Announced Inspection Report: Independent Healthcare

**Service:** Synergy Advanced Skincare & Aesthetics, Glasgow

**Service Provider:** Dr Judy Todd Medical Aesthetics Limited

24 January 2020
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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 Synergy Advanced Skincare & Aesthetics on Friday 24 January 2020. We spoke with three members of staff. We telephoned five 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 Synergy Advanced Skincare & Aesthetics, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
<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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</tbody>
</table>
used safely in the service. Regular audits were carried out to ensure the continuous safe delivery of care.

### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>There is a clear focus on continually evaluating treatments provided to ensure these remain safe and effective. Although the owner/practitioner demonstrated a good knowledge of continuous quality improvement, a quality improvement plan should be developed.</td>
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</table>

The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

<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 are carried out for all patients and each treatment plan is individualised. Proactive steps are taken by the service to address any additional health concerns which arise through the assessment process.</td>
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</tbody>
</table>

### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Pre-employment safety checks were carried out to ensure each practitioner working in the service was qualified and trained to carry out the aesthetic procedures they performed.</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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Dr Judy Todd Medical Aesthetics 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

We would like to thank all staff at Synergy Advanced Skincare & 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

The service proactively involved patients in having choice and control over their treatment plan, taking into account their individual preferences and desired outcomes. Feedback from patients was positive and very complimentary about the quality of the service provided. Feedback was continually monitored and shared with the wider team.

Patients could visit the service’s website for information about services and treatments offered, including costs. Appointments could be made online, over the telephone or at the clinic. Prospective patients were given leaflets containing information about treatments the service offered. An initial consultation appointment gave patients the opportunity to discuss and agree if treatment was appropriate. During this consultation, the risks and benefits of treatments were discussed. We saw evidence where the service had also declined to provide treatments because of a patient’s unrealistic expectations.

The service’s patient participation policy described how patients’ views were gathered and how feedback was used to make any improvements to how the service was delivered. The service regularly used social media and online customer service evaluation sites. We saw evidence that patient feedback from these forums was regularly recorded and monitored. The service also used patient satisfaction questionnaires which they encouraged patients to fill in anonymously to encourage a more honest response. We saw that results from the questionnaires were analysed and were presented in a graph format to the rest of the staff team. The most recent results showed a very positive response from patients to aspects such as:

- how well risks and benefits of treatments had been explained
- the length of each consultation and treatment time
- the accessibility of the owner/practitioner, and
- how likely they would be to recommend the service.

Similarly, patients we spoke with were also all very positive about the welcome they had received, the information they were given before, during and after treatments, and the environment. Some comments we received included:

- ‘Fantastic place, very nice and happy atmosphere.’
- ‘Absolutely ideal, bang on.’
- ‘A good ambience, a really nice place.’

The service had a very comprehensive duty of candour policy and accompanying guidelines. This is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. Training had been provided for staff.

We saw the service’s complaints log was regularly reviewed and complaints were managed in line with the service’s complaints policy. The service held a regular compliance meeting, where staff met to discuss any issues which affected the day-to-day running of the clinic. From minutes of this meeting, we saw discussion took place about any complaints received and what corrective action was needed.

- 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 ensure treatments were delivered in a safe, clean and organised environment. Staff were aware of their roles and responsibilities when carrying out treatments. Laser equipment was used safely in the service. Regular audits were carried out to ensure the continuous safe delivery of care.

The treatment room was clean, tidy and well organised. We saw the service’s infection prevention and control policy was comprehensive and reflected relevant national and best practice guidance. We saw a good supply of personal protective equipment available, such as disposable gloves and aprons. Cleaning schedules were available and were up to date. The owner/practitioner had a very comprehensive knowledge of infection prevention and control. Contracts were in place for the maintenance of the premises, and the safe disposal of medical sharps and clinical waste. Portable appliance testing for electrical appliances and equipment had been carried out.

The service used laser equipment for some treatments and procedures. A standard operating procedure for every treatment included ensuring that all colour-coded equipment used complied with a specific treatment. All equipment was serviced and maintained regularly. The service had a laser protection advisor and all treatment rooms fully complied with laser protection guidelines. All staff had received training to operate the equipment.

A safe system was in place for the procurement, prescribing, storage and administration of medicines. Patient care records documented medicines used, batch numbers and expiry dates.
The owner/practitioner was trained to deal with medical emergencies and appropriate emergency equipment was in place. Emergency protocols and procedures were available.

