Announced Inspection Report: Independent Healthcare

Service: North/South Facial Aesthetics, Lanark
Service Provider: North/South Facial Aesthetics

4 March 2020
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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 North/South Facial Aesthetics on Wednesday 4 March 2020. We spoke with two of the partners. Before the inspection, we asked the service to share a link to our online survey asking patients to provide us with feedback about the service. We received feedback from seven 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 North/South Facial Aesthetics, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
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<tbody>
<tr>
<td>Quality indicator</td>
<td>Summary findings</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Patients were very satisfied with the care and treatment they received. They felt fully informed about treatment options and involved in all decisions about their care. The complaints policy was not easily accessible to patients. A participation policy was not in place to help make sure patient feedback was used to drive service improvement.</td>
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</table>
Domain 5 – Delivery of safe, effective, compassionate and person-centred care

5.1 - Safe delivery of care

Staff had appropriate knowledge of infection prevention and control. Processes were in place to make sure medicines were managed safely. A more structured approach to risk management and a regular programme of audits would help demonstrate ongoing review of the service.

✔ Satisfactory

Domain 9 – Quality improvement-focused leadership

9.4 - Leadership of improvement and change

The service was provided by four experienced healthcare professionals from a mix of medical and nursing backgrounds. Quality assurance processes should be developed to enable the service to evaluate and measure the quality, safety and effectiveness of the service delivered. This should include a quality improvement plan to show how the service will measure the impact of service change and demonstrate a culture of continuous improvement.

✔ Satisfactory

The following additional quality indicators was inspected against during this inspection.

Additional quality indicators inspected (ungraded)

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

5.2 - Assessment and management of people experiencing care

The service recorded initial assessments and consultations and kept patient care records securely. Appropriate procedures were in place to enable patients to consent to treatment, in line with current legislation. We found significant gaps in treatment records. Consent should be recorded for taking and sharing photographs, and sharing information.

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 North/South Facial Aesthetics to take after our inspection**

This inspection resulted in three requirements and nine 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

North/South Facial Aesthetics, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at North/South Facial 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 satisfied with the care and treatment they received. They felt fully informed about treatment options and involved in all decisions about their care. The complaints policy was not easily accessible to patients. A participation policy was not in place to help make sure patient feedback was used to drive service improvement.

The service was a mobile service run by four partners. Its social media page provided general information about different treatments available. Appointments could be arranged through this page or one of the partners could be contacted directly. All patients were offered a free initial consultation to discuss treatment options and possible risks.

The service made sure patients’ privacy and dignity was maintained. Treatments were carried out in the comfort and privacy of the patient’s home, at a time convenient to them.

Social media and verbal comments were the main source of feedback gathered. Feedback received from our online survey and the reviews we saw was positive. All patients who responded to our survey said they felt involved in decisions about their care, risks and benefits had been explained to them. Comments included:

• ‘Full information explained in terms I fully understood.’
• ‘Procedure always explain prior to treatment.’
• ‘[...] explained everything and offered me different areas and volumes of filler to ensure I got exactly what I was wanting.’
A complaints policy was in place. The service had not received any formal complaints since its registration.

**What needs to improve**

While the service’s complaints policy explained that patients could complain to Healthcare Improvement Scotland at any time and described the process for making a complaint, it did not describe:

- how complaints would be investigated
- who would investigate them, and
- the timescales for acknowledging and responding to complaints (requirement 1).

Patients were encouraged to verbally discuss any complaints or concerns during treatment appointments. However, the service had not provided clear information for patients about how to make a complaint. For example, aftercare information did not include a complaints leaflet or summary complaints procedure. Patients should be able to easily access information about how to make a complaint (recommendation a).

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 b).

Patients were able to provide feedback verbally, through text and 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 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:

- developing and implementing a participation policy
- gathering patient feedback using a variety of different methods, such as a suggestions box, a regular feedback questionnaire and a yearly online survey
- recording and analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation c).
Requirement 1 – Timescale: by 31 May 2020
■ The provider must amend its complaints policy to include clear timescales for responding to complaints.

Recommendation a
■ The service should make its complaints process more widely available to patients, for example publishing a summary in aftercare leaflets or feedback forms.

