Announced Inspection Report: Independent Healthcare

Service: Skintalks Medical Aesthetics, Musselburgh
Service Provider: Skintalks Ltd

13 December 2018
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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 Skintalks Medical Aesthetics on Thursday 13 December 2018. We spoke with staff during the inspection. We reviewed written and verbal feedback from patients before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector and another inspector was observing.

What we found and inspection grades awarded

For Skintalks Medical Aesthetics, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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| **Domain 5 – Delivery of safe, effective, compassionate and person-centred care** |
| 5.1 - Safe delivery of care | Proactive steps are taken to identify and reduce risks, including numerous health and safety checks, medical device and medication checks. The environment is well maintained and very clean. | ✅ Good |
Key quality indicators inspected

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
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The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)

| Domain 5 – Delivery of safe, effective, compassionate and person-centred care |
| Quality indicator | Summary findings |
| 5.2 - Assessment and management of people experiencing care | Detailed consultations take place with all patients before treatment. Patient data is stored safely and in line with data protection. Good aftercare information and support is provided to patients. |

| Domain 7 – Workforce management and support |
| Quality indicator | Summary findings |
| 7.1 - Staff recruitment, training and development | All staff had appropriate recruitment checks completed. Staff appraisals were completed. Staff had carried out both internal and external training courses. The service should ensure that non-clinical staff have appropriate police checks carried out and staff files are fully completed. |

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/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)

What action we expect Skintalks Ltd to take after our inspection

This inspection resulted in one requirement and one recommendation. The 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

Skintalks 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 Skintalks Medical 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

The service actively seeks patient feedback to improve the service. We saw extremely high satisfaction levels recorded. This was verified by patients we spoke with.

The service actively seeks patient feedback to monitor satisfaction rates and improve practice. This is in line with the service’s participation policy, and as part of its quality improvement process. Feedback is collected through questionnaires distributed to patients by the reception staff. Questions were linked to the National Care Standards for Scotland, focusing on dignity and respect. We discussed updating the questions with the service in line with the new Scottish Government’s Health and Social Care Standards. Results are collated and shared through patient newsletters and social media. Recent survey results indicated that 100% of patients were very satisfied with the clinic, the quality and professionalism of the service.

We spoke with several patients who supported this feedback. They stated that staff were ‘very professional and competent’ and patients felt ‘very confident going there.’

Patients told us that they were 'more than happy with the treatment and the great results.’

Patient consultation, treatment and retention rates were monitored by the service through the clinic IT software. This helped the service to monitor that patients were happy with their outcomes and followed up with future treatments.
Treatment information, costs, payment plans and patient testimonials are available on the service’s website. Complaints information, including how to contact Healthcare Improvement Scotland, is also available on the website.

The service has a good system for recording and managing complaints, in line with its complaint policy.

Policies were updated and compliant with General Data Protect Regulation and the service’s privacy statement is available on the website.

- 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

Proactive steps are taken to identify and reduce risks, including numerous health and safety checks, medical device and medication checks. The environment is well maintained and very clean.

A safety culture is embedded in the service and proactive steps are taken to identify and reduce risks. Comprehensive fire safety checks are completed regularly. We saw evidence of electrical and gas safety checks and regular checks for medical devices. Comprehensive risk assessments were completed for general hazards and treatment specific hazards. As a result of the risk assessments, additional safety measures were implemented. For example, the purchase of an eye wash kit for a potential chemical splash during a chemical peel treatments.

A good clinical governance system is in place, supported by comprehensive policies which are reviewed twice a year.

The clinic was very clean and well maintained. An infection prevention and control policy was in place along with a contract to remove clinical waste. Patients told us that the clinic was ‘beautiful and so clean.’

We saw evidence of appropriate ordering and storage of medicine in line with the service’s medication policy. A system was in place to monitor expiry dates of prescription and emergency medicine every month. Emergency medication and oxygen was available in the clinic along with emergency protocols and contact numbers for specialist services, in the case of an emergency complication.

