Announced Inspection Report: Independent Healthcare

Service: Larbert Aesthetic Clinic Limited, Larbert
Service Provider: Larbert Aesthetic Clinic Limited

20 May 2019
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www.healthcareimprovementscotland.org

Healthcare Improvement Scotland Announced Inspection Report
Larbert Aesthetic Clinic Limited: 20 May 2019
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1 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 three 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 Larbert Aesthetic Clinic Limited on Monday 20 May 2019. We spoke with the manager (owner) during the inspection. Eight patients who had received treatment at the clinic completed an online survey we had issued. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Larbert Aesthetic Clinic Limited, the following grades have been applied to three key quality indicators.

### Key quality indicators inspected

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Patients spoke positively about the service. They said they were fully informed about their treatment and had a personalised treatment plan that reflected their wishes and personal preferences. Patients knew how to make a complaint about the service. Whilst a participation policy was in place, a more structured approach to collecting and analysing patient feedback was needed.</td>
<td>✔ ✔ Good</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Patients told us they received treatment in a safe and clean environment. Appropriate infection prevention and control measures were in place. Effective systems for</td>
<td>✔ Satisfactory</td>
<td></td>
</tr>
</tbody>
</table>
monitoring and reviewing the safe delivery of care in all aspects of the service should be developed.

**Domain 9 – Quality improvement-focused leadership**

9.4 - Leadership of improvement and change

The manager maintained current best practice through further education and attending events in the aesthetics industry. Quality assurance processes should be embedded in all aspects of the service to monitor and review the quality of the service. A quality improvement plan should be developed.  

✔ Satisfactory

The following additional quality indicator was inspected against during this inspection.

**Additional quality indicators inspected (ungraded)**

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients were fully assessed before they received treatment. Patient consent and treatments received were well documented in patient care records.</td>
</tr>
</tbody>
</table>

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:  
**What action we expect Larbert Aesthetic Clinic Limited to take after our inspection**

This inspection resulted in four recommendations. See Appendix 1 for a full list of the 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

We would like to thank the manager at Larbert Aesthetic Clinic Limited for their assistance during the inspection.
2  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

Patients spoke positively about the service. They said they were fully informed about their treatment and had a personalised treatment plan that reflected their wishes and personal preferences. Patients knew how to make a complaint about the service. Whilst a participation policy was in place, a more structured approach to collecting and analysing patient feedback was needed.

The service received feedback from patients about their experience of the service through emails and text messages. A more formal system for gathering feedback from patients using patient satisfaction surveys was introduced last year, in line with the service’s participation policy. Results from a survey involving 23 patients in November 2018 showed high levels of satisfaction with the quality of care, support and treatment in the service. Patients also spoke highly about the skills and expertise of the manager, many of whom were returning patients.

We received similarly positive feedback about the service from patients who completed our online survey. All eight respondents said they were fully involved in planning their treatment, had received information in a format they could understand and were treated with dignity and respect. A cooling-off period following the initial consultation gave patients time to consider their options or seek further information before agreeing to treatment. Patient care records we reviewed noted that discussion had taken place with patients about their individual expectations. This helped the manager to develop a realistic treatment plan that reflected patients’ personal preferences. Patient care records we reviewed showed that each patient had an individual treatment plan tailored to their needs.
The clinic environment ensured patients’ privacy and dignity was maintained. The treatment room door could be locked and windows were adequately screened. Consultations and treatments were by appointment only. The service had a chaperone policy.

The complaints procedure was prominently displayed in the clinic. This included contact details for Healthcare Improvement Scotland and a statement to let patients know they could complain to us at any time. Seven out of eight patients who responded to our survey said they knew they could contact us if they had a complaint. A complaints information leaflet was included in the information pack that patients received at their initial consultation. We noted that, to date, the service had not received any complaints.

The service displayed its duty of candour statement in the reception area. This is to show that healthcare organisations have a professional responsibility to be honest with patients when things go wrong.

**What needs to improve**

Although results from patient feedback were positive, we saw no evidence of how feedback was used to make improvements to how the service was delivered. A more structured approach for the collection and analysis of patient feedback should be developed (recommendation a).

- No requirements.

**Recommendation a**

- The service should develop a more effective system for the collection and analysis of patient feedback to show how the service uses this information to drive service improvement.
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

Patients told us they received treatment in a safe and clean environment. Appropriate infection prevention and control measures were in place. Effective systems for monitoring and reviewing the safe delivery of care in all aspects of the service should be developed.

The clinic was suitably equipped and furnished to a high standard. All areas including the treatment room were very clean. Equipment was in good working order. Appropriate hand washing facilities and single-use patient equipment was used for clinical treatments to prevent the risk of cross infection. The service had an up-to-date contract for the safe disposal of sharps and clinical waste.