Recommendation b
■ The service should develop and implement a duty of candour policy.

Recommendation c
■ The service should develop and implement a 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

Staff had appropriate knowledge of infection prevention and control. Processes were in place to make sure medicines were managed safely. A more structured approach to risk management and a regular programme of audits would help demonstrate ongoing review of the service.

A range of policies and procedures were in place to help deliver care safely as a mobile service. Policies included:

- infection control
- information management
- medicine management, and
- safeguarding vulnerable adults

Staff had appropriate knowledge of infection prevention and control and could describe how this was maintained when visiting patient homes. The service manager showed us the kit that each partner takes when carrying out treatments. This kit included:

- alcohol gel
- disposable gloves
- sharps boxes to dispose of used needles
- sterile dressing packs, and
- waste bags.
Only single-use equipment was used during treatments to prevent the risk of cross-infection. Clinical waste and needles were appropriately managed and disposed of safely through a professional clinical waste contract.

Medicines were stored appropriately and securely in a clinical drugs fridge or cupboard. The temperature of the fridge was monitored and recorded daily. We saw medicines were in-date and processes were in place to help make sure they were used before expiry dates. Medicines were transported to patient homes in a cool bag and reconstituted on-site. A process was in place for dealing with any medical emergencies and suitable medical emergency equipment was available for the treatments provided.

The service had an informal contingency plan in place, where each of the four partners provided cover for one another, such as during times of leave.

All seven respondents to our online survey agreed they rated the service as excellent. Comments included:

- ‘Have had treatment from […] three times now, I would highly recommend her and North South Facial Aesthetics and I will be back for more treatments in the future’.
- ‘If I could score higher I would. The service is excellent, carried out in a professional manner and in a very caring manner’.
- ‘Lovely. Friendly service. Procedure and results always explained prior to treatment’.

**What needs to improve**
The service had not carried out any formal risk assessments and did not have a structure in place to demonstrate the management of risks (requirement 2).

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 and medicine management (recommendation d).

The service manager told us that reconstituted botulinum toxin was stored for up to 2 weeks, for use at patient’s follow-up appointments. This is not in line with the manufacturers’ guidance which states that reconstituted botulinum toxin should be stored for up to 24hrs at 2–8 degrees centigrade (recommendation e).
While policies and procedures were in place for key aspects of service delivery, they did not accurately reflect the way care and treatment was delivered in the service. For example:

- The safeguarding policy did not describe the procedure that staff would follow if a safeguarding concern was identified.
- The infection control policy was not in line with the HIS HAI Standards 2015 or describe how standard infection control precautions were followed when visiting patient homes.
- The medicine management policy did not reflect how medicines were prescribed, ordered, delivered, stored, administered and disposed of (recommendation f).

**Requirement 2 – Timescale: by 31 May 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. *Regulation 13(2)(a)*

**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 ensure that medicines are used in line with the manufacturer’s guidance.

**Recommendation f**

- The service should update all its policies and procedures to make sure each one accurately reflects what happens in the service and how.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

The service recorded initial assessments and consultations and kept patient care records securely. Appropriate procedures were in place so patients could consent to treatment in line with current legislation. We found significant gaps in treatment records. Consent should be recorded for taking and sharing photographs, and sharing information.

One partner is a prescriber and another was training to become a prescriber. The prescribing partner carried out all initial consultations along with and one other partner. Each individual partner carried out treatments on another date separate to the consultation.

We reviewed how patients' needs were assessed and how treatment was planned and delivered in line with individual treatment plans. The five patient care records we reviewed showed that patients had been assessed at an initial consultation with to check their suitability before treatment. This included assessing the patient’s medical history with details of:

- allergies
- current medications that may preclude treatment and
- establishing any history of previous aesthetic treatments
- health conditions, and
- a record of the patients consent to treatment.

Patient care records were stored in a lockable filing cabinet to help maintain patient confidentiality.

Written aftercare information was available along with information about what to do in an emergency and contact details for the service. Follow-up appointments were also offered.

What needs to improve
We found significant gaps in the evidence we would expect to see recorded in patient care records. While all of the records we reviewed contained evidence of a consultation and initial assessment, they did not have a summary of the information discussed with the patient, such as:

- desired outcomes
• explanation of risks and benefits
• explanation of the costs of agreed treatment.

