Announced Inspection Report: Independent Healthcare

Service: Sorella Aesthetics by Lisa Herron, Oban
Service Provider: Sorella Aesthetics by Lisa Herron

13 February 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 Sorella Aesthetics by Lisa Herron on Wednesday 13 February 2019. We spoke with the manager during the inspection. We also received feedback from 14 patients through an online survey we had issued, and from emails directly sent to us after the service displayed our inspection announcement poster. 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 Sorella Aesthetics by Lisa Herron, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
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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>
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>Some recent improvements had been made to how the service is delivered. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.</td>
<td>Satisfactory</td>
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</table>

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>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive patient assessments were clearly documented in patient care records. Consent should be recorded for sharing information.</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 Sorella Aesthetics by Lisa Herron to take after our inspection

This inspection resulted in five 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 Sorella Aesthetics by Lisa Herron for their assistance during the inspection.
3 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

Feedback from our online survey and social media reviews were all positive and very complimentary about the quality of the service provided. Although the service had a participation policy, it did not actively seek feedback from patients. Information on how to make a complaint should be given to patients.

The service made sure that patients’ privacy and dignity was maintained. All consultations were by appointment only. One patient was treated in the service at a time, maintaining confidentiality. The treatment room was locked when patients were undergoing treatments.

Feedback from our online survey was very positive about the experience patients had at the service. All patients agreed they had been treated with dignity and respect, and had been involved in decisions about their care. Comments included:

- ‘Highly professional maintaining confidentiality at all times.’
- ‘Pros and cons discussed in full. Listened to what I hoped to achieve from the procedures and explained the best way to get the desired result.’
- ‘Chat beforehand with my expectations, follow up provided, quick response to any queries.’

What needs to improve

Although the service had a participation policy, we found no evidence that feedback was actively sought from patients. For example, a post-treatment questionnaire was not issued. Patients were able to provide feedback verbally, by texting and through social media. While this information was useful, it was
difficult for the service to draw any conclusions that could be used to drive improvement. We also found no evidence that feedback was being recorded. We discussed with the service the importance of having a structured approach to patient feedback. This should include:

- gathering patient feedback
- analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation a).

The service’s complaints policy included contact details for Healthcare Improvement Scotland and information about how to make a complaint to us. The service had not received any complaints. Although patients were encouraged to verbally discuss any complaints with the service during consultations, no clear information was provided on how to make a complaint. For example, there was no complaints leaflet or information displayed in the treatment room about how to make a complaint. The complaints policy was also not made available (recommendation b).

- No requirements.

**Recommendation a**

- We recommend that the service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

**Recommendation b**

- We recommend that the service should provide information for patients on how to make a complaint.
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. A regular programme of audits should be introduced to help the service make improvements.

The service was clean and well maintained. Contracts were in place for the maintenance of the premises.

We saw good compliance with infection prevention and control procedures. This included the safe disposal of clinical waste, sharps and single-use patient equipment (used to prevent the risk of cross-infection). The service’s infection prevention and control policy uses and makes reference to Healthcare Improvement Scotland’s Healthcare Associated Infection (HAI) Standards (February 2015) and Health Protection Scotland’s National Infection Prevention and Control Manual.

A safe system was in place for the procurement, prescribing, storage and administration of medicines. Patient care records documented medicines used, batch numbers and expiry dates. The manager had been trained to deliver advanced life support in the event of a medical emergency.

Duty of candour (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong) and safeguarding policies were in place. These were reviewed once a year.

What needs to improve

We found no evidence of audits taking place to review the safe delivery and quality of the service. For example, audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care
environment. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation c).

■ No requirements.

**Recommendation c**

■ We recommend that the service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

<table>
<thead>
<tr>
<th>Our findings</th>
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<tr>
<td><strong>Quality indicator 5.2 - Assessment and management of people experiencing care</strong></td>
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**Comprehensive patient assessments were clearly documented in patient care records. Consent should be recorded for sharing information.**

We reviewed five patient care records. We saw that comprehensive assessments and consultations were carried out before treatment. These included taking a full medical history, with details of any health conditions, medications, allergies and previous treatments. Consent to treatment, including having their photograph taken, and any risks and benefits associated with the treatment are explained. This is carried out for all new and returning patients. Records were kept of each treatment session, including a diagram of the area that had been treated.

Patients were given verbal and written aftercare advice. Patients were invited to attend a free follow-up appointment. This allowed the service to ensure patients were happy with the results and provide any additional treatment or advice.

The service maintained the confidentiality of patients’ information by storing any paper files in a locked filing cabinet. The manager had carried out training in updated general data protection regulations.

**What needs to improve**

The service did not always record patient consent for sharing information with GPs (recommendation d).
No requirements.

**Recommendation d**

- We recommend that the service should record patient consent for sharing information with GPs.
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

Some recent improvements had been made to how the service is delivered. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

Some recent improvements had been made to how the service is delivered. This included relocating to an improved premises that is used solely by the service. The manager has also qualified as a prescriber. This allows the service to carry out comprehensive patient consultations and independently prescribe medicines for treatments provided.

The service kept up to date with changes in legislation and best practice through attending training provided by pharmaceutical companies. The service was also a member of the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions.

What needs to improve

There was no system for reviewing the quality of the service delivered. We saw no evidence of lessons being learned from complaints, incidents or audits which would help improve service delivery. Regular reviews of the service will help to ensure the service delivered is of a quality appropriate to meet the needs of patients.

A quality improvement plan would help to structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation e).
No requirements.

**Recommendation e**

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

#### Requirements

None

#### Recommendations

**a** We recommend that the service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

**b** We recommend that the service should provide information for patients on how to make a complaint (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td></td>
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</tbody>
</table>
| c | We recommend that the service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must 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 |
| d | We recommend that the service should record patient consent for sharing information with GPs (see page 11).  

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 |

### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
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</table>
| e | We recommend that the service should develop a quality improvement plan (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)

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Sorella Aesthetics by Lisa Herron: 13 February 2019
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