



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Cloud Nine Clinic, Glasgow

Service Provider: Greenlark Limited

28 June 2023

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1 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 29 June 2021

Requirement

The provider must ensure that its procedures for the management of prescription-only medicines are in line with current prescribing standards, guidance and best practice. The medicines management policy and prescribing and ordering procedures for medicines should be updated to reflect this.

Action taken

The service's medicines management policy had been updated and an additional policy had been written for the delegation of prescription-only medicines treatments. The medicines management policy did not include reporting medicine errors to Healthcare Improvement Scotland. This is reported in Quality indicator 5.1 (see recommendation c).

Recommendation

The service should ensure compliance with Health Protection Scotland's National Infection Prevention and Control Manual for personal protective equipment.

Action taken

The service had updated its infection control policy to make reference to the *National Infection Prevention and Control Manual* and the service had appropriate stock of personal protective equipment.

Recommendation

The service should ensure a planned programme of refurbishment takes place and that an environmental risk assessment is completed to address any deficiencies.

Action taken

A new sink had been installed. However, it was not fully compliant. This is reported in Quality indicator 5.1 (see requirement 2).

Recommendation

The service should ensure it has dedicated cleaning equipment for use in its treatment room.

Action taken

The service did not use cleaning fluid suitable for sanitary appliances, such as the sink. This is reported in Quality indicator 5.1 (see recommendation d).

Recommendation

The service should ensure its infection prevention and control policy is updated to include reference to relevant Scottish guidance.

Action taken

The service's infection control policy had been updated to make reference to the *National Infection Prevention and Control Manual*.

What the provider had done to meet the requirements and recommendations we made at our last inspection on 8 October 2019

Requirement

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

Action taken

We saw that the nurse practitioner was registered with Disclosure Scotland and had undergone a Protection of Vulnerable Groups (PVG) check. However, the service had just recently employed a receptionist and was still in the process of completing a PVG check. This is reported in Quality indicator 7.1 (see requirement 3).

Recommendation

The service should further develop and implement its induction and ongoing training programme for staff.

Action taken

The service had very recently employed a new receptionist and we saw that an induction programme was in place.

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

The service had still not implemented a formal quality improvement plan. This is reported in Quality indicator 9.4 (see recommendation j).

2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Cloud Nine Clinic on Wednesday 28 June 2023. We spoke with the service owner and their assistant, who did not work in the service, during the inspection. We received no feedback from patients from an online survey we had asked the service to issue to its patients for us before the inspection. However, we were provided with contact details for three patients and telephoned them after the inspection.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

What we found and inspection grades awarded

For Cloud Nine Clinic, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patient information was provided as part of the consultation and consent process. Patients were encouraged to give feedback. The complaints policy was easily accessed. Feedback should be gathered and analysed to help improve the service.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The environment and equipment were clean and well maintained. A range of policies were in place to help the service deliver care safely to patients. Regular audits were carried out to help improve the quality of care provided. The waste contract must be updated.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	We were told the service kept up to date with current best practice through training and development. A formal quality improvement plan should be developed to demonstrate continuous improvements. Staff meetings should be documented.	✓ Satisfactory

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Patients were fully assessed and consented before any treatment took place. Consent should be recorded for sharing information with patients' GPs and other healthcare professionals in an emergency. Patient care records should include details of GPs and next of kin.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	The service employed one receptionist directly and one nurse practitioner under practicing privileges. The nurse practitioner was responsible for prescribing and all treatments. The service should follow its own practicing privileges policy to demonstrate all employment checks are being carried out.

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Greenlark Limited to take after our inspection

This inspection resulted in five requirements and 10 recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

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

Greenlark 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 Cloud Nine Clinic for their assistance during the inspection.

3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Patient information was provided as part of the consultation and consent process. Patients were encouraged to give feedback. The complaints policy was easily accessed. Feedback should be gathered and analysed to help improve the service.

Consultations were appointment-only and booked online or over the telephone. Treatments and consultations were carried out in a treatment room with a lockable door and a screened window to maintain patient privacy and dignity.

Patients were given leaflets for each treatment, which described the treatments and their risks. Full information about treatments was given to patients before they consented to go ahead with them. After treatment, patients were given aftercare information, as well as a 24-hour contact number to use for advice in the event of adverse reactions. We saw examples of the aftercare advice given to patients.

The service's participation policy set out how it would involve patients in their treatment and how feedback would be used to improve the service. Patients could give feedback to the service verbally, through social media or on feedback forms provided in the service.

Comments we received from patients included:

- 'Questions always answered to my satisfaction. I fully understood my treatment.'
- 'Nurse was very pleasant, and treatment was fine.'
- 'Very courteous and take their time. Trained and professional.'

A duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong) was in place. The service had not experienced any incidents that required it to follow the duty of candour process at the time of our inspection.

The complaints policy included patients' right to refer a complaint to Healthcare Improvement Scotland at any stage of the provider's complaints process and included our full contact details. The policy was available on request in the service, as well as on the service's website. We saw that complaints were managed appropriately, and the process was in line with the complaints policy. We saw that the service owner had investigated and reviewed complaints.

