Announced Inspection Report: Independent Healthcare

Service: Face Renew, Ellon
Service Provider: Face Renew LLP

12 March 2019
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

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www.healthcareimprovementscotland.org
Contents

2  A summary of our inspection  4

3  What we found during our inspection  7

Appendix 1 – Requirements and recommendations  14
Appendix 2 – About our inspections  17
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 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 Face Renew on Tuesday 12 March 2019. We also received feedback from 25 patients through an online survey we had issued, and from feedback collated by the service after the service displayed our inspection announcement poster. 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 Face Renew, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
</tbody>
</table>
A duty of candour policy should be developed.

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Some recent improvements had been made to how the service is delivered. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.</td>
<td>Satisfactory</td>
</tr>
</tbody>
</table>

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

**Additional quality indicators inspected (ungraded)**

<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>Comprehensive assessments were carried out for all patients. Consent should be recorded for sharing information.</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: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Face Renew LLP to take after our inspection**

This inspection resulted in seven 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)
We would like to thank all staff at Face Renew 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

Feedback from patients to our online survey and social media reviews were all positive about the quality of service provided. The service did not have a participation policy, and did not actively seek feedback from patients. Information on how to make a complaint should be given to patients.

The service made sure patients’ privacy and dignity was maintained. All consultations were by appointment only. Windows were adequately screened and the treatment room was locked when patients were undergoing treatments, maintaining confidentiality.

The service provided information to patients about treatments through its website, information videos in reception and in information leaflets.

From the feedback collated by the service and from our online survey we saw evidence of a high level of satisfaction of the services received. All patients stated they were treated with dignity and respect, and agreed they had been involved in decisions about their care. Some comments we received included:

- ‘Clinic is very warm, friendly and professional.’
- ‘Everything explained well.’
- ‘I have confidence in the staff and business very professional team.’

What needs to improve

The service did not have a patient participation policy. This would help the collection of feedback as part of the service’s quality improvement process. The service used a variety of methods to gather feedback including online social media reviews and a suggestions box in reception. While this information was
useful, it was difficult for the service to draw any conclusions that could be used to drive improvement. We also found no evidence that feedback was being recorded. We discussed with the service the importance of having a structured approach to patient feedback. This should include:

- gathering patient feedback
- analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation a).

The service’s complaints policy included contact details for Healthcare Improvement Scotland and information about how to make a complaint to us. The service had not received any complaints. Although patients were encouraged to verbally discuss any complaints with the service during consultations, no clear information was provided on how to make a complaint. For example, there was no complaints leaflet or information displayed on the service’s website about how to make a complaint. The complaints policy was also not made available (recommendation b).

■ No requirements.

Recommendation a

■ We recommend that the service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Recommendation b

■ We recommend that the service should provide information for patients on how to make a complaint.
**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**

We saw that all areas of the clinic were clean and well maintained. We saw contracts in place for the maintenance of the premises, and the safe disposal of medical sharps, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw evidence of appropriate fire and electrical safety checks for the premises.

The service’s medication policy covered all aspects of the safe and secure handling of medicines. This included procurement, storage, prescribing and administration of medicines. Patient care records documented the medicines used, batch numbers and expiry dates. The manager had been trained to deliver basic adult life support in the event of a medical emergency.

**What needs to improve**

A range of policies had been implemented including protecting vulnerable adults and whistleblowing. However, the service did not have a duty of candour policy (where healthcare organisation have a professional responsibility to be honest with patients when thing go wrong) (recommendation c).

We found no evidence of audits taking place to review the safe delivery and quality of the service. For example, audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation d).
The infection prevention and control policies and procedures were adequate. However, they did not reference Healthcare Improvement Scotland’s *Healthcare Associated Infection (HAI) Standards* (February 2015) or Health Protection Scotland’s *National Infection Prevention and Control Manual* (recommendation e).

■ No requirements.

**Recommendation c**
- We recommend that the service should develop and implement a duty of candour policy.

**Recommendation d**
- We recommend that 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 e**
- We recommend that the service should update its infection prevention and control policies to reference current legislation and best practice guidance.

**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

**Comprehensive assessments were carried out for all patients. Consent should be recorded for sharing information.**

The five patient care records we reviewed showed that comprehensive assessments were carried out before treatment. This included a medical history, previous treatments and any areas which would highlight any risks associated with the treatment such as pregnancy or any previous allergic reactions. Consent to treatment, including having their photograph taken, and any risks and benefits associated with the treatment were explained. A new consent form had to be completed for each new treatment. All patient files were clear and accurate.

Appropriate procedures were in place to make sure that patient information was held securely and to prevent unauthorised access. The manager had carried out training in updated general data protection regulations.
Patients were given verbal and written aftercare advice. Patients were invited to attend a free follow-up appointment. This allowed the service to ensure patients were happy with the results and provide any additional treatment or advice.

**What needs to improve**
The service did not record patient consent for sharing information with their GP and other medical staff in an emergency, if required (recommendation f).

- No requirements.

**Recommendation f**
- We recommend that the service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ care records.
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

Some recent improvements had been made to how the service is delivered. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

Some recent improvements had been made to how the service is delivered. This included relocating to an improved premises that is more accessible for patients.

The service is an active member of a variety of industry specific and national organisations. This included the British Association of Cosmetic Nurses and the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. The service kept up to date with changes in the aesthetics industry, legislation and best practice through attending regular conferences and training days provided by pharmaceutical companies.

What needs to improve
There was no system for reviewing the quality of the service delivered. We saw no evidence of lessons being learned from patient feedback or audits which would help improve service delivery. Regular reviews of the service will help to ensure the service delivered is of a quality appropriate to meet the needs of patients.

A quality improvement plan would help to structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation g).
No requirements.

Recommendation g

- We recommend that 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.

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
</tbody>
</table>
| a | We recommend that the service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8 |
| b | We recommend that the service should provide information for patients on how to make a complaint (see page 8).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20 |

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
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</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

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<tr>
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<th>Recommendation</th>
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<tbody>
<tr>
<td>c</td>
<td>We recommend that the service should develop and implement a duty of candour policy (see page 10).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</td>
</tr>
<tr>
<td>d</td>
<td>We recommend that 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).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
<tr>
<td>e</td>
<td>We recommend that the service should update its infection prevention and control policies to reference current legislation and best practice guidance (see page 10).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
</tr>
<tr>
<td>f</td>
<td>We recommend that the service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ care records (see page 11).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</td>
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### Domain 9 – Quality improvement-focused leadership

#### Requirements

<table>
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<tr>
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<th>Requirement</th>
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<tbody>
<tr>
<td></td>
<td>None</td>
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### Domain 9 – Quality improvement-focused leadership (continued)

<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td><strong>g</strong> We recommend that the service should develop and implement a quality improvement plan (see page 13).</td>
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</table>

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

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
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: comments.his@nhs.net
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