Announced Inspection Report: Independent Healthcare

**Service:** Allure Aesthetics, Glasgow

**Service Provider:** Allure Medical Aesthetics Ltd

4 December 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
## Contents

1. A summary of our inspection ................................................. 4

2. What we found during our inspection .................................. 7

   Appendix 1 – Requirements and recommendations .............. 14
   Appendix 2 – About our inspections ................................. 15
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 Allure Aesthetics on Wednesday 4 December 2019. We spoke with the service manager during the inspection. We also received feedback from 40 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 Allure 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>Domain 2 – Impact on people experiencing care, carers and families</td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
</tbody>
</table>
Key quality indicators inspected (continued)

Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>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 helped to improve the quality of the service provided, and ensure the delivery of safe and effective treatments.</td>
<td>✨ ✨ Good</td>
</tr>
</tbody>
</table>
What action we expect Allure Medical Aesthetics Ltd to take after our inspection

This inspection resulted in three 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 Allure 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 felt fully involved in their care, were listened to and treatment was provided following discussion about their expectations. A range of ways was available for patients to provide feedback about the quality of their experience.

All consultations were by 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. This allowed patients to make an informed decision about their care and treatment. All patients who responded to our online survey told us they had been treated with dignity and respect. Comments included:

- ‘Professional, informed and sensitive.’
- ‘... is extremely skillful, professional and has a warm manner which puts me at ease.’

The service gathered feedback from patients verbally, and through online methods such as a satisfaction survey and a customer service review site. A review of patient satisfaction had been completed recently. Feedback we saw showed very high satisfaction levels with the service. One patient said:

- ‘Had a great experience..., always professional, friendly and puts you at ease. Very knowledgeable and clinic is pristine. Would highly recommend.’
The service’s satisfaction survey had identified that 45% of respondents did not know about the finance options that were available to pay for treatments. To address this, the service had shared information on social media and with patients during their consultation appointments.

All patients who responded to our survey said they felt involved in decisions about their care, and the risks and benefits of treatment were explained to them. Comments included:

- ‘Everything was explained to me in great detail for me to make my decision.’
- ‘... thoroughly explained any potential side effects and the appropriate actions to take. An extensive pre-procedure check was carried out on my medical history and my general health and wellbeing. [...] explained how long it would take to settle and the activities I should avoid to take best care of myself and get great results.’

While the service had not received any complaints since its registration in August 2017, a complaints policy was in place with clear timescales for investigating and responding to complaints. Information about how to make a complaint was available in the service’s written aftercare advice leaflet.

The service had a duty of candour policy. This described how the service would meet its professional responsibility to be honest with patients when things go wrong.

**What needs to improve**

Although the service had taken action to make improvements identified from patient feedback, this had not been formally recorded in an action plan. This allows the service to demonstrate the actions it has taken in response to patient feedback.

- 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

Patients were cared for in a clean and safe environment with systems and processes in place to maintain safety. An audit programme helped to identify and manage risk in the service. The adult support and protection policy should be developed further.

Patients were cared for in a clean and safe environment. All equipment used for procedures was single use to prevent the risk of cross-infection. An infection prevention and control policy was in place, and the practitioner had a good awareness of infection prevention and control practices.

All patients who responded to our online survey told us they were extremely satisfied with the environment and the standard of cleanliness. Some comments included:

- ‘Clinic is spotless.’
- ‘The treatment rooms were very tidy, clean and organised.’

We saw a safe system for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked cupboard or a drug refrigerator.

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.

A range of policies and procedures were in place to help the service deliver care safely. A rolling programme of review made sure all policies and procedures remained up to date and in line with current legislation and best practice.
The landlord was responsible for the servicing and maintenance of the building. This included gas safety, fixed electrical safety and fire safety. The service had adequate arrangements to make sure portable electrical appliances and equipment remained safe for use. While the service had not had any incidents or accidents since registration, a log book was kept to record these.

Regular audits were carried out including patient feedback, patient care records, medicines, and infection prevention and control. We saw examples of completed audits and saw areas for improvement had been identified and actioned.

**What needs to improve**

Although an adult support and protection policy was in place, this should be further developed in line with current legislation and best practice guidance. This should detail how the service will address any adult support and protection concerns about the safety of a patient (recommendation a).

- No requirements.

**Recommendation a**

- The service should update its adult support and protection policy to ensure a clear protocol is in place to respond to adult support and protection concerns.

**Our findings**

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

**All patients received an assessment before any treatment was carried out. Treatments were fully explained and any associated risks discussed. A summary of the discussions that take place between the patient and the practitioner should be recorded in the patient care record.**

We reviewed four electronic patient care records. Before any treatment, we saw that patients received an initial consultation where an assessment was carried out. This included medical history, current physical and mental health, medications and allergies. Patients were asked to consent to treatment, sharing information with their GP, if required, and to having their photograph taken. We saw these records had been signed by both the practitioner and the patient.
Information about risks and benefits was given to patients before any treatment started. All patients who responded to our online survey said this was done in a way they understood, and the quality of information and care they received was excellent.

Following treatment, patients were provided with verbal and written aftercare information, including the emergency contact details of the practitioner. Patient care records documented that patients had been provided with aftercare information. A review appointment was offered following each treatment to make sure that patients were satisfied with the outcome of their treatment.

Patient information was stored electronically. This information was password protected and the electronic system was backed up. Any paper files were stored in a locked filing cabinet in a locked office.

**What needs to improve**
The patient care record did not have space to record the contact details for the patient’s next of kin (recommendation b).

In all patient care records reviewed, patients had recorded information about their medical history, such as previous aesthetic treatments or medication. However, discussions about these between the practitioner and the patient had not been documented in the patient care record (recommendation c).

- No requirements.

**Recommendation b**
- The service should record the contact details of patients’ next of kin in the patient care record.

**Recommendation c**
- The service should record a summary of discussions that take place between the patient and the practitioner in the patient care record.
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 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 helped to improve the quality of the service provided, and ensure the delivery of safe and effective treatments.

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

The service had reviewed findings from inspections that had taken place in other similar services, and used this information to inform its own policy and procedure development.

The service had also formed partnerships with other aesthetic practitioners in the area to help discuss treatments, procedures or complications, and to provide peer support and best practice guidance when needed.
The service’s overarching quality improvement programme was linked to the service’s aims and objectives and included:

- the ongoing review of policies and procedures
- reviewing patient feedback, incidents and complaints
- 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 recorded patients’ consent to share information with other healthcare professionals 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

#### Requirements

None

#### Recommendations

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| a | The service should update its adult support and protection policy to ensure a clear protocol is in place to respond to adult support and protection concerns (see page 10).  

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statements 3.20 and 3.22 |
| b | The service should record the contact details of patients’ next of kin in the patient care record (see page 11).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27 |
| c | The service should record a summary of discussions that take place between the patient and the practitioner in the patient care record (see page 11).  

Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.15 |
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