Announced Inspection Report: Independent Healthcare

Service: Sk:n Clinic (Glasgow)
Service Provider: Lasercare Clinics (Harrogate) 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 Sk:n Clinic (Glasgow) on Thursday 8 August 2019. We spoke with a number of staff during the inspection. We received feedback from seven patients who had completed 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 Sk:n Clinic (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><strong>Domain 2</strong> – Impact on people experiencing care, carers and families</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>
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<tr>
<td><strong>Domain 5</strong> – Delivery of safe, effective, compassionate and person-centred care</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 indicators were 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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<th>Domain 7 – Workforce management and support</th>
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<tr>
<td>7.1 - Staff recruitment, training and development</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 Lasercare Clinics (Harrogate) Limited to take after our inspection

This inspection resulted in one recommendation (see Appendix 1).

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 Sk:n Clinic (Glasgow) 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 felt involved and fully informed about their treatment. Good systems were in place to gather and respond to patient feedback. The service used the feedback to improve. The provider should look at ways to provide a telephone contact for each of its services.

Patients could sit in a private area of the service while waiting on their treatment.

The service used a variety of methods to gather patient feedback including verbal and questionnaires. The service used this information pre- and post-treatment. Each patient was asked about their expectations and what they expected the treatment to achieve. It also sent an email to each patient after their treatment to allow them to comment on the care and service received. We saw the service reviewed its patient feedback every week and provided a quick response to any concerns raised. The service informed patients of any changes made as a result of their feedback using a ‘you said, we did’ board. The service saw gathering patient feedback as an important way to help guide and shape the service.

Patients responded positively to our online survey. Some comments included:

• ‘I was made to feel at ease throughout the duration of my treatment.’
• ‘Everything carried out during treatment was explained to me for example, laser settings for my skin type, therapist checked I was ok at various points throughout treatment.’
• ‘Staff were welcoming, consultation was in depth, I was given literature to take home. Full treatment process and after care was explained well and the
therapist encouraged me to get in touch with her if I had any further queries.’

The service manager showed good awareness of duty of candour and how it would be managed if a situation arose. Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.

The service’s complaints policy detailed how to complain to Healthcare Improvement Scotland. Our contact details were also on the provider’s website and leaflets. The service kept a complaints log for the complaints it received. We saw this was regularly reviewed and the complaints process was completed in line with the provider’s policy. For example, where patients had raised concerns about aspects of their treatment, we saw evidence that the service had responded in a timely and understanding way.

Noticeboards are displayed throughout the service informing patients how to provide their feedback. Patient comments and their views had contributed to improving the service.

**What needs to improve**

We saw patients had raised similar concerns to those raised by patients using other Lasercare services in Scotland. Patients were frustrated at the complicated and time-consuming way it took to contact the service. The service provider should provide telephone contact details for each individual clinic (recommendation a).

- No requirements.

**Recommendation a**

- The service provider should consider making contact with each service easier by providing a direct telephone contact.
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. The service monitored all aspects of delivering safe care.

The clinic was clean, spacious and well organised.

The service used lasers for a number of treatments. Each clinical room was used for a different type of treatment. A standard operating procedure for every treatment included colour-coded equipment to reduce risk. The equipment was serviced and maintained. The service had a laser protection advisor and all treatment rooms fully complied with laser protection guidelines.

We saw the service had comprehensive protocols for following the laser protection advisor’s risk assessments. Individual laser safety files for each laser system were clear and specific. Local rules were also in place. These are the local arrangements to manage laser safety which a laser protection advisor must have signed and dated. This included the safe keeping of the environment and any personal protective equipment that would be required, such as eye safety wear.

All staff were trained in adult life support and had their registrations and qualifications checked every year. The service manager showed us the emergency equipment, including a defibrillator. All equipment we saw was in a good state of repair and emergency medication was in date. Each staff member was required to demonstrate their competence in using the equipment and carrying out the treatments.
The service manager had received training and information in the updated data protection regulation and was responsible for escalating any concerns. We saw all files were stored safely in paper and electronic formats.

The service had a number of policies in place for:

- child protection
- duty of candour
- protecting vulnerable adults, and
- whistleblowing.

The service carried out a programme of regular audits to monitor the safe delivery of the service such as hand hygiene, medicines management and adverse events. We saw patient feedback, infection prevention and control and treatment outcomes had been measured and acted upon. The service provider had a comprehensive risk register which took account of each individual service in Scotland’s circumstances. This allowed it to tailor any improvement action to take account of each service’s differing needs.

