Announced Inspection Report: Independent Healthcare

**Service:** Silver Apple Aesthetics, Portlethen

**Service Provider:** Silver Apple Aesthetics

13 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 Silver Apple Aesthetics on Friday 13 March 2020. We spoke with a service owner during the inspection. We received feedback from 52 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Silver Apple Aesthetics, the following grades have been applied to three key quality indicators.

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| **Domain 5 – Delivery of safe, effective, compassionate and person-centred care** |
| **5.1 - Safe delivery of care** | The environment was clean, safe and helped maintain patient privacy. An audit programme was in place. | ✓✓ Good |

| **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 through its membership with national groups and training events. A quality improvement plan and programme | ✓✓ Good |
helped to improve the quality of the service provided, and ensure the delivery of safe and effective treatments.

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

<table>
<thead>
<tr>
<th>Additional quality indicators inspected (ungraded)</th>
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<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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| 5.2 - Assessment and management of people experiencing care | Patient confidentiality was maintained. Patients who had attended for single or returning treatments had been consented in line with current legislation. Patient care records did not document initial face-to-face consultations or consent for sharing patient 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Silver Apple Aesthetics to take after our inspection**

This inspection resulted in one requirement and one recommendation. 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 requirement and recommendation.

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)

Silver Apple 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 Silver Apple Aesthetics for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

This section is where we report on 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 their care and treatment. Patient feedback was consistently collected through questionnaires and formally evaluated to show how it would be used to inform improvements.

Patients were offered a free initial consultation where treatment-specific information was provided. Information was available on the service’s social media page and website on how patients could arrange appointments for consultations and treatments.

A participation policy was in place which detailed how feedback would be obtained and analysed. Patient feedback was collected through structured questionnaires. These were handed out to patients after each treatment to be completed. Completed questionnaires could be returned through the post or a feedback box. Feedback could also be left on the service’s social media page. We saw evidence that completed questionnaires were analysed to identify common themes to inform service improvement as documented in a service improvement plan.

All 52 patients who responded to our online survey felt they were given enough information at their first consultation to make a decision and give consent to treatment. All were very positive about the care they received. Comments included:

- ‘Everything was explained before treatment and during.’
- ‘The treatment was explained beforehand in detail and the procedure was fully explained in a manner I was comfortable with when getting it done.’
- ‘Clear and concise information given.’
The service had a dignity and respect policy in place. All 52 patients who responded to our online survey strongly agreed that the service treated them with dignity and respect. Comments included:

- ‘Always pleasant and helpful and listens to your needs, very understanding.’
- ‘I was treated with dignity and respect, if I wanted to stop or ask questions, it was no problem at all and I was made to feel at ease. My wishes throughout different treatments were adhered to.’

Duty of candour policy (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong). A complaints policy was in place and we saw this displayed in the service. The service had not received any complaints at the time of our inspection.

- No requirements.
- No recommendations.
Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

**Our findings**

**Quality indicator 5.1 - Safe delivery of care**

The environment was clean, safe and helped maintain patient privacy. An audit programme was in place to monitor the quality and safety of the service. Policies and processes were in place to make sure treatments were carried out safely.

The service was clean, tidy, well maintained and finished to a high standard. Floors and work surfaces in the treatment area could be easily cleaned. The service manager cleaned the treatment area between appointments and at the end of each day. All patients that responded to our online survey were extremely satisfied with the cleanliness of the area they were treated in and told us:

- ‘Spotless.’
- ‘Always looks fresh and exceptionally clean’.
- ‘The treatment room was absolutely spotless and smelled so lovely and clean’.

The service had a reliable system for reviewing policies and procedures it had in place to help deliver care safely, including policies for:

- infection prevent and control
- medication
- medical emergencies, and
- protection of vulnerable adults.
We saw that personal protective equipment, such as disposable aprons and gloves, were available. Single-use equipment was used for all treatments carried out. The service had appropriate sharps and clinical waste bins. A clinical waste contract was also in place.

The service had appropriate fire signage in place and we saw a completed fire risk assessment. All electrical equipment had been PAT tested. Arrangements were in place to deal with medical emergencies. This included training for staff, first aid supplies and medicines available that could be used in an emergency, such as adrenaline. The manager, who owned and operated the service, was also the prescriber and practitioner. The service had a checklist for recording medication and expiry dates in line with its policy and we saw that all medication including emergency medication and dermal fillers were in-date.

The service and prescriber were registered with the Medicines and Healthcare products Regulatory Agency (MHRA). This made sure notifications of any drug safety alerts were received. We saw that temperature-critical medications were stored in a clinical fridge. The fridge temperature was constantly monitored and recorded to make sure medicines were stored at a safe temperature.

The practitioner told us how they carried out daily checks on the equipment and environment, we saw that checklists were in place to support this. We saw that a programme of audit included infection control and documentation to review the safe delivery and quality of the service. We saw that the results of these audits informed the service improvement plan. An accident book was kept up to date.

- No requirements
- No recommendations

**Our findings**

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

Patient confidentiality was maintained. Patients who had attended for single or returning treatments had been consented in line with current legislation. Patient care records did not document initial face-to-face consultations or consent for sharing patient information.

The four patient care records we reviewed were clear and legible. All four patient care records recorded past medical history and listed risks associated with the treatment, such as pregnancy or any previous allergic reactions as well as contact details for the patient’s next of kin. All patient care records
documented the patients’ consent for single treatment or returning treatments. Patient care records also recorded treatments given, including dosage of medicine used and the medicine batch numbers.

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

**What needs to improve**

All patients received an initial face-to-face consultation where treatment options, costs and their expectations were discussed. However, the initial consultation and aftercare advice given were not documented in patient care records (requirement 1).

Patient consent for sharing information with their GP and other medical staff or next of kin in an emergency was not recorded. The consent policy should be updated to reflect the process the service should follow to record all necessary patient consent (recommendation a).

**Requirement 1 – Timescale: by 13 May 2020**

- The provider must document all consultations in the patient care records.

**Recommendation a**

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, 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 sole practitioner maintained current best practice through ongoing training and development. A quality improvement plan was in place, which demonstrated improvements and measured their impact.

The service was provided by an individual nurse practitioner, who was a member of various national groups. This included:

- the Association of Scottish Aesthetic Practitioners
- the British Association of Cosmetic Nurses, and
- the Aesthetics Complications Expert (ACE) Group.

The ACE group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions. The nurse was also a member of online support forums, subscribed to various aesthetic journals and attended yearly training events. This made sure the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

The service’s overarching quality improvement programme was linked to its aims and objectives. The programme included:

- the ongoing review of policies and procedures
- reviewing patient feedback
- an audit programme that measured quality in the service, and
- using learning to continually improve the patient experience.
The service’s quality improvement plan showed improvements that had been made in the service. For example, the service now made sure that all patients were consented for each procedure in the patient care record.

- No requirements
- No recommendations
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement**: A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation**: A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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

#### Requirement

| 1 | The provider must document all consultations in the patient care records (see page 10). |
| Timescale – by 13 May 2020 |

*Regulation 4(2)a*

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

#### Recommendation

| a | The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records (see page 10). |

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

**Before inspections**

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

**During inspections**

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

**After inspections**

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net
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.