Announced Inspection Report: Independent Healthcare

Service: Dr Nichola Maasdorp BDS, Elgin
Service Provider: Dr Nichola Maasdorp BDS

27 August 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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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 Dr Nichola Maasdorp BDS on Tuesday 27 August 2019. We spoke with three members of staff. We received feedback from nine patients from 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 Dr Nichola Maasdorp BDS, the following grades have been applied to three key quality indicators.

### Key quality indicators inspected

| Domain 2 – Impact on people experiencing care, carers and families |
|---|---|---|
| Quality indicator | Summary findings | Grade awarded |
| 2.1 - People’s experience of care and the involvement of carers and families | Patients’ privacy was maintained at all times and all were positive about their experience. A complaints policy was in place. | ✓ ✓ Good |

| Domain 5 – Delivery of safe, effective, compassionate and person-centred care |
|---|---|
| 5.1 - Safe delivery of care | Patients were cared for in a clean and safe environment. Medications were stored appropriately. A formal audit programme should be developed. | ✓ Satisfactory |

| Domain 9 – Quality improvement-focused leadership |
|---|---|
| 9.4 - Leadership of improvement and change | The service manager keeps up to date with best practice in aesthetics by being a member of national groups. A quality improvement plan should be developed. Staff meetings should be formalised to include minutes and agendas. | ✓ Satisfactory |
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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<tbody>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<tr>
<td>Quality indicator</td>
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<tr>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</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 Dr Nichola Maasdorp BDS to take after our inspection**

This inspection resulted in five 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 Dr Nichola Maasdorp BDS for their assistance during the inspection.
2 What we found during our inspection

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’ privacy was maintained at all times and all were positive about their experience. A complaints policy was in place.

The service maintained patient privacy at all times. For example, we saw that windows were adequately screened. Consultations were by appointment only and one patient was seen in the clinic at a time.

The patients we received feedback from about their experience of the service were very positive. For example, all strongly agreed they were treated with dignity and respect and were involved in decisions about their care. Comments included:

- ‘Very impressed with how I was involved in my treatment and understood.’
- ‘... doesn’t rush or minimise your concerns. She takes the time to listen without judgment.’
- ‘My concerns were listened to and I felt at ease to speak about them.’

The service’s participation policy described how it would engage with patients and information about how to provide feedback. Patient feedback was collected using treatment review questionnaires. It had also started to send online surveys to patients which included questions about waiting times, satisfaction and appointment-making. This feedback was collated, issues raised were highlighted and we saw that the service had taken improvement actions. The service told us it planned to review this feedback every 3 months. The service will continue to develop the way in which it collects patient feedback.

The service worked to involve patients in changes made in the service. For example, when the service manager considered making a change, they sent patients an online poll for their feedback with the available options.
The service’s complaints policy was displayed in the reception area for patients to see. The service had had only one complaint since registration. We saw this had been dealt with in line with its policy.

- 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. Medications were stored appropriately. A formal audit programme should be developed.

The clinic environment was clean and well maintained to help effective cleaning. Patients who completed our online survey were extremely satisfied with the level of cleanliness of the service. Comments included:

- ‘Very clean beautiful clinic.’
- ‘Work for the NHS in a clinical environment so cleanliness is always in the forefront of my mind. I could not find fault.’

We saw evidence of fire safety checks in place for the premises, including fire evacuation drills. We also saw maintenance contracts for all clinical equipment in use.

Medications were appropriately stored in a locked cupboard or a locked fridge. We saw records that showed the temperature of the service’s drug fridge was checked every day.

While the service had not had any incidents, it had an incident register available to log any accidents or incidents. The service had a range of emergency equipment and drugs available allowing it to address any issues quickly. From records, we saw these were checked weekly.
Patients received a ‘welfare check’ text message the day after treatment to make sure they had not had any issues. If issues were highlighted, this was documented in the patient’s care record to inform future visits. Patients had a 2-week cooling-off period between consultation and treatment to allow time for them to consider their options.

Patients were given an information leaflet as well as a treatment information letter at their first consultation. We saw that patients signed the letter to confirm they had received it.

