Announced Inspection Report: Independent Healthcare

Service: Sage Aesthetic
Service Provider: Sage Aesthetic Ltd, Dunecht

10 October 2018
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
Contents

1. A summary of our inspection 4

2 What we found during our inspection 6

Appendix 1 – Requirements and recommendations 13
Appendix 2 – About our inspections 15
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 Sage Aesthetic on Wednesday 10 October 2018. We spoke with the providers and telephoned four patients. 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 Sage Aesthetic, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Care was provided in a responsive, respectful way. Patients told us that that they were fully involved and informed about their treatment.</td>
<td>✔ ✔ Good</td>
</tr>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Good systems were in place to make sure care was delivered safely and in a clean, well maintained environment.</td>
<td>✔ ✔ Good</td>
</tr>
<tr>
<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Effective quality assurance systems were in place. Competent professionals, who maintained current best practice through training and development, delivered the service.</td>
<td>✔ Satisfactory</td>
</tr>
</tbody>
</table>
The following additional quality indicators were inspected against during this inspection.

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
<td></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients, including their medical history, were assessed before any treatments. We were told that a patch test was carried out in certain treatments, such as laser. Appointments are unhurried and patients told us they are not pressured to proceed to treatment.</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 Sage Aesthetic 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)

We would like to thank all staff at Sage Aesthetic for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

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

Care was provided in a responsive, respectful way. Patients told us that that they were fully involved and informed about their treatment.

The clinic offers a small and personal service with many patients returning regularly for treatments. An initial consultation and discussion were carried out around the patient’s expectations of treatment, and whether these could be met. Options of treatment, risks and results were clearly communicated. All patients we spoke told us that they received enough clear information about their treatment. One patient said: ‘There was no pressure, she answered all my questions and was clear about what I could expect, very thorough.’

The service offers long appointment times and only one patient was treated in the service at a time, maintaining confidentiality.

We saw that patients could provide feedback in a number of ways, including a comments box, complaints process and a patient survey. The survey was based on the measures that evaluate empathy and person-centredness. It showed very high satisfaction levels among patients.

The service had clear information for patients on how to provide feedback and it had not received any complaints since it had been registered. Information was managed securely, and the environment made sure patient privacy and dignity was protected.

The four patients we spoke with about their care experience all highly praised the service and had full confidence in the skills of both professionals delivering the care. Comments included:

• ‘10 out of 10 - I wouldn’t go anywhere else, it's a pleasure to go.’
‘It’s been life changing for me and I am being honest, the care is second to none.’

**What needs to improve**

Patients said they were very happy with the treatment and that this was discussed at follow-up appointments. However, this was not documented in patient care records. This is an opportunity to record outcomes of treatments.

- 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 to make sure care was delivered safely and in a clean, well maintained environment.

We saw effective systems to make sure that the environment and equipment was clean, safe and well-maintained. These included a range of policies and procedures, cleaning contractors, maintenance arrangements and fire safety management. The service had recently completed an electrical risk assessment and testing its portable appliances.

An audit schedule was in place to monitor aspects of the environment and safe and secure handling of medication. Systems were in place to record accidents or incidents and the available emergency equipment was checked regularly.

Treatments were not carried out if clinical risk was indicated. For example, one patient we spoke with confirmed that their treatment had been delayed while a medical issue was being treated. We saw that the service’s risk register was updated when new risks were identified.

Infection control procedures were in place and both doctors had a good knowledge of best practice. We saw single use equipment and appropriate clinical hand washing facilities. A clinical waste contract was in place.

Laser safety procedures were in place we saw appropriate safety signage and key security procedures.

All patients who had responded to a recent survey had reported that they felt safe in the service. The service was located inside a family home with a separate, secure access for patients.
What needs to improve
The infection control policies and procedures were adequate and the doctors were aware of good practice. However, the policies did not reference Healthcare Improvement Scotland’s *Healthcare Associated (HAI) Standards (2015)* or Health Protection Scotland’s *National Infection Prevention and Control Manual* (recommendation a).

- No requirements.

Recommendation a
- We recommend that the service should update its infection control policies to reference national standards.

**Our findings**

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

Patients, including their medical history, were assessed before any treatments. We were told that a patch test was carried out in certain treatments, such as laser. Appointments are unhurried and patients told us they are not pressured to proceed to treatment.

All patients had an initial consultation before any treatment which considered any health issues and expectations of treatment. All patient care records we looked at included an assessment and a signed consent to treatments. A recent audit showed that patients had completed and signed 100% of all consent forms.

Patients were given contact details following treatment and encouraged to contact the service with any concerns or queries.

Before every treatment, we saw that patients receiving laser treatment were re-assessed to make sure they were safely tolerating treatments.

Patient care records we looked at were legible, signed and care provided was clearly documented.

**What needs to improve**
One patient care record we looked at showed they had not received treatment after assessment. However, no reason was recorded in the notes (recommendation b).
No requirements.

**Recommendation b**

- We recommend that the service should always document in the patient care record the reason why a patient does not receive treatment following assessment.
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 systems were in place. Competent professionals, who maintained current best practice through training and development, delivered the service.

Assurance systems in place included audits, patient survey, comments and complaints. We saw that identified areas for improvement had been actioned. For example, changes were made to the intense pulsed light (IPL) treatments to make them less painful after patient feedback.

The provider regularly reviewed its service delivery. For example, we saw more information for patients on possible risks of treatment had been added to patient consent forms after recent training. Policies, such as data protection and duty of candour had been regularly reviewed and updated to reflect legislative requirements. Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.

The doctors worked on their continuous professional development and attended relevant training when able. They also had links to a local aesthetic network and subscribed to aesthetic journals.

The service did not plan to expand or recruit other staff. Patients spoke highly about their confidence in how the service was managed and delivered.

What needs to improve

While the service showed us many ways in which it gathered patient feedback, it had no overall documented approach and feedback was not included in the clinical governance’s quality assurance policy (recommendation c).
No requirements.

**Recommendation c**

- We recommend that the service should document its approach to gathering and using patient feedback.
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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td></td>
</tr>
</tbody>
</table>
| a | We recommend that the service should update its infection control policies to reference national standards (see page 9).  
| | Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| b | We recommend that the service should always document in the patient care record the reason why a patient does not receive treatment following assessment (see page 10).  
| | Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14 |
### Domain 9 – Quality improvement-focused leadership

#### Requirements

None

#### Recommendation

- We recommend that the service should document its approach to gathering and using patient feedback (see page 12).

  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
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
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