



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Follow-up Inspection Report: Independent Healthcare

Service: Therapie Clinic (Glasgow), Glasgow

Service Provider: Therapie Medical (UK)Limited

15 May 2024

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Contents

1	A summary of our follow-up inspection	4
<hr/>		
2	Progress since our last inspection	8
<hr/>		
	Appendix 1 – About our inspections	17
<hr/>		

1 A summary of our follow-up inspection

Previous inspection

We previously inspected Therapie Clinic (Glasgow) on 1 November 2023. That inspection resulted in 10 requirements and 10 recommendations. As a result of that inspection, Therapie Medical (UK) Limited produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: [Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

About our follow-up inspection

We carried out an announced follow-up inspection to Therapie Clinic (Glasgow) on Wednesday 15 May 2024. The purpose of the inspection was to follow up on the progress the service has made in addressing the 10 requirements and 10 recommendations from the last inspection. This report should be read along with the November 2023 inspection report.

We spoke with the clinic manager, interim compliance officer and the regional manager and some staff during the inspection.

The inspection team was made up of one inspector.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

		Grade awarded
Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	✓ Satisfactory

The grading history for Therapie Clinic (Glasgow) can be found on our website.

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](#)

We found that the provider had complied with most of the requirements made at our previous inspection. It had also taken steps to act on the majority of the recommendations we made.

Of the 10 requirements made at the previous inspection on 1 November 2023, the provider has:

- met nine requirements, and
- not met one requirement.

What action we expect Therapie Medical (UK) 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 one recommendation which remains outstanding, and three new requirements.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should review and update its policies and procedure manual to ensure it includes the correct regulations governing independent healthcare services in Scotland, customise and align each policy to Scottish legislation and national guidance (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p> <p>This was previously identified as a recommendation in the November 2023 inspection report for Therapie Clinic (Glasgow).</p>

Results	
Requirements	
1	<p>The provider must ensure the service is provided with a copy of its clinical waste contract to demonstrate that all clinical and hazardous waste generated by the service is disposed of safely to comply with clinical waste legislation (see page 14).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Results (continued)

- 2** The provider must ensure that, once reconstituted, the botulinum toxin vial is only used for a single patient, during a single treatment session, and that any unused solution is discarded to comply with the manufacturer's guidance for botulinum toxin. The medicines management policy and toxin policy must also be update (see page 16).

Timescale – immediate

Regulation 3(d)(iv)

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

- 3** The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 16).

Timescale – immediate

Regulation 3(d)(iv)

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

Recommendations

None

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](#)

Therapie Medical (UK) 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 Therapie Clinic (Glasgow) for their assistance during the inspection.

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 1 November 2024

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

Leadership and culture

Requirement – Timescale: by 25 March 2024

The provider must ensure the registered manager is in full-time day-to-day charge of the service.

Action taken

The service had appointed a new registered manager to be in charge of the service full-time and day-to-day.

This requirement is met.

Recommendation

The service should ensure the interim cover arrangements for the compliance officer is kept under review to ensure that monthly compliance visits are taking place and reports of findings, and any improvements identified from these visits are documented and actioned.

Action taken

We were told the provider's compliance officer was assigned to carry out monthly compliance visits to the service 2 days every month. We were told that the compliance visit reports were shared with the regional manager and the service, for action. We saw a compliance visit report carried out in January 2024. The record included outcomes from the visit, such as improvement actions and completion dates of actions. Expected timescales for completion of outstanding improvements were also stated.

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

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

Recommendation

The service should develop clear and measurable action plans to monitor and evaluate the impact of any service changes from patient feedback.

Action taken

Action plans from patient feedback had been documented. Any service changes made from this feedback were documented and monitored in the service's quality improvement plan. Since our previous inspection, we were told the provider had employed a head of client experience. This new post was created to drive actions for service improvement from patient feedback and strengthen patient involvement in service changes. For example, we were told that the service was developing a patient focus group to share ideas for service improvements based on patient experiences. We will follow this up at future inspections.

Quality improvement

Requirement – Timescale: by 20 December 2023

The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance.

