Announced Inspection Report: Independent Healthcare

Service: jh Skin Solutions, Glasgow
Service Provider: jh Skin Solutions

14 August 2019
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First published October 2019

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www.healthcareimprovementscotland.org
## Contents

1. **A summary of our inspection** ........................................... 4  
2. **What we found during our inspection** .......................... 7  
   
   **Appendix 1 – Requirements and recommendations** ............ 14  
   **Appendix 2 – About our inspections** ............................. 16
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 jh Skin Solutions on Wednesday 14 August 2019. We spoke with the provider of the service received 90 responses to our feedback survey following 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 jh Skin Solutions, 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>Domain 2 – Impact on people experiencing care, carers and families</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>
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<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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</tbody>
</table>
## Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The service manager maintained current best practice through ongoing training and development. A quality improvement plan should be developed to demonstrate improvements and measure the impact on the service. | ✔ Satisfactory |

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 patient assessments were being carried out and patient care records were being consistently completed. Patient care records must be updated at each new treatment plan, to highlight any changes to prescribed medication or health conditions.</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 jh Skin Solutions to take after our inspection

This inspection resulted in one requirement and five 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 requirement 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)
Jh Skin Solutions, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Jh Skin Solutions 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 told us they were very happy with the care they had received and felt fully involved and informed about their treatment. A participation policy was in place and feedback collected. However, the service did not evaluate feedback or record actions taken to drive service improvement.

The service was small with many patients returning regularly. All consultations were appointment-only and the environment helped maintain patients’ privacy and dignity. For example, the treatment room could be locked and windows were adequately screened.

Patient-centred treatment plans were agreed at consultation appointments, where patients could discuss:

- aftercare
- benefits
- possible risks
- side effects
- their desired outcomes, and
- treatment costs.

We saw a summary of this information in the patient care record we reviewed. Written information was also available for the patient to take home and leaflets were available in the reception area.
All patients that responded to our survey told us the service had involved them in decisions about their care and they felt the risks and benefits were fully discussed before treatment. Comments included:

- ‘The information I was given I was able to plan my ongoing care. The care I had throughout my procedures was of a very high standard.’
- ‘Any questions asked were fully explained.’
- ‘It was explained clearly to me that there would be post treatment marks that would fade. The times given for healing were very accurate.’

The service’s participation policy described ways it would gather feedback, such as through a patient questionnaire given to patients following treatment and a comments box in the reception area. Feedback we saw showed very high satisfaction levels. The service manager also described a recent example where they had acted on patient feedback to make an improvement to the service. This involved a new treatment being introduced after several patients requested it.

A complaints policy was in place and the complaints procedure was clearly displayed in the waiting area. The policy made clear that patients could contact Healthcare Improvement Scotland at any time. No complaints had been made since the service’s registration.

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.

What needs to improve
While the service had used patient feedback to make an improvement, it had no mechanism in place for recording this information. We did not see evidence of a system for analysing patient feedback and recording any improvements made as a result (recommendation a).

Recommendation a

- The service should develop its participation policy to include a more structured approach to gathering patient feedback, analysing it 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

Patients were cared for in a clean and safe environment and told us they felt safe in the care environment provided. A regular programme of audits should be introduced to help the service make improvements.

The service was clean, organised and well maintained. We saw contracts for maintenance of the premises and equipment, including:

- electrical safety
- equipment servicing and maintenance
- fire safety, and
- waste management.

An infection control policy was in place and staff demonstrated good awareness of infection prevention and control practices. Other appropriate policies were also in place that set out the service’s approach to safety and quality, such as a risk assessment policy and a clinical incident policy. All policies were regularly reviewed to make sure the service followed current legislation and best practice.

Most equipment used in the service was single-use. Anything that was not single-use was in good condition, well maintained and regularly serviced.

Some treatments the service provided involved the use of a class 4 laser. Staff were very experienced in the use of lasers and appropriate policies and procedures were in place to help make sure they were used safely.
Of the 90 patients who completed our survey, 95% told us they were extremely satisfied with the cleanliness of the service and the environment in which they were treated. Some of the comments included:

- ‘[…] always scrubs up before and after treatment. She is very conscientious about cleanliness personally and in the clinic.’
- ‘Spotless very hygienic treatment area.’
- ‘Premises are immaculate. Personal hygiene and hand washing always observed.’

