Announced Inspection Report: Independent Healthcare

Service: Julia Hart Skin Clinic, Dunfermline
Service Provider: Julia Hart Skin Clinic Limited

5 February 2020
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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 Julia Hart Skin Clinic on Wednesday 5 February 2020. We spoke with two members of staff. We telephoned seven 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 Julia Hart Skin Clinic, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<td><strong>Quality indicator</strong></td>
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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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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<td><strong>5.1 - Safe delivery of care</strong></td>
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Julia Hart Skin Clinic Limited: 5 February 2020
The following additional quality indicators were 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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<td>5.2 - Assessment and management of people experiencing care</td>
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<th>Domain 7 – Workforce management and support</th>
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<tr>
<td>7.1 - Staff recruitment, training and development</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
What action we expect Julia Hart Skin Clinic Limited to take after our inspection

This inspection resulted in no requirements and recommendations.

We would like to thank all staff at Julia Hart Skin Clinic 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 given information about available treatments, and a consultation process gave patients the opportunity to discuss and agree if treatment was appropriate. Patient feedback was monitored regularly, shared with the wider team and used to improve how the service was delivered.

Patients could visit the service’s website to find information about services and treatments offered, including costs. Appointments could be made online, over the telephone or at the clinic. An initial consultation appointment gave patients the opportunity to discuss and agree if treatment was appropriate.

The service’s patient participation policy described how patients’ views would be gathered and how feedback would then be used to make any required improvements to how the service was delivered.

The service regularly used social media and online customer service evaluation sites to gather patient feedback about their experiences at the service. Patients were emailed information both before and after a treatment. The service also used patient satisfaction questionnaires which they encouraged patients to fill in anonymously to encourage a more honest response.

We saw evidence that patient feedback was recorded and monitored every 3 months. The manager collected and analysed this information, discussed with staff and took action when any improvements to how the service was delivered were needed. Any feedback which resulted in improvement was recorded on a ‘You said, we did’ noticeboard displayed in the reception area.
Some examples of improvements or changes made as a result of patient feedback included:

- providing more flexible appointment times
- rearranging waiting areas to provide more privacy, and
- a more comprehensive choice of refreshments.

From the evidence provided and discussion with the manager, it was clear that feedback from patients was fundamental to how the service continuously improved the quality of the service provided and how it was delivered.

Patients that we spoke with were very complimentary about the service. Some comments we received included:

- ‘Super, very professional. The information you get is very good. The aftercare advice is very comprehensive.’
- ‘She (the manager) really knows her stuff and talks you through everything. She is really good at giving you lots of information, even before you get the treatment.’
- ‘All the staff there make you feel so welcome, they always have time for a chat. Nothing is too much trouble.’

The service had a very comprehensive duty of candour policy and accompanying guidelines. This is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. Training in this policy had been provided for staff.

We saw the service’s complaints log was regularly reviewed and complaints were managed in line with the service’s complaints policy. The policy included contact details for Healthcare Improvement Scotland. Regular staff meetings were held to discuss any issues which affected the day-to-day running of the service. From minutes of this meeting, we saw discussion took place about any complaints received and what corrective action may need to be taken.

The service’s regular audits of patient satisfaction showed a steady increase in the levels of satisfaction. In particular, the latest review of feedback surveys for December 2019 showed a very high level of satisfaction. The service believed that it could continue to improve and was introducing new software which will automatically seek patients’ views. The new software will also help the service with arranging appointment times and managing stock control.

- 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

A range of policies and procedures was in place for ensuring the safe delivery of care. Equipment was managed safely, and risk management and audit programmes helped to identify and manage risks in the service.

The clinic was clean, spacious and well organised. Patients could sit in a private area while waiting for their treatment to take place.

Specific clinical rooms were designated to provide different types of laser treatments to patients. A standard operating procedure for every treatment was used to reduce risk. All equipment was serviced and maintained regularly. The service had a laser protection advisor and all treatment rooms fully complied with laser protection guidelines. All staff had received training to operate the equipment.

One staff member was responsible for ensuring the service complied with good infection prevention and control practice. They had a very comprehensive knowledge of infection prevention and control. The service’s infection prevention and control policy referred to relevant national guidance. A good supply of personal protective equipment was available, such as disposable gloves and aprons. Cleaning rotas were available and were up to date. We saw that individual cleaning schedules were completed for every area and item of equipment. These detailed when and who was responsible for the cleaning. We noted that spot checks took place to look at the standard of cleanliness and ensure required infection prevention and control measures were in place.

All specialised equipment had a record of maintenance and calibration.
The service had a comprehensive range of measures to assess the safety of treatments offered to patients. All areas of the service had been risk assessed, and risk management plans put in place. Regular audits were carried out on infection prevention and control practices, and to measure the effectiveness of treatments and any complications.