■ No requirements.
■ No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

The service carried out comprehensive assessments for all its patients. The assessment was then used to compile any ongoing treatment plans.

Patients completed a questionnaire before treatment to clarify their expectations. These were discussed and the treatments explained in a face-to-face pre-treatment consultation meeting with the patient. We saw patient care records clearly described the patient’s expectations, the treatment options available and costs involved. Consent forms were in place for their treatment and for the use of photography. Treatment plans were developed and agreed with the individual patient.

We reviewed six patient care records and all showed a clear pathway from comprehensive assessment through to treatment, including taking a full medical history. We saw all notes were legible and up to date.
The patient’s care record was reviewed and updated each time the patient visited the service for further treatment. We saw this included consent and any possible risks or side effects to the treatments agreed. Detailed aftercare advice was given in written form and patients told us verbal advice was given after every treatment.

- No requirements.
- No recommendations.

Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

The service had a safe recruitment process and induction programme for new staff. Good opportunities were provided for staff development.

The service had policies for recruitment and training. We saw the service recruited new staff in line with its policy. New staff completed a role-specific induction programme. A senior clinical team member supervises and mentors any new member of staff until they are satisfied they are fully competent. For example, we saw the competency record that the senior member of staff had completed for a new aesthetic practitioner for each treatment they carried out. Each practitioner was required to complete all mandatory training before being deemed competent. The service had a comprehensive list of training requirements.

We saw evidence in the files for new staff showing they received an appraisal 3 months after starting in the service. We saw they had completed the appropriate training, such as adult life support, health and safety, and infection prevention and control.

Staff maintained their skills through training and self-directed learning. We saw evidence of the training courses staff had attended and noted that staff development needs were recorded in staff files.

We saw contracts in place for staff granted practicing privileges. This is for staff not employed directly by the provider but given permission to work in the
service. All staff are required to be Protecting Vulnerable Group (PVG) checked and have references obtained.

Staff files showed that all registered nurses employed by the service had their Nursing and Midwifery Council (NMC) registration checked and revalidation completed, if required. Revalidation is where every registered nurse sends evidence of their competency, training and feedback from patients and peers to the NMC every 3 years.

What needs to improve
We saw the service was carrying out PVG checks. However, we found one PVG certificate was contained in a staff file. We explained this was not best practice.

- 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 management team was supportive and provided clear, visible leadership. Good opportunities were provided for staff development. The provider ensured the continuous quality improvement process made changes which took account of staff and patients’ views and enhanced patient care.

Sk:n Clinic (Glasgow) is small but is well supported by the provider, Lasercare. Staff we spoke with said leadership was supportive, visible, approachable and open to new ideas. Staff were encouraged to suggest ideas to improve the existing ways of working and the patient experience at staff meetings or at their one-to-one meetings with their manager. We saw quality improvement was a standing item on the agenda at staff meetings.

The service had an overall improvement strategy in place. While this was primarily a business model, it saw good patient care as central to promoting and building the business. As part of the strategy, patients’ clinical and emotional experiences were regularly audited and actions were taken based on their feedback. The service evaluated all complaints, incidents and accidents and made good use of any learning or safety needs which arose from them.

The service provided evidence of improvements made as a result of patient feedback such as:

- the clinic layout being developed to allow disabled access to the upper floors
- hearing loops available in the reception area, and
- waiting areas available for patients who would appreciate more privacy.
A clinical audit programme was in place and we saw comprehensive action plans where areas for improvement were identified.

The provider had developed its own model of continuous quality improvement. Audits, patient feedback and the views of staff contributed towards this. The service provided continuous feedback to staff and patients.

Staff and management were members of organisations such as the British Association of Cosmetic Nurses (BACN). They also attended regular conferences and training days that pharmaceutical companies provided. This allowed them to keep up to date and knowledgeable about improvements in practice. This knowledge was shared with other staff at team meetings.

Every staff member’s performance was reviewed monthly and an employee of the month award was given. They had the opportunity to progress to become a senior practitioner and the service provided the required training to achieve this.

We saw the service was actively addressing the recommendations we made in previous Sk:n Clinic inspection reports in Scotland. These were in relation to taking account of Scottish legislation for infection prevention and control and protecting vulnerable groups.

- No requirements.
- No recommendations.
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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<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
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<tr>
<td><strong>Recommendation</strong></td>
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<td>a The service provider should consider making contact with each service easier by providing a direct telephone contact (see page 8).</td>
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Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.8
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