Announced Inspection Report: Independent Healthcare

Service: Little Reds Aesthetics, Falkirk
Service Provider: Little Reds Aesthetics Ltd

24 July 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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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 Little Reds Aesthetics on Wednesday 24 July 2019. We received feedback from 22 patients through an online survey we had issued. 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 Little Reds Aesthetics, the following grades have been applied to three key quality indicators.

<table>
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<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td>Domain 2 – Impact on people experiencing care, carers and families</td>
<td>Quality indicator</td>
<td>Summary findings</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Patients told us they received sufficient information to allow them to make an informed decision about their treatment. Patients were very satisfied with their care and treatment. Feedback from patients was being collected but had yet to be evaluated to show how it would be used to develop the service.</td>
<td>✔ Satisfactory</td>
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<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<td>5.1 - Safe delivery of care</td>
<td>Patients were cared for in a clean and safe environment. The service had not yet introduced a program of audit to identify and manage risks in the service. Consent for the sharing of patients’ information was not recorded.</td>
<td>✔ Satisfactory</td>
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</table>
The following additional quality indicator was inspected against during this inspection.

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

#### 5.2 - Assessment and management of people experiencing care

Patient confidentiality was maintained. Not all patients who had attended for botulinum toxin top-up treatments had been consented in line with current legislation.

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:  

### What action we expect Little Reds Aesthetics Ltd to take after our inspection

This inspection resulted in one requirement and five recommendations. The requirement is 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 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)
Little Reds Aesthetics Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Little Reds Aesthetics for their assistance during the inspection.
3  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 received sufficient information to allow them to make an informed decision about their treatment. Patients were very satisfied with their care and treatment. Feedback from patients was being collected but had yet to be evaluated to show how it would be used to develop the service.

Patients who responded to our own survey told us that they felt they were given enough information at their first consultation to make a decision and give consent to treatment. Patients also told us that they were treated with dignity and respect. Comments included:

- ‘Very informative and did not rush you at all! I felt relaxed and reassured throughout the whole process and would highly recommend!’
- ‘10/10, would not go anywhere else for my aesthetic treatments.’
- ‘Pre- and post-care I could not fault.’

The service’s participation policy described how it would gather feedback from patients, such as through social media. Patients were also asked to complete a questionnaire after their treatment. The service manager had also implemented an online system to gather patient feedback after these post-treatment questionnaires had not led to patients giving their feedback. While this online system had still to be evaluated, some positive feedback had been received through it at the time of our inspection.

In all patient care records we reviewed, initial consultations had been documented. The records included discussions about the patient’s expectations, risks, benefits and treatment options. Patient care records also showed that a review appointment was offered.
While the service had not received any complaints, we were told that patients were advised of how to make a complaint about the service at the initial consultation. The complaints policy that we saw included the contact details for Healthcare Improvement Scotland and a statement advising patients that they could complain directly to us at any time.

**What needs to improve**
The service’s patient feedback system had not been used to inform improvement actions at the time of our inspection (recommendation a).

- No requirements.

**Recommendation a**
- The service should continue to collect patient feedback and evaluate its findings to show how patient feedback is used to inform service 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. The service had not yet introduced a program of audit to identify and manage risks in the service. Consent for the sharing of patients’ information was not recorded.

We saw that the clinic environment was clean, well maintained and finished to a high standard. Infection prevention and control measures were in place as well as fire safety management procedures. Only single-use disposable equipment was used in the clinic to prevent the risk of cross-infection. The service had a contract for the safe disposal and removal of sharps and clinical waste. From the feedback we received, 95% of patients were satisfied with the clinic environment and the standard of cleanliness in the service. We saw that a qualified electrician regularly serviced all equipment used in the service to make sure it was safe to use.

Effective systems in place included a range of policies, procedures and maintenance arrangements to make sure that the equipment was clean, safe and well-maintained.

The service’s environment helped maintain patients’ privacy and dignity. For example, the treatment room could be locked and windows were adequately screened. The service had a chaperone policy in place.