A safe system was in place for the procurement, prescribing, storage and administration of medicines. Patient care records documented medicines used and included batch numbers and expiry dates. Prescription only medicines, such as anti-wrinkle injections, were clearly labelled for individual patients in line with best practice. Medicines that required refrigeration were stored in a lockable medical fridge. The fridge temperature was monitored every day, with records showing that the temperature was maintained at a safe level. The service held a supply of in-date emergency medicines to quickly respond to any adverse reactions or complications following treatment. The manager was trained to respond to medical emergencies.

Annual maintenance contracts were in place for the heating and fire safety equipment. Portable appliance testing for electrical appliances and equipment was also carried out to ensure they were safe to use. The premises was fitted with an intruder alarm and closed circuit television (CCTV) for added security when patients attended evening appointments.
We saw individual risk assessments were completed for each patient at their consultation.

The service’s adult support and protection policy detailed the procedure for protecting patients at risk of harm or abuse. The manager completed adult protection training every year and had a clear understanding of the procedures for reporting adult protection concerns. Patients told us they felt safe in the clinic.

**What needs to improve**

We found no evidence of audits taking place to monitor and review the safe delivery and quality of the service. For example, routine audits of medicines management, infection prevention and control, and the safety of the environment could be carried out. This would help the service to show compliance with best practice, current legislation and to identify areas for improvement (recommendation b).

A system was in place for recording any accidents and incidents that took place in the service. A risk register should be developed to show the control measures in place for managing and mitigating (or reducing) risk in the service (recommendation c).

- No requirements.

**Recommendation b**

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

**Recommendation c**

- The service should put appropriate measures in place to identify and manage risk in the service.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients were fully assessed before they received treatment. Patient consent and treatments received were well documented in patient care records.

We reviewed five patient care records. We saw that consultations and comprehensive assessments were carried out before patients received treatment. This included a full medical history, prescribed medicines, allergies and any previous aesthetic treatments. All patient care records we reviewed were legible and contained up-to-date information.

All patients who responded to our survey said they received sufficient information about the risks and benefits to help inform their decision about treatment options. Consent forms were signed and dated by each patient and the manager in all five patient care records we reviewed. This included consent to share information with other healthcare professionals in the event of an emergency.

Patients received written aftercare instructions and emergency contact details in case they had a complication or adverse reaction out of hours. Patients could attend a free follow-up review to make sure they were happy with the results of their treatment and were not experiencing any side-effects.

Patient care records were stored securely in line with the service’s information management policy. An electronic system for storing patient care records was under development. Some patient care records were still in paper format, but these were stored in a locked filing cabinet.

- No requirements.
- No recommendations.
Vision and leadership

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

**Domain 9 – Quality improvement-focused leadership**

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

**Our findings**

**Quality indicator 9.4 - Leadership of improvement and change**

The manager maintained current best practice through further education and attending events in the aesthetics industry. Quality assurance processes should be embedded in all aspects of the service to monitor and review the quality of the service. A quality improvement plan should be developed.

The manager was an experienced nurse and independent nurse prescriber registered with the Nursing and Midwifery Council. This enabled the manager to carry out comprehensive patient assessments and to independently prescribe treatments for patients. The manager was committed to continuous learning and was completing a Masters qualification in aesthetics. They also mentored student aesthetic practitioners from across the UK. We noted the manager had received positive comments from students about the advice and support they received during their training.

As a member of a number of industry specific organisations, the manager attended conferences and training events to keep up to date with legislation changes and best practice. This had helped to develop connections with other aesthetic practitioners and provided peer support for the manager as the sole practitioner in their service.

**What needs to improve**

Quality assurance processes were not fully embedded in the service. While the manager was committed to continuous improvement, systems and processes needed to be developed to monitor and review the quality of the service. A quality improvement plan would help the service to demonstrate improvement processes and measure the impact of future service developments and improvements (recommendation d).
No requirements

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>The service should develop a more effective system for the collection and analysis of patient feedback to show how the service uses this information to drive service improvement (see page 8).</td>
</tr>
</tbody>
</table>

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

None

### Recommendations

**b**  The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (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

**c**  The service should put appropriate measures in place to identify and manage risk in 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 4.11

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## Domain 9 – Quality improvement-focused leadership

### Requirements

None

### Recommendation

**d**  The service should develop and implement a quality improvement plan (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
Appendix 2 – About our inspections

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

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

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

**Before inspections**

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

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

**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.

**After inspections**

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

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

We check progress against the improvement action plan.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

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

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net
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