Announced Inspection Report: Independent Healthcare

**Service:** Aura Facial Aesthetics, Dundee

**Service Provider:** Aura Facial Aesthetics Limited

8 August 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 Aura Facial Aesthetics on Thursday 8 August 2019. We spoke with the manager (sole practitioner) during the inspection. We also received feedback from 11 patients through an online survey we had issued. 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 Aura Facial Aesthetics, 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><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td><strong>Quality indicator</strong></td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<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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### Key quality indicators inspected (continued)

<table>
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<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tr>
<td>Quality indicator</td>
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<td>9.4 - Leadership of improvement and change</td>
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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>
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<tbody>
<tr>
<td>Quality indicator</td>
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<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 Aura Facial Aesthetics Limited to take after our inspection

This inspection resulted in four 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

We would like to thank all staff at Aura Facial Aesthetics 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

A range of methods were used to gather patients’ feedback. Patients were satisfied with the care they received and how well treatments were explained to them. Feedback sought from patients was used to evaluate and, where necessary, improve the service.

Patients attended for an initial consultation to meet the practitioner and to discuss possible treatments. A cooling-off period of 48 hours was encouraged to allow time for patients to consider their options. Patients were given a detailed information leaflet summarising the treatments available, prices and how to obtain more information about the service.

The service’s participation policy detailed the range of methods used to gather feedback from patients. This included verbally, by text, through social media and using a patient satisfaction questionnaire. All feedback we reviewed was positive. We were told feedback was used to assess the quality of care provided and, where necessary, make any improvements in the service. The patient satisfaction questionnaire was well designed, offering opportunities for patients to give detailed feedback about the service and quality of care. Comments received included:

- ‘Excellent friendly service, highly professional, all concerns and questions answered.’
- ‘Great, secure and made me feel comfortable, explanation of procedure was excellent, and the best options for treatment were discussed.’

Feedback from our online survey was also positive. All patients were extremely satisfied with the quality of care and support in the service.
Patients commented:

- ‘... very professional and respects you and makes you feel very comfortable.’
- ‘... gave me all the information I needed and answered any questions or concerns promptly and professionally.’

The service’s complaints policy provided information about how to raise a concern or complaint directly with the service, or with Healthcare Improvement Scotland. No complaints had been received in the service. The manager told us they were confident they would deal with any concerns or complaints efficiently and that, where necessary, they would seek advice from Healthcare Improvement Scotland.

**What needs to improve**

We discussed with the service how the participation policy could be developed further to help gather more detailed information about patient care. Feedback received could be collated into a summary of patient feedback and could detail any improvements or actions taken as a result. This could then be shared with patients.

The manager told us they gathered all feedback received and provided individual feedback to patients. As the feedback received to date did not highlight any areas for improvement, we discussed ways in which the patient satisfaction questionnaire could be developed further. This would allow more detailed feedback to be gathered from new patients, as well as from patients who had been attending the service for some time.

The service’s complaints policy should include information on the timescales for complaint investigation. We were assured this would be actioned immediately following our inspection.

- 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

The clinic was bright, clean and well presented. Good processes were in place to minimise the risks to maintain safety in the service. A regular programme of audits should be introduced to help the service make improvements.

Although small, the clinic was well laid out and there was ample space to provide treatments safety. The clinic benefitted from natural light and ventilation. The walls and floors were intact and easy to clean.

Appropriate policies and procedures were in place to help the service deliver care safely. For example, the infection prevention and control policy included guidance about a number of standard infection control precautions, such as hand hygiene, and the management of clinical and general waste. This helped to minimise risks associated with the spread of infection. The clinic was equipped with a medication trolley, lockable fridge to store medicines, stainless steel sink and disposable towels.

We also reviewed other documents which helped the service to maintain a safe environment. This included how to deal with medical emergencies. An accident and incident book was used to record any events that took place. However, we noted that no accidents or incidents had occurred. The service was aware that Healthcare Improvement Scotland must also be notified of accidents and incidents which occur in the service.

Suitable bins were available for the safe disposal of general and clinical waste, including sharps such as syringes.
Medications were ordered from the local pharmacist. Once collected, they were stored safely in the clinic. Fridge temperatures were monitored daily to ensure medications were stored effectively. We found medications to be correctly prescribed and within their expiry dates.

