Announced Inspection Report: Independent Healthcare

Service: Flawless Skin Aesthetics, Dumfries
Service Provider: Flawless Skin Aesthetics

11 September 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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Healthcare Improvement Scotland Announced Inspection Report
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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 Flawless Skin Aesthetics on Wednesday 11 September 2019. We spoke with the service manager who was the sole practitioner. We received 30 responses to our online survey we issued to patients asking them to share their experience of using this service. 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 Flawless Skin 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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<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>
The service manager maintained current best practice through ongoing training and development. Contingency plans should be formalised and a quality improvement plan developed to help structure improvement activities.

The following additional quality indicator was inspected against during this inspection.

**Additional quality indicators inspected (ungraded)**

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records provided appropriate information about patient care and treatment. Patients told us they felt fully involved in decisions about their care and treatment. All entries in treatment records must be dated and timed.</td>
</tr>
</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 Flawless Skin Aesthetics to take after our inspection**

This inspection resulted in one requirement and three recommendations. The requirement is linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of requirements and 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)
Flawless Skin Aesthetics, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Flawless Skin Aesthetics for their assistance during the inspection.
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 involved and informed about their care and treatment. The service should develop a formalised approach to gathering and analysing patient feedback, to help drive service improvement.

The service’s environment made sure patients’ privacy and dignity was maintained. For example, the treatment room was on the first floor and all consultations and treatments were appointment-only.

A medical history was taken at the consultation stage that informed the patient-centred treatment plan. The consultation also included:

- a discussion about the patient’s desired outcomes
- the benefits and risks of treatment
- information about aftercare, and
- treatment costs.

A summary of the information discussed during consultation was recorded in the patient care record and patients received written information to take away with them. Where appropriate, patients were encouraged to have an appropriate ‘cooling off’ period before making a decision to proceed with treatment.

All patients who completed our online survey agreed they had been involved in decisions about their care and had the risks and benefits explained to them before treatment. Comments included:
• ‘Never pressured into any procedures always given advice beforehand.’
• ‘Always a 2-way conversation in regards to any care/treatment. [...] very much involves you as the customer in discussion/decisions.’

The service’s complaints policy described how to make a complaint and was displayed on a wall in the treatment room. A summary of this information was also provided in written aftercare leaflets and published on the service’s website. We were told patients were encouraged to verbally discuss any concerns during consultation. The service had not received any complaints.

The duty of candour policy described how the service would meet its professional responsibility to be honest with patients when things go wrong.

**What needs to improve**
While the service gathered feedback from patients informally through social media, it did not have a participation policy or any formal methods of gathering feedback (recommendation a).

In its self-evaluation, the service had identified a need for developing a feedback questionnaire to give to patients after treatment. We also discussed the benefits of introducing other methods of gathering feedback, such as a yearly online survey.

<<< No requirements.<<<

**Recommendation a**

■ The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback and taking actions to demonstrate that service improvements have been made.
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 environment was clean, well maintained and patients told us they felt safe when receiving treatment. A regular programme of audits should be developed to help structure the approach to identifying and implementing improvements.

The service consisted of one treatment room in a multi-use building, with a shared entrance and toilet facilities. The environment and equipment were clean, well-organised and maintained. The landlord of the building managed the shared facilities.

The service’s approach to managing safety and quality was set out in its policies. We saw appropriate measures were in place to reduce the risk of infection. The service had an infection and prevention control policy and the service manager had a good awareness of infection prevention and control practices. Only single-use instruments were used and appropriate arrangements were in place to dispose of sharps and other clinical waste.

We also saw a safe system was in place for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked cupboard or a medical refrigerator. An emergency kit was held that included emergency medicines and a blood spill management kit.

While the service had not had any incidents or accidents since registration, a log book was kept to record accidents and incidents. A clinical incident policy described how it managed clinical complications. Suitable emergency equipment and medication was readily available and checked regularly.
All patients who completed our survey said they were satisfied with the cleanliness of the service and the environment in which they were treated. Some of the comments included:

- ‘Comfortable and clean.’
- ‘The room was immaculate as were the beds, chairs etc.’
- ‘Lovely airy clean facility.’

