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
## Contents

1. A summary of our inspection 4

2. What we found during our inspection 6

Appendix 1 – Requirements and recommendations 13
Appendix 2 – About our inspections 14
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 Love Your Life Now on Thursday 11 July 2019. We spoke with the owner, who also manages the service, and received comments from seven patients who had used the service in the last year. 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 Love Your Life Now, 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>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
</tbody>
</table>
Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The service had effective quality assurance processes in place to make sure patients received high quality care. We saw that feedback from patients had resulted in improvements being made to the service.</td>
</tr>
</tbody>
</table>

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>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records provided comprehensive information about all aspects of patient care. Patients told us they felt fully involved in decisions about their care and treatment. Patient care records were audited as part of the service’s commitment to quality improvement.</td>
<td></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 Love Your Life Now Ltd to take after our inspection

This inspection resulted in two 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](www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

We would like to thank Love Your Life Now 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 received good information before they agreed to treatment. They told us the manager treated them with dignity and respect. The service actively sought feedback from patients to improve the service. Patients knew how to make a complaint.

The manager discussed patients’ expectations, benefits and possible risks of any treatments at an initial consultation. A full medication history would be taken and a psychological assessment carried out at this stage. Patients received an information pack to take away with them and were encouraged to have a 2-week ‘cooling off’ period before making a decision to proceed with treatment.

The service collected feedback from patients in a number of ways in line with its patient participation policy. Satisfaction questionnaires were issued to patients at the post-treatment review to make sure the results of their treatment matched their individual expectations. Patients were issued a questionnaire 6 months after their treatment to get their views on their overall experience of the service. The service also used social media to gather feedback and provide research-based information on treatments it provided. We saw a suggestions box was on display in the waiting room.

We saw positive results from a patient experience questionnaire carried out earlier this year. Patients said they were treated in a clean and comfortable environment and reported their privacy and dignity was maintained.

We saw positive results from the seven patients who completed our online survey. All patients said they were treated with dignity and respect and had received the information they needed to help them make a decision before agreeing to treatment.
Other comments included:

- ‘I found the whole service professional, very personalised and catered to my every needs.’
- ‘After a lengthy discussion before treatment, I felt confident with my decision to go ahead with the treatment and with the professional I had chosen to do it.’

The service evaluated responses from patient feedback questionnaires to inform improvement and the quality of the service. For example, the service invested in a non-invasive pain relieving device to reduce patient discomfort during dermal filler treatment in response to feedback from patients.

The service had an effective system in place for responding to, and investigating, complaints or concerns in line with its complaints policy. Lessons learned from a recent complaint resulted in improvements being made to the consent to treatment form. A psychological assessment was introduced to strengthen the overall assessment process. Patients who responded to our survey confirmed they knew how to make a complaint.

**What needs to improve**

Whilst all of the patients who responded to our survey knew they could contact Healthcare Improvement Scotland at any time if they had a complaint, the patient information pack did not include details of how to make a complaint (recommendation a).

- No requirements.

**Recommendation a**

- The service should make sure that patients receive written information about how to make a complaint to the service.
**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 well maintained. Good systems were in place to ensure patient care was delivered safely. Patients told us they felt safe when receiving treatment. Background checks had been carried out on the adults living on the premises to protect the health and welfare of patients.

The service had good systems and protocols to ensure the environment was kept clean and all equipment was maintained and fit for purpose. All patients who completed our survey confirmed the service was clean, comfortable and in a good state of repair. Daily and weekly cleaning schedules were maintained. We saw that audits of cleaning schedules were also carried out.

Up-to-date maintenance contracts were in place for fire safety equipment, heating and electrical appliances to make sure these were safe to use. The manager had also updated the fire risk assessment for the service following a visit from the community fire safety officer. The service had appropriate and up-to-date insurance to cover public liability and cosmetic treatments.

Appropriate measures were in place to reduce the risk of infection. Only disposable personal protective equipment such as aprons, gloves and medical devices were used. Sharps and other clinical waste was disposed of in line with the service’s infection prevention and control policy. The service had a waste management contract for the safe removal of clinical waste from the service. Infection prevention and control audits showed good compliance in line with national infection prevention and control guidance.