A safe system was in place for the procurement, prescribing, storage and administration of medicines, in line with the service’s medication policy. Medicines were in date and stored in a locked fridge, in a locked treatment room. Patient care records documented medicines used, batch numbers and expiry dates.

While the service had not had any incidents or accidents since registration, systems were in place to record accidents or incidents. Suitable emergency equipment and medication was readily available and checked regularly. The service had recently tested its portable appliances and equipment to make sure it was in good order.

While a risk register was not kept, staff told us they understood the risks in the service.

**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 improvements are being identified and implemented. Audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment (recommendation b).

**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

Comprehensive patient assessments were carried out and patient care records were consistently completed. Patient care records must be updated with each new treatment plan to highlight any changes to prescribed medication or health conditions.

Patient care records were comprehensive and securely stored in a locked filing cabinet. They included a detailed medical history with information on:

- allergies
- current health conditions
- prescribed medications, and
- previous treatments.

Patients’ consent to treatment was recorded and we saw evidence that individual treatment plans had been developed in partnership with patients.

All patient care records we reviewed were organised, legible and clear. They also contained detailed treatment records and practitioner notes that were signed and dated. Written aftercare advice was offered to patients following treatment, along with a follow-up appointment. While the service had not dealt with any complications since its registration, staff we spoke with knew the process for managing and documenting a complaint.

What needs to improve

The service manager told us that patients were asked at each treatment visit whether there had been any changes to their prescribed medicines or health conditions since initial consultation. However, this discussion and the patient’s response was not always recorded in the patient care record. It is important that this information is discussed and recorded before each treatment to make sure treatment continues to be safe and appropriate (see requirement 1).

The service manager told us they would obtain patients’ consent to share relevant information about them with their GP if needed. However, this type of consent was not routinely obtained from patients (recommendation c).

We also discussed the benefits of auditing patient care record to make sure that gaps in the recording of appropriate information are identified and improvements made (recommendation d).
Requirement 1 – Timescale: immediate

■ The provider must ensure that patient care records are revised at each new treatment plan, to ensure that information relating to the patients prescribed medication and health conditions remains current.

Recommendation c

■ The service should routinely record patients’ consent to share relevant information with their GP.

Recommendation d

■ The service should develop a programme of patient care record audits. Audits should be documented and improvement action plans implemented.
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. A quality improvement plan should be developed to demonstrate improvements and measure the impact on the service.

The service manager was also the owner and an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). They maintained current best practice through training and development, involvement in the British Association of Cosmetic Nurses and peer group networking with other aesthetic practitioners in the industry. This helped the service to keep up to date with changes in the industry, legislation and best practice.

The service measured whether it was meetings patients’ expectations through consultation, discussion and patient feedback. Patient feedback we received included:

What needs to improve
The service had no quality assurance system or process in place to drive improvement. A quality improvement plan would help structure and record improvement activities and help evaluate the impact of change on the quality of the service provided (recommendation e).

Recommendation e
- 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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<tbody>
<tr>
<td>The service should develop its participation policy to include a more structured approach to gaining patient feedback to demonstrate that improvements had been made (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

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>1 The provider must ensure that patient care records are revised at each new treatment plan, to ensure that information relating to the patients prescribed medication and health conditions remains current (see page 12).</td>
</tr>
</tbody>
</table>

Timescale – immediately

*Regulation 4(3)(c)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
**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 (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 routinely record patients’ consent to share relevant information with their GP (see page 12). |
|   | Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 |

| d | The service should develop a programme of patient care record audits. Audits should be documented and improvement action plans implemented (see page 12). |
|   | Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |

**Domain 9 – Quality improvement-focused leadership**

**Requirements**

None

**Recommendations**

| e | 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). |
|   | Health and Social Care Standards: My support, my life. I have confidence in the organisation providing 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
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net