Action taken

The provider's central governance team and the compliance officer had oversight of any matters that needed to be formally notified to Healthcare Improvement Scotland in accordance with our notifications guidance.

This requirement is met.

Requirement – Timescale: by 25 March 2024

The provider must review and amend its out of hours policy to enable patients to contact a representative from the clinic if they experience any issues or concerns following treatment.

Action taken

The provider had implemented a dedicated telephone number for the service after reviewing its out-of-hours arrangements. This allowed patients to contact the service directly rather than calling or emailing a centralised team. Staff told us this helped them to quickly respond to patient enquiries or any issues or concerns following treatment. We were also told that patient appointments for aesthetic treatments were scheduled during the day instead of the evening. This allowed the service to respond to any complications or adverse reactions from treatment during clinic opening hours.

This requirement is met.

Recommendation

The service should review and update its policies and procedure manual to ensure it includes the correct regulations governing independent healthcare services in Scotland, customise and align each policy to Scottish legislation and national

Action taken

We saw limited progress made to review, update and customise the policies and procedure manual to fully address this recommendation (**see recommendation a on page 6**).

Recommendation

The service should ensure that information on how to make a complaint is displayed in the service and on its website.

Action taken

The complaints policy was displayed in the service and on its website.

Recommendation

The service should prepare and publish a duty of candour report every year, even if there have been no incidents requiring the need to implement the duty of candour procedure, a report is still required.

Action taken

The service had produced an annual duty of candour report, which was available in the clinic. The service's duty of candour had not required to be implemented in the past year.

Planning for quality

Requirement – Timescale: by 25 March 2024

The service must risk assess the availability of clinical hand wash basins within the service to comply with Health Protection Scotland's national infection prevention and control guidance and develop a risk-based refurbishment plan to ensure that hand washing facilities are available in every treatment room

Action taken

The service confirmed it was unable to increase the handwashing facilities in certain treatment rooms due to the age of the building and the absence of a water supply. However, additional measures had been implemented to reduce infection risks. For example, staff could access hand washing facilities in the adjacent treatments rooms to allow them to wash their hands. Additional hand sanitisers had also been installed outside each treatment room and staff had been given additional training to promote good hand hygiene.

This requirement is met.

Recommendation

The service should develop a risk register to ensure there is effective oversight and management of risk in the service.

Action taken

A risk register had been developed, which identified the risks in the service and the control measures in place to reduce each risk. We were told this was a live document, with further work planned to include a colour-coded risk matrix to categorise the severity of each risk.

Recommendation

The service should further develop its audits of patient care records to include the outcome of each audit and where non-compliance is identified an improvement action plan developed.

Action taken

The service had developed improvement action plans from its audits to demonstrate how it addressed areas of non-compliance. Results from a recent 2024 audit showed good compliance.

Recommendation

The service should develop a quality improvement plan.

Action taken

A quality improvement plan was in place, updated every month and discussed at staff meetings. The plan included outcomes from audits, such as those for infection control, housekeeping and patient care records. It also documented the results from patient feedback, including areas for improvement (such as themes from patient feedback and complaints).

We saw that action plans were developed to document how any identified improvements were addressed and completed. The service could further develop its improvement plan to measure the impact of any service changes and demonstrate a continuous cycle of improvement. We will follow this up at future inspections.

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

Requirement – Timescale: by 25 March 2024

The provider must ensure the patient environment and equipment is effectively decontaminated to reduce the risk of cross infection. In particular it must:

- (a) Monitor the effectiveness of the cleaning, in particular the floors and the hand wash basin in the clinical treatment room to make sure they are visibly clean, free from dust, debris and stains, and*
- (b) develop a refurbishment plan that sets out how it will do the following within a reasonable timeframe:*
 - (i) Replace the damaged treatment bed in the clinical treatment room.*
 - (ii) Replace the existing hand wash sink or install an additional sink, in the clinical waste store cupboard with a suitable alternative specifically designed for cleaning purposes.*

Action taken

During our inspection, we saw the standard of cleanliness had significantly improved in the clinic environment, including the clinical treatment room. For example, floors and hand wash basins were free from dust, debris and stains. Treatment rooms were also visibly clean.

