Announced Inspection Report: Independent Healthcare

Service: Aesthetics by Andrea, Mintlaw
Service Provider: Aesthetics by Andrea

21 January 2020
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www.healthcareimprovementscotland.org
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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 Aesthetics by Andrea on Tuesday 21 January 2020. We spoke with the provider of the service during the inspection. Before the inspection, we asked the service to display a poster with a link to an online survey asking patients to provide us with feedback about the service. We received feedback from 21 patients.

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 Aesthetics by Andrea, 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>Domain 2 – Impact on people experiencing care, carers and families</td>
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<tr>
<td>Quality indicator</td>
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<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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contingency plan should be formalised.

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

| 9.4 - Leadership of improvement and change | The service maintained current best practice through training, maintaining continuing professional development and attending events in the aesthetics industry. The service should develop a quality improvement plan to direct the delivery of improvements. | ✓ 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 |
| Quality indicator                                                                 | Summary findings                                                                                                                                 |
| 5.2 - Assessment and management of people experiencing care                      | Patients received a full consultation before treatment. After treatment, patients were given aftercare information and offered follow-up appointments. Patient consent to treatment and consent to share information with their GP was not always recorded. Patient care records were not regularly audited. |

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 Aesthetics by Andrea to take after our inspection**

This inspection resulted in two requirements and eight 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Aesthetics by Andrea, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Aesthetics by Andrea 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 felt involved in planning their care. The service gathered patient feedback but this process should be more structured so that feedback is used to drive improvement. A duty of candour policy should also be developed.

The service had its own leaflet that contained general information about the service, treatments offered, prices, aftercare advice and contact details.

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

An initial consultation included a discussion about the patient’s desired outcomes, the benefits and risks of treatment, information about aftercare and treatment costs.

The service’s main source of feedback was through social media. A feedback questionnaire was also given to patients at the end of their treatment in a stamped addressed envelope. This was given at the same time as their aftercare information. Feedback received from our online survey was positive, as were the reviews we saw on social media. All patients who responded to our survey said they felt involved in decisions about their care and that the risks and benefits of treatment had been explained to them. Comments included:

- ‘Everything clearly explained, including products used procedure and after care’.
- ‘Everything was explained so well.’
- ‘Every aspect discussed at every stage.’
A complaints policy was in place with clear timescales for acknowledgement, investigation and response. We saw that no formal complaints had been raised with the service and any concerns raised had been dealt with and documented appropriately.

**What needs to improve**

While the service had a clear complaints policy, information on how patients could make a complaint was not easily accessible. The complaints process should be made more widely available to patients, such as displaying a summary within the treatment room and publishing it in aftercare leaflets (recommendation a).

Although feedback questionnaires were given to patients following treatment, very few patients returned them. There was no structured way of gathering and analysing patient feedback or demonstrating service improvements made as a result. A patient participation policy would help the service set out how it will gather and analyse feedback and demonstrate improvements made as a result. The service should also consider different ways of gathering patient feedback, such as an annual online survey (recommendation b).

The service did not have a duty of candour policy in place that described how it would meet its professional responsibility to be honest with patients when things go wrong (recommendation c).

**Recommendation a**

- The service should ensure patients can easily access information about how to make a complaint.

**Recommendation b**

- The service should develop a participation policy that sets out a structured approach to gathering and analysing patient feedback, demonstrating the service improvements made as a result and measuring the impact of change from the improvements made.

**Recommendation c**

- The service should develop and implement a duty of candour policy.
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

Patients were cared for in a clean and safe environment and were happy with the cleanliness of the service. A structure must be in place to assess and manage risks, a regular programme of audits should be introduced and the service’s contingency plan should be formalised.

The treatment room was clean, tidy and well maintained. Floors and work surfaces could be easily cleaned. The treatment room and equipment were cleaned at the end of each clinic session and a deep clean was carried out every 2 months. All patients who responded to our online survey told us they were extremely satisfied with the cleanliness and maintenance of the service. Comments included:

- ‘Treatment room is immaculate’.
- ‘Purpose made clinic which was clean, bright and well set up.’
- ‘A professional environment. Always spotlessly clean and tidy’.