What needs to improve

The service had not published a duty of candour report in the last year (recommendation a).

While the service gathered patient feedback, we saw no evidence of how it was analysed (recommendation b).

- No requirements.

Recommendation a

- The service should make sure a duty of candour report is published every year for patients to review.

Recommendation b

- The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service.

Service delivery

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

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

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

Our findings

Quality indicator 5.1 - Safe delivery of care

The environment and equipment were clean and well maintained. A range of policies were in place to help the service deliver care safely to patients. Regular audits were carried out to help improve the quality of care provided. The waste contract must be updated.

The environment and clinical areas were clean and well maintained. All equipment was in a good state of repair. Single-use equipment was used for clinical procedures to prevent the risk of cross-infection. We saw a good supply of personal protective equipment available, such as face masks, disposable gloves and aprons. This was stored safely and located close to the point of care.

We saw that fire safety checks had been recently carried out. Equipment maintenance contracts were in place and regular servicing was carried out, such as portable appliance testing (to make sure electrical appliances and equipment are safe to use).

A safe system was in place for the procurement, prescribing and storage of medicines. The service had a nurse practitioner who was registered with the Nursing and Midwifery Council (NMC) and carried out all treatments. The practitioner was also a prescriber working under practicing privileges (staff not employed directly by the provider but given permission to work in the service). The prescriber was present during all consultations and treatments where prescriptions were needed, in line with current legislation. Medicines we looked at were in-date and stored securely in a locked refrigerator or a locked cupboard. Fridge temperatures were checked and recorded daily to make sure medicines were stored at the correct temperature. We saw that the manufacturer serviced the thermometer used to log fridge temperatures every year.

We saw that the service had a programme of regular audits; such as a medicines audit, infection control audit and fridge temperature audit.

Patients we spoke with were positive about the care environment. Comments included:

- ‘Very clinical and professional.’
- ‘Spotlessly clean.’

The service had a register book that included incidents, accidents and complaints. We noted no incidents had been reported. The service owner was aware that certain incidents were required to be reported to Healthcare Improvement Scotland.

What needs to improve

While we saw evidence that waste, including sharps, was being disposed of appropriately, the service did not have a current contract in place with the waste contractor (requirement 1).

The clinical hand wash basin was not compliant with current guidance. There was no risk assessment in place to ensure the hand wash basin would be kept adequately clean until it could be upgraded as part of future refurbishment (requirement 2).

While the medicines management policy was updated, it did not mention the need to notify Healthcare Improvement Scotland of any medicine errors (recommendation c).

The materials used for cleaning the treatment area were not in line with national standards (recommendation d).

Requirement 1 – Timeline: immediate

- The provider must update its clinical waste contract with its specialist waste contractor for the removal and disposal of all healthcare and hazardous waste produced by the service.

Requirement 2 – Timeline: by 22 November 2023

- The provider must develop a risk assessment of the use of a clinical hand wash basin for the treatment room and implement the appropriate controls until a compliant sink can be installed as part of future refurbishment plans.

Recommendation c

- The service should update its medicines management policy to make clear any medicine errors should be reported the Healthcare Improvement Scotland.

Recommendation d

- The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients were fully assessed and consented before any treatment took place. Consent should be recorded for sharing information with patients' GPs and other healthcare professionals in an emergency. Patient care records should include details of GPs and next of kin.

We reviewed five patient care records. These showed the initial assessments which formed part of the consent documentation the practitioner had completed, as well as details of the treatments given. The assessments included:

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

We saw that consent was obtained for treatment and image-sharing. The consent form included consent to be photographed.

Patient care records were in paper format and held in a locked filing cabinet. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure it handled confidential patient information safely and securely.

What needs to improve

The patient care records did not include patients' GP details or emergency contact details (recommendation e).

The consent process did not include consent for sharing information with other healthcare professionals (recommendation f).

We saw examples of the aftercare advice given to patients, such as through email. However, this was not documented in the patient care records (recommendation g).

The service did not carry out regular audits of patient care records. This would minimise errors and omissions, and would help to improve the documentation of patient care (recommendation h).

- No requirements.

Recommendation e

- The service should ensure GP and next of kin or emergency contact details are recorded in patient care records.

Recommendation f

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records.

Recommendation g

- The service should ensure that patient care records are fully completed, including the aftercare advice given to patients after treatment.

Recommendation h

- The service should review and improve the current patient care record auditing process to ensure it sufficiently identifies gaps in patient care records.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

The service employed one receptionist directly and one nurse practitioner under practicing privileges. The nurse practitioner was responsible for prescribing and all treatments. The service should follow its own practicing privileges policy to demonstrate all employment checks are being carried out.

The service had a practicing privileges policy in place. We saw a signed contract was in place for the nurse practitioner, evidence of Disclosure Scotland membership and yearly checks on professional registration. Pre-employment checks for the receptionist had been carried out, including proof of identity. We also saw documented evidence of the staff member's:

- application for the job
- interview, and
- job offer acceptance.

