Announced Inspection Report: Independent Healthcare

Service: Evolution Skin & Beauty Clinic, Glasgow
Service Provider: Evolution Skin & Beauty Clinic

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 Evolution Skin & Beauty Clinic on Tuesday 27 August 2019. We spoke with the owner/manager during the inspection. We also received feedback from four 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 Evolution Skin & Beauty Clinic, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<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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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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</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>Effective quality assurance processes were in place to make sure patients received a high standard of care and treatment. The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. A quality improvement plan was being developed to show how the service measures the impact of service change and to demonstrate a culture of continuous improvement.</td>
<td>✔️ Satisfactory</td>
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The following additional quality indicator was inspected against during this inspection.

#### Additional quality indicators inspected (ungraded)

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive consultations and clinical assessments were carried out with patients before treatment. Where treatments using prescription-only medicines were being considered, a joint assessment was carried out with the manager and a nurse prescriber. Patient care records clearly documented the outcomes of the assessment. Patients consented to treatment and sharing information with other healthcare professionals.</td>
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</table>

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 Evolution Skin & Beauty Clinic to take after our inspection

This inspection resulted in four 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

We would like to thank the owner/manager at Evolution Skin & Beauty Clinic 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 were fully involved in all decisions about their care and treatment. Positive feedback had been received from patients. A more structured approach to gathering and using patient feedback to improve the service was needed.

The service made sure that patients’ privacy and dignity was maintained. The treatment room was adequately screened and the door was locked when patients were receiving treatment. Consultations were by appointment and only one patient was treated at a time in the service to maintain privacy and confidentiality.

Patients who completed our online survey were very complimentary about the service, many of whom were returning patients. All patients agreed they were fully involved in decisions about their treatment and had been treated with dignity and respect. Some comments we received included:

- ‘The practitioner treated me with dignity and respect throughout my treatment.’
- ‘The practitioner listened to me, talked through and explained everything to me in great detail.’

The service used questionnaires and social media to gather feedback from patients following their treatment. We reviewed four questionnaires which confirmed that patients were completely satisfied with all aspects of their care and treatment. The manager had begun to evaluate this information to help inform how it could improve the service delivered.
Patients had a face-to-face consultation with the manager before every treatment. Patients’ needs and expectations were discussed at this initial consultation meeting and recorded in a personalised treatment plan. We saw evidence of this in the four patient care records we reviewed.

Results from our survey showed that patients received sufficient information about their treatment options and were encouraged to take time to consider their options before agreeing to treatment.

The service’s complaints policy was comprehensive and detailed the procedure for responding to and investigating complaints about the service. The complaints policy was displayed in the clinic and the manager had recently developed a complaints leaflet to give to patients. The complaints policy clearly stated that patients could complain directly to Healthcare Improvement Scotland at any time and included our contact details.

**What needs to improve**

The service should continue to develop how it uses patient feedback to inform service improvement. A patient engagement policy would help direct how it involves patients in driving service improvement and provide a more structured approach to evaluating and measuring the impact of any improvements (recommendation a).

- No requirements.

**Recommendation a**

- The service should develop a patient participation/engagement policy to formalise and demonstrate how patient feedback is used to improve the quality of the service.
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 received care and treatment in a safe and clean environment. Lasers and medicines were managed safely, and arrangements were in place to deal with medical emergencies. Routine clinical and environmental audits made sure the clinic was safe for patients and fit for purpose.

The service had good quality assurance systems and appropriate controls to minimise environmental and clinical risks. This made sure patients received safe and effective person-centred care. For example, a programme of environmental and clinical audits confirmed good compliance with standard infection control precautions including hand hygiene and the management of clinical waste, medicines management and patient care records. Audit results were monitored and actions for improvement addressed to make sure practice was delivered in line with the service’s policies and procedures.

The clinic environment was clean, well equipped and fit for purpose. Daily cleaning schedules were maintained and patients who completed our survey were very satisfied with the cleanliness of the clinic.

Fire safety equipment, heating systems and electrical appliances were regularly tested and maintained by the landlord. A building manager co-ordinated general and emergency repairs and maintenance for the whole building. All equipment in the clinic was in good condition and an annual maintenance contract was in place for the laser equipment.

We saw good systems in place to reduce the risk of infection for patients, in line with the service’s infection prevention and control policy. Single use personal protective equipment such as gloves, aprons and medical devices were used to prevent the risk of cross-infection. The service had a contract for the safe
disposal of sharps, such as syringes and needles, and other clinical waste. Eye protection goggles were used by both the manager and patients during laser treatments, in line with laser safety guidance and legislation.

A reliable system and a comprehensive medicines management policy was in place for prescribing, storing and administering medicines. A nurse prescriber met with patients face to face before prescribing injectable cosmetic treatments. Only home remedies such as topical creams and emergency medicines to respond to complications or allergic reactions from treatments were stored in the clinic. The manager was also trained in advance life support techniques to support patients in the event of a medical emergency.

