Announced Inspection Report: Independent Healthcare

Service: Lady A Clinic, Ayr
Service Provider: Lady A Clinic Limited

2 March 2020
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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 Lady A Clinic on Monday 2 March 2020. We spoke with the two nurse aesthetic practitioners during the inspection. We received feedback from seven 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 two inspectors.

What we found and inspection grades awarded

For Lady A Clinic, the following grades have been applied to three key quality indicators.

<table>
<thead>
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<th>Key quality indicators inspected</th>
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<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<td>Quality indicator</td>
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<td>2.1 - People’s experience of care</td>
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<td>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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medicine management and patient care records. Pre-employment safety checks should be completed for any staff working in the service.

### Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | Staff maintained current best practice through further education and attending events in the aesthetic industry. Although the team worked closely together, meetings should be formalised. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement. | ✔ Satisfactory |

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 assessments and consultations were carried out before treatment started. Patients felt fully involved in their care and management. All patient treatments should be combined into one patient care record.</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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Lady A Clinic Limited to take after our inspection

This inspection resulted in seven 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 all staff at Lady A 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 told us they received good quality care, and were happy with the service provided. Information was given to allow patients to give their consent to treatment. Although patient feedback was gathered, a more formal process for recording and reviewing patient feedback should be introduced to help the service to continually improve.

The clinic was a small, personal service with many regularly returning patients. Appointments were mainly booked online, although patients could also telephone the service, and information about costs was available at that point. Before treatment, patients had an in-depth consultation with a practitioner to discuss their expectations of treatment and whether these could be met. Information leaflets about treatments were available at reception. This helped to support patients to make informed decisions before giving their consent to treatment. A cooling-off period was encouraged, particularly for new patients.

The five 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, and this was done in a way that they understood. We saw this was documented in the patient care record as part of the consent to treatment process. Comments received included:

- ‘I was informed of what my treatment would entail and given lots of information.’
- ‘Verbal and written information was provided.’
We noted the service’s participation policy recognised the potential for patients to help the service to develop and improve. Patients were encouraged to give their feedback in a variety of ways. This included verbally, using patient questionnaires and leaving posts on the service’s social media pages. Although the service had only received a small number of completed questionnaires, we saw both these, and social media comments, were all positive about the staff and the service itself. We were told about some changes and improvements the service had made as result of patient feedback. This included changing the layout of the reception area as patients did not feel that it was private enough.

A written complaints procedure was in place and was displayed in the service so that patients would know how the service would manage any complaints received. Following treatment, patients were given the service’s contact details and encouraged to contact the service if they had any concerns or queries. Neither Healthcare Improvement Scotland nor the service have received any complaints from patients since the service registered in February 2018.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. A duty of candour policy provided clear details of the action the service would take should it need to enact duty of candour.

**What needs to improve**

Feedback received from patients was informally reviewed and actions taken as needed to improve how the service was delivered. While we saw some positive feedback was received, the service should review its process for recording, reviewing and using patient feedback to improve the service (recommendation a).

- No requirements.

**Recommendation a**

- The service should further develop how it reviews and records patient feedback and engagement and uses this to drive improvement.
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 told us they received treatment in a safe and clean environment. Appropriate infection prevention and control measures were in place. Regular audit programmes addressed areas such as medicine management and patient care records. Pre-employment safety checks should be completed for any staff working in the service.

The treatment rooms in use were suitably equipped and clean. Equipment was in good working order. Annual portable appliance testing had recently been carried out to make sure electrical appliances and equipment was safe to use. Single-use patient equipment was used for clinical procedures, such as disposable aprons and gloves, to minimise the risk of cross-infection.

We saw up-to-date and completed cleaning schedules in use to show what cleaning took place in between patients, as well as for daily and weekly cleaning duties carried out.

The service was well organised and maintained. We saw an up-to-date fire risk assessment, which included an evacuation plan. Fire extinguishers were available and safety signage was clearly displayed. The fire alarm was serviced every year.

A medicine management policy was in place and we saw that medicines were managed safely. This included procuring, storing, prescribing and administering medicines. We saw suitable emergency medications readily available, such as adrenaline.
The service carried out a regular programme of audits every 2 months reviewing the safe delivery and quality of the service. This included audits for:

- clinical waste
- patient care records, and
- medicine management.

While the service had not had any incidents or accidents since registration, a log book was kept to record these.

Feedback from patients showed they were extremely satisfied with the environment.

- ‘Relaxing but professional atmosphere.’
- ‘The clinic is always very clean and tidy, hand hygiene is always carried out.’

