Announced Inspection Report: Independent Healthcare

Service: The Skin & Face Place, East Kilbride
Service Provider: The Skin & Face Place Ltd

10 March 2020
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 The Skin & Face Place on Tuesday 10 March 2020. We spoke with the service manager (nurse practitioner) during the inspection. We received feedback from 42 patients through an online survey we had asked the service to issue for us before the inspection. 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 The Skin & Face Place, 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>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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| **Domain 5 – Delivery of safe, effective, compassionate and person-centred care** |
| **5.1 - Safe delivery of care** |
| Patients received care and treatment in a clean and well maintained environment. Safe working practices were in place to reduce the risks to patients and staff. Although a regular programme of audits had been developed, no audits had yet been carried out. | ✔ 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 service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. A quality improvement framework and supporting quality assurance processes were being developed to enable the service to evaluate and measure the quality, safety and effectiveness of the service delivered.</td>
<td>✔ Satisfactory</td>
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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>
</tr>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive patient assessments were carried out and patient care records contained appropriate information about all aspects of consultations, assessments, treatments and aftercare. Regular re-assessments should be carried out to check that no changes have occurred to a patient’s health or medications since their last treatment.</td>
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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:  
What action we expect The Skin & Face Place Ltd to take after our inspection

This inspection resulted in three recommendations (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 The Skin & Face Place 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

Patients felt informed and were very satisfied with their care and treatment. Whilst a system was in place to gather patient feedback, further development will help to show how the information is used to make improvements to how the service is delivered.

The service was a small clinic with many regularly returning patients. Patients were offered a free initial consultation where treatment-specific information was provided. This included a discussion about realistic outcomes from treatment, the risks and benefits involved and treatment costs. It also provided an opportunity for patients to ask questions.

All consultations were by appointment only and only one patient was treated at a time, maintaining confidentiality. Controlled access to the two treatment rooms helped to maintain patients’ confidentiality.

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

- ‘Treatment was explained in depth. [...] gave their advice in what would be best for me and I was not disappointed, fantastic result.’
- ‘I have attended on several occasions [...], have always been provided with information in both written and verbal formats and been provided with the opportunity to ask questions.’
- ‘Felt very relaxed within minutes of speaking to [...]. Felt my concerns were listened to and answered in a very intelligent way which is what I needed.’
The service used its website and social media pages to share treatment costs and relevant information. This included explanations of treatments offered, summaries of key policies, patient testimonials and out-of-hours contact details.

The service’s approach to involving patients was set out in a participation policy. Patients could provide feedback verbally, though a suggestion box in the reception area and through social media. A feedback form had also been developed recently, and we were told this would be given to each patient after their treatment. We also discussed the benefits of introducing an annual survey to gather more detailed patient feedback.

A duty of candour policy was in place that described how the service would meet its professional responsibility to be honest with patients when things go wrong. A summary of this policy was also published on the service’s website.

A complaints policy was in place and we saw that no formal complaints had been raised with the service or with Healthcare Improvement Scotland since registration in March 2018. The policy set out a clear complaints process with timescales for managing complaints, and highlighted that patients could complain to Healthcare Improvement Scotland at any time. A summary of how to make a complaint was available in the reception area and was published on the service’s website.

What needs to improve
The service had a structured approach to gathering patient feedback and had identified patient participation as an area for improvement in its annual service improvement plan. However, we saw no evidence of feedback being analysed and used to drive improvement (recommendation a).

- No requirements.

Recommendation a
- The service should continue to develop its participation approach to demonstrate how feedback from patients is used to improve the quality of the service.
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 received care and treatment in a clean and well maintained environment. Safe working practices were in place to reduce the risks to patients and staff. Although a regular programme of audits had been developed, no audits had yet been carried out.

Patients told us they felt safe in the service. The main door to the clinic was locked when patients were having their treatment and the service operated an appointment only system.

The clinic environment was clean and well maintained, and suitable equipment was in place for the treatments provided. We saw daily cleaning schedules were used in the treatment rooms and staff complied with standard infection control precautions. Personal protective equipment was used, such as disposable gloves and aprons, to reduce the risk of infection for its patients. Antibacterial hand wash and disposable hand towels were also used as part of good hand hygiene practice. A contract was in place for the safe disposal of clinical waste, such as needles, and single-use equipment was used wherever possible.

All patients who responded to our survey were extremely satisfied with the cleanliness of the environment. Comments included:

- ‘Hands were washed in front of me, the bed was wiped before I sat on it, my skin was cleaned before and after and all products were removed from their sealed packaging in front of me. I was constantly reminded not to touch my skin in case of the spread of germs.’
- ‘Everything appeared clean and tidy and there was evidence of good hygiene procedures eg hand wash, antibacterial gel.’
• ‘The environment was clean and very clinical looking and always smells fresh.’