Pre-employment checks for the nurse prescriber had been carried out before a contractual arrangement was formalised for them to prescribe prescription-only medicines to patients. This included checks on fitness to practice, qualifications, references and Protecting Vulnerable Groups (PVG) updates.

The manager was formally trained in laser safety and was the designated laser protection supervisor. Risk assessments were in place to ensure laser equipment was operated safely and maintained by a reputable contractor. ‘Local rules’ are the local arrangements to manage laser safety usually developed by the laser protection advisor. We saw a report from the clinic’s independent laser protection advisor. This provided external assurance that the clinic was fully compliant with its local rules for laser use.

While no accidents or serious incidents had occurred in the service, a good system was in place to record and manage accident and incident reporting, in line with the service’s policy. The manager had a good understanding of the principles of adult and child protection legislation, had an up-to-date safeguarding policy and completed annual awareness training to keep up to date with practice and changes in legislation. Patients told us they felt safe in the clinic and received good information about the risks and benefits of treatments to make sure they were fully informed.

**What needs to improve**
A duty of candour policy (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong) had not yet been implemented in the service (recommendation b).

- No requirements.
Recommendation b

- The service should develop and implement a duty of candour policy setting out the actions to be followed in response to unintended or unexpected patient harm.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive consultations and clinical assessments were carried out with patients before treatment. Where treatments using prescription-only medicines were being considered, a joint assessment was carried out with the manager and a nurse prescriber. Patient care records clearly documented the outcomes of the assessment. Patients consented to treatment and sharing information with other healthcare professionals.

We reviewed four patient care records and saw a comprehensive record of the consultation and a full assessment for each patient. Where treatments using prescription-only medicines (such as botulinum toxin) were being considered, the nurse prescriber was present at each consultation and a joint assessment was carried out by the manager and the nurse prescriber. Consent to treatment, before and after photographs and sharing information was also completed in all the patient care records we reviewed.

The patient care records we saw were legible and up to date. They also included a record of the prescribed medicine, the batch number and the expiry date for prescription-only treatments so they could be traced in the event of an adverse reaction or medical alert.

Patients told us they received sufficient information to help them make an informed decision about their preferred treatment option before going ahead with treatment. This included verbal and written advice about aftercare and out-of-hours arrangements in the event of a complication or concern following treatment.

The service’s comprehensive information management policy included arrangements for records management, and the retention and destruction of patient care records, in line with best practice. Patient care records were stored in a lockable filing cabinet in the clinic to maintain privacy and confidentiality of patient information. We saw that patient care records were audited every 2 months to make sure all care and treatment patients received was clearly documented, up to date and accurate.
What needs to improve
While the service regularly reviewed its policies, the information management policy had not been updated to include new data protection regulations (recommendation c).

- No requirements.

Recommendation c
- The service should update its information management policy to include reference to General Data Protection Regulation (2018).
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

Effective quality assurance processes were in place to make sure patients received a high standard of care and treatment. The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. A quality improvement plan was being developed to show how the service measures the impact of service change and to demonstrate a culture of continuous improvement.

The manager was a registered nurse and the sole practitioner for the service. Formal links had been established with other experienced aesthetic practitioners to provide peer support and share best practice. Attendance at conferences, industry specific training and subscription to journals ensured the manager maintained skills and competence in aesthetic and laser treatments.

The service had effective quality assurance systems in place to identify and manage risk, and drive improvement. The manager had regular meetings with the nurse prescriber to ensure the service followed best practice for the safe prescribing and administration of prescription-only treatments.

A key priority for the service was to ensure patients were involved in helping to improve the quality of the service delivered. As part of its quality improvement strategy, the feasibility of retaining two registered clinics was reviewed. After careful consideration, the manager voluntarily closed their second clinic to focus on promoting the growth and development of this service. This allowed the service to optimise the treatments offered in this clinic and respond to patient requests. For example, the manager had introduced dermal filler treatments in response to patient requests for this.
**What needs to improve**

Although a quality improvement plan had been produced, it should be further developed to detail how information from audits, complaints, patient feedback and incidents would be collated and used. This will help the service to evaluate and measure the impact of service change (recommendation d).

The service did not currently have a website but we were told plans were under way to develop this over the next few months.

- No requirements.

**Recommendation d**

- The service should continue to develop its quality improvement plan to measure the impact of improvement initiatives on the service and demonstrate a culture of continuous improvement.
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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<tbody>
<tr>
<td>Recommendation</td>
<td>The service should develop a patient participation/engagement policy to formalise and demonstrate how patient feedback is used to improve the quality of the service (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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

**b** The service should develop and implement a duty of candour policy setting out the actions to be followed in response to unintended or unexpected patient harm (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

**c** The service should update its information management policy to include reference to General Data Protection Regulation (2018) (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

### Domain 9 – Quality improvement-focused leadership

#### Requirements

None

#### Recommendation

**d** The service should continue to develop its quality improvement plan to measure the impact of improvement initiatives on the service and demonstrate a culture of continuous improvement (see page 14).

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.

**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: hcis.ihcregulation@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.

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