Announced Inspection Report: Independent Healthcare

**Service:** Laserase Scotland, Aberdeen  
**Service Provider:** Aberdeen Medical Laser Services Limited

20 June 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
## Contents

2  A summary of our inspection  

3  What we found during our inspection  

Appendix 1 – Requirements and recommendations  
Appendix 2 – About our inspections
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 Laserase Scotland on Thursday 20 June 2019. We spoke with one member of staff and six patients over the telephone. 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 Laserase Scotland, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</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>
**Key quality indicators inspected (continued)**

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9.4 - Leadership of improvement and change</td>
<td>The service showed us a clear vision for its future and how it planned to achieve it. The service did not plan to expand. 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>
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</table>

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>
<th>Quality indicator</th>
<th>Summary findings</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>The service carried out a comprehensive consultation and assessment before any treatment. The service made sure that its patients had realistic expectations before treatment began.</td>
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</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

**What action we expect Aberdeen Medical Laser Services Limited to take after our inspection**

This inspection resulted in one recommendation (see Appendix 1).

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx
Aberdeen Medical Laser Services Limited, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at Laserase Scotland 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

Feedback was gathered, analysed and improvements were made as a result. Patients we spoke with were very satisfied with the service offered and the results of their treatments.

The service manager gave a very clear overview of how the patient participation policy should be used and of the value it provided to the service.

The service gave patients information packs before their treatments, which helped clarify the patient’s expectations. Treatments were also explained and discussed with the patient in a face-to-face pre-treatment consultation meeting with the service manager, who was also the single practitioner. Patients we spoke with were very positive about the information the service gave them, how their expectations were managed and the aftercare advice. Comments included:

- ‘Very happy with the results.’
- ‘Always a very pleasant visit. The manager is always pleasant, knowledgeable and diligent about aftercare.’

Patient care records showed that treatment needs were constantly discussed and every session started with a review of the previous treatment. We saw that patient care records clearly described their expectations, the treatment options available and costs involved. Consent forms were in place for treatment and photography.

The service used a variety of methods to gather patient feedback, including patient information packs before treatment. Each patient was given a
questionnaire after treatment. Feedback was analysed and the very detailed analysis we saw was all positive.

The service’s complaints policy had the correct details and process for contacting Healthcare Improvement Scotland. Systems were also in place to record accident and incidents and we saw that it provided a very comprehensive response to significant events’ analysis. For example, we were told of a concern that a patient had raised which had been treated as a significant event. We tracked the issue and saw that the event had been analysed and a new telephone system had been installed as an improvement action.

- No requirements.
- No recommendations.
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 service provides focused treatments which rely almost exclusively on the use of laser equipment. We saw very comprehensive guidance on the use of the equipment. The manager showed continually developed and improved their knowledge in this area.

The service manager explained that the service offered very focused treatments. Lasers were used to treat a variety of skin conditions. They chose to use specialised equipment which had a wider range of settings which allowed them to carry out very specialised procedures. The manager explained that this was reliant on their skill, experience and knowledge. We were shown evidence that showed the manager had completed appropriate training.

A programme of regular audits made sure that safe delivery of the service was monitored, including hand hygiene and adverse events. To date, we saw that patient feedback, infection prevention and control and treatment outcomes had been measured and acted upon.

We saw that a standard operating procedure for every treatment was in place and the equipment was serviced and maintained. The service had a laser protection advisor and the treatment room fully complied with laser protection guidelines. We saw that the room was clean, spacious and well organised. As other healthcare professionals could use the room, the service made sure it took precautions so the laser equipment could not be tampered with.

We saw that the service had very comprehensive protocols for following the laser protection advisor’s risk assessments. Individual laser safety files for each laser system were very clear and specific. Local rules were also in place for the...
use of lasers. This included protocols, the safe keeping of the environment and any personal protective equipment that would be required.

The service manager had received training and information in the updated data protection regulations. We saw that all files were stored safely in paper and electronic formats. The service had a number of policies in place, for example:

- child protection
- duty of candour
- protecting vulnerable adults, and
- whistleblowing.

Patients we spoke with were very happy with the clinic environment and reported that they felt very safe there. Some of the patients commented:

- ‘They had every confidence in the manager.’
- ‘Everything was explained and I felt I could contribute to the treatment.’

- No requirements.
- No recommendations.

**Our findings**

Quality indicator 5.2 - Assessment and management of people experiencing care

The service carried out a comprehensive consultation and assessment before any treatment. The service made sure that its patients had realistic expectations before treatment began.

We reviewed six patient care records. Each showed a clear pathway from comprehensive assessment to treatment, including a full medical history. We saw that all notes were legible and up to date.

Consent forms were fully completed and treatment plans were developed and agreed with the individual patient. Every time a patient visited the service, their initial assessment was reviewed and updated to show the patient consented for further treatment. We saw that consent included any possible risks or side effects.
- 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 showed us a clear vision for its future and how it planned to achieve it. The service did not plan to expand. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

The service provided treatments one afternoon a week. The service manager told us that it had formal partnerships in place with other aesthetics practitioners. These partnerships helped to provide peer support, advice and best practice when needed, and to discuss any treatment procedures or complications.

From discussion with the service manager and the service’s self-evaluation, it was clear the service was devised to provide treatments not readily available through normal NHS referrals. Laserase Scotland is dependent on the service manager, who was also the practitioner. The service is at a point where there are no plans to expand. As such, the manager feels that the focus of the service should be on providing high quality patient care.

We were shown the service manager’s revalidation documentation, their continuing professional development and a comprehensive list of laser training course certificates.

The service continuously monitored the treatment methods that it used. This was done through continuous evaluation of how effective the previous treatment session was and the feedback from patients. This made sure that it used the most up to date and effective methods in contemporary laser aesthetics.
What needs to improve
The service manager explained how they would carry out any quality improvement work in the future. However, the service did not have a formal quality improvement plan in place. An improvement plan would help identify areas for improvement, demonstrate a culture of continuous improvement and measure the impact of change (recommendation a).

- No requirements.

Recommendation a
- The service should develop and implement a continuous 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.

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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>a The service should develop and implement a continuous quality improvement plan (see page 13).</td>
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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
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net