Announced Inspection Report: Independent Healthcare

Service: Faceinc Limited (Glasgow), Glasgow
Service Provider: Faceinc Limited

10 December 2018
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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www.healthcareimprovementscotland.org
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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 Faceinc Limited (Glasgow) on Monday 10 December 2018. Before the inspection, we asked the service to display a poster asking patients to provide us with feedback about their experiences of using the service. We spoke with eight patients who had used the 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 Faceinc Limited (Glasgow), 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>
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<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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</table>
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

| 5.1 - Safe delivery of care | Safe systems and processes were in place to make sure patients treatment was delivered safely and in a clean, comfortable and well maintained environment. | ✔ ✔ Good |

## Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The service had embedded aspects of quality improvement into practice and had good peer networks in place to support continuous learning and improvement in the aesthetics industry. | ✔ ✔ Good |

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>
</tr>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</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: [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 Faceinc Limited to take after our inspection**

This inspection resulted in one recommendation. See Appendix 1 for the recommendation.

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)
We would like to thank Faceinc Limited (Glasgow) for its 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 proactively involved patients in their treatment plan to ensure their needs and expectations were achieved in line with their desired personal outcomes.

Face-to-face consultations with the owner-manager helped to inform the development of a personalised care and treatment plan. Patients told us they felt fully involved and informed in the development of their treatment plan that was in line with their individual expectations. Patient care files we read confirmed these views.

The service had a good system in place to gather patient feedback. Patients were asked to complete a satisfaction questionnaire every year to determine their views and opinions. This information was regularly reviewed and allowed the manager to monitor satisfaction results and action improvements to inform future service development.

Results from the most recent audit showed that all patients who had completed questionnaires reported the service was meeting their needs and expectations and delivered positive personal outcomes. We saw evidence to confirm that any suggestions or issues patient had raised were acted on in a timely manner. For example, an additional telephone line was installed in the main reception to improve contact with the clinic and an improved system for booking appointments was introduced following patient feedback.
Patients we spoke with were extremely positive about their experience of the service and the quality of the care and treatment they received from the manager. They were confident their views and opinions were listened to and acted upon. Some comments we received included:

- ‘The manager provides an invaluable service in a calm, caring and professional manner, I have every faith in her.’
- ‘I have attended the clinic for many years and grateful for the manager’s scrupulous and knowledgeable attention to detail.’
- ‘I always feel well informed about my treatment and confident about the importance of following aftercare instructions to reduce the risk of any complications.’

The clinic environment provided a secure and comfortable space to make sure patients’ privacy and dignity was promoted and protected at all times in line with the service’s policy.

The procedure for making a complaint about the service was clearly documented in the complaints policy and in the information given to patients. The service had not received any complaints since it was registered.

- 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

Safe systems and processes were in place to make sure patients’ treatment was delivered safely and in a clean, comfortable and well maintained environment.

Discussions with patients about the risks of treatments to support and develop a realistic treatment plan was clearly recorded. Only evidenced-based treatments were used. Easy-to-follow aftercare instructions and out-of-hours arrangements provided assurance of a responsive approach to promoting patients’ ongoing clinical care needs after treatment.

We saw good compliance with infection prevention and control procedures in line with Health Protection Scotland’s national guidance manual. This included the safe disposal of clinical waste, sharps and single use medical devices (used to prevent the risk of cross-infection). The service had an up-to-date clinical waste management contract and a clear protocol for reporting adverse events to the relevant statutory agencies.

Policies and procedures were regularly reviewed and any amendments were subject to completion of a risk assessment to establish their impact on patients. We saw examples of this in response to national policy changes to data protection and medicines management legislation. Appropriate measures were in place to make sure the information in electronic patient care records was stored securely.

Patient care records showed evidence of discussions with patients to make sure they fully understood the arrangements for storing, securing and accessing their personal information and helped raise awareness about how this was used to protect them from harm.
The medicines management policy set out a safe and secure system to record and monitor medicines procurement, prescribing, storage and administration. The temperature of the medical fridge was maintained at a safe level, prescription-only medicines were clearly labelled and non-refrigerated medicines were stored in a lockable cupboard and subject to routine checks. The medicines administered to patients as part their treatment plan were well documented. The clinic room had a medical emergency kit and a supply of emergency medicines to help quickly address any complications or adverse reactions following treatment.

The service had an accountable system in place to assess and manage risk, which included risk assessments, environmental audits and regularly reviewing policies and procedures. Evidence of repairs and maintenance also helped to demonstrate the service’s commitment to continuous improvement.

Patient feedback we received, along with results from the most recent patient satisfaction survey confirmed that patients felt safe and secure in the service. The service had developed a comprehensive policy to protect adults who may be at risk of harm or abuse. A duty of candour policy (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong) was also in place.

- No requirements.
- No recommendations.

**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

The service carried out comprehensive patient assessments. All patient files were clear and accurate.

Key information about medical history, prescribed medicines and allergies was well documented in patient care records we reviewed. This information informed the initial assessment of the patient.

During the inspection, we reviewed six patient care records. The service stored this information electronically in line with data protection regulations. The service was registered with the Information Commissioners Office.
Patient consent to treatment was obtained following a face-to-face consultation and completion of a detailed assessment. Records showed good evidence to confirm that treatment options were thoroughly discussed with patients which took into account their individual needs and personal preferences.

- 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 had embedded aspects of quality improvement into practice and had good peer networks in place to support continuous learning and improvement in the aesthetics industry.

The service is owned and managed by an experienced nurse practitioner who is also an independent supplementary nurse prescriber. The manager is registered with the Nursing Midwifery Council (NMC) and engaged in regular continual professional development and peer review as part of the NMC registration and revalidation process.

The manager attended a variety of conferences and training, and subscribed to journals and forums to keep up to date with changes in aesthetics practice. She was also a member of national aesthetic organisations and met regularly with a small group of aesthetic practitioners for peer support, advice and to review changes in legislation within the aesthetic industry.

The service submitted a comprehensive self-evaluation document which showed that quality improvement was embedded in many of its systems and processes. Analysis of yearly patient questionnaires showed high rates of satisfaction with the quality of the service.

As the sole practitioner, the manager identified gaps in the service during holiday periods or in the event of illness. An arrangement with another local practitioner provided cover during planned and unplanned absence.

Clinical audits helped make sure the service was operating in line with best practice. We saw evidence that policies were reviewed regularly and in response to changes in legislations or medical alerts to make sure the service continued to deliver safe and effective patient care.
What needs to improve
While we saw good evidence that improvements had been identified and actioned, a quality improvement plan would help consolidate this work and measure the impact of service changes or improvements.

■ No requirements.

Recommendation a
■ We recommend that the service should develop 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 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td>Recommendation</td>
<td>We recommend that the service should develop a quality improvement plan (see page 13).</td>
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</tbody>
</table>

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:** [comments.his@nhs.net](mailto:comments.his@nhs.net)