A range of policies and procedures were in place to help the service deliver care safely and the service manager was aware of their role and responsibilities. Policies included medicine management, infection control, safeguarding vulnerable adults.

We saw that personal protective equipment, such as disposable aprons and gloves, were available. Only single-use equipment was used during treatments, to prevent the risk of cross-infection. Clinical waste and needles were appropriately managed safely and a clinical waste contract was also in place.

Appropriate fire safety equipment was in place and a fire risk assessment had been completed. We also saw evidence of fire alarm testing.
Medicines were stored appropriately and securely in a clinical drugs fridge or cupboard. The temperature of the fridge was monitored at each clinic session. We saw medicines were in date and processes were in place to make sure they were used before expiry dates. A process was in place for dealing with any medical emergencies and suitable medical emergency equipment was available for the treatments provided.

The service kept a logbook of all accidents, incidents, complications and adverse events. Some minor incidents had occurred since registration and these had been appropriately dealt with and a suitable record kept.

**What needs to improve**

The service had not carried out any formal risk assessments and it had no structure in place to demonstrate the management of risks (requirement 1).

We found no evidence of audits taking place to review the safe delivery and quality of the service. An audit programme would help the service demonstrate how it identified and implemented improvements. Audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment (recommendation d).

The service had an informal contingency arrangement in place with another local HIS-registered service. This informal arrangement helped the two services provide follow-up care to the other’s patients during periods of annual leave. A formalised version of this arrangement would make sure the service had an established contingency plan in place. The plan should set out how the continuity of patient care would be assured in planned and unforeseen circumstances (recommendation e).

While the service’s equipment was minimal, it did not have a system for regularly checking portable appliances. The service manager agreed to implement routine portable appliance testing. We will follow this up at future inspections.

**Requirement 1 – Timescale: by 30 April 2020**

- The provider must introduce a programme of risk assessment and management to ensure there is proper provision for the health, welfare and safety of service users.

**Recommendation d**

- 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.
**Recommendation e**

- The service should formalise its contingency plan so that clear arrangements are in place for patient aftercare and follow-up during times of annual leave, illness, long-term absence or if the service ceased trading.

**Our findings**

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

Patients received a full consultation before treatment. After treatment, patients were given aftercare information and offered follow-up appointments. Patient consent to treatment and consent to share information with their GP was not always recorded. Patient care records were not regularly audited.

We reviewed how patients' needs were assessed and how treatment was planned and delivered in line with individualised treatment plans. The six patient care records we reviewed showed that patients had been assessed through an initial consultation to make sure their suitability before treatment took place. This included:

- a discussion about the patient’s expected outcomes
- assessing the patient’s medical history, including details of health conditions, allergies, current medications that may preclude treatment and establishing any history of previous aesthetic treatments, and
- an explanation of risks and benefits of treatment.

Patient care records detailed each treatment session, including a diagram of the treated area, the dosage of medicine used and the medicine batch numbers. All patient care records we reviewed were legible and stored securely in a lockable cabinet in the treatment room. This room was also lockable and had a keypad entry. The service used a dedicated laptop to store ‘before and after’ photographs of patients. The service was registered as a data controller with the Information Commissioner’s Office.

Patients were given aftercare information along with information about what to do in an emergency. Contact details for the service were included in the information. Follow-up appointments were also offered.
What needs to improve
We found gaps in documentation for the majority of the patient care records we reviewed. For example:

- signed treatment plans we saw were not dated or timed
- a summary of the information discussed with the patient, such as desired outcomes and costs of agreed treatment was not recorded, and
- patients and practitioners had not signed the majority of consent-to-treatment records.

The medical history questionnaire form used was very basic and did not contain enough detail to demonstrate that assessments were thorough. This form should include the specific questions asked of patients and the information discussed with them during consultations, in order to demonstrate that thorough consultations have taken place.

Patient care records must set out how patients health, safety and welfare needs will be met. Routine audits of patient care records would also help identify gaps and lead to sustained improvement in record-keeping (requirement 2).

In certain circumstances, a service may need to inform a patient’s GP about something relevant to their treatment, such as an adverse reaction to a medicine or a complication. In order to share information, the service needs the patient’s consent. The service’s consent form did not allow for the recording of patient consent to share their medical information with their GP (recommendation f).

