Announced Inspection Report: Independent Healthcare

Service: SW Aesthetics, Kilmarnock
Service Provider: Stephanie Milliken

15 August 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 SW Aesthetics on Thursday 15 and Friday 16 August 2019. We received feedback from two patients through an online survey we 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 SW 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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</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<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>
</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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</table>
### 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 through its membership with national groups and training events. A quality improvement plan should be developed.</td>
<td>✓ Satisfactory</td>
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</table>

The following additional quality indicators were 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>Patients received an assessment before treatment. Treatments and associated risks were fully explained. Patients felt fully in control of their care. The service should record patients’ consent to each treatment episode, the sharing of information and use of photography.</td>
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</table>

#### Domain 7 – Workforce management and support

<table>
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<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>No practicing privileges policy was in place. Improvements were needed to ensure that staff were safe to work in the service.</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:
What action we expect Stephanie Milliken to take after our inspection

This inspection resulted in one requirement and four recommendations. Requirements are 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 the 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

Stephanie Milliken, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at SW 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

Patients felt fully involved in their treatment, and their expectations were discussed before treatments. However, there was no structured approach to gathering and using patient feedback to improve the service.

Patients could discuss their expectations about outcomes from their treatments at their first consultation, and were given information about the treatments available and costs involved. We reviewed patients’ consent forms and saw they included the risks and benefits of the proposed treatment. All patients who responded to our survey told us that risks associated with treatments were fully explained to them and that they were involved in decisions about their care.

Patients told us in our online survey that their privacy and dignity was respected. One patient told us:

• ‘Very polite and present in the conversation.’

Patients were given verbal and written aftercare advice from documentation produced by drug manufacturers. The service told us that it was currently developing its own aftercare leaflet, which included emergency contact details and information about how to complain.

A written complaints procedure stated that patients could complain to Healthcare Improvement Scotland at any time. The service had not received any complaints.

We saw a range of ways that patients could become involved in the service’s development, including feedback forms, social media and online reviews. The service reviewed this feedback as it was received.
What needs to improve

There was no structured approach to gathering or recording patient feedback, and then evaluating and using the information provided to drive improvements in the service. We discussed developing further methods of gathering feedback, such as using an online survey. Information and outcomes from feedback should be shared with patients and staff (recommendation a).

- No requirements.

Recommendation a

- The service should develop a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.
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 and staff were aware of their roles and responsibilities. Medicines were managed safely in the service. A more structured audit programme would help direct ongoing review of the service, and demonstrate how improvements are being identified and implemented.

The service was clean, well-organised and maintained. All equipment used for procedures was single use to prevent the risk of cross-infection. An infection prevention and control policy was in place, and staff had a good awareness of infection prevention and control practices. All patients we received feedback from said they were extremely satisfied with the cleanliness and maintenance of the service.

A comprehensive medication management policy and procedure was in place. Patient care records documented medicines used, batch numbers and expiry dates. Arrangements were in place to deal with medical emergencies. This included training for staff, and the availability of emergency drugs and first aid supplies.

Procedures were in place for the service to discharge its duty of care towards vulnerable adults. The service had not had any incidents or accidents since registration. However, an accident book was kept and staff were aware of their responsibilities to notify certain incidents to Healthcare Improvement Scotland.

A range of policies and procedures were in place to help the service deliver care safely, and staff were aware of their roles and responsibilities in adhering to these. These had been reviewed in July 2019. We were told the service planned to review these every year to keep them in line with current legislation and best practice guidance.
What needs to improve
An audit programme was in place that included topics such as medicines management, infection prevention and control and patient care records. However, we saw that the audit paperwork was handwritten and did not include all the key audit points expected. A more structured audit programme would help the service direct its approach to the ongoing review of care and treatment, and demonstrate how improvements are being identified and implemented (recommendation b).

- No requirements.