**What needs to improve**

We found no evidence of audits taking place to review the safe delivery and quality of the service. An audit programme would help the service structure its approach to this ongoing review and demonstrate how it identified and implemented improvements. Audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment (recommendation b).

■ No requirements.

**Recommendation b**

■ The service should develop a programme of 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**

Patient care records provided appropriate information about patient care and treatment. Patients told us they felt fully involved in decisions about their care and treatment. All entries in treatment records must be dated and timed.

We reviewed five patient care records. All were legible, up to date and included evidence of consultations and assessments taking place.

All patient care records we reviewed showed that patients had been given information about treatment options before agreeing to treatment. This included a ‘Situation, Background, Assessment, Recommendation’ (SBAR) summary for each new consultation. The service manager told us that this approach helped them to focus on patients’ desired outcomes, the individual...
risks posed to them and their suitability for treatment. It also helped the service demonstrate its clinical decision making.

Other information recorded in patient care records included:

- the specific treatment planned
- a record of the treatment carried out
- medicines used
- batch numbers and expiry dates of medicines used, and
- follow-up treatment.

Patients were sent follow-up texts after their treatment and offered review appointments if needed. Patient responses to follow-up texts were recorded in patient care records.

**What needs to improve**

The service manager dated and timed all initial consultation forms and consent-to-treatment forms. However, it was unclear when treatments had been carried out from patient care records we reviewed as the individual treatment records were not dated or timed (requirement 1).

The service manager told us they discussed aftercare instructions with patients at the initial consultation and gave them a written aftercare leaflet at the end of treatment. The service could consider recording when patients are provided with this information.

**Requirement 1: immediate**

- The provider must ensure the date and time of every consultation and treatment is recorded in the patient care record.
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 manager maintained current best practice through ongoing training and development. Contingency plans should be formalised and a quality improvement plan developed to help structure improvement activities.

The service manager was a registered nurse, independent prescriber and the sole practitioner for the service. Informal links with other experienced aesthetic practitioners had been established to provide peer support and share best practice.

The service manager attended conferences and training events, to support their continuous professional development. They were also a member of a number of professional organisations including the Association of Scottish Aesthetic Practitioners, the Aesthetics Complications Expert (ACE) Group and Scottish Aesthetics Forum (SAF). This allowed the service to keep up to date with changes in the aesthetics industry, legislation and best practice.

What needs to improve

The service had no quality improvement process in place. A quality improvement plan would help structure and record improvement activities and help evaluate the impact of change on the quality of the service (recommendation c).

While the service had informal contingency arrangements in place with other local aesthetic practitioners, nothing had been documented. We discussed the benefits of producing a written contingency plan, to describe how appropriate continuity of care and treatment will be provided during times of annual leave or unplanned absence.

- No requirements.
Recommendation c

- The service should develop a quality improvement plan that demonstrates a structured approach to carrying out and recording improvement activities and evaluating the impact of change on the quality of the service.
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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<tbody>
<tr>
<td>None</td>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tr>
<td>The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback and taking actions to demonstrate that service improvements have been made (see page 8).</td>
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Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 4.6

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
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<th>Requirement</th>
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<tr>
<td>1 The provider must ensure the date and time of every consultation and treatment is recorded in the patient care record (see page 11).</td>
</tr>
</tbody>
</table>

Timescale – immediate

*Regulation 4(2)(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
<thead>
<tr>
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<tr>
<td><strong>b</strong> The service should develop a programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 10).</td>
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Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 4.19

### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
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<td><strong>c</strong> The service should develop a quality improvement plan that demonstrates a structured approach to carrying out and recording improvement activities and evaluating the impact of change on the quality of the service (see page 13).</td>
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</tbody>
</table>

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about 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**
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1 South Gyle Crescent
Edinburgh
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** hcis.ihcregulation@nhs.net