Announced Inspection Report: Independent Healthcare

Service: Secret Smile Aesthetics, Clydebank
Service Provider: Secret Smile Aesthetics Limited

11 September 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

1. A summary of our inspection ........................................... 4

2. What we found during our inspection ................................ 7

Appendix 1 – Requirements and recommendations ............ 15
Appendix 2 – About our inspections ............................... 17
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 Secret Smile Aesthetics on Wednesday 11 September 2019. We received feedback from 43 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Secret Smile Aesthetics, 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>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>
The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

#### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<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>Patients received an assessment before treatment. Treatments and associated risks were fully explained. Patients felt fully in control of their care. Patients’ consent should be recorded for each episode of care, the sharing of information and use of photography. Although patients told us they received verbal and written aftercare advice, this was not documented in patient care records.</td>
</tr>
</tbody>
</table>

#### Domain 7 – Workforce management and support

| 7.1 - Staff recruitment, training and development                             | Recruitment, induction and training policies were in place. Although we identified gaps in the recruitment process, the service had already identified this and had recently changed and updated its recruitment policy.                                                                                                     |

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 Secret Smile Aesthetics Limited to take after our inspection

This inspection resulted in four 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

We would like to thank all staff at Secret Smile 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 very happy with the care they received and were fully involved and informed about their treatment. There was a structured approach to gathering and using patient feedback to improve the service. Patients must be told they can complain to Healthcare Improvement Scotland at any stage.

All consultations were by appointment only and the service’s environment helped maintain patients’ privacy and dignity.

An initial consultation gave patients an opportunity to fully discuss with the service their expectations and desired outcomes from treatments, as well as receiving advice and information about risks and side effects.

Feedback was sought from patients using a feedback form following treatment. The feedback we saw showed very high satisfaction levels. The service had also asked patients to complete an online questionnaire in July 2019. This identified that patients would like to see some new aesthetic body treatments introduced. As a result, the practitioner had sought further training on new treatments. The outcome of this review had been fed back to patients using social media.

All patients who responded to our survey said they felt involved in decisions about their care, and the risks and benefits of treatment were explained to them. Comments included:

- ‘I was able to ask questions and given honest answers and expectations were explained allowing me to make an informed decision about my own needs.’
- ‘All aspects of procedure were discussed including alternatives where available and aftercare.’
- ‘Clinician was very informative and took time to explain the procedure.’
While the service had not received any complaints since its registration, a complaints policy was in place with clear timescales for investigating and responding to complaints. Information about how to make a complaint was available on the service’s website.

A duty of candour policy was also in place that described how the service would meet its professional responsibility to be honest with patients when things go wrong.

**What needs to improve**
The service’s complaints policy must make clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process. The full contact details of Healthcare Improvement Scotland must also be provided. Information about how to make a complaint should be readily accessible to patients. We will follow this up at future inspections.

- 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 environment was clean and the practitioner was aware of their roles and responsibilities. Patients were extremely satisfied with the environment and standard of cleanliness. Medicines were managed safely in the service. The service should further develop its audit programme.

Patients were cared for in a clean and safe environment. All equipment used for procedures was single use to prevent the risk of cross-infection. An infection prevention and control policy was in place, and the practitioner had a good awareness of infection prevention and control practices.

All patients who responded to our online survey told us they were extremely satisfied with the environment and the standard of cleanliness. Some comments included:

- ‘The establishment is always immaculate.’
- ‘The treatment rooms are exceptionally clean down to the treatment room chair being thoroughly cleaned between each client.’

A range of policies and procedures were in place to help the service deliver care safely. A rolling programme of review made sure all policies and procedures remained up to date and in line with current legislation and best practice guidance. Adequate arrangements were in place for waste management, fire safety, servicing and maintenance of equipment.

The service’s medicines management policy described how medicines were procured, stored, prescribed, administered and discarded. We saw this policy was being followed.
The service had not had any incidents or accidents since registration.

Arrangements were in place to deal with medical emergencies. This included training for staff, first aid supplies and medicines available that could be used in an emergency, such as adrenaline.

We saw evidence of regular audits taking place, including medicines management, infection prevention and control, and patient care records.

**What needs to improve**

Although we found evidence of audits taking place, these could be further developed to include key points from each relevant policy or procedure. For example, the patient care record audit should include whether consent had been obtained from patients for photography and sharing information with other healthcare professionals during each episode of care (recommendation a).

- No requirements.

**Recommendation a**

- The service should further develop its audit programme. This would help review the safe delivery and quality of the service in line with current legislation and best practice guidance.

**Our findings**

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

Patients received an assessment before treatment. Treatments and associated risks were fully explained. Patients felt fully in control of their care. Patients’ consent should be recorded for each episode of care, the sharing of information and use of photography. Although patients told us they received verbal and written aftercare advice, this was not documented in patient care records.

