Announced Inspection Report: Independent Healthcare

Service: Derma Secrets
Service Provider: Derma Secrets Limited

20 May 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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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 Derma Secrets on Monday 20 May 2019. We spoke with the service manager during the inspection. We spoke with four patients by 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 Derma Secrets, 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>The service proactively asked for patients’ feedback. It made good use of the information it received and regularly evaluated how it could improve. The service provided good evidence of how it had acted on the feedback.</td>
<td>✔️ Good</td>
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| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | 5.1 - Safe delivery of care | All aspects of care delivery are monitored on a regular basis. All areas of care delivery were in line with best practice guidelines. We saw that the service goes to great lengths to provide realistic and effective treatments in partnership with each person. The service should consider developing a risk register. | ✔️ Good |
Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tbody>
<tr>
<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>
</tr>
</thead>
<tbody>
<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 Derma Secrets Limited to take after our inspection**

This inspection resulted in no requirements or recommendations.

We would like to thank all staff at Derma Secrets for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

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

The service proactively asked for patients’ feedback. It made good use of the information it received and regularly evaluated how it could improve. The service provided good evidence of how it had acted on the feedback.

The service had a patient participation policy in place which focused on the importance of patients’ views about their experience and how the service would respond. The service used a variety of methods to gather patient feedback, including patient experience questionnaires and social media. It had introduced an online customer relationship management tool introduced as a result of patient feedback that the previous system was difficult to use. The new system allowed patients to make appointments and review and comment on their case notes.

We saw the services feedback audit tool. Patient feedback was recorded, an action plan created, with timescales for completion, and the effectiveness of the actions was reviewed. We saw that actions were carried out when comments identified areas for improvement and the service acted to keep satisfaction levels at a high level.

Concerns were acted on, for example some improvements made following feedback included:

- the development of a new health screening tool
- a new payment system
- new treatment methods, and
- an updated electronic system that allows patients to submit feedback, make appointments and view their treatment notes online.
After each treatment the patient is contacted through the communication method of their choice. They are asked about their experience and are offered the opportunity to feedback. Any concerns raised can be discussed at the next appointment, or electronically.

The service reported that there is a very high level of patients returning to the service. This was confirmed with the patients that we spoke with. Any changes which are made are reported on the services website and social media platform. All patients were given information about their treatment before the initial face-to-face appointment. This included:

- costs
- possible side-effects
- how any personal information is stored, and
- how the process of consent is obtained and used.

Treatments did not start until the practitioner and the patient was satisfied that a realistic and effective treatment plan was in place.

We were shown the service’s feedback audit, testimonials on the service’s website and contacted four patients over the phone. Patients told us that staff treated them with warmth, dignity and respect. Feedback showed that the service manager made patients feel at ease and treatments were thoroughly explained. Comments included:

- ‘I cannot recommend Derma Secrets highly enough. The manager is the most respectful and caring aesthetic doctor have ever encountered. I would not trust anyone else.’
- ‘I was quite nervous about receiving anti-wrinkle treatments and fillers but can honestly say that I am thrilled I chose this service. I have recommended the service to my good friends and they are also very pleased with the treatment and professionalism received from Derma Secrets.’
- ‘Could not recommend the service enough. The manager talked me through everything and made me feel so comfortable.’

The service had a clear complaints policy in place which included Healthcare Improvement Scotland’s contact details. While it had not received any, the policy described how patients could make a complaint at any time.

- 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

All aspects of care delivery are monitored on a regular basis. All areas of care delivery were in line with best practice guidelines. We saw that the service goes to great lengths to provide realistic and effective treatments in partnership with each person. The service should consider developing a risk register.

The treatment room was clean, tidy and well organised. We saw the infection control policy was comprehensive and reflected best practice guidance. We saw a good supply of personal protective equipment available and cleaning schedules were up to date. Contracts were in place for maintenance of the premises and the safe disposal of medical sharps and clinical waste. Portable appliance testing had been carried out.

The service manager was trained on the updated data protection regulations. We saw that all patient files were stored safely in electronic formats.

The service had policies in place for:

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

We saw that there was a process in place for regular review and that each policy was version controlled.
Prospective patients received leaflets containing information about treatments the service offers. Patients were provided with leaflets which highlighted risks and possible side effects of the treatment and an out-of-hours contact for the service.

The service manager was trained to deal with medical emergencies and appropriate emergency equipment was in place. Emergency protocols and procedures were available.

We saw a comprehensive system for ordering, storing and administering medicines. The service carried out a variety of audits to monitor the safety of its systems.

The service only carried out treatments when it could provide achievable results. An assessment tool measured the prospective patient’s psychological profile around how they saw themselves. This assessment tool had been created using recognised profiling techniques, and treatment would only start after this assessment had been carried out.

What needs to improve
While we saw that each patient had a comprehensive risk assessment and the environment had been risk assessed, the service did not have a risk register in place. A risk register would allow it to oversee and manage the risks in the service.

■ No requirements.
■ No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

The service carries out a comprehensive consultation and assessment before any treatment. The service also has a strong emphasis on ensuring that realistic expectations of treatment are established.

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. Patients were given the opportunity for a ‘cooling-off period’ if required. Patients were also given verbal and written aftercare advice.

- 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 continuously monitors how it deliver its treatments. Continuous comparisons of current treatment methods are made to ensure the service can continue to deliver safe, high quality care. The service has a clear continuous quality improvement and business plan.

Quality improvement was included in all parts of the service. Patient feedback was collected and used along with audit results to continually improve the service provided. The manager is a member of the Aesthetics Complications Expert (ACE) Group, a group of practitioners that regularly report on any difficulties encountered and the potential solutions. This allows the service to keep up to date with changes in the aesthetics industry, legislation or best practice. The manager has a responsibility to provide advice and guidance to this group weekly.

The 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.

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

A programme of regular audits made sure that it monitored the safe delivery of the service, included hand hygiene, management of medicines and adverse events. The service continuously monitored the treatment methods that it used. This made sure that it used the most up to date and effective methods in contemporary aesthetics.
This has led to some improvements in the effectiveness of procedures and allowed the service to evaluate what was working well, and take steps to keep positive outcomes for patients.

A quality improvement plan and a business plan were in place to maintain the high standards that the service provides. The service regularly asked the views of its patients and acted on them.

- 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](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:** [comments.his@nhs.net](mailto:comments.his@nhs.net)