Announced Inspection Report: Independent Healthcare

**Service:** Sk:n Clinic (Edinburgh)  
**Service Provider:** Lasercare Clinics (Harrogate) Limited  

14 February 2019
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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 Sk:n Clinic (Edinburgh) on Thursday 14 February 2019. We spoke with five patients through telephone and four members of staff. 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 Sk:n Clinic (Edinburgh), the following grades have been applied to three key quality indicators.

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Key quality indicators inspected (continued)

## Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The service showed that it has a good improvement strategy in place and that it uses it to improve the patients overall experience of the service. | ☑️Good |

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

### Additional quality indicator inspected (ungraded)

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<td>5.2 - Assessment and management of people experiencing care</td>
<td>The service carries out comprehensive assessment for all its patients.</td>
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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 Lasercare Clinics (Harrogate) Limited to take after our inspection

This inspection resulted in one recommendation. See Appendix 1 for the 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)
We would like to thank all staff at Sk:n Clinic (Edinburgh) for their assistance during the inspection.
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

A comprehensive system was in place to gather patient’s feedback. We saw that the service responded in a positive way to all feedback received.

The service’s patient participation policy described how it would influence its quality improvement process as well as how patients’ views would be gathered. The methods outlined included patient questionnaires, staff conversations and the use of social media.

Patient questionnaires were used before treatment to clarify the patient’s expectations. Treatments were also explained and discussed with the patients in a face-to-face pre-treatment consultation meeting with a member of staff.

We saw evidence that patient feedback was regularly recorded and monitored. The senior management team collected and analysed information every week before displaying it in the service on ‘you said, we did’ feedback boards. We were shown examples of improvement action plans made based on feedback and how progress on actions was monitored. The feedback board provided evidence of the response to comments about the service’s environment, treatments and communication.

The service gave prospective patients an information leaflet about their treatment and had leaflets available about different treatments offered. The leaflets and information on the website highlighted the risks and possible side effects of treatment and an out-of-hours contact for the service.

The service’s complaints policy detailed how to complain to Healthcare Improvement Scotland (HIS). The contact details for HIS were also on the provider’s website and leaflets. The service kept a complaints log. We saw that
the log was regularly reviewed and that the complaints process was completed in line with the service’s policy.

We spoke with five people who had used the service and found a consistently positive response. Some comments included:

- ‘The staff were very warm and welcoming. Everything was explained.’
- ‘Really good service, no complaints. I would recommend the clinic to anyone.’
- ‘Very clear aftercare advice. I felt very safe.’
- ‘Great service the staff answered all of my questions.’

- 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

Good systems were in place for ensuring a safe delivery of care including medicines management, treatment protocols and data protection. Infection control and protection of vulnerable people policies should be updated to take account of Scottish legislation and guidance.

The clinic was clean, spacious and well organised. Patients could sit in a private area of the service while waiting on their treatment.

The service used lasers for treating people and each clinical room was used for a different type of treatment. A standard operating procedure was in place for every treatment and included colour-coded equipment to reduce risk. The equipment was serviced and maintained. The service had a laser protection advisor and all treatment rooms fully complied with laser protection guidelines. The practitioners had received training in the use of laser equipment.

We saw a good supply of protective personal equipment available and cleaning schedules were up to date. We saw contracts in place for maintenance of the premises and safe disposal of medical sharps and waste. Portable appliance testing had been carried out.

All practitioners in the service were trained in adult life support and had their registrations and qualifications checked every year. The service carried out Protected Vulnerable Group checks on all its practitioners. The service manager showed us the emergency equipment, including a defibrillator. All equipment we saw was in a good state of repair and emergency medication was in-date. Each practitioner was required to demonstrate their competence in using the equipment and carrying out the treatments.
The practitioners in the service have received training and information in the updated data protection regulations. We saw that all files were stored safely in paper and electronic formats. The service had policies in place for:

- child protection
- duty of candour
- protecting vulnerable adults, and
- whistleblowing.

We saw evidence of a comprehensive system in place for ordering, storing and administering medicines. The service carried out a variety of audits to monitor the safety of its systems. Any concerns observed had an action plan created with timescales and the person responsible for carrying out the actions.

**What needs to improve**

The provider’s policies for infection control and protection of vulnerable adults and children referred to English legislation rather than Scottish legislation (recommendation a).

We saw that the service had a comprehensive variety of risk assessment and management plans. However, a risk register would help keep all of this information in one place.

- No requirements.

**Recommendation a**

- We recommend that the service should amend its policies for protection of vulnerable people and infection prevention and control to take account of Scottish legislation and guidance.

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**Our findings**

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

The service carries out comprehensive assessment for all its patients.

Patient care records we reviewed showed that comprehensive consultations and assessments were carried out before treatment, including taking a full
medical history. This included sharing information with the patient’s general practitioner if necessary. Risks and benefits of the treatment were explained and a consent form completed. We saw that treatment plans were developed and agreed with the individual.

Records of each treatment session were kept and every time a patient visited, their initial assessment was reviewed and updated. Patients also consented for further treatment at the treatment sessions.

Patients were given verbal and written aftercare advice. If a patient’s first language was not English, the service would ask that they consented to bringing someone along to the appointment who would explain the treatment process.

- No requirements.
- 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 showed that it has a good improvement strategy in place and that it uses it to improve the patients overall experience of the service.

The service had an overall improvement strategy in place. While this was primarily a business model, it saw good patient care as central to promoting and building the business. As part of the strategy, patients’ clinical and emotional experiences were regularly audited and actions were taken based on their feedback. The results were clearly displayed and every member of staff had the opportunity to feedback, make suggestions and contribute to improving the service.

Every practitioner’s performance was reviewed monthly and an employee of the month award was given. Practitioners had the opportunity to progress to become a senior practitioner and the service provided the required training.

Good assurance systems included staff meetings and patient surveys. We saw that comments, complaints and concerns were used as a learning experience and identified improvements were actioned. For example, patients had commented that they would like to see the same practitioner and that they would like an easier way to communicate with the service. We saw these comments had been acted on with formalised action plans put in place.

The provider’s national audit manager carried out a clinical audit twice a year. The clinical audit covered all areas of the clinic including environment, safety of the premises and practitioners as well as making sure that all the service’s policies and procedures were followed.
Any areas of concern which were identified and a formal action plan, responsible person nominated to carry out the actions and timescales for completion.

We spoke with two members of staff on the day of the visit and contacted four other members of staff over the telephone. Overall, the staff were positive about working in the clinic and reported that the management was always available and approachable. Some comments included:

- ‘Sk:n provide the best training I have ever had.’
- ‘Now that the new manager is in place the team is being built again.’
- ‘There is a very thorough induction in place.’

- 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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
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</table>
| Recommendation | a We recommend that the service should amend their infection and control guidance and protection of vulnerable people policies to take account of Scottish legislation and guidance (see page 10).  
Health and Social care standards: My support, my life. I have confidence in the organisation providing Responsive care and support 4.11 |
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
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