Recommendation b
- The service should further develop its programme of regular audits to cover key aspects of care and treatment.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients received an assessment before treatment. Treatments and associated risks were fully explained. Patients felt fully in control of their care. The service should record patients’ consent to each treatment episode, the sharing of information and use of photography.

Patient care records were legible and up to date. We reviewed five patient care records and saw that an assessment was carried out before any treatment took place. This included recording a full medical history, current medications and the physical health of the patient.

After treatments, follow-up reviews were arranged to discuss outcomes and patient satisfaction.

Paper files were stored in a locked filing cabinet to help keep patient information confidential.

What needs to improve
Although patients were asked to consent to the initial treatment episode, consent to sharing information with other healthcare professionals and consent to photography, this was not clearly documented for each subsequent treatment episode (recommendation c).
During some consultations, patients had recorded information about their medical history, such as health conditions or medication. However, discussions about this between the practitioner and the patient were not always clearly documented in the patient care record. Patient care records had very little space to fully document discussions that had taken place with the patient during each appointment. The service could introduce a section to the patient care record to allow more detailed recording of information.

No requirements.

**Recommendation c**

- The service should document patient consent to treatment, photography and sharing information with other healthcare professionals in the patient care record for each treatment episode.

**Domain 7 – Workforce management and support**

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

**Our findings**

**Quality indicator 7.1 - Staff recruitment, training and development**

No practicing privileges policy was in place. Improvements were needed to ensure that staff were safe to work in the service.

Although the service did not employ any staff, it had granted practicing privileges to individuals to work in the service. This is where staff are not employed directly by the provider but are given permission to work in the service.

**What needs to improve**

For the independent practitioners that had been granted practicing privileges, we saw no evidence that pre-employment checks such as qualifications, references, indemnity insurance documentation, occupational health status, Protecting Vulnerable Groups (PVG) and the status of professional registration of these practitioners had been carried out (requirement 1).
Requirement 1 – Timescale: immediate

- The provider must implement a formal practicing privileges contract with staff working in the service, setting out how the working arrangement will operate and demonstrating that appropriate pre-employment checks have been carried out.

- 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 kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national groups and training events. A quality improvement plan should be developed.

The service was provided by one lead aesthetic nurse who was a member of national groups, such as the Association of Scottish Aesthetic Practitioners (ASAP) and Aesthetics Complications Expert Group (ACE). This group of practitioners regularly report on any difficulties encountered and the potential solutions, and provides learning opportunities and support for its members. The lead nurse also completed ongoing training as part of their Nursing and Midwifery Council (NMC) registration and attended aesthetic training events. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

The service had formed partnerships with other aesthetic practitioners in the area to help discuss treatments, procedures or complications and provide peer support and best practice guidance when needed.

What needs to improve

No process was in place to review the quality of the service delivered. The service did not have a formal quality improvement plan to help structure and record its improvement processes and outcomes identified from accidents, audits, education, incidents, patient feedback and training events (recommendation d).

The service would also benefit from benchmarking itself against other organisations. This will help identify any gaps where further improvements to the service could be made.
■ No requirements.

**Recommendation d**
- The service should develop and implement a 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.

### Domain 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td>Recommendation</td>
<td>The service should develop a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement (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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<table>
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<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>b</strong> The service should further develop its programme of regular audits to cover key aspects of care and treatment (see page 10).</td>
</tr>
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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 4.19

| **c** The service should document patient consent to treatment, photography and sharing information with other healthcare professionals in the patient care record for each treatment episode (see page 11). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

### Domain 7 – Workforce management and support

<table>
<thead>
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<tbody>
<tr>
<td><strong>1</strong> The provider must implement a formal practicing privileges contract with staff working in the service, setting out how the working arrangement will operate and demonstrating that appropriate pre-employment checks have been carried out (see page 12).</td>
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Timescale – immediate

*Regulation 8*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

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Domain 9 – Quality improvement-focused leadership

<table>
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<tr>
<td>d  The service should develop and implement a quality improvement plan (see page 14). 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.