Announced Inspection Report: Independent Healthcare

**Service:** Doctor Lynn Aesthetics, Inverness

**Service Provider:** Doctor Lynn Aesthetics Ltd

4 October 2018
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www.healthcareimprovementscotland.org
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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 Doctor Lynn Aesthetics on Thursday 4 October 2018. Before the inspection, we asked the service to display a poster asking patients to provide us with feedback on the service. We received feedback from a number of patients who had received treatment. This was our first inspection to this service.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Doctor Lynn Aesthetics, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quality indicator</td>
</tr>
<tr>
<td></td>
<td>Summary findings</td>
</tr>
<tr>
<td></td>
<td>Grade awarded</td>
</tr>
<tr>
<td>2.1 People’s experience of care and the involvement of carers and families</td>
<td>Experience of care and treatment was collected and monitored to ensure the clinic was providing a professional and discreet service to meet the needs of patients.</td>
</tr>
</tbody>
</table>

|                                 | Domain 5 – Delivery of safe, effective, compassionate and person-centred care |
|                                 | Quality indicator                                   |
|                                 | Summary findings                                   |
| 5.1 Safe delivery of care       | The clinic was clean and good systems were in place to ensure safe care and deal with medical emergencies. | ☑ ☑ Good |

<p>|                                 | Domain 9 – Quality improvement-focused leadership |
|                                 | Quality indicator                                   |
| 9.4 Leadership of improvement and change | The service has embedded aspects of quality improvement into practice and had good peer networks in place to support continuous learning in the aesthetics industry. | ☑ ☑ Good |</p>
<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>The service carried out comprehensive assessments with patients at each visit. All patient files were clear and accurate.</td>
</tr>
</tbody>
</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

**What action we expect Doctor Lynn Aesthetics Ltd to take after our inspection**

This inspection resulted in one recommendation (see Appendix 1).

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 Doctor Lynn 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

Experience of care and treatment was collected and monitored to ensure the clinic was providing a professional and discreet service to meet the needs of patients.

The needs and expectations of patients about their care and treatment were identified and measured through a variety of methods. The service actively sought feedback from patients using a post-treatment questionnaire and online social media reviews. The service audited patient return rates, the feedback from the questionnaires and social media to evaluate patient satisfaction. Feedback was noted and discussed at the directors meeting to follow up any suggested service improvement ideas.

We received feedback from several patients about their experiences of the service. All patients highlighted that the service was always very professional, discreet and the clinic was ‘immaculate’. The comprehensive explanation of treatments and aftercare left patients feeling ‘very informed and reassured.’ All patients reported a positive experience of the service and would highly recommend the service to others.

Patients received an initial telephone consultation to check suitability for treatments before attending the service for a face-to-face consultation and treatment. The service provided information to patients about treatments, benefits and risks through their website, information displayed in the clinic and written information leaflets. All written and online information included details about how to leave feedback or complaints about the service. A process was in place to record and respond to complaints. However, no complaints had been received to date.
The service told us that it aimed to provide a discreet service to patients in the local community. The service had appropriate systems for security and the destruction of patient records. The service had an up-to-date privacy statement, in line with new data protection regulations. This was available to patients in the clinic and on the website.

The service provided patients with information on how to complain and escalate a complaint to Healthcare Improvement Scotland.

**What needs to improve**

The service engaged well with patients to gain feedback. However, the service did not have a patient participation policy. This would help to improve the collection of feedback as part of the service’s quality improvement process.

- 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**

The clinic was clean and good systems were in place to ensure safe care and deal with medical emergencies.

We saw that all areas of the clinic were clean, well maintained and finished to a high standard. This included easy to clean work tops, surfaces and flooring which was sealed to aid easy cleaning and the prevention of infection. The service’s control of infection policy was in line with Health Protection Scotland’s *National Infection Prevention and Control Manual*. An up-to-date cleaning schedule was in place. Contracts were in place for the removal of clinical waste.