Both the duty of candour and adult protection policies were satisfactory. Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. The manager had a good understanding of their role in protecting patients and implementing duty of candour.

A basic risk assessment for the clinic had been carried out to check the safety of equipment, levels of cleanliness and ordering of medications.

We asked patients how the risks of their treatments were explained to them. Patients told us:

- ‘They explained how the treatment worked on the particular areas and guided me in deciding how much product to use. The risks were explained but in a professional and calm way.’
- ‘They explained everything to me and answered any questions I had about the treatment. Any concerns were answered promptly and truthfully, and suggested coming in for a chat before I made the decision to go ahead.’

**What needs to improve**

The service’s infection prevention and control policy was not aligned to Healthcare Improvement Scotland’s *Healthcare Associated Infection (HAI) Standards* (February 2015) and Health Protection Scotland’s *National Infection Prevention and Control Manual*. This meant some standard infection control precautions were not included as areas to be monitored in the clinic (recommendation a).

We found no evidence of completed audits reviewing the safe delivery and quality of the service, such as medicine management, patient care records, or 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 b).

- No requirements.
Recommendation a

- The service should develop its infection prevention and control policy to ensure information is aligned to national infection prevention and control guidance.

Recommendation b

- The service should develop a programme of regular 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

Patients were involved in planning their own treatments and were supported to make suitable choices where necessary. A comprehensive assessment was carried out for all patients before and after treatments. Consent should be recorded for sharing information.

Patient records were stored in a locked filing cabinet. Each patient had their own record of care which included information about their past medical history and desired outcomes from treatments.

The patient care record included facial diagrams to record the area and amount of treatment administered. The batch number of the medication given was recorded in the patient’s care record.

Consent to treatment was included in the patient care record. From the four patient care records we reviewed, we saw that all patients had signed the consent form to say they understood the treatment and procedure.

Patients were given written aftercare information to take away with them. This explained any possible side-effects and what to do in the event of an emergency. Patients were also provided with the appropriate drug information leaflets from the medicines they had been given.

Permission was obtained from all patients for the service to contact them 24 hours after treatment for review. From feedback we received in our survey, patients told us they appreciated being contacted, as it provided an additional opportunity for them to ask questions about their care. Patients who subsequently experienced a mild to moderate reaction were seen in the service. Patients experiencing a severe reaction were advised to go to their nearest emergency department.
Patient information leaflets were available to support the management of specific conditions such as oral herpes.

**What needs to improve**
Consent to share information with relevant individuals where appropriate, such as the patient’s GP, was not recorded in the patient care record. This should be added to ensure patients are aware that, in the event of a significant concern, information may be shared with the appropriate healthcare professional (recommendation c).

It would be good practice for the service to advise patients to avoid treatments before they go on holiday. A prompt for this could be added to the patient care record.

■ No requirements.

**Recommendation c**
■ The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ care records.
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 demonstrated commitment to learning and development to improve its knowledge of aesthetics practice. The quality improvement plan could be developed further to show how the service measures the impact of service change and to demonstrate a culture of continuous improvement.

The manager was a registered nurse and independent nurse prescriber. As part of their role, they completed training to help ensure they practiced safely.

The manager was a member of the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. By being a member, they were able to access up-to-date information about treatments and how to manage complications and concerns encountered in their own service. We saw step-by-step diagrams of how to manage complications such as swelling and oral herpes.

To help make sure the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance, the manager regularly met with an aesthetics representative to discuss suitable learning and development opportunities for the year ahead.

What needs to improve
Although a quality improvement plan had been produced, it should be developed further to detail how information from audits, complaints, patient feedback and incidents would be collated and used. This will help the service to evaluate findings and continuously improve the quality of the service delivered and ensure the safe delivery of care (recommendation d).

- No requirements.
**Recommendation d**

- The service should develop and implement a more detailed quality improvement plan to formalise and direct the way it drives and measures improvement.
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.

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<thead>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
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<tr>
<td><strong>Recommendations</strong></td>
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<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
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<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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<td><strong>c</strong></td>
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<tr>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</td>
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## Domain 9 – Quality improvement-focused leadership

<table>
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<tr>
<th>Requirements</th>
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<td>d  The service should develop and implement a more detailed quality improvement plan to formalise and direct the way it drives and measures improvement (see page 14).</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 4.19
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

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
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](mailto:hcis.ihcregulation@nhs.net)