The practitioner was trained in dealing with medical emergencies and emergency medications were available. The service’s medication policy covered all aspects of the safe and secure handling of medicines, including procurement, storage, prescribing and administration. Patient care records noted the medications used, including their batch number and expiry date.
An accident book was available to record any incidents in it. The service had no documented accidents or incidents at the time of our inspection.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. The service’s policies, including duty of candour and data protection policies had been reviewed and updated.

Feedback from our survey showed that all patients felt safe and secure when receiving treatment in the service. An adult support and protection policy was in place to protect people who may be at risk of harm or abuse.

**What needs to improve**
We saw a blood spillage kit in place. However, the service’s infection control policy did not describe how blood spillages would be dealt with (recommendation b).

The service did not record patient consent for sharing information with their GP and other medical staff in an emergency (recommendation c).

The service did not carry out any audits, such as infection control, environmental, medication management or patient care record audits to review its safe delivery and quality of care (recommendation d).

- No requirements.

**Recommendation b**
- The service should update its infection control policies to include reference to blood spillages.

**Recommendation c**
- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ care records.

**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.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient confidentiality was maintained. Not all patients who had attended for botulinum toxin top-up treatments had been consented in line with current legislation.

The eight patient care records we reviewed were clear, legible and most were fully completed. The records showed comprehensive assessments were completed before a patient’s first treatment and included a diagram of the area to be treated. The assessments included in the patient care recorded a medical history and listed risks associated with the treatment, such as pregnancy or any previous allergic reactions.

The service had a consent policy in place. Patient care records showed that patients consented to treatment, which included consent to photographs being taken. Paper-format patient care records were stored in a lockable room to help maintain patient confidentiality. Electronic records were kept on a password-protected tablet.

Patient care records for those who had received additional aesthetic treatments, such as dermal fillers had notes of a separate consultation, discussion and recorded consent for treatment.

What needs to improve
Patient care records were generally well completed. However, from the records reviewed, we found that some patients who had attended for botulinum toxin top-up treatments had not been consented in line with current legislation. We also did not see any evidence of traceability of the medication used to treat patients.
Requirement 1 – Timescale: by 1 December 2019

The provider must ensure a record is made in the patient care record, as closely as possible to the time of the relevant event, of the following matters:

- 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.

No recommendations.
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 manager maintained current best practice through ongoing training and development. A quality improvement plan should be developed to demonstrate improvements and measure the impact on the service.

The practitioner owned and managed the service and was registered with the Nursing and Midwifery Council (NMC). They kept up to date with best practice through ongoing training and development.

The service manager was a member of several national aesthetics organisations, subscribed to journals and received peer support from other aesthetic practitioners in the industry. This helped the service to stay updated on changes in the aesthetic industry, legislation and best practice.

What needs to improve

The service had yet to develop a comprehensive quality assurance system or process to drive improvement. The development of a quality improvement plan would help structure and record improvement activities and help evaluate the impact of change on the quality of the service (recommendation e).

■ No requirements.

Recommendation e

■ 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>
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<tr>
<td>Recommendations</td>
<td>The service should continue to collect patient feedback and evaluate its findings to show how patient feedback is used to inform service improvement (see page 8).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirement

1. The provider must ensure a record is made in the patient care record, as closely as possible to the time of the relevant event, of the following matters:

- 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
- every medicine ordered for the service user and the date and time at which it was administered or otherwise disposed of (see page 12).

**Timescale – by 1 December 2019**

*Regulation 4(2)(a)(b)(c)(d)*

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

### Recommendations

**a** We recommend that the service should update its infection control policies to include reference to blood spillages (see page 10).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17

**b** We recommend that the service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ 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

**c** 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).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
## Domain 9 – Quality improvement-focused leadership

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<tr>
<th>Recommendation</th>
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<tr>
<td>e We recommend that the service should develop a quality improvement plan (see page 13).</td>
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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.

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<th>During inspections</th>
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<td>Independent healthcare services submit an annual return and self-evaluation to us.</td>
<td>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.</td>
<td>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: <a href="http://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a> 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.</td>
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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