We saw that information about the service’s audit programme was displayed on a communications noticeboard in the staff room. This showed when each audit had been carried out, the results of audits, any action required and the timescale for completion. It also showed when the next audit was due. We saw consistently high compliance with each audit. We were shown the audit programme planned for this year and next year.

Systems were in place to record any accidents and incidents, and the manager displayed very good awareness on when and how to submit notifications to Healthcare Improvement Scotland to report specific events and circumstances to us.

Patients we spoke with were very complimentary about the service and, in particular, how much they trusted the manager and the cleanliness of the clinic. Some comments received included:

- ‘Absolutely fantastic. I live quite far away but I don’t mind the travel as I trust her.’
- ‘She is very honest about expectations. She delivers a less is more approach rather than going in gung ho.’
- ‘It’s always spotless, I have used other services and the cleanliness is a cut above.’
- ‘Always good. I always go to this service as I wouldn’t trust anyone else.’
- ‘Super clean. Everything is spotless.’

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out. Treatments were fully explained, with any associated risks discussed and treatment plans developed and agreed with patients. Patient care records were audited regularly.
The five patient care records we reviewed showed that comprehensive consultations and assessments were carried out before treatment, including taking a full medical history. Risks and benefits of treatment were explained and a consent form completed. We saw that treatment plans were developed and agreed with individual patients. We saw that, if a patient had a concern, a treatment plan would be put in place to ensure that it was resolved to the patient’s satisfaction.

Records of each treatment session were kept and, each time a patient visited, their initial assessment was reviewed and updated. Patients also consented for any further treatments.

We noted detailed discussions and sharing of information between staff and patients from the beginning to the end of their treatment. This was clearly documented with any risks highlighted, as well as the costs involved. Time was given to ensure that informed consent was obtained.

The service used both paper and electronic patient care records. Staff had received training and information about the updated general data protection regulations. We saw that paper and electronic information was stored safely. For example, electronic patient care records were password protected. Patient care records were regularly audited to make sure they were accurate and fully completed.

- No requirements.
- No recommendations.

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

Clear policies and practices made sure that staff were recruited and inducted appropriately. A comprehensive training plan was in place. The service was looking at new working practices to enhance the service and to ensure staff remained competent.
The service had a small team with a very low level of staff turnover. Staff we spoke with had a very clear understanding of their role and responsibilities.

Staff files we reviewed showed that all appropriate and necessary pre-employment checks were completed before staff could work in the service. We saw evidence of application forms and interview notes, professional registration checks and employment references.

The two staff induction files we reviewed were tailored to the needs of the individual’s role and job description. Staff received mentoring support and one-to-one training with a senior member of the clinical team.

Staff completed mandatory training, including information management, health and safety, and basic life support. We saw a comprehensive training plan took account of staff members’ roles in the organisation.

Due to the small staff team, the manager told us that communication was constant and ongoing. Any challenges that occurred throughout the working day could be discussed and resolved very quickly. However, we were told the service was keen to trial a more formalised appraisal system. This would ensure staff’s performance was formally documented and evaluated, and provide them with the opportunity to discuss progress in their role. We were told the appraisal system would then be evaluated to see how effective it was and if it contributed to, and enhanced, how the service was delivered by ensuring staff were competent and kept their skills up to date.

- 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

An overarching quality improvement strategy helped the service to continuously improve the quality of the service provided. Staff met together regularly, and were encouraged to suggest new and innovate ways to help with the running of the service.

The service is managed by an experienced nurse practitioner who is registered with the Nursing and Midwifery Council (NMC). The service engages in regular continuing professional development. This is managed through the NMC registration and revalidation process, and annual appraisals. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the NMC, every 3 years. Other professional development activities were carried out to ensure the service was aware of legislation and best evidence-based care for patients. This included attending industry events, maintaining connections with NHS aesthetic colleagues and subscriptions to journals.

The service had an overarching clear and focused quality improvement strategy. This recognised good patient care as central to promoting and building the business. The service had identified patient feedback, safe delivery of services, infection prevention and control, and having competent and well trained staff as areas which will help to achieve this. As part of the strategy, patients’ clinical and emotional experiences were regularly audited and actions were taken based on their feedback.

We saw that the service viewed communication between staff members as important in improving how care was delivered and the service as a whole. We saw good examples of staff communication and sharing of information. Regular and formal staff meetings were held where results and outcomes from the service’s audit programme and from other safety measures were discussed.
A communications noticeboard kept staff informed and up to date, and staff were encouraged to use this to put forward any suggestions. For example, staff had suggested creating an app for the service and making better use of technology to gather feedback and improve appointment scheduling.

From our discussions with the manager, reviewing the service’s audit programme and results, and patients that we spoke with, it was clear that the service sees a continuous quality improvement cycle as fundamental to the safe delivery of treatments, and to improving and growing the service.

- No requirements.
- No recommendations.
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.

This inspection resulted in no requirements and no recommendations.
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:** hcis.ihcregulation@nhs.net