**What needs to improve**

The clinical wash hand basins in two of the three treatments rooms were not compliant with national compliance. The third treatment room did not have a sink. However, the service was aware of this non-compliance and stated it would replace them during a future refurbishment. In the meantime, a risk assessment should be carried out on both sinks to mitigate any risk associated with using non-compliant clinical wash hand basins (recommendation b).

Although the service employed a cleaner once a week, there was no evidence of a recruitment policy or appropriate recruitment checks having taken place (recommendation c).

Although regular review of risk assessments and audits were carried out, no action plans were completed. Documenting the outcomes of audit, including producing action plans, would help the service record its findings and ensure any issues identified were addressed. This would also allow for ongoing learning and improvement (recommendation d).

We discussed with the service the need to have appropriate staff and patient information on display in the treatment rooms, such as for hand hygiene and managing anaphylaxis in the event of an emergency.
■ No requirements.

**Recommendation b**

■ The service should carry out a risk assessment on both sinks in the treatment rooms to mitigate any risk associated with using non-compliant clinical wash hand basins.

**Recommendation c**

■ The service should develop a recruitment policy to ensure the safe recruitment of future staff, and develop a staff file for the employed weekly cleaner.

**Recommendation d**

■ The service should develop improvement action plans to address issues that have been identified through its audit programme.

**Our findings**

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

Comprehensive assessments and consultations were carried out before treatment started. Patients felt fully involved in their care and management. All patient treatments should be combined into one patient care record.

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

The five 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 when prescribed medicines were used. 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.

- ‘All was explained in a friendly and professional manner.’
- ‘All discussed in pre consultation and prior to starting treatment’

We saw that patient information was stored in a secure way and the service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights).

**What needs to improve**

Although all the required patient care and treatment information was available, we noted that each treatment episode was recorded and stored separately and was not compiled into a single patient care record. Having information contained in one place would allow the service to better track a patient’s journey of care (recommendation e).

We suggested to the service that it should consider using the face diagram for all types of injectable treatments as this would ensure consistency of approach.

We noted that no aftercare information leaflets were available on the day of the inspection. The service told us it was redeveloping these as part of its new re-branding exercise.

- No requirements.

**Recommendation e**

- The service should ensure that all treatment episodes are stored together in one patient care record.
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

Staff maintained current best practice through further education and attending events in the aesthetic industry. Although the team worked closely together, meetings should be formalised. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

The service was owned and managed by two nurse aesthetic practitioners registered with the Nursing and Midwifery Council (NMC). They engaged in regular continuing professional development. This is managed through the NMC registration and revalidation process, and annual appraisals. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the NMC, every 3 years.

The service kept up to date with changes in legislation and best practice through attending peer group meetings and being members of a number of online aesthetic practitioner forums. The service was also a member of the Aesthetic Complications Expert (ACE) Group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions.

Both practitioners were involved in local business forums, and met with other high street businesses every month to support redevelopment of local business.

The service told us it had recently responded to feedback from an increasing male clientele. As a result, it had been through a re-branding process to encourage a more mixed diversity of patients in the future.
**What needs to improve**

Although improvements were being made to how the service was delivered, 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 f).

Both practitioners worked closely together and met regularly to informally discuss the day-to-day running of the business, including any concerns or issues. A more structured and formalised programme of meetings would help the service to demonstrate an ongoing quality assurance process (recommendation g).

- No requirements.

**Recommendation f**

- The service should develop and implement a quality improvement plan.

**Recommendation g**

- The service should accurately record minutes of any formal meetings and include details of any actions taken and those responsible for the actions to ensure better reliability and accountability.
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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<tr>
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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 The service should further develop how it reviews and records patient feedback and engagement and uses this to drive improvement (see page 8).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
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<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
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<tr>
<td><strong>Recommendations</strong></td>
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<tr>
<td>b The service should carry out a risk assessment on both sinks in the treatment rooms to mitigate any risk associated with using non-compliant clinical wash hand basins (see page 11).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22</td>
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## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

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<tr>
<th></th>
<th>Recommendation</th>
<th>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support.</th>
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<tr>
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<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</td>
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<tr>
<td><strong>d</strong></td>
<td>The service should develop improvement action plans to address issues that have been identified through its audit programme (see page 11).</td>
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<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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<tr>
<td><strong>e</strong></td>
<td>The service should ensure that all treatment episodes are stored together in one patient care record (see page 12).</td>
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<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27</td>
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## Domain 9 – Quality improvement-focused leadership

### Requirements

None

### Recommendations

<table>
<thead>
<tr>
<th></th>
<th>Recommendation</th>
<th>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support.</th>
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<tr>
<td><strong>f</strong></td>
<td>The service should develop and implement a quality improvement plan (see page 14).</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: 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