Announced Inspection Report: Independent Healthcare

**Service:** The Expert Clinic (Falkirk), Reddingmuirhead

**Service Provider:** Fiona Shanks Aesthetics Limited

29 January 2019
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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 Expert Clinic (Falkirk) on Tuesday 29 January 2019. We spoke with the clinic manager. This was our first inspection of this service.

Before the inspection, we asked the service to display a poster advising patients that we would be inspecting the service. We contacted five patients following the inspection to ask for their feedback about the service. We received feedback from one patient who had received treatment.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For The Expert Clinic (Falkirk), the following grades have been applied to three key quality indicators.

### Key quality indicators inspected

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>The service was proactive in gathering feedback from patients and used this information to improve the service wherever possible. Patients were fully consulted before a plan of care was agreed. The service was a member of the Cosmetic Redress Scheme.</td>
<td>✅ Good</td>
<td></td>
</tr>
</tbody>
</table>

| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | 5.1 - Safe delivery of care | The service was proactive in its approach to ensuring the service was safe. Staff had a good understanding of risk management principles, and robust policies and procedures were established and followed. | ✅ Good |
Quality assurance processes included appropriate audits, both internal and external. Staff received regular role-specific training.

### Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The service’s approach to quality improvement was comprehensive and evident throughout all aspects of the service. | ✔ ✔ 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

<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 consultations and assessments were carried out before treatment. All information about assessments, treatment and ongoing care was clearly documented.</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 Fiona Shanks Aesthetics Limited to take after our inspection

This inspection resulted in no requirements and recommendations.

We would like to thank staff at The Expert Clinic (Falkirk) 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 was proactive in gathering feedback from patients and used this information to improve the service wherever possible. Patients were fully consulted before a plan of care was agreed. The service was a member of the Cosmetic Redress Scheme.

The service’s website had useful information to help patients understand the different types of treatments offered. Aftercare advice and a privacy statement also helped patients understand how the service would use their personal information. Similar information was available in the service’s waiting room.

A written complaints procedure was in place which was clear and accessible from the service’s waiting room and website. Neither the service nor Healthcare Improvement Scotland had received any complaints from patients about the service. The service was a member of the Cosmetic Redress Scheme. This scheme allows patients to escalate a complaint they have about the service, if they feel it has not been resolved despite following the service’s complaints process.

Patients were offered a 'no obligation' consultation. This meant they were supported to make informed decisions before giving their consent to treatment.

We reviewed how patients who had recently used the service had been involved in making decisions about their care and treatment. We saw evidence that treatment had only been provided after a thorough consultation process had been followed.
The two patient care records we reviewed showed that patients had received written information about:

- what they could expect from using the service
- the proposed treatment costs (included in a treatment plan)
- the risks involved in the treatment, and
- advice about aftercare.

A patient participation policy was in place and the service used various methods to gather feedback from patients to help improve. These included:

- suggestion box in the waiting room
- feedback questionnaire, and
- website testimonials.

Patients were also proactively encouraged to give verbal feedback to staff.

Results from patient questionnaires were regularly analysed and suggestions acted on where possible. We saw recent examples where improvements had been made following patient feedback. This included increased customer parking and the introduction of new product ranges.

The service used an annual ‘voice of the patient’ document to demonstrate how it acted on patient feedback. A ‘you said, we did’ poster displayed in the waiting room summarised the improvements made to the service following patient feedback. This was also detailed in the ‘voice of the patient’ document. Similar information was available on the service’s website.

The patient we received feedback from following the inspection stated that the service provided them with relevant and easy-to-understand information.

- 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 service was proactive in its approach to ensuring the service was safe. Staff had a good understanding of risk management principles, and robust policies and procedures were in place. Quality assurance processes included appropriate audits, both internal and external. Staff received regular role-specific training.

Patients were cared for in a clean and safe environment. Good systems were in place to achieve this, including cleaning schedules, servicing and maintenance contracts, and regular internal and external checks and audits.

