Announced Inspection Report: Independent Healthcare

**Service:** The Skin Studio (West Lothian), Bathgate  
**Service Provider:** The Skin Studio  

10 December 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 The Skin Studio on Tuesday 10 December 2019. We spoke with the service manager during the inspection. Before the inspection, we asked the service to display a poster asking patients to provide us with feedback on the service. We received feedback from 10 patients who had received treatment. 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 The Skin Studio West Lothian, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<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>
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implemented and improvement actions recorded to inform service development.

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
</tr>
<tr>
<td>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.</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Additional quality indicators inspected (ungraded)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
</tr>
<tr>
<td>A comprehensive assessment was carried out for all patients. Patient care records we reviewed were consistently and fully completed.</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 The Skin Studio to take after our inspection**

This inspection resulted in three recommendations. See Appendix 1 for a full list of the 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)
We would like to thank all staff at The Skin Studio 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 were very satisfied with the care and treatment they received. They felt fully informed about treatment options and involved in all decisions about their care. The service should develop its participation policy to ensure patient feedback is analysed to drive service improvement.

The service was a small, personal service with many regularly returning patients. The service’s social media page provided general information about different treatments available. Patients could also arrange appointments through this page. All patients were offered a free initial consultation to discuss treatment options and possible risks.

All 10 patients that responded to our online survey told us they received information in a format that was easy for them to understand and they felt fully involved in decisions about their treatment. All were extremely positive about the care they received and were treated with dignity and respect. Comments included:

- ‘[...] is always pleasant and polite and treats everyone with respect. Very nice lady.’
- ‘Procedures were fully explained and I was always able to make the right decision for me.’
- ‘I would never go to another practitioner as excellent.’

A participation policy was in place. We saw patient feedback was gathered in a number of ways, including feedback questionnaires issued following treatment and through the social media page. Results from patient feedback
questionnaires showed patients were extremely satisfied with the service provided.

The service ensured patients’ privacy and dignity was maintained. The treatment room could be locked and windows were adequately screened. A chaperone policy was also in place.

While the service had not received any complaints since its registration, a complaints policy was in place and was available for patients. The service manager told us the complaints procedure was explained to patients during their consultation. We saw the policy included information about how patients could complain to Healthcare Improvement Scotland at any time.

**What needs to improve.**
While the service proactively gathered patient feedback, we did not see evidence that this information was reviewed to drive improvement in line with its participation policy (recommendation a).

- No requirements.

**Recommendation a**
- The service should develop a more robust system for the analysis of patient feedback to inform service 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

Patients received care and treatment in a clean and safe environment. Patients told us they felt safe and secure in the service. A structured audit programme should be implemented and improvement actions recorded to inform service development.

The service environment was clean, well maintained and finished to a high standard. Patients told us they felt safe and secure when receiving treatment in the service.

Effective systems were in place to make sure that the equipment was clean, safe and well-maintained. This included a range of policies, procedures and maintenance arrangements. We saw all policies and procedures were up to date and systems were in place to ensure they were regularly reviewed.

Infection prevention and control measures were in place as well as fire safety management procedures. Only single-use disposable equipment was used to prevent the risk of cross-infection. The service had a contract for the safe disposal and removal of sharps and clinical waste.

While the service had not had any incidents, systems were in place to record accidents or incidents. The available emergency equipment was checked regularly.

Effective systems, including a medicines management policy, were in place to manage the procurement, prescribing, storage and administration of medicines. We saw medicines were in date and stored appropriately. The service held a supply of emergency medicines to quickly address any complications or adverse reactions following treatment.
The service had an up to date duty of candour policy. Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.

An adult support and protection policy was in place to protect people who may be at risk of harm or abuse.

**What needs to improve**

We did not see any formal audits to monitor compliance with standard infection control precautions or medicines management. A structured approach to audits would help identify and manage risk, monitor compliance with infection control processes and develop action plans for improvement in line with its clinical governance policy (recommendation b).

- No requirements.

**Recommendation b**

- The service should implement a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

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**Our findings**

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

A comprehensive assessment was carried out for all patients. Patient care records we reviewed were consistently and fully completed.

We reviewed four patient care records. All were legible, signed and included a clear record of all treatment. We saw evidence of comprehensive consultations before any treatment was carried out. As part of the assessment, a full medical history considered any existing health conditions, prescribed medications, allergies, previous treatments and patient expectations were recorded.

A consent policy was in place and all patient care records we reviewed included a signed consent form. Consent was also recorded for sharing information with other healthcare professionals in an emergency, if required.
Patients told us they had received sufficient information about the risks and benefits of treatment. They were also provided with clear aftercare instructions and knew who to contact in an emergency.

All patient care records were stored securely and a data protection policy was in place.

- 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 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 owned the service and was the sole practitioner. They were an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). They maintained current best practice through ongoing training and development.

The service manager was a member of several national aesthetics organisations, subscribed to journals and received peer support from other aesthetic practitioners in the industry. This helped the service to keep up to date with changes in the aesthetic industry, legislation and best practice.

What needs to improve

The service had no quality assurance system or process in place to drive improvement. The development of 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).

This is the provider’s second service. We found similar areas for improvement in the previous service inspected. The provider does not appear to have implemented learning from the previous inspection.

■ No requirements.

Recommendation c

■ 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 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td>The service should develop a more robust system for the analysis of patient feedback to inform service 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

<table>
<thead>
<tr>
<th>Requirements</th>
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<tbody>
<tr>
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<td></td>
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<tr>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
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</table>
| **b** The service should implement a programme of regular 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 |

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<thead>
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<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
</tr>
</tbody>
</table>
| **c** The service should develop a quality improvement plan (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 |
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