We saw a reliable system for prescribing, storing and administering medicines in the service. All medicines were stored securely in a locked cupboard or a medical refrigerator. No stock medicines, other than emergency drugs, were
held. Monthly audits of medicines showed good compliance with the service’s medicines management policy. Patient care records we reviewed documented batch numbers and expiry dates of medicines used during treatment.

The service had an emergency kit with a supply of emergency medicines to respond to any complications or adverse reactions after treatment. The manager was trained in advanced life support. Accident reporting procedures were clear and a log book was in place to record and monitor accidents and incidents. While no accidents or incidents had been recorded yet, the manager was aware of the responsibility to report incidents that must be notified to Healthcare Improvement Scotland and under health and safety legislation.

Responses from our survey showed that patients felt comfortable and safe when receiving treatment in the service. An adult support and protection policy was in place to protect patients who may be at risk of harm or abuse. The manager attended annual adult protection training to keep up to date with changes in legislation. 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.

To protect the health, welfare and safety of patients, Healthcare Improvement Scotland requires providers to carry out background checks on all adults aged 16 and over living on the premises. The manager provided evidence of completed background checks for the two adults living on the premises.

- No requirements.
- No recommendations.

### Our findings

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

Patient care records provided comprehensive information about all aspects of patient care. Patients told us they felt fully involved in decisions about their care and treatment. Patient care records were audited as part of the service’s commitment to quality improvement.

We reviewed five patient care records. All were legible, up to date and stored securely in a locked filing cabinet. We saw evidence of comprehensive consultations and assessments taking place that included prescribed medicines and allergies.
All records showed patients were given detailed information about treatment options before agreeing to treatment. Individual treatment plans included planned treatment, aftercare instructions and post-treatment reviews.

Consent to treatment forms were signed by the patient and the practitioner in all the files we reviewed. Consent to share information with other healthcare professionals was also evident in patient care records.

- 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 effective quality assurance processes in place to make sure patients received high quality care. We saw that feedback from patients had resulted in improvements being made to the service.

The manager was a registered nurse, independent prescriber and the sole practitioner for the service. Formal links with other experienced aesthetic practitioners was established to provide peer support and share best practice.

The manager attended conferences and training events, and subscribed to a number of aesthetic journals to support continuous professional learning. The manager was also a member of a number of professional organisations including the Association of Scottish Aesthetic Practitioners, the British Association of Cosmetic Nurses and the Aesthetics Complications Expert (ACE) Group. This allowed the service to keep up to date with changes in the aesthetics industry, legislation and best practice.

The service had developed effective quality assurance processes to drive improvement. A programme of regular audits ensured the service monitored the safe delivery of care. The manager monitored audit results to make sure practice was delivered in line with the service’s policies and procedures. Plans were under way for an independent practitioner to carry out an audit of the service. This would allow the service to compare its practice with other clinics, share ideas and inform future service development.

Patient feedback was evaluated and used to promote improvements. For example, a pain measurement tool was introduced to monitor the effectiveness of relaxation techniques and massage therapy on reducing discomfort for patients during treatments.
What needs to improve

While continuous quality improvement was evident in practice, the service’s improvement plan could be further developed to show the impact of improvement work in the service (recommendation b).

A key challenge for the service had been to promote the growth and development of the service. The manager had recently completed a business management course to help increase their business skills and expand treatments to optimise treatments offered.

The service does not currently have a website. This is scheduled to be launched in the autumn. Once developed, patients will be able to book appointments online and leave feedback about the quality of the service.

- No requirements.

Recommendation b

- The service should continue to develop its quality improvement plan to demonstrate the impact of improvement initiatives on 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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>a</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>b</td>
</tr>
</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.

<table>
<thead>
<tr>
<th>Before inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent healthcare services submit an annual return and self-evaluation to us.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>During inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>We use inspection tools to help us assess the service.</td>
</tr>
<tr>
<td>Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.</td>
</tr>
<tr>
<td>We give feedback to the service at the end of the inspection.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>After inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>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: <a href="http://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a></td>
</tr>
<tr>
<td>We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.</td>
</tr>
<tr>
<td>We check progress against the improvement action plan.</td>
</tr>
</tbody>
</table>

More information about our approach can be found on our website: 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