Announced Inspection Report: Independent Healthcare

Service: Saorsa Aesthetics, Aberdeen
Service Provider: Saorsa Aesthetics

6 March 2019
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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 Saorsa Aesthetics on Wednesday 6 March 2019. We spoke with the manager during the inspection. We also received feedback from 27 patients through an online survey we had issued, and from emails directly sent to us after the service displayed our inspection announcement poster. 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 Saorsa Aesthetics, the following grades have been applied to three key quality indicators.

| Domain 2 – Impact on people experiencing care, carers and families | Quality indicator | Summary findings                                                                                                                                                                                                 | Grade awarded   |
|------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------............................................................................................................................................|-----------------|
| 2.1 - People’s experience of care and the involvement of carers and families | We received positive feedback from patients to our online survey. They told us they were fully involved and informed about their treatment. Although the service had a participation policy, it did not actively seek feedback from patients. | ✓ Satisfactory   |

| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | 5.1 - Safe delivery of care | Patients were cared for in a safe and clean environment. Additional policies must be developed for safeguarding, and health and safety. | ✓ Satisfactory   |
Key quality indicators inspected (continued)

Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The manager maintained current best practice through training and development. A quality improvement plan should be developed to show the service’s improvement processes and outcomes.</td>
<td>Satisfactory</td>
</tr>
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</table>

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>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive record keeping was in place for consultations, assessments and treatments. Consent should be recorded for sharing information.</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

What action we expect Saorsa Aesthetics to take after our inspection

This inspection resulted in six 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 Saorsa 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

We received positive feedback from patients to our online survey. They told us they were fully involved and informed about their treatment. Although the service had a participation policy, it did not actively seek feedback from patients.

The service made sure that patients’ privacy and dignity was maintained. Windows were adequately screened and the main entrance to the clinic was secured when patients were undergoing treatments. All consultations were by appointment and only one patient was treated in the service at a time, maintaining confidentiality.

The service’s complaints policy was available in the treatment room. This stated that patients could complain to Healthcare Improvement Scotland at any point and included our contact details. Patients were encouraged to verbally discuss any complaints or concerns they had with the service during consultations. Information about how to make a complaint was also displayed in the treatment room. The service had not received any complaints.

Feedback from our online survey was very positive about the experience patients had at the service. All patients agreed they had been involved in decisions about their care, and had been treated with dignity and respect. Comments included:

- ‘Very respectful and discreet.’
- ‘This is an extremely confidential service. I was treated with dignity and respect at all times.’

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• ‘Very satisfied. No pressure to get any extra treatment other than what I was after. Every stage of treatment was discussed and explained in detail.’

**What needs to improve**
The service used a variety of methods to gather feedback in line with its participation policy, including feedback forms and a suggestions box available in the reception. While this information was useful, it was difficult for the service to draw any conclusions that could be used to drive improvement. We also found no evidence that feedback was being recorded. We discussed with the service the importance of having a structured approach to patient feedback. This should include:

• gathering patient feedback
• analysing results
• implementing changes to drive improvement, and
• measuring the impact of improvements (recommendation a).

■ No requirements.

**Recommendation a**
■ We recommend that the service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback 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 were cared for in a safe and clean environment. Additional policies must be developed for safeguarding, and health and safety.

We saw that all areas of the clinic were clean and well maintained. We saw good compliance with infection prevention and control procedures in line with the service’s policy. This included the safe disposal of medical sharps and clinical waste. Single-use patient equipment was used for clinical procedures to prevent the risk of cross-infection.

The service’s medication policy covered all aspects of safe and secure medicine handling. We saw evidence that the service followed its policy for procuring, storing, prescribing and administering medicines.

The manager regularly received training and updates in how to deal with medical emergencies. Emergency medications were stored safely and were up to date.

We saw maintenance contracts in place and regular servicing was carried out, such as portable appliance testing (for electrical appliances and equipment to ensure they are safe to use) and gas safety.

What needs to improve
The service did not have policies to identify the responsibility of staff in protecting vulnerable patients (recommendation b).

The service did not have a health and safety policy (recommendation c).
We found no evidence of audits taking place to review the safe delivery and quality of the service. For example, audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation d).

- No requirements.

**Recommendation b**

- We recommend that the service should develop a safeguarding policy to ensure a clear protocol is in place to respond to adult or child protection concerns.

**Recommendation c**

- We recommend that the service should develop a health and safety policy that describes how health and safety is managed in the service.

**Recommendation d**

- We recommend that the service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

### Our findings

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

**Comprehensive record keeping was in place for consultations, assessments and treatments. Consent should be recorded for sharing information.**

We reviewed five patient care records. We saw that comprehensive assessments and consultations were carried out before treatment. This included taking a full medical history, with details of any health conditions, medications, allergies and previous treatments. Risks and benefits associated with the treatment were explained. We saw that treatment plans were developed and agreed with the patient.

Written aftercare instructions were given after each treatment and included the service’s emergency contact details. Patients were invited to attend a free aftercare appointment. This allowed the service to ensure patients were happy with the results and provide any additional treatment or advice.
Feedback from our online survey showed that all patients agreed they had been provided with sufficient information in a format they could understand. All stated that the risks and benefits had been explained to them before the treatments. Comments included:

- ‘Full information clearly given.’
- ‘Provided with detailed information on products and treatments, including aftercare.’

We saw that all paper files were stored safely in a locked filing cabinet. The manager had carried out training in updated general data protection regulations.

**What needs to improve**

The service did not record patient consent for sharing information with their GP and other medical staff in an emergency if required (recommendation e).

- No requirements.

**Recommendation e**

- We recommend that the service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ care records.
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 manager maintained current best practice through training and development. A quality improvement plan should be developed to show the service’s improvement processes and outcomes.

The manager was regularly involved in providing aesthetic teaching courses across the UK. They also provided mentoring support to other aesthetic practitioners completing a formal aesthetics qualification.

The service is an active member of a variety of industry specific and national organisations. This included the Association of Scottish Aesthetic Practitioners, the British Association of Cosmetic Nurses and the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. The service also attended regular conferences and training days provided by pharmaceutical companies. This allows the service to keep up to date with changes in the aesthetics industry, legislation or best practice.

What needs to improve

There was no system for reviewing the quality of the service delivered. We saw no evidence of lessons being learned from patient feedback or audits which would help improve service delivery. Regular reviews of the service will help to ensure the service delivered is of a quality appropriate to meet the needs of patients.

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).
No requirements.

**Recommendation f**
- We recommend that the service should develop and implement 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.

### Domain 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
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<tr>
<td>We recommend that the service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).</td>
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</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

| None |

### Recommendations

<table>
<thead>
<tr>
<th>b</th>
<th>We recommend that the service should develop a safeguarding policy to ensure a clear protocol is in place to respond to adult or child protection concerns (see page 10).</th>
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<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td><strong>b</strong></td>
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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 people who support and care for me. Statement 3.20</td>
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<tr>
<td>c</td>
<td>We recommend that the service should develop a health and safety policy that describes how health and safety is managed in the service (see page 10).</td>
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<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17</td>
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<td>d</td>
<td>We recommend that the service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 10).</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>e</td>
<td>We recommend that the service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ care records (see page 11).</td>
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<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</td>
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</table>
## Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
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<tbody>
<tr>
<td>None</td>
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<table>
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<tbody>
<tr>
<td><strong>f</strong> We recommend that the service should develop and implement a quality improvement plan (see page 13).</td>
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</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, 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](mailto:comments.his@nhs.net)