Regular audits were completed to ensure the service was compliant with best practice and legislation such as on data security.
The service has a system to record accidents and incidents. However, none had occurred to date. Duty of candour (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong) and adult protection policies were in place but, again, had not had to be used.

- No requirements.
- No recommendations.

### Our findings

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

Detailed consultations take place with all patients before treatment. Patient data is stored safely and in line with data protection. Good aftercare information and support is provided to patients.

Comprehensive patient assessments are completed to ensure care is appropriate to meet the needs of patients. A detailed medical assessment and evidenced-based skin ageing assessment is completed. This includes discussing the benefits, risks and side effects of treatments and medication. Appropriate consent is collected for treatment, sharing of information, and before and after photos. A safeguard mechanism is built into the electronic software which will not allow the consultation to progress until consent is recorded.

We reviewed five patient care records. These were all fully completed and eligible. They included recorded consent, completed assessments and treatment plans and medication batch information recorded.

Thorough verbal and written aftercare is provided to all patients. This includes an emergency contact number for the clinic outside of working hours, along with a follow-up appointment. This allows the service to check that patients are happy with the results of their treatments and are not experiencing any side-effects. A reciprocal agreement was in place with a local aesthetics practitioner to be available to support any patient aftercare that may be required when the service’s staff were out of the country.

Patient care records were kept in paper and electronic formats. All records were appropriately stored to protect patient privacy in line with current data protection regulations.

- No requirements.
No recommendations.

Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

All staff had appropriate recruitment checks completed. Staff appraisals were completed. Staff had carried out both internal and external training courses. The service should ensure that non-clinical staff have appropriate police checks carried out and staff files are fully completed.

The service is a small, family-run business. All staff had appropriate contracts and job descriptions in place and all clinical staff had Protecting Vulnerable Groups (PVG) checks carried out. Appraisals were completed with staff on a 6-monthly basis and training plans developed. We saw evidence of staff carrying out both internal and external training.

What needs to improve
Although the appropriate recruitment checks were completed, not all information was easily available or recorded in the staff files. We noted that one non-clinical staff member did not have an appropriate police check in place (requirement 1 and recommendation a).

Requirement 1 – Timescale: immediately on receipt
- The provider must ensure that all staff working in the service have been appropriately and safely recruited.

Recommendation a
- We recommend that the service should ensure staff files are complete and information recorded in line with safe staffing best practice.
**Vision and leadership**

This section is where we report on how well the service is led.

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**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.

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**Our findings**

**Quality indicator 9.4 - Leadership of improvement and change**

The service has a good understanding of continuous quality improvement and actively seeks out areas for improvement.

Quality improvement is clearly embedded in the service. Substantial patient feedback is collected and monitored as part of service improvement. Patient consultation assessment documents were regularly reviewed and updated to make sure consultations were evidenced based to get the best outcomes for patients. Regular audits are completed to monitor the quality of the service. The service actively takes steps to reduce risks.

The aesthetics practitioner is an active member of the Aesthetics Complications Expert (ACE) group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. The aesthetics practitioner also writes a monthly column in the Journal of Aesthetics Nursing. This ensures that the service is up to date with changes in the aesthetics industry, legislation or best practice.

The service has links with local aesthetics doctors to ensure patients can be referred to appropriate services if they require treatments which are not available in the service, or if serious complications occur.

- 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 7 – Workforce management and support

#### Requirements

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<th>The provider must ensure that all staff working in the service have been appropriately and safely recruited (see page 11).</th>
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<tr>
<td>1</td>
<td>Timescale – immediately on receipt</td>
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*Regulation 8(a)*  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

#### Recommendations

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<th>We recommend that the service should ensure staff files are complete and information recorded in line with safe staffing best practice (see page 11).</th>
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<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</td>
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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](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:** comments.his@nhs.net
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