Announced Inspection Report: Independent Healthcare

Service: Joanne’s Aesthetics, Wishaw
Service Provider: Joanne’s Aesthetics

16 March 2020
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 Joanne’s Aesthetics on Monday 16 March 2020. We spoke with the owner (practitioner) during the inspection. We received feedback from one patient 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 one inspector.

What we found and inspection grades awarded

For Joanne’s Aesthetics, 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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<tr>
<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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<tr>
<td>5.1 - Safe delivery of care</td>
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programme of audits should be introduced to review the safe delivery and quality of the service.

**Domain 9 – Quality improvement-focused leadership**

| 9.4 - Leadership of improvement and change | The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. However, a quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement. | ✓ Satisfactory |

The following additional quality indicator was 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>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records were held securely. Patients were fully informed before consenting for any treatments. A standardised patient care record should be introduced and all the required information recorded for all patients. All entries in the patient care record must be signed, dated and timed.</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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Joanne’s Aesthetics to take after our inspection**

This inspection resulted in one requirement and four recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and 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

Joanne’s Aesthetics, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Joanne’s 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 clear information about treatments. Information about how to make a complaint was easily available. Although patient feedback was gathered, further development of this process will show how the information is used 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.

Patients had an initial free of charge consultation with the practitioner. Discussions took place with patients about possible treatment options, outcomes and risks, and this was recorded in the patient care record. The service provided patients with information leaflets about the various treatments offered. As the service did not have a website, treatment costs were listed on the service’s business card which was given to all patients.

The service’s complaints policy detailed how it would manage any complaints received. A poster was displayed in the clinic advising patients that they could make a complaint directly to the service or to Healthcare Improvement Scotland. The service had not received any complaints since registration in April 2018. However, the service had developed a complaints report template to use to identify any areas for improvement or learning from any complaints received.

The service’s participation policy stated that feedback from patients could be obtained verbally, by leaving reviews on its social media pages and through structured confidential patient questionnaires. All patient comments we saw on social media were positive, and we noted the service responded to all feedback.
What needs to improve
The patient questionnaires and ‘we value your feedback’ postcards had only recently been introduced. As a result, no evaluation process had yet taken place to analyse the feedback and use it to make any required improvements to the service (recommendation a).

■ No requirements.

Recommendation a
■ The service should embed and strengthen its approach to gather, record and evaluate patient feedback, using the outcomes to drive improvements in the service.
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 clinic environment and equipment was clean and well maintained, and there was good compliance with standard infection control precautions. Medicines were managed safely. A regular programme of audits should be introduced to review the safe delivery and quality of the service.

The clinic room was organised and well lit. The environment and equipment appeared to be clean and was well maintained.

We saw good compliance with standard infection control precautions for clinical waste management including sharps such as needles and syringes, and a waste collection contract was in place. The service’s infection control policy referred to current national guidance.

Personal protective equipment (such as aprons and gloves) was in place. A wall-mounted dispenser of alcohol-based hand rub was available in the waiting area for patients and staff to use, and was also available in the treatment rooms.

The service had an up-to-date fire risk assessment. A contract was in place for testing electrical portable appliances and equipment to ensure they were safe to use.

Emergency equipment was also available such as a first aid kit and drugs for managing an allergic reaction. While the service had not had any incidents or accidents since registration, an accident reporting procedure and book was kept to record any incidents that took place. The practitioner was aware of their responsibility to report those incidents that are notifiable to Healthcare Improvement Scotland.
Improvement Scotland as detailed in our notifications guidance, or under health and safety legislation.

The service had a safe system for prescribing, procuring, storing and administering medicines. We saw medicines were being appropriately stored in a lockable refrigerator and cupboards. The temperature of the refrigerator was regularly checked and documented to make sure medicines were stored at the correct temperature. Batch numbers for medicines used during a patient’s treatment were recorded in patient care records. A separate record of all medicines and who received them was also kept to allow for tracking and traceability, if required.

The service was aware of its responsibilities for safeguarding and duty of candour (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong) and had appropriate policies in place.

What needs to improve
We found no evidence of audits taking place to review the safe delivery and quality of the service. For example, audits could be carried out on patient care records and medicine management. An audit programme would help the service structure its audit process, and record its findings and improvements made (recommendation b).

- No requirements.

Recommendation b
- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were held securely. Patients were fully informed before consenting for any treatments. A standardised patient care record should be introduced and all the required information recorded for all patients. All entries in the patient care record must be signed, dated and timed.

We reviewed four patient care records and found evidence of consultation, assessment, a consent process and treatment planning with patient
involvement. There was evidence that risks of treatment had been explained. We saw post-treatment advice cards that were given to patients.

Patient care records were stored securely in a lockable filing cabinet in the clinic room. The service had a data protection, confidentiality and information security policy and was also registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights).

Patients were given a ‘treatment passport’ which they could take away with them. This recorded all their facial treatments and could be used to show other practitioners if the patient attended another service.

What needs to improve
Although patient care records were legible and appeared accurate, we noted that not all entries were signed, dated and timed by the practitioner (requirement 1).

The patient care records used in the service were supplied by the various pharmaceutical companies. This meant that different formats were used to record patient treatments. Some of the patient care records we reviewed contained a good level of detail and information, whilst others were missing sections such as for consenting to sharing information with other healthcare professionals or next of kin details. A standardised patient care document will help the service to carry out quality assurance checks of its patient care records. The service told us that it would develop its own patient care record to include all the required information (recommendation c).

Requirement 1 – Timescale: immediate
- The provider must ensure that every entry in the patient care record is signed, dated and timed by the healthcare professional to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records.

Recommendation c
- The service should ensure that a standardised patient care record is used for consistency of approach for all treatments, and that the required information is recorded for all patients including:
  (a) consent for sharing of information with other healthcare professionals when required, and
  (b) next of kin details.
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. However, a quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

The service is owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). The service engaged in regular continuing professional development and clinical supervision. 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.

The practitioner was a member of the Association of Scottish Aesthetic Practitioners (ASAP) and the Aesthetics Complications Expert (ACE) Group (a group of practitioners who provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions). This allowed the service to keep up to date with changes in the aesthetics industry, legislation and best practice. They also accessed online training modules, for example on infection prevention and control, on the ACE website.

The practitioner was also a member of the SkinViva support group where advice, information and shared learning could take place between practitioners.

We saw evidence that the practitioner had recently attended a training course for a new treatment that was offered by the service. They had also attended pharmacy training provided by a manufacturer of one of the products used in the service.
What needs to improve
There was no system for reviewing the quality of the service delivered. Regular reviews of feedback, complaints, incidents or audits of the service will help to ensure the service delivered is of a quality appropriate to meet the needs of patients. 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 d).

- No requirements.

Recommendation d
- 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

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<tr>
<th>Requirements</th>
<th>None</th>
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| Recommendation | The service should embed and strengthen its approach to gather, record and evaluate patient feedback, using the outcomes to drive improvements in the service (see page 8). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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

| Requirement | The provider must ensure that every entry in the patient care record is signed, dated and timed by the healthcare professional to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records (see page 11). |

Timescale – immediate

*Regulation 4(2)(a)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
<thead>
<tr>
<th>Recommendations</th>
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| **b** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (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 |

| **c** The service should ensure that a standardised patient care record is used for consistency of approach for all treatments, and that the required information is recorded for all patients including:
| (a) consent for sharing of information with other healthcare professionals when required, and
| (b) next of kin details (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 9 – Quality improvement-focused leadership

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

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