Any equipment which required portable appliance testing was in date. All equipment had a record of calibration, if required.

We saw that a comprehensive fire risk assessment was in place. The risk assessment included any maintenance intervals required for equipment which could be a fire risk. This included electrical equipment and the central heating system.

The service had policies to ensure that people are free from harm such as for the protection of vulnerable groups. The director had a very good understanding of how this applied to their patients. The medication policy covered all aspects of safe and secure medicine handling. We saw that the service had a policy for prescribing and ordering of medicines for individual patients.

The clinic had emergency equipment in place, appropriate for the treatments carried out. We saw that the director regularly received training and updates in
how to deal with medical emergencies. The emergency equipment was stored safely and the medications contained in the pack were up to date.

The director told us they kept informed by reading articles about adverse events in aesthetics and cosmetic procedures and that the service is a member of Aesthetics Complications Expert (ACE) group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. The director told us about the strategy adopted by the service to prevent risks to patients. They explained that carrying out a specific and limited amount of treatments had allowed them to become an expert in these areas. This allows for these treatments to be aesthetically successful and prevents any unnecessary risks.

<table>
<thead>
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<th>Our findings</th>
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<tbody>
<tr>
<td><strong>Quality indicator 5.2 - Assessment and management of people experiencing care</strong></td>
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</table>
| **The service carried out comprehensive assessments with patients at each visit.**  
*All patient files were clear and accurate.* |

We reviewed four patient care records. We saw that a comprehensive assessment is carried out each time a patient attended for treatment. This includes a medical history, previous treatment and any areas which would highlight any risks associated with the treatment such as pregnancy or any previous allergic reactions. Consent to treatment, including having their photograph taken, and any risks associated with the treatment are explained. This is carried out for all new and returning patients. There is a dedicated section in the patient care record to record any adverse reactions or complications. Photographs and a record of where the treatments took place are taken at each appointment. This allows the service to show the changes that take place. Leaflets were provided to each patient giving advice on aftercare and what to do in the event of an emergency.

The service maintained the confidentiality of patients’ information by storing any paper files in a locked filing cabinet. Photographs are stored on a computer which is password protected. The director told us they had recently carried out General Data Protection Regulation training.

**What needs to improve**  
The service did not have a dedicated risk register. However, all areas of risk were clearly highlighted in the service’s fire risk assessment, medicines management policy and standard operating procedures. The service has agreed that it will gather these together to compile a risk register.
■ 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 has embedded aspects of quality improvement into practice and had good peer networks in place to support continuous learning in the aesthetics industry.

The service had embedded aspects of quality improvement in its processes and understood the importance of continued service evaluation. Audits on aspects of care such as patient return rates, feedback from questionnaires and social media reviews, the consent process and aftercare provided were carried out. The last audit, from December 2017–February 2018, showed that all patients had the correctly completed consent to treatment completed for pre-and post-treatment photographs. Results also showed that all patients were offered follow-up appointments. This allows the service to check that patients are happy with the results of their treatments and are not experiencing any side-effects.

The service had developed partnerships with other aesthetics doctors to make sure that peer advice and support was available when needed, and that any treatment complication could be escalated if required. The service also had partnerships with other services to refer patients who requested specific treatments that were not available in this service.

The service kept up to date with changes in legislation and best practice through attending a variety of conferences and training, and subscribing to journals and forums. The service was also a member of a variety of industry specific and national organisations. This included the Association of Scottish Aesthetic Practitioners and the Aesthetics Complications Expert Group.
What needs to improve
The service completed audits and acted on patient feedback. A quality improvement plan would help to structure and record the service’s improvement processes and outcomes. This would allow the service to demonstrate a continuous improvement cycle and measure the impact of any changes implemented (recommendation a).

■ No requirements.

Recommendation a
■ We recommend that the service should develop a quality improvement plan.
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.

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td>a We recommend that the service should develop a quality improvement plan (see page 12).</td>
</tr>
</tbody>
</table>

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, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.

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