Announced Inspection Report: Independent Healthcare

Service: Sally Gray Aesthetics, Edinburgh
Service Provider: Sally Gray Aesthetics Ltd

5 February 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 Sally Gray Aesthetics on Tuesday 5 February 2019. We spoke with the manager during the inspection, and received feedback from 36 patients through an online survey we issued and emails from the service displaying our poster. 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 Sally Gray 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><strong>Quality indicator</strong></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>
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<tr>
<td>5.1 - Safe delivery of care</td>
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</tbody>
</table>
**Key quality indicators inspected**

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality indicator</td>
<td>Summary findings</td>
</tr>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The manager maintained current best practice through training and self-directed learning. A quality improvement plan should be developed.</td>
</tr>
</tbody>
</table>

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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality indicator</td>
<td>Summary findings</td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients were fully assessed before any treatment took place. Care was well documented and patients reported positively about their care experience. Additional consent should be recorded for sharing information.</td>
</tr>
</tbody>
</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 Sally Gray Aesthetics Ltd to take after our inspection**

This inspection resulted five 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](http://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 Sally Gray 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 told us they were happy with the care they received and were fully involved and informed about their treatment. Although the service had a participation policy, it did not actively seek feedback from patients.

The service made sure that patients’ privacy and dignity was maintained. All consultations were by appointment only. One patient was treated in the service at a time, maintaining confidentiality.

The service provided information to patients about treatments, benefits and risks of treatments and medication through its website, information displayed in the service and in information leaflets.

A process was in place to record and respond to complaints. However, no complaints had been received to date. The service’s complaints policy was accessible in the treatment room and stated that patients could complain to Healthcare Improvement Scotland at any point and included contact details.

Feedback from our online survey showed that all patients agreed they had been involved in decisions about their care. All patients stated they had been treated with dignity and respect. Comments included:

- ‘... gives her expert opinion on procedures, but is never pushy and always lets me make my own decisions.’
- ‘Always courteous, respectful and kind.’
What needs to improve

Although the service had a patient participation policy, we found no evidence that feedback was actively sought from patients. For example, a post-treatment questionnaire was not issued. Patients were able to provide feedback verbally, by email, texting and through social media. While this information was useful, it was difficult for the service to draw any conclusions that could be used to drive improvement. We also found no evidence that feedback was being recorded. We discussed with the service the importance of having a structured approach to patient feedback. This should include:

- gathering patient feedback
- analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation a).

■ No requirements.

Recommendation a

■ We recommend that the service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.
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. A regular programme of audits should be introduced to help the service make improvements.

The service was clean, well-organised and maintained. We saw contracts for maintenance of the premises including fire safety, and safe disposal of medical sharps and waste.

The service’s control of infection policy was in line with Health Protection Scotland’s *National Infection Prevention and Control Manual*. Single-use patient equipment was used for clinical procedures.

A safe system was in place for the procurement, prescribing, storage and administration of medicines in line with the service’s medication policy. Patient care records documented medicines used, batch numbers and expiry dates. Medications were stored in a locked fridge in a locked treatment room. The fridge had built-in temperature readings to make sure medication was stored within accepted temperature ranges.

Systems were in place to record accidents or incidents that occur in the service. We saw that available emergency equipment was checked regularly. Healthcare Improvement Scotland has not been notified of any recorded accidents or incidents involving patients since the service was registered.
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, medicine management, and the safety and maintenance of the care environment. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation b).

- No requirements.

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

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients were fully assessed before any treatment took place. Care was well documented and patients reported positively about their care experience. Additional consent should be recorded for sharing information.

We reviewed four patient care records. We saw that comprehensive assessments and consultations were carried out for all new and returning patients. This included a medical history, any health conditions, medications, previous treatments and any areas which would highlight any risks associated with the treatment such as pregnancy or any previous allergic reactions.

Records were kept of each treatment session, including a diagram of the treated area. Each time a patient visited, their initial assessment was reviewed and updated and the patient was consented for further treatment.

Patient care records were kept in paper format. Appropriate procedures were in place to make sure that information was held securely and to prevent unauthorised access. Procedures and patient consent processes had been updated in line with data protection requirements.

Feedback from our online survey showed that all patients agreed they had been provided with sufficient information in a format they could understand. All patients stated the risks and benefits had been explained to them before treatments took place.
Comments included:

- ‘Very clear explanation of procedure, results, recovery and aftercare.’
- ‘Brilliant service, always explains pros and cons.’

**What needs to improve**

The service did not always record patient consent for sharing information with GPs (recommendation c).

Aftercare was discussed with patients following treatment. However, the service did not provide patients with written aftercare instructions (recommendation d).

- No requirements.

**Recommendation c**

- We recommend that the service should record patient consent for sharing information with GPs.

**Recommendation d**

- We recommend that the service should provide written aftercare information. This would enable patients to make informed choices and decisions about their care.
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 manager maintained current best practice through training and self-directed learning. A quality improvement plan should be developed.

The service kept up to date with changes in legislation and best practice through attending a variety of conferences and training provided by pharmaceutical companies, and subscribing to journals, such as the British Association of Cosmetic Nurses. The service was also a member of the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions.

The manager made sure their professional registration status with the Nursing and Midwifery Council was kept up to date.

What needs to improve

There was no system for reviewing the quality of the service delivered. We saw no evidence of lessons being learned from complaints, incidents or audits which would help improve service delivery. Regular reviews 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 e).

- No requirements.
Recommendation e

- We recommend that the service should develop 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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
</tr>
<tr>
<td>a We recommend that the service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).</td>
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<tr>
<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>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

**Recommendations**

<table>
<thead>
<tr>
<th>b</th>
<th>We recommend that the service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 10).</th>
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</thead>
<tbody>
<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 4.19</td>
</tr>
<tr>
<td>c</td>
<td>We recommend that the service should record patient consent for sharing information with GPs (see page 11).</td>
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<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</td>
</tr>
<tr>
<td>d</td>
<td>We recommend that the service should provide written aftercare information. This would enable patients to make informed choices and decisions about their care (see page 11).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9</td>
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### Domain 9 – Quality improvement-focused leadership

**Requirements**

None

**Recommendation**

<table>
<thead>
<tr>
<th>e</th>
<th>We recommend that the service should develop a quality improvement plan (see page 13).</th>
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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: comments.his@nhs.net