The service had a proactive approach to protecting the health, safety and wellbeing of patients, visitors and staff. There was a good understanding of how risk management principles applied across all aspects of the service. Appropriate risk assessments had been carried out and suitable policies put in place to show how key aspects of the service would be managed. Risk assessments were presented in the format of a risk register.

An accident and incident investigation process was in place and we reviewed records for three recent adverse events in the service. Detailed information had been recorded in the incident book and patient care records. Individual risk assessments had been carried out to identify if further actions could be taken and each follow-up treatment was documented. The service is a member of the Aesthetics Complications Expert (ACE) Group, and had invited an expert to see if any further learning could be identified as a result of the incidents. This demonstrated a transparent, focused and comprehensive approach to managing incidents.
The service’s audit programme included the following:

- medicine management (at the end of each clinic and every 3 months)
- patient care records (every 3 months)
- safety and maintenance of the care environment (yearly).

Before the inspection, the service had mapped its own medicines governance procedures against Healthcare Improvement Scotland’s medicines governance audit tool. This helped the service to identify any gaps where improvements could be made to its existing procedures. The service had started using the medicines governance audit tool as part of its own audit programme.

Arrangements were in place to deal with emergencies. This included staff training on how to deal with medical emergencies, first aid supplies and equipment for treating allergic reactions, fire equipment and evacuation drills. A defibrillator and oxygen was available in the service.

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive consultations and assessments were carried out before treatment. All information about assessments, treatment and ongoing care was clearly documented.

We reviewed how patients’ needs were assessed and how treatment was planned and delivered in a way that was individualised. This included assessing patients’ suitability for treatment. The two patient care records we reviewed showed that comprehensive consultations and assessments had been carried out before treatment started. Records included:

- a personal record, with the patient’s individual details
- a full medical history, including details of any health conditions, allergies, medications and previous treatments
- a psychological assessment
- a treatment plan (including costs), and
- a consent form.
Treatment plans set out the course and frequency of treatment. We saw evidence that these had been developed and agreed with patients. Patient care records documented that a copy of the treatment plan had been given to the patient for their own reference. Comprehensive records of each treatment session were also kept, including a diagram of the area that had been treated, medicine dosage and batch numbers, and aftercare advice.

- 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’s approach to quality improvement was comprehensive and evident throughout all aspects of the service.

The clinic manager attended regular master classes run by the leading medicine manufacturers for the aesthetics industry. This helped them keep up to date with current product knowledge and techniques.

The clinic manager had recently introduced an annual continuing professional development (CPD) plan with another registered independent healthcare service. This is done through peer review with each practitioner evaluating the other to identify strengths and areas for development. An action plan is produced which is then reviewed every year at the next evaluation. We saw the CPD plan for 2018 and evidence of development areas being worked on.

The service’s strategic plan described its business model, aims and objectives. This was reviewed every year at board meetings. We saw minutes of recent board meetings which detailed actions for the next year. These included:

- investing in an electronic patient care record system
- introducing new methods of patient feedback, and
- benchmarking the service against other organisations.

An improvement strategy had been produced, based on professionally-recognised quality improvement techniques. This provided the service with a structured approach to continuous improvement. Staff had been trained in these techniques. The service had identified strategic objectives, key processes and key performance indicators to help achieve the service’s aim of continuous
improvement. We saw evidence of improvements being tracked from year to year.

A quality improvement approach was evident throughout all aspects of the service. ‘Control boards’ were developed for each change being implemented to measure improvement. This helped the service track progress and demonstrate how its improvement activities aligned with its strategic plan and improvement strategy.

**What needs to improve**
The service had identified an action in its board meeting minutes to benchmark itself against other organisations. This was to try and identify any gaps where further improvements to the service could be made.

- 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.

This inspection resulted in no requirements and no recommendations.
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

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
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
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

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