Announced

Inspection Report: Independent Healthcare

Service: Jill Best Aesthetics, Wemyss Bay
Service Provider: Jill Best Aesthetics Limited

31 January 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 Jill Best Aesthetics on Thursday 31 January 2019. We spoke with the aesthetic practitioner and we telephoned four patients after the inspection who had received treatment at the clinic. 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 Jill Best Aesthetics Limited 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>
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<tr>
<td><strong>Quality indicator</strong></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 | Patients were cared for in a clean and safe environment and systems and processes were in place to maintain safety. Staff were aware of their roles and responsibilities. The service should formalise its audit process. | ✓ ✓ Good |
The aesthetic nurse was keen to identify areas for improvement and used a number of methods to do that. The service told us it used a plan-do-act improvement model to implement change. Improvement actions should be documented.

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>5.2 - Assessment and management of people experiencing care</td>
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<tr>
<td>Patients received a good quality patient assessment before any treatment was provided, including a comprehensive medical history questionnaire. We saw evidence of clear and accurate documentation. Patients told us they were fully involved in all decisions relating to their treatment</td>
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</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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Jill Best Aesthetics Limited to take after our inspection**

This inspection resulted in three 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)
Jill Best Aesthetics Limited, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at Jill Best 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 provided good quality care. Treatments were fully explained and discussed in consultation with the patient, giving time for questions to consider treatment options. Patients rated the quality of care received as excellent. The service should ensure patients are aware of the how their information is shared.

The clinic offered a small and personal service to many regularly returning patients. An initial consultation was used to discuss the patient’s expectations of treatment, whether these could be met and support patients to make informed decisions before giving their consent to treatment.

The patient care records we reviewed showed that patients had received written information about the risks involved in the treatment and aftercare advice. All patients we spoke with told us they were given information about their procedures’ risks and benefits along with good aftercare instructions. This was done in a way that they understood and comments we received included:

- ‘Everything was explained to me.’
- ‘There was no pressure, she answered all my questions and was clear about what I could expect, very thorough.’

A written complaints procedure was in place and after treatment, patients were given contact details and encouraged to contact the service with any concerns or queries. The service had not received any complaints from patients.
Patients were encouraged to give their feedback in a variety of ways, including patient questionnaires and commenting on social media. All questionnaires and social media comments we saw were all positive about the aesthetic practitioner and the service. Patients we spoke with felt the aesthetic practitioner was knowledgeable, friendly, caring and attentive and felt they were treated with dignity and respect. They all rated the quality of care as excellent.

**What needs to improve**

Patient care records we saw had documented patients’ GP details. However, they did not record whether patients knew their information could be shared with their GP and other medical staff in an emergency (recommendation a).

- No requirements.

**Recommendation a**

- We recommend that the service should record in the patient care record that patients are aware of the arrangements for information sharing.
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 and systems and processes were in place to maintain safety. Staff were aware of their roles and responsibilities. The service should formalise its audit process.

The service had a range of policies and procedures in place to help it deliver care safely. Risk assessments were completed for general environmental hazards and treatment specific hazards. Patients were cared for in a clean and safe environment, and those we spoke with told us they saw good hand hygiene practice which helps protect staff and patients from the risk of infection. All patients we spoke with rated the service’s cleanliness as excellent or very good and a contract was in place for the removal of clinical waste. One patient commented: ‘I was surprised but it was a real clinic room, very professional.’

The aesthetic practitioner was aware of their role and responsibilities for safeguarding their patient group. They could also describe how to identify and report concerns.

The service’s medication policy covered all aspects of the safe and secure handling of medicines. The staff member was able to demonstrate how this was managed daily.

Arrangements were in place to deal with emergencies. These included first aid supplies, equipment to treat allergic reactions and staff training on how to deal with medical emergencies. A process was in place to record and respond to accidents and incidents. However, none had occurred at the time of our inspection.
What needs to improve

The service checked and audited key aspects of the care and treatment provided, such as infection control, medicine management and patient care records. However, this was not always documented (recommendation b).

The service could consider pulling together all the identified risks in risk assessments into a risk register. This would contain them in one document and make them easier to monitor.

■ No requirements.

Recommendation b

■ We recommend that the service should record the checks and audits carried out and develop action plans as required.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients received a good quality patient assessment before any treatment was provided, including a comprehensive medical history questionnaire. We saw evidence of clear and accurate documentation. Patients told us they were fully involved in all decisions relating to their treatment.

We discussed with staff how patients' needs were assessed, and treatment was planned and delivered in line with patients' individual treatment plans.

The three patient care records we reviewed showed that comprehensive assessments and consultations were carried out before treatment started. These assessments and consultations included taking a full medical history. We saw evidence that treatment plans were developed and agreed with patients, setting out the course and frequency of treatment. Records were kept of each treatment session, including a diagram of the area that had been treated. Dosage and medicine batch numbers were also recorded for each treatment. Patients were given verbal and written aftercare advice and this was recorded in patient care records. All patients we spoke with said they had been fully involved in discussions about their care and treatment.

The service had recently developed a psychological assessment that could be used for patients' treatment. This would help the service identify patient needs and expectations and to decide if treatment was appropriate.
What needs to improve
The aesthetic practitioner told us that when patients returned for further treatment, they were asked if their medical history was still correct and up to date. We discussed the benefit of formally documenting this in the patient’s care record.

- 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 aesthetic nurse was keen to identify areas for improvement and used a number of methods to do that. The service told us it used a plan-do-act improvement model to implement change. Improvement actions should be documented.

Assurance systems included patient evaluations, comments, complaints as well as informal checks and audits in the service. We saw that identified areas for improvement had been actioned, such as working with the local pharmacy on a change to the prescribing process. This change involved a review of past and current practice, prescriptions audits and development of new policy. The pharmacy had identified that this had resulted in the system becoming more efficient, by saving time for their staff, and reducing the risk of error, such as double orders being dispatched.

The aesthetic nurse was member of national groups, such as the Association of Scottish Aesthetic Practitioners and the Aesthetics Complication Expert Group. This made sure that the service kept up to date with changes in the aesthetics industry, legislation or best practice.

Formal partnerships with other aesthetics practitioners in the area helped to:

- discuss treatment procedures or complications
- provide peer support, advice and best practice when needed, and
- provide support for patients during annual leave.
If patients requested specific treatments not available at Jill Best Aesthetics, partnerships were in place to refer them to other services. Patients we spoke with were highly confident in how the service was managed and delivered.

**What needs to improve**
The service gathered and acted on patient feedback and used informal audits and checks to identify areas for service improvement as well as education and training events. However, it did not have a formal improvement plan to help structure and record its improvement processes and outcomes (recommendation c).

- No requirements

**Recommendation c**
- We recommend that the service should develop an 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.

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## Domain 9 – Quality-improvement focused leadership

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<tr>
<td><strong>c</strong> We recommend that the service should develop an improvement plan (see page 13).</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 4.19
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

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
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