We saw that the service regularly carried out a range of audits which focused on the safe delivery of care and outcomes. These included hand hygiene, management of medicines and adverse events.

The service showed us up-to-date risk assessments relating to the environment and patient treatments.

Patients told us they felt very safe while receiving treatments. Some comments received included:

- ‘The information was perfect, they took the time to explain all the ups and downs as well as explaining the times when changes would happen.’
- ‘The staff were good, very welcoming. I felt safe all through the procedure.’

■ No requirements.
■ No recommendations.

<table>
<thead>
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<th>Our findings</th>
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<tr>
<th>Quality indicator 5.2 - Assessment and management of people experiencing care</th>
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Comprehensive assessments are carried out for all patients and each treatment plan is individualised. Proactive steps are taken by the service to address any additional health concerns which arise through the assessment process.

We reviewed six patient care records. Each showed a clear pathway from comprehensive assessment to treatment, including a full medical history. We saw that all notes were legible and up to date.

Consent forms were fully completed and treatment plans were developed and agreed with the individual patient. Every time a patient visited the service, their initial assessment was reviewed and updated to show the patient consented for further treatment. We saw that consent included acknowledging any possible risks or side effects. Patients were given the opportunity for a ‘cooling-off period’ to allow them time to make an informed decision about going ahead with treatment.
Patient leaflets highlighted the risks and possible side effects of the treatment and gave an out-of-hours contact for the service. Patients were also given verbal and written aftercare advice.

The owner/practitioner was trained on the updated general data protection regulations. We saw that all paper patient files were stored safely.

We saw the owner/practitioner kept very detailed records of other medical concerns which they had recognised during a patient’s assessment. While these concerns were not related to the treatment being offered, the service felt that it had a duty of care to ensure they were investigated. For example, we saw referral letters for patients to dermatology, and ear, nose and throat services. We also saw that patients’ GPs were kept fully informed of these processes. We saw patient consent for sharing this information had been given in these circumstances.

- No requirements.
- No recommendations.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Pre-employment safety checks were carried out to ensure each practitioner working in the service was qualified and trained to carry out the aesthetic procedures they performed.

The service had a small team with a very low level of staff turnover.

The service had practicing privileges contracts in place with three practitioners (staff not employed directly by the provider but given permission to work in the service). A system was in place to ensure ongoing checks took place on their professional registration status including revalidation, Protecting Vulnerable Groups (PVG) checks and references.

- 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

There is a clear focus on continually evaluating treatments provided to ensure these remain safe and effective. Although the owner/practitioner demonstrated a good knowledge of continuous quality improvement, a quality improvement plan should be developed.

The service is managed by an experienced medical practitioner who is registered with the General Medical Council (GMC). The service engages in regular continuing professional development. This is managed through the GMC 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 GMC every 5 years. Other professional development activities were carried out to ensure the service was aware of legislation and best evidence-based care for patients. This included attending industry events, maintaining connections with NHS aesthetic colleagues and subscriptions to journals.

It was clear the owner/practitioner had a very good knowledge of quality improvement systems. They specifically focused on the safe delivery of care delivered, measuring patient satisfaction and continually monitoring the treatments offered. Comprehensive audits had been developed to evaluate what was working well, and take steps to ensure positive outcomes for patients. The audits measured any potential complications which may arise from some of the treatments that the service provided and how patients felt about how effective the treatments were. We saw that any complications, such as infections, were thoroughly scrutinised and a care plan would then be put in place which covered all aspects of care until the service and patient were both satisfied that the issue had been resolved.
These audits had led to some improvements in the effectiveness of the service delivered, such as more flexible appointment times and making use of contemporary procedures. This has helped the service to make sure that it used the most up to date and effective methods in contemporary aesthetics. We saw that audits which measured patient satisfaction and effectiveness showed a very positive response.

We were told the service had formal partnerships in place with other aesthetics practitioners. These partnerships helped to provide peer support, advice and best practice when needed, and to discuss any treatment procedures or complications.

What needs to improve
The service showed that it was committed to continuous improvement. However, it would benefit from developing a more formal continuous quality improvement plan. This would help to show how effective any changes or improvements which have been introduced have been (recommendation a).

- No requirements.

Recommendation a
- The service should develop and implement a continuous 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>
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<th>Domain 9 – Quality improvement-focused leadership</th>
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<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendation</td>
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<tr>
<td>a The service should develop and implement a continuous quality improvement plan (see page 13). 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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</table>
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