What needs to improve

The service had not carried out a Disclosure Scotland background check for the receptionist (requirement 3).

The service had not registered with Disclosure Scotland. This meant the service did not have any means of being notified of changes in staff members' status (requirement 4).

While the service had a practicing privileges policy in place, it did not always work in line with its own policy. For example, the service did not have records for the nurse practitioner of:

- professional indemnity
- references
- proof of identity, and
- training and appraisal.

The copy of the nurse practitioner's contract on file had also not been signed (requirement 5).

Requirement 3 – Timescale: immediate

- The provider must ensure that all staff employed or engaged to work in the service have an appropriate level of Disclosure Scotland background checks carried out at the point of recruitment.

Requirement 4 – Timescale: immediate

- The provider must ensure that a system is in place to regularly check the disclosure status of each member of staff employed or engaged to work in the service.

Requirement 5 – Timescale: by 22 November 2023

- The provider must ensure that all staff working in a registered healthcare service, including those with practicing privileges, have appropriate, and documented, background and safety checks in place, and contracts kept up to date.

- No recommendations.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Vision and strategic direction

We were told the service kept up to date with current best practice through training and development. A formal quality improvement plan should be developed to demonstrate continuous improvements. Staff meetings should be documented.

We were told that the nurse practitioner kept up to date with current practice as an aesthetics practitioner and with their role in the NHS. We were told the service team, including the service owner, the nurse practitioner and the receptionist met regularly to discuss the service and where improvements could be made.

We saw evidence of improvements made to the service. These included:

- hiring a receptionist
- implementing a procedure log that detailed each procedure carried out and included batch numbers and expiry dates for each treatment
- replacing an ornate mirror with a basic one (as the ornate mirror was difficult to keep clean), and
- replacing the flooring in the treatment room with a hard, washable floor covering.

Improvements were documented, along with accidents and incidents.

What needs to improve

The regular meeting with the service staff was informal and not documented, such as with meeting minutes. Documenting the meetings could help identify actions to be taken and who would be responsible for completing them (recommendation i).

While we saw evidence of improvements made, a separate, dedicated quality improvement plan would demonstrate all improvements made and those which were planned. The quality improvement plan could also show where the improvements came from, such as audits and team meetings (recommendation j).

- No requirements.

Recommendation i

- The service should formally record the minutes of management meetings. These should include a documented action plan highlighting those responsible for the actions.

Recommendation j

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

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
a	The service should make sure a duty of candour report is published every year for patients to review (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 formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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

Requirements

- 1** The provider must update its clinical waste contract with its specialist waste contractor for the removal and disposal of all healthcare and hazardous waste produced by the service (see page 12).

Timescale – immediate

Regulation 3(d)(iii)

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

- 2** The provider must develop a risk assessment of the use of a clinical hand wash basin for the treatment room and implement the appropriate controls until a compliant sink can be installed as part of future refurbishment plans (see page 12).

Timescale – by 22 November 2023

Regulation 3(d)(i)(ii)

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

This was previously identified as a recommendation in the June 2021 inspection report for Cloud Nine Clinic.

Recommendations

- c** The service should update its medicines management policy to make clear any medicine errors should be reported the Healthcare Improvement Scotland (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

This was previously identified as a recommendation in the June 2021 inspection report for Cloud Nine Clinic.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Recommendations

d The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance (see page 13).

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

This was previously identified as a recommendation in the June 2021 inspection report for Cloud Nine Clinic.

e The service should ensure GP and next of kin or emergency contact details are recorded in patient care records (see page 14).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

f The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records (see page 14).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

g The service should ensure that patient care records are fully completed, including the aftercare advice given to patients after treatment (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.18

h The service should review and improve the current patient care record auditing process to ensure it sufficiently identifies gaps in patient care records (see page 14).

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

Domain 7 – Workforce management and support

Requirements

- 3** The provider must ensure that all staff employed or engaged to work in the service have an appropriate level of Disclosure Scotland background checks carried out at the point of recruitment (see page 16).

Timescale – immediate

Regulation 9

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

This was previously identified as a requirement in the October 2019 inspection report for Cloud Nine Clinic.

- 4** The provider must ensure that a system is in place to regularly check the disclosure status of each member of staff employed or engaged to work in the service (see page 16).

Timescale – immediate

Regulation 9

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

- 5** The provider must ensure that all staff working in a registered healthcare service, including those with practicing privileges, have appropriate, and documented, background and safety checks in place, and contracts kept up to date (see page 16).

Timescale – by 22 November 2023

Regulation 8

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

Recommendations

None

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendations	
i	<p>The service should formally record the minutes of management meetings. These should include a documented action plan highlighting those responsible for the actions (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
j	<p>The service should develop and implement a dedicated quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> <p>This was previously identified as a recommendation in the October 2019 inspection report for Cloud Nine Clinic.</p>

Appendix 2 – About our inspections

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

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

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



More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihtregulation@nhs.scot

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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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