We reviewed four patient care records. We saw that, before any treatment, patients received an initial consultation where an assessment was carried out. This included medical history, current physical and mental health, medications and allergies. Patients were asked to consent to treatment, sharing information with their GP, if required, and to having their photograph taken. We saw that three out of four consultation records had been signed by both the patient and the practitioner.
Patients told us they were given verbal and written aftercare advice. Reviews were arranged following treatment where treatment outcomes and patient satisfaction were discussed.

The service maintained the confidentiality of patients’ information by storing any paper files in a locked filing cabinet within a locked office.

**What needs to improve**

The service used a continuation sheet to document patient care following their consultation appointment. We saw that changes to prescribed medication or health conditions since patients’ initial consultations were not consistently documented in the patient care record for each episode of care (recommendation b).

We also saw that consent to treatment, photography and sharing information was not consistently documented in the patient care record for each episode of care. It is important this information is requested and recorded at each episode of care as it helps to ensure a patient’s treatment continues to be safe and appropriate (recommendation c).

Although a number of patients told us they had received verbal and written aftercare advice, this was not documented in the patient care record. We will follow this up at future inspections.

There was very little space in the patient care record to fully document discussions that took place between the patient and the practitioner. The service had already identified this and was updating its patient care records.

- No requirements.

**Recommendation b**

- The service should ensure that patient care records are updated during each episode of care to ensure that information about patients’ prescribed medication and health conditions remains current.

**Recommendation c**

- The service should ensure that patients’ consent to treatment, photography and sharing information with other healthcare professionals is documented for each episode of care in the patient care record.
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

Recruitment, induction and training policies were in place. Although we identified gaps in the recruitment process, the service had already identified this and had recently changed and updated its recruitment policy.

A recruitment policy was in place and the service employed one member of staff. An induction and ongoing training programme was in place.

The lead aesthetic nurse completed ongoing training as part of their Nursing and Midwifery Council (NMC) registration and attended aesthetic training events.

What needs to improve
Although the recruitment policy detailed the procedure to be followed for the retention and destruction of Disclosure Scotland background check certificates, we saw that this was not being followed (recommendation d).

Part of a safe recruitment process is ensuring appropriate checks are carried out on potential employees to ensure they are fit to work in the service. We reviewed the file of the one member of staff that was employed. We saw evidence of a Disclosure Scotland background check, references and a pre-employment health check being completed. However, we saw no evidence of a completed application form, qualification checks or verification of identity. We discussed this with the manager of the service, who told us they had already identified this gap and had updated the service’s recruitment policy in August 2019. The recruitment policy now detailed all the pre-employment checks that should be carried out for any new staff members that may be recruited to work in the service, in line with current legislation and best practice guidance. We will follow this up at future inspections.

- No requirements.

Recommendation d
- The service should destroy Disclosure Scotland background check certificates in line with its own recruitment policy.
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 through its membership with national groups and training events. The service’s quality improvement plan helped it to consider how it could continuously improve the quality of the service provided and how it was delivered.

The service was provided by one lead aesthetic nurse who was a member of national groups, such as the Association of Scottish Aesthetic Practitioners (ASAP) and the Aesthetic Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. They were also a member of a number of different professional forums, such as the Scottish Aesthetics Forum (SAF) and the Facial Aesthetics Forum. The SAF aims to support and promote study and research in aesthetics across Scotland. Membership of these groups made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

The service had formed partnerships with other aesthetic practitioners in the area to help discuss treatments, procedures or complications and provide peer support and best practice guidance when needed.

The service reviewed itself against other similar services by reviewing their Healthcare Improvement Scotland inspection reports. This helped the service identify areas for improvement. For example, the service had identified and taken action to address gaps in its own recruitment procedures.
A quality improvement policy and quality improvement plan had been developed and implemented. A number of priorities had been identified in the quality improvement plan:

- continuous improvement in patient safety and care delivered
- continuously offering the most up to date and best practice available through evidence
- continuous engagement with patients to improve the service delivered, and
- continuous commitment to training and development.

The service used action plans developed following audits and the review of patient feedback to drive forward improvement activities. We saw evidence of these changes being implemented.

Staff meetings were held every month. We saw this was an opportunity for the team to discuss any improvement work required, review policies and procedures, and review audits, accidents and incidents that had occurred and patient feedback. Where actions from the meeting were identified, we saw these were taken forward and improvements implemented.

- 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.

## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
</table>
| a The service should further develop its audit programme. This would help review the safe delivery and quality of the service in line with current legislation and best practice guidance (see page 10).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
| b The service should ensure that patient care records are updated during each episode of care to ensure that information about patients’ prescribed medication and health conditions remains current (see page 11).  

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 |
| c The service should ensure that patients’ consent to treatment, photography and sharing information with other healthcare professionals is documented for each episode of care in the patient care record (see page 11).  

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 |
### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>d The service should destroy Disclosure Scotland background check certificates in line with its own recruitment policy (see page 12).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14
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