Patient care records did not include a treatment plan or evidence that the treatment that had been carried out. Only two records included evidence of the medicine dosage and batch number. Patient care records must set out how patients health, safety and welfare needs will be met (requirement 3).

While written aftercare information was available, we saw no evidence to demonstrate it had been given to patients. None of the patient care records we reviewed contained a summary of the information provided to the patient after treatment (recommendation g).

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. Furthermore, written consent was not obtained for taking patients photographs or sharing them on the service’s social media platforms.

There was also no appropriate system in place for taking, storing and sharing patient’s before and after photographs. Each partner followed a different process, with one partner using the patient’s own smart phone camera and other partners using their own personal smart phone camera. Once photographs had been taken, the service did not have a system in place to store them securely (recommendation h).

Requirement 3 – Timescale: by 31 May 2020
• 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 g**

- The service should implement a system to ensure all patients have received appropriate aftercare.

**Recommendation h**

- The service should record patients’ consent for taking and sharing photographs and also to sharing information with their GP and other medical staff in an emergency, in patient care records. Patient’s photographs should also be held securely, in the same way as other patient-identifiable information.
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 was provided by four experienced healthcare professionals from a mix of medical and nursing backgrounds. Quality assurance processes should be developed to enable the service to evaluate and measure the quality, safety and effectiveness of the service delivered. This should include a quality improvement plan to show how the service will measure the impact of service change and demonstrate a culture of continuous improvement.

Four experienced healthcare professionals, from a mix of medical and nursing backgrounds owned and managed the service. Each partner is registered with the Nursing and Midwifery Council (NMC) and undertake regular continuing professional development through the NMC registration and revalidation process. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body every 3 years.

The service is a member of the Aesthetics Complications Expert (ACE) Group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties experienced and the potential solutions. The service subscribed to forums and attended pharmaceutical company-training days to keep up to date with changes in the aesthetics industry, legislation and best practice. The service manager told us that the partners kept in touch regularly about business operations, via a group messenger service.

What needs to improve

The service did not have a system in place to review the quality of the service delivered. Regular reviews of feedback, complaints, incidents or audits of the service will help to make sure 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 allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation i).

- No requirements.

**Recommendation i**

- 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

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<thead>
<tr>
<th>Requirements</th>
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<tbody>
<tr>
<td>1. The provider must amend its complaints policy to include clear timescales for responding to complaints (see page 8).</td>
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<tr>
<td>Timescale – by 31 May 2020</td>
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<tr>
<td><em>Regulation 15</em></td>
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<tr>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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<th>Recommendations</th>
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<tbody>
<tr>
<td>a. The service should make its complaints process more widely available to patients, for example publishing a summary in aftercare leaflets or feedback forms (see page 9).</td>
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<tr>
<td>Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.20</td>
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<tr>
<td>b. The service should develop and implement a duty of candour policy (see page 9).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.4</td>
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</table>
The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 9).

Health and Social Care Standards: My support, my care. 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

Requirements

2 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 12).

Timescale – by 31 May 2020

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

3 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 14).

Timescale – by 31 May 2020

Regulation 4(2)
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)

#### Recommendations

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| **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 (see page 12).  

Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.19 |
| **e** | The service should ensure that medicines are used in line with the manufacturer’s guidance (see page 12).  

Health and Social Care Standards: My support, my care. I experience high quality care and support that is right for me. Statement 1.24 |
| **f** | The service should update all its policies and procedures to make sure each one accurately reflects what happens in the service and how (see page 12).  

Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.11 |
| **g** | The service should implement a system to ensure all patients have received appropriate aftercare (see page 15).  

Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.11 |
| **h** | The service should record patients’ consent for taking and sharing photographs and also to sharing information with their GP and other medical staff in an emergency, in patient care records. Patient’s photographs should also be held securely, in the same way as other patient-identifiable information (see page 15).  

Health and Social Care Standards: My support, my care. I am fully involved in all decisions about my care and support. Statement 2.14 |
### Domain 9 – Quality improvement-focused leadership

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<tr>
<th>Requirements</th>
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<td>None</td>
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<tr>
<th>Recommendation</th>
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Health and Social Care Standards: My support, my care. 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
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net