The service was responsible for general building maintenance and routine checks on fire safety, electrical safety and heating. Appropriate contracts were in place and we saw evidence that regular checks were being carried out.

A range of policies and procedures helped the service deliver care safely. Policies included medicine management, infection prevention and control and quality improvement.

Medicines were stored securely in a locked cupboard or in a medicine fridge. Temperatures were monitored and recorded every day. Patient care records documented medicines used, batch numbers and expiry dates. This meant the service could respond to medicine alerts or report any adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA). An emergency medicine kit was kept so that the service could respond to any complications from treatment.

A system was in place for documenting accidents and incidents, and for reporting notifiable incidents or adverse events to the relevant regulatory authorities. No accidents, incidents or adverse events have occurred in the service since it was registered with Healthcare Improvement Scotland.

We saw the service had carried out risk assessments for key aspects of care and treatment. We were told regular informal checks were carried out to make sure care and treatment was delivered safely. As part of these checks, it had been identified that an audit programme should be introduced.

**What needs to improve**

Whilst an audit programme had been developed for key aspects of service delivery, no audit tools had been developed and no audits had yet been carried out (recommendation b).

■ No requirements.

**Recommendation b**

■ The service should implement a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out and patient care records contained appropriate information about all aspects of consultations, assessments, treatments and aftercare. Regular re-assessments should be carried out to check that no changes have occurred to a patient’s health or medications since their last treatment.

We reviewed how patients' needs were assessed and how treatment was planned and delivered in line with patients' individual treatment plans. The five patient care records we reviewed showed that patients’ needs had been assessed during an initial consultation before any treatment took place. Assessments included:

- a discussion about the patient’s expected outcomes
- assessing the patient’s medical history, including details of health conditions, allergies, current medications that may mean treatment cannot take place and establishing any history of previous aesthetic treatments, and
- an explanation of risks and benefits of treatment.

The patient care records we reviewed detailed each treatment session, including a diagram of the treated area, the dosage of medicine used and the medicine batch numbers. They also contained a summary of information discussed with the patient, for example desired outcomes and costs of agreed treatment.

All records were legible, signed, dated and timed and stored securely in a lockable cabinet. We saw that the service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights).

Written aftercare information was provided along with instructions for what to do in an emergency, as well as contact details for the service. A record of what information had been given to patients was recorded in their patient care record. Follow-up appointments were also offered to check that patients were happy with the results of their treatments and were not experiencing any side-effects.
What needs to improve
There was no evidence that re-assessments were carried out on patients that returned for further treatments. Patients should be regularly re-assessed to check there have been no changes to their health or medications that may prevent treatment taking place (recommendation c).

■ No requirements.

Recommendation c
■ The service should ensure that appropriate re-assessments are carried out to check that no changes have occurred to a patient’s health or medications since their last treatment. Re-assessments should be documented in patient 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 service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. A quality improvement framework and supporting quality assurance processes were being developed to enable the service to evaluate and measure the quality, safety and effectiveness of the service delivered.

The service was owned and managed by a nurse registered with the Nursing and Midwifery Council (NMC) and a dentist registered with the General Dental Council (GDC). Staff kept up to date with legislation and best practice in aesthetics through their membership of national groups, undertaking reflective learning, subscribing to relevant professional journals and attending aesthetic industry training events.

They also maintained their professional development through their respective professional registration bodies, and through their regulatory revalidation process. 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 NMC on a regular basis.

The service manager (nurse practitioner) was also a member of the Aesthetic Complications Expert (ACE) Group (a group of practitioners who regularly report on difficulties encountered with aesthetic procedures and produce guidance on potential solutions).

A quality improvement policy directed the way the service reviewed the quality of care and treatment it delivered. This included producing an annual service improvement plan detailing what improvements the service was working on throughout the current year. We saw the 2019-20 service improvement plan...
and supporting evidence that showed the service was making progress towards the improvements it had identified. This included:

- devising cleaning schedules
- measuring performance through audits, and
- involving patients in feedback.

What needs to improve
As the service continues to implement its newly developed quality improvement processes, it will be able to demonstrate how improvement is being driven in the service. We will follow this up at future inspections.

- 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 2 – Impact on people experiencing care, carers and families

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<thead>
<tr>
<th>Requirements</th>
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<tr>
<td>None</td>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tr>
<td>a The service should continue to develop its participation approach to demonstrate how feedback from patients is used to improve the quality of the service (see page 8).</td>
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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

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<th>Requirements</th>
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<tr>
<td>None</td>
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## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
<thead>
<tr>
<th>Recommendations</th>
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| **b** | The service should implement a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 10).  

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

| **c** | The service should ensure that appropriate re-assessments are carried out to check that no changes have occurred to a patient’s health or medications since their last treatment. Re-assessments should be documented in patient care records (see page 12).  

Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.13 |
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