The service had replaced the damaged treatment bed and the sink in the clinical waste store cupboard had been replaced with a dedicated cleaner's sink. More storage space had also been created so that cleaning products, supplies and equipment as well as clinical waste could be stored separately in a locked room.

This requirement is met.

Requirement – Timescale: by 20 December 2023

The provider must provide Healthcare Improvement Scotland with evidence to certify that all urgent remedial action highlighted in the electrical installation conditions report (EICR) has been completed.

Action taken

We saw evidence to confirm that an approved electrical contractor had carried out all the urgent remedial actions highlighted in the previous EICR in December 2023.

This requirement is met.

Requirement – Timescale: by 20 December 2023

The provider must provide Healthcare Improvement Scotland with evidence to certify that all the essential work detailed in the fire safety report has been completed.

Action taken

We saw evidence to confirm that an approved fire safety engineer had completed the essential work highlighted in the previous fire safety report in March 2024.

This requirement is met.

Requirement – Timescale: by 25 March 2024

The provider must have a clinical waste contract for the removal and disposal of all types of clinical and hazardous waste generated by the service.

Action taken

We were told the provider commissioned a facilities management company to manage the clinical waste contract for the service. However, the service had not yet received a copy of its clinical waste contract. This contract would allow it to demonstrate that all clinical and hazardous waste generated is disposed of safely to comply with clinical waste legislation.

This requirement is not met - a new requirement is made (see requirement 1 on page 6).

Requirement – Timescale: by 25 March 2024

The provider must demonstrate safe recruitment of staff including staff who work under practicing privileges to comply with policy and national guidance, including Protecting Vulnerable Groups (PVG) and Disclosure Scotland background checks before staff commence working in the service.

Action taken

The provider had commissioned a Disclosure Scotland-registered ‘umbrella body’ to carry out the appropriate PVG and Disclosure Scotland background checks for the service. New staff were not employed in the service until the appropriate Disclosure Scotland background check had been completed. We saw the provider’s HR department was coordinating this and that PVG updates had been requested for clinical staff working under practicing privileges. The next phase would include updates for existing staff directly employed by the provider. We will follow this up at future inspections.

This requirement is met.

Requirement– Timescale: by 25 March 2024

The provider must improve the standard of record keeping in patient care records to ensure they contain a record of the outcome of the consultation, assessment, and the aftercare advice given to patients by the healthcare professional. Records must be signed dated and timed by the healthcare professional.

Action taken

The service had increased the frequency of its audits of patient care records. Spot-checks were carried out to make sure that:

- clinical practitioners documented the outcomes from the consultation and assessment
- treatment plans were completed, and
- that aftercare instructions given to patients were documented.

We saw that any non-compliance identified from the audits and spot-checks was addressed weekly and recorded at individual meetings with staff. Audit results we reviewed confirmed that overall record-keeping had improved. We will follow this up at future inspections.

This requirement is met.

Recommendation

The service should ensure that botulinum toxin is used in line with manufacturer's guidance. Where a medicine is used off license, this should be discussed with patients and documented in their records. Manufacturer's guidance states that botulinum toxin is for single-use only and should be disposed of within 24 hours of reconstitution to assure the chemical stability of the medicine.

Action taken

We recently inspected another of the provider's Healthcare Improvement Scotland-registered services. During this inspection, we confirmed that it was common practice in all of the provider's registered clinics to use the same vial of reconstituted botulinum toxin to treat multiple patients (when a liquid solution is used to turn a dry substance into a fluid for injection) – a new requirement is made (see requirement 2 on page 7).

Additionally, bacteriostatic saline is an unlicensed product. The use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outside of its Summary of Product Characteristics and is therefore termed as unlicensed use – a new requirement is made (see requirement 3 on page 7).

Recommendation

The service should replace the epipens in the emergency medicine cupboard.

Action taken

We saw the service had replaced the pre-filled emergency adrenaline pens (epipen) in the emergency medicine cupboard.

Appendix 1 – About our inspections

Our quality of care approach and the quality assurance framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

[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.
We are happy to consider requests for other languages or formats.
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