We saw no evidence that a re-assessment had been carried out on patients that had returned for further treatment. Patients should be reassessed to verify there have been no changes to their health or medications that may prevent treatment taking place (recommendation g).
Requirement 2 – Timescale: immediate

- The provider must ensure that patient care records set out how patients’ health, safety and welfare needs will be met. As a minimum, this must include:

  - the date and time of every consultation with, or examination of, the service user by a health care professional and the name of that health care professional
  - the outcome of that consultation or examination
  - details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the health care professional responsible for providing it, and
  - every medicine ordered for the service user and the date and time at which it was administered or otherwise disposed of.

Recommendation f

- The service should record patient consent to share information with their GP and other medical staff in an emergency (if required) in patient care records.

Recommendation g

- The service should ensure that appropriate reassessments are carried out to verify that no changes have occurred to a patient’s health or medications since their last treatment. Reassessments should be documented in patient care records.
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 maintained current best practice through training, maintaining continuing professional development and attending events in the aesthetics industry. The service should develop a quality improvement plan to direct the delivery of improvements.

The service was owned and managed by a nurse practitioner registered with the Nursing and Midwifery Council (NMC). The service manager kept up to date with legislation and best practice in aesthetics by being a member of national groups, undertaking reflective learning, subscribing to relevant professional journals and attending aesthetic industry training events.

They maintained their professional development through the Nursing and Midwifery Council’s (NMC) revalidation process. Revalidation is where registered nurses send evidence of their competency, training and feedback from patients and peers to the NMC every 3 years.

The service manager was also a member of the Aesthetic Complications Expert (ACE) group (a group of practitioners who regularly report on difficulties encountered with aesthetic procedures and produce guidance on potential solutions).

The manager told us that they have professional relationships with aesthetic peers for advice on complication management and to provide cover during holidays.

What needs to improve

The service had no quality improvement process in place for reviewing the quality of the care and treatment provided, such as outcomes from audits, patient feedback and incidents. A quality improvement plan would help the
service structure its improvement activities, demonstrate its outcomes, measure the impact of change and develop a culture of continuous improvement (recommendation h).

■ No requirements.

**Recommendation h**

■ The service should develop and implement a quality improvement plan to formalise and direct the way it drives, demonstrates and measures improvement.
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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td>None</td>
<td>a The service should ensure patients can easily access information about how to make a complaint (see page 8).</td>
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<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</td>
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<tr>
<td></td>
<td>b The service should develop a participation policy that sets out a structured approach to gathering and analysing patient feedback, demonstrating the service improvements made as a result and measuring the impact of change from the improvements made (see page 8).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
</tr>
<tr>
<td></td>
<td>c The service should develop and implement a duty of candour policy (see page 8).</td>
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<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</td>
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</table>
Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

1. The provider must introduce a programme of risk assessment and management to ensure there is proper provision for the health, welfare and safety of service users (see page 10).

   Timescale – by 30 April 2020

   *Regulation 13(2)(a)*  
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

2. The provider must ensure that patient care records set out how patients’ health, safety and welfare needs will be met. As a minimum, this must include:

   - the date and time of every consultation with, or examination of, the service user by a health care professional and the name of that health care professional
   - the outcome of that consultation or examination
   - details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the health care professional responsible for providing it, and
   - every medicine ordered for the service user and the date and time at which it was administered or otherwise disposed of (see page 13).

   Timescale – immediate

   *Regulation 4(2)*  
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

- 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
The service should formalise its contingency plan so that clear arrangements are in place for patient aftercare and follow-up during times of annual leave, illness, long-term absence or if the service ceased trading (see page 11).

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

The service should record patient consent to share information with their GP and other medical staff in an emergency (if required) in patient care records (see page 13).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

The service should ensure that appropriate reassessments are carried out to verify that no changes have occurred to a patient’s health or medications since their last treatment. Reassessments should be documented in patient care records (see page 13).

Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.13

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

The service should develop and implement a quality improvement plan to formalise and direct the way it drives, demonstrates and measures improvement (see page 15).

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