Announced Inspection Report: Independent Healthcare

**Service:** Sk:n Clinic (Aberdeen)
**Service Provider:** Lasercare Clinics (Harrogate) Limited

24 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 Sk:n Clinic (Aberdeen) on Thursday 24 January 2019. We spoke with five members of staff during the visit. 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 one inspector.

What we found and inspection grades awarded

For Sk:n Clinic (Aberdeen), 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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<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td><strong>5.1 - Safe delivery of care</strong></td>
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Key quality indicators inspected (continued)

<table>
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<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tr>
<td><strong>Quality indicator</strong></td>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
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The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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</thead>
<tbody>
<tr>
<td><strong>Quality indicator</strong></td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</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 Lasercare Clinics (Harrogate) Limited 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](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 Sk:n Clinic (Aberdeen) 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

Good systems were in place for gathering patient feedback and we saw evidence that the service was responsive to the feedback received.

We saw good systems for gathering patient feedback and the patient participation policy described how it would influence the service’s quality improvement process. For example, after patient feedback the service had started to give new patients a tour of the clinic.

The service used a variety of methods to gather patient feedback, including patient questionnaires before treatment to clarify the patient’s expectations. Treatments were also explained and discussed with the patient in a face-to-face pre-treatment consultation meeting with a member of staff.

The service regularly used social media and service evaluation sites and we saw evidence that patient feedback was regularly recorded and monitored. The senior management team collected and analysed information every week before displaying it throughout the service on ‘you said, we did’ boards. We were shown examples of improvement action plans made based on feedback and how progress on actions was monitored.

We received 10 completed feedback questionnaires from patients for our own questionnaire about the service. The majority of respondents showed high satisfaction with their treatment procedures and staff interaction.
Some comments we received included:

- ‘Practitioners and admins are always polite and have smiles on their faces. I’ve been made to feel very comfortable and at ease. I always know I’ve been in good hands.’
- ‘Some treatments can be considered as embarrassing. Comfortable friendly service makes the treatment easy.’

The service gave prospective patients an information leaflet about their treatment and had leaflets available about different treatments offered. The leaflets and information on the website highlighted the risks and possible side effects of treatment and an out-of-hours contact for the service. Patient comments included:

- ‘I have previously recommended it as the staff are very informative and pleasant.’

The service’s complaints policy detailed how to complain to Healthcare Improvement Scotland (HIS). The contact details for HIS were also on the provider’s website and leaflets. The service kept a complaints log. We saw that the log was regularly reviewed and that the complaints process was completed in line with the provider’s policy.

A suggestion box was available in the reception area along with a clear explanation of how the feedback would be used and how people could speak privately with a member of staff. During our inspection, the service told patients that comments in the suggestion box would be passed to HIS, along with their contact details if they wanted.

- 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

Good systems were in place for ensuring a safe delivery of care including medicines management, treatment protocols and data protection. Infection control and protection of vulnerable people policies should be updated to take account of Scottish legislation and guidance.

The clinic was clean, spacious and well organised. Patients could sit in a private area of the service while waiting on their treatment.

The service used lasers for treating people and each clinical room was used for a different type of treatment. A standard operating procedure for every treatment included colour-coded equipment to reduce risk. The equipment was serviced and maintained. The service had a laser protection advisor and all treatment rooms fully complied with laser protection guidelines.

We saw a good supply of personal protective equipment available and cleaning schedules were up to date. We saw contracts in place for maintenance of the premises and safe disposal of medical sharps and waste. Portable appliance testing had been carried out.

All practitioners in the service were trained in adult life support and had their registrations and qualifications checked every year. The service manager showed us the emergency equipment, including a defibrillator. All equipment we saw was in a good state of repair and emergency medication was in date. Each practitioner was required to demonstrate their competence in using the equipment and carrying out the treatments.
The practitioners in the service had received training and information in the updated data protection regulations. We saw that all files were stored safely in paper and electronic formats. The service had policies in place for:

- child protection
- duty of candour
- protecting vulnerable adults, and
- whistleblowing.

We saw evidence of a comprehensive system in place for ordering, storing and administering medicines. The service carried out a variety of audits to monitor the safety of its systems.

**What needs to improve**

The provider’s policies for infection control and protection of vulnerable adults and children referred to English legislation rather than Scottish legislation (recommendation a).

We saw that the service had a comprehensive variety of risk assessment and management plans. However, a risk register would help keep all of this information in one place.

- No requirements.

**Recommendation a**

- We recommend that the service should amend its policies for protection of vulnerable people and infection prevention and control to take account of Scottish legislation and guidance.

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

**The service carries out comprehensive assessment for all its patients.**

Patient care records we reviewed showed that comprehensive consultations and assessments were carried out before treatment, including taking a full medical history. Risks and benefits of the treatment were explained and a consent form completed. We saw that treatment plans were developed and agreed with the individual.
Records of each treatment session were kept and, every time a patient visited, their initial assessment was reviewed and updated. Patients also consented for further treatment at the treatment sessions.

Patients were given verbal and written aftercare advice. If a patient’s first language was not English, the service would ask that they consented to bringing someone along to the appointment who would explain the treatment process.

- 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 shown that it is responsive and innovative when responding to patient feedback.

The service had an overall improvement strategy in place. While this was primarily a business model, it saw good patient care as central to promoting and building the business. As part of the strategy, patients’ clinical and emotional experiences were regularly audited and actions were taken based on their feedback.

The provider’s national audit manager carried out a clinical audit twice a year. Improvement plans were developed and had to be completed and implemented in a specified timescale for any areas of concern.

Every practitioner’s performance was reviewed monthly and an employee of the month award was given. Practitioners had the opportunity to progress to become a senior practitioner and the service provided the required training.

Good assurance systems included staff meetings and patient surveys. We saw that comments, complaints and concerns were used as a learning experience and identified improvements were actioned. For example:

- As a result of ‘overbooking’, consultation periods had been extended and each day’s workload was regularly re-evaluated.
- Patient feedback about a new laser had said that it caused less discomfort and the service started to offer it to all patients.
- Arrangements for more private waiting areas were offered after some patients had reported that they felt self-conscious sitting in the reception area.
■ No requirements.
■ No recommendations.
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

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<tr>
<th>Requirements</th>
<th>None</th>
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| Recommendation | We recommend that the service should amend its policies for protection of vulnerable people and infection prevention and control to take account of Scottish legislation and guidance (see page 9). |

Health and Social care standards: My support, my life. I have confidence in the organisation providing Responsive care and support 4.11
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: comments.his@nhs.net