Announced Inspection Report: Independent Healthcare

Service: Vicsan Aesthetics, Aberdeen
Service Provider: Vicsan Aesthetics

2 March 2020
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www.healthcareimprovementscotland.org
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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 Vicsan Aesthetics on Monday 2 March 2020. We spoke with one member of staff. We telephoned six patients after the inspection who had received treatment at the clinic. 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 Vicsan Aesthetics, 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>
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<tbody>
<tr>
<td>Quality indicator</td>
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<tr>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
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Key quality indicators inspected (continued)

<table>
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<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tr>
<td>Quality indicator</td>
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<td>9.4 - Leadership of improvement and change</td>
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The following additional quality indicator was inspected against during this inspection.

**Additional quality indicators inspected (ungraded)**

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td>Quality indicator</td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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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 Vicsan Aesthetics to take after our inspection

This inspection resulted in two recommendations (see Appendix 1).

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 all staff at Vicsan Aesthetics 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 were provided with information before treatment and were fully involved in their care. A participation policy should be developed to help the service use patient feedback to make improvements to how the service is delivered.

The clinic was a small, personal service with many regularly returning patients. All consultations were by appointment only, and only one patient was treated at a time, maintaining confidentiality.

As a single practitioner, the manager of the service dealt with every aspect of a patient’s treatment. This included a thorough evaluation as part of the consultation and assessment process, through to agreeing a treatment plan with the patient and carrying out treatments. We saw that each patient was asked for their consent throughout the entire treatment process.

The manager told us that most patients were either repeat patients or had been referred through word of mouth. Patients had the opportunity to telephone the manager before their appointment and each treatment would be discussed in-depth at the appointment. If there were any concerns, we saw that patients were given the opportunity for a cooling-off period, if required, to allow them to make an informed decision about going ahead with treatment.

Patients were able to provide feedback verbally, either in person or by telephone, by text message and by leaving comments on the website of the beauty salon where the service is based.
Patients we spoke with were very positive about the service. Some comments included:

- ‘Brilliant really good. The information was really good. I felt very comfortable and under no obligation. I was told I could go away and think about it.’
- ‘They do a really good job. Lots of good information.’
- ‘Takes a lot of time to explain the procedure and any side effects.’

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. The practitioner had completed duty of candour training and the service had a very comprehensive duty of candour policy.

We saw the service’s complaints policy displayed prominently in the treatment room. It included the correct contact details for Healthcare Improvement Scotland. Neither Healthcare Improvement Scotland nor the service had received any formal complaints since it was registered in March 2018.

**What needs to improve**

We found evidence that patient feedback was being given but was not being recorded. While that information is useful, it was difficult for the service to draw any conclusion that could be used to drive improvement. We discussed with the service the importance of having a structured approach to patient feedback. This should include:

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

■ No requirements.

**Recommendation a**

■ The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive 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

A risk-centred approach ensured the service provided the best treatment outcomes for patients. This included regular audits carried out, and good infection prevention and control practices.

We saw that all areas of the clinic were clean and equipment was in good working order. We saw good compliance with infection prevention and control procedures. This included the safe disposal of medical sharps, such as syringes and needles, and clinical waste. Single-use patient equipment was used to prevent the risk of cross-infection. We saw a good supply of personal protective equipment available, such as disposable gloves and aprons. Daily cleaning schedules were up to date.

The practitioner was trained in adult life support, and had their registration and qualifications for this checked every year.

As the service only used medication which did not need to be refrigerated, no medicines were stored in the service. This was transported to the service from a local pharmacy before being administered to patients on the day of their appointment.

The service took a risk-based approach to the treatments that it carried out. As such, treatment options were specific and were carried out to give the best possible effect with the minimum of risk. To date, there had not been any events or incidents which would need to be notified to Healthcare Improvement Scotland.
An audit programme was in place reviewing the safe delivery and quality of the service. This covered infection prevention and control, patient care records and the effectiveness of the treatments provided by the service. We saw improvement action plans were completed which allowed the service to record its audit findings and ensure any issues identified were addressed.

The service had a comprehensive set of policies which helped ensure the safety of patients. This included safeguarding, infection prevention and control, and information management.

Patients we spoke with were complimentary about the service offered and the environment. Some comments received included:

- ‘I wouldn’t go anywhere else... spotless.’
- ‘I am very aware that she complies to the highest of standards. (As a nurse/healthcare professional) I see that she adheres to all of the professional standards.’
- ‘The service is very clean and fresh looking.’

No requirements.
No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive record keeping was in place for consultations, assessments and treatments provided.

The four patient care records we reviewed showed that comprehensive consultations and assessments were carried out before treatment. These included taking a full medical history. Risks, benefits and side effects of the treatment were explained and a consent form completed for treatment and the sharing of information with other healthcare professionals, if required. We saw that treatment plans were developed and agreed with the individual.

Records of each treatment session were kept. Every time a patient visited, their initial assessment was reviewed and updated, and consent was obtained for further treatment.
Each patient’s care record showed a clear pathway from assessment to treatments provided, and that verbal and written aftercare advice was given.

Patient care records were stored securely, in line with best practice. The manager had carried out training on the new general data protection regulations guidance.

- 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 service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. Although the service had already identified some changes to improve how the service was delivered, a quality improvement plan would help to measure the impact of service change and demonstrate a culture of continuous improvement.

The service is owned and managed by an experienced medical practitioner who is registered with the General Medical Council (GMC). The service engaged in regular continuing professional development. This is managed through the GMC registration and revalidation process, as well as yearly appraisals. Other professional development activities included attending industry events, maintaining connections with NHS aesthetic colleagues and subscriptions to journals to raise awareness of the best evidence-based care for patients.

The service is an active member of a variety of industry-specific and national organisations. This included the British Aesthetic Nurses Group and the Aesthetic Complications Expert (ACE) Group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions. The service kept up to date with changes in the aesthetics industry, legislation and best practice through subscribing to online forums and attending a variety of conferences and training days provided by pharmaceutical companies.

The manager had a very good knowledge of continuous quality improvement and how this affected the delivery of care. They gave examples of how they had amended their practice to take account of contemporary practice and safe delivery of treatments. This included auditing patient care records and evaluating the treatments delivered. They had a very clear vision for the future of the service. This was dependent on treating a small number of patients and...
ensuring the treatments offered were carried out regularly to ensure their clinical competence was kept up to date.

**What needs to improve**

Although improvements were being made to how the service was delivered, 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 b).

- No requirements.

**Recommendation b**

- 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>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
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</tr>
<tr>
<td>a</td>
<td>The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).</td>
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<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
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### Domain 9 – Quality improvement-focused leadership

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<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>a</td>
<td>The service should develop and implement a quality improvement plan (see page 13).</td>
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<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>
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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