The service had recently carried out one formal record keeping audit and planned to carry these out every 3 months. We saw that strengths, weaknesses and proposed actions were documented for this audit.

We saw that risk assessments were carried out when the service identified a risk.

**What needs to improve**
While the service had started to complete record keeping audits, we saw no evidence of any other completed audits. A formal audit programme would help the service structure its approach to ongoing review, and demonstrate how improvements are being identified and implemented. For example, audits could be carried out on medicine management, and the safety and maintenance of the care environment (recommendation a).

- No requirements.

**Recommendation a**
- The service should develop a programme of 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**

Patients received aftercare advice following treatment. Patients were made aware of the risks and benefits of treatments. Consent to share information should be documented.
The four electronic patient care records we reviewed had a full consultation documented and the majority of information was completed. This included:

- allergies
- medical history
- medications, and
- psychological assessment.

We saw that all medicine dosages and batch numbers were recorded. The consent to treatment form detailed risks and benefits, and was signed by the patient.

Patients were emailed an aftercare letter which included emergency contact details if needed. If the patient had no access to email, this would be printed off and given to them.

Feedback from our online survey showed that all patients agreed they had been given enough information in a format they could understand. They also said risks and benefits were explained to them before treatment. Comments included:

- ‘Full consultation beforehand where I was verbally fully informed of the procedure and any potential risks. I had to schedule another appointment if I wanted to go ahead with the procedure to give me time to reflect and make sure that I was certain I wanted to go ahead.’
- ‘I wasn’t left needing to ask any questions and I had questions answered that I hadn’t thought of.’
- ‘… is extremely knowledgeable and explained her analysis in non-medical and easy to understand words.’

**What needs to improve**

Consent to share information with the patients’ GPs or other healthcare professionals was not recorded in the patient care records we reviewed (recommendation b).

Whilst all patients stated they were extremely satisfied with the way they were involved in decisions about their care, these discussions were not always documented in the patient care records. This documentation should include patients’ expectations of their treatment outcomes (recommendation c).
A treatment checklist in patient care records included information such as consent to take photographs and permission to contact the patient. However, the patients did not sign the checklist to confirm that permission was given for some of the items on the checklist. Therefore, it was verbal consent only. We discussed with the service that, when the electronic patient care record is next updated, it would be good to include the ability for patients to sign this part of the record.

- No requirements.

**Recommendation b**

- The service should record patients’ consent to share information with GPs and other relevant healthcare professionals.

**Recommendation c**

- The service should ensure all discussions with patients are clearly documented in the 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 service manager keeps up to date with best practice in aesthetics by being a member of national groups. A quality improvement plan should be developed. Staff meetings should be formalised to include minutes and agendas.

Staff used a closed social media page to post messages or updates to the service, such as changes in policies. This was useful as they were not always in the clinic at the same time.

The service manager was a member of national groups, such as Face and Cosmetics Exhibition (FACE) and the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. They attended yearly conferences to keep up to date with best practice guidance. They also subscribed to a certified online education forum where a variety of courses were available.

What needs to improve

Regular reviews of the service would help to ensure the service delivered is of a quality appropriate to meet the needs of patients. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation d).

We were told the service had staff meetings every 3 months. However, we saw no evidence of formal agendas or minutes of these meetings and we were told the meetings were not recorded. Records of meetings should include any actions and those responsible for completing the actions (recommendation e).

- No requirements.
**Recommendation d**  
- The service should develop and implement a quality improvement plan.

**Recommendation e**  
- The service should formally record all staff meetings.
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>Recommendations</th>
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| None | a The service should develop a programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 9).

Health and Social Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |

b The service should record patients’ consent to share information with GPs and other relevant healthcare professionals (see page 11).

Health and Social Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 |

c The service should ensure all discussions with patients are clearly documented in the patient care records (see page 11).

Health and Social Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.15 |
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<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
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<td><strong>Recommendations</strong></td>
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<tr>
<td>d    The service should develop and implement a quality improvement plan (see page 13).</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

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:
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