Announced Inspection Report: Independent Healthcare

Service: Simply Skin Facial Aesthetics, Prestwick
Service Provider: RUGAS Limited

27 May 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 Simply Skin Facial Aesthetics on Monday 27 May 2019. We spoke with the manager (practitioner) during the inspection. Before the inspection, we asked the service to display a poster asking patients to provide us with feedback on the service. We received email feedback from one patient who had received treatment. We also received feedback from 63 patients through an online survey we had issued. 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 Simply Skin Facial Aesthetics, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</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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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<td>5.1 - Safe delivery of care</td>
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place to ensure patient safety. A tracking procedure for reusable patient equipment should be in place.

**Domain 9 – Quality improvement-focused leadership**

| 9.4 - Leadership of improvement and change | The service was proactive in assuring the quality of the service. A number of methods were used to review service delivery and identify areas for improvement. A quality improvement plan should be developed. | ✔ ✔ Good |

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 |
| Quality indicator | Summary findings |
| 5.2 - Assessment and management of people experiencing care | Patient care records were well completed and covered all aspects of their care. Audits were carried out to provide assurance of the quality of documentation. Patients were extremely satisfied they were included in decisions about their care. |

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 RUGAS Limited to take after our inspection**

This inspection resulted in two 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 Simply Skin Facial 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

Treatments were fully explained in a clear and understandable way so that patients could provide informed consent. Patients told us they were treated with dignity and respect and were provided with sufficient information. The service audits feedback it receives from patients.

Patients had the opportunity to leave feedback on the service’s social media or write reviews in a testimonials book in the clinic. All patients were given a patient feedback form asking questions about the consultation process, the clinic environment, the procedure and the overall experience. Data gathered from the completed patient feedback forms was audited every year and a report produced. The purpose of the audit was to measure performance and to see if improvements could be made to the service. We saw audit reports for the last 2 years. All feedback received to date had been positive.

At the initial consultation, patients were given enough information to make a decision about their treatment. The consultation included a discussion about the patient’s expectations, completion of a medical history form and a psychological assessment. Treatment options, risks, how long the effect of the treatment will last, desired outcome and the review appointment were also discussed. All this information was recorded in the patient care record. Approximate treatment costs were provided in an information leaflet but were also discussed at consultation. Patient consent following the consultation and provision of information was recorded in the patient care record. The service had a consent policy.

All patients who responded to our survey said they were treated with dignity and respect. They said they received all the information they needed to provide
informed consent to their treatments. They stated they had full confidence in the service. Patient comments included:

- ‘Open and honest about risks and benefits.’
- ‘Everything was well explained to me before I went ahead with my treatment.’
- ‘I just wouldn’t trust anyone else.’

The service had a complaints policy. A poster was displayed in the clinic advising patients how they could make a complaint directly to the service or to Healthcare Improvement Scotland. The service had, to date, not received any complaints.

- 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

The clinic environment was clean and well maintained. Risk assessments, a risk register and policies and procedures were in place to ensure patient safety. A tracking procedure for reusable patient equipment should be in place.

The clinic room was organised and well lit. The environment and equipment appeared to be clean and was well maintained. We saw completed cleaning schedules. All patients who responded to our survey said they were extremely satisfied with the clinic environment and cleanliness. Comments included:

- ‘The treatment room is spotless.’
- ‘Clinic is extremely clean at all times.’

The service had a comprehensive health and safety manual which included a risk register, health and safety risk assessments and a fire risk assessment. A contract was in place for testing electrical portable appliances and equipment to ensure they were safe to use.

Personal protective equipment (such as aprons and gloves) was available and staff described the appropriate use of this equipment to us. A waste contract was in place for collecting clinical waste and sharps waste.

An emergency procedure was in place. Emergency equipment was also available such as a first aid kit and drugs for managing an allergic reaction. The practitioner had completed resuscitation training for assessing and providing emergency assistance. An accident reporting procedure and book was kept in the clinic to record any incidents that took place. There had been no such
incidents to date. However, the practitioner was aware of their responsibility to report those incidents that are notifiable to Healthcare Improvement Scotland as detailed in our notifications guidance, or under health and safety legislation.

Medicines were stored securely in the clinic room and batch numbers for medicines used for a treatment were recorded in patient care records.

The service was aware of its responsibilities for safeguarding and duty of candour (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong) and had appropriate policies in place.

**What needs to improve**
Most equipment was single patient use. This helps to prevent the risk of cross-infection. One type of sterile instrument was sent to an outside contractor for sterilisation. However, no tracking and traceability system was in place for this equipment (recommendation a).

- No requirements.

**Recommendation a**
- We recommend that the service should ensure an effective process is in place for the tracking and traceability of reusable patient equipment.

**Our findings**

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

Patient care records were well completed and covered all aspects of their care. Audits were carried out to provide assurance of the quality of documentation. Patients were extremely satisfied they were included in decisions about their care.

We reviewed three patient care records. We saw evidence of initial full consultation, assessment including a full medical history, a consent process and care planning. Treatments given were well recorded as was aftercare advice and follow up. Patient care records were legible and well completed.

Only paper patient care records were used. These were stored securely in a lockable filing cabinet in the clinic room. The service had a data protection,
confidentiality and information security policy and was also registered with the Information Commissioner’s Office.

Twenty patient care records were audited every month. A recent audit identified that one section of the patient care record was not always completed. As a result of this finding, and to include other aspects of the documentation the service had identified could be improved, it had produced a new patient care record which included a psychological assessment section. This new patient care record was now in use.

■ 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 was proactive in assuring the quality of the service. A number of methods were used to review service delivery and identify areas for improvement. A quality improvement plan should be developed.

A programme of regular audits, including patient care records, made sure that the service monitored the safe delivery of care. The service continuously monitored the treatment methods that it used. This made sure that it used the most up to date and effective methods in contemporary aesthetics.

Patients were asked for feedback in a variety of ways, including questionnaires and social media. Whilst all feedback to date had been positive, the service wanted to improve the patient experience if required.

Quality improvement was included in all parts of the service. Patient feedback was collected and used along with audit results to continually improve the service provided. The manager was a member of the Association of Scottish Aesthetic Practitioners and the Aesthetics Complications Expert (ACE) Group (a group of practitioners that regularly report on any difficulties encountered and the potential solutions). This allowed the service to keep up to date with changes in the aesthetics industry, legislation and best practice. The practitioner also had partnerships in place with colleagues working in the same field. These partnerships helped to provide peer support, advice and best practice when needed, as well as discuss any treatment procedures.

What needs to improve

Whilst audits and quality improvement work were taking place, the service did not have a structured quality improvement plan. This would help structure and record improvement activities and help evaluate the impact of change on the
quality of the service and demonstrate a culture of continuous improvement (recommendation b).

- No requirements.

**Recommendation b**

- We recommend that the service should develop and implement a formal 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.

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<thead>
<tr>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
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<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>a  We recommend that the service should ensure an effective process is in place for the tracking and traceability of reusable patient equipment (see page 10).</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 4.11</td>
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<td>None</td>
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<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td>b  We recommend that the service should develop and implement a formal quality improvement plan (see page 13).</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 4.19</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](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:** hcis.ihcregulation@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