was often carried out by telephone using photographs provided by the patient, rather than a face-to-face appointment. Although we saw evidence that information from this telephone consultation was documented in the patient care records, we saw no evidence of any further face-to-face assessment or consultation before the patient started their treatment (requirement 2).

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. Although requested, the service did not submit a self-evaluation before the inspection (recommendation j).

Consent for taking photographs of the treatment site was not recorded in the patient care records we reviewed (recommendation k).

Rather than a handwritten pre-treatment checklist developed by each individual doctor, a printed checklist would ensure that a review of patients’ past medical history, allergies and previous anaesthetic experience was consistently documented every time. We discussed this with the owner and will follow this up at the next inspection.

Requirement 2 – Timescale: immediate

- The provider must ensure that a face-to-face consultation and ongoing assessment is completed and documented in the patient care records.

Recommendation j

- The service should complete and submit a self-evaluation when requested by Healthcare Improvement Scotland.

Recommendation k

- The service should obtain and document consent to take and store patient photographs.

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:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

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

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
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