Announced Inspection Report: Independent Healthcare

Service: Lift Medical Aesthetics, Glasgow
Service Provider: Lift Medical Aesthetics

8 October 2019
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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 Lift Medical Aesthetics on Tuesday 8 October 2019. We spoke with the service manager and the practitioner during the inspection. We also received feedback from four patients through an online survey we had asked the service to issue for us before the inspection. 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 Lift Medical Aesthetics, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
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<tbody>
<tr>
<td>Quality indicator</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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<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>5.1 - Safe delivery of care</td>
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</table>
The following additional quality indicator was inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients were assessed by the practitioner at their initial consultation before a personal treatment plan was agreed. Patients told us they received a thorough assessment, and that risks and benefits of treatments were fully explained to them before they agreed to treatment. Patient assessment records should be further developed.</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 Lift Medical Aesthetics to take after our inspection

This inspection resulted in six 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 Lift Medical 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

Patients who used the service felt fully informed and involved in all decisions about their treatments. A patient feedback questionnaire had been created, but was not yet in use.

Patients could discuss their needs and expectations from the service at the initial consultation. Information about the treatments available in the service and their costs were covered with the patient during this appointment.

The service had developed systems to gather feedback from patients about the service, in line with its patient engagement policy. At the time of the inspection, this included a suggestions box in the waiting room. As the service was not advertised anywhere, the delivery of treatments was limited to a small group of patients who had used the service for some time. The service manager told us they planned to develop a website to promote the service and enable patients to leave comments about the quality of the service provided. We were told this would also help when introducing a more formal approach to collecting and analysing patient feedback to promote and inform future improvements in the service.

All patients who responded to our survey confirmed they felt fully involved and informed about their treatment. Other comments we received from patients included:

- ‘It’s personal and private and time was taken to explain everything and for me to ask questions.’
- ‘Practitioner is knowledgeable and explained the procedure thoroughly to help me make a decision.’
We saw that the majority of patients who attended the service were returning customers. A cooling-off period was encouraged to enable any new patients to take time to consider their treatment options before agreeing to treatment.

The service’s complaints policy provided details of how it would respond to and investigate complaints about the service. This included an option for patients to complain to Healthcare Improvement Scotland at any time if they were dissatisfied with the service. The policy was available for patients to access in the service.

**What needs to improve**
A duty of candour policy had not yet been developed to show how the service would meet its professional responsibility to be honest with patients if things went wrong (recommendation a).

The service was aware that it still needed to formally engage with patients to obtain feedback about the quality of the service. We were told a patient feedback questionnaire had been created, which it planned to start using in the New Year. We will review this at a future inspection (recommendation b).

- No requirements.

**Recommendation a**
- The service should develop and implement a duty of candour policy.

**Recommendation b**
- The service should gather feedback from patients to evaluate and inform service improvements.
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 well maintained environment. Appropriate measures were in place to manage clinical, environmental and safeguarding risks to keep patients safe. A programme of audits should be introduced covering all aspects of patient care and treatment.

The clinic was clean and equipment was in a good state of repair. An audit of daily and weekly cleaning was maintained. Adequate arrangements were in place for fire safety, gas and electrical equipment.

We saw good compliance with infection prevention and control procedures that were in keeping with the service’s policy. Single-use personal protective equipment, such as gloves, aprons and medical devices, were used to prevent the risk of cross-infection. The service had an up-to-date contract for the safe disposal of sharps, such as syringes and needles, and other clinical waste.

A safe system was in place 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 dermal fillers and local anaesthetic cream, were held in the service. A supply of emergency medicines was available to enable the service to respond to any complications or adverse reactions after treatment. The temperature of the refrigerator was monitored and recorded to make sure it was maintained at a safe level. Prescription-only medicines, such as botulinum toxin, were prescribed on an individual basis. Patient care records we reviewed recorded the batch number and the expiry date of the medicines used to treat each patient.
Although the service had no reported accidents or incidents, reporting procedures were clear, and the service kept a log book to record and manage accidents and incidents.

The service had a range of policies and procedures to make sure patient care and treatment was safe. This included a safeguarding policy to protect the health, welfare and safety of patients. The service was delivered from a private family residence. As a result, Healthcare Improvement Scotland requires providers to carry out background checks on all adults aged 16 and over living on the premises where the service is delivered. The service manager provided evidence of completed background checks for the adults living on the premises. Patients who responded to our survey confirmed they felt safe when receiving treatment.

**What needs to improve**

While the service maintained records of cleaning, maintenance of equipment and fridge temperatures, a formal audit programme would provide a more structured approach to help the service identify and demonstrate improvements in the service. This could include audits of medicines management and patient care records (recommendation c).

- No requirements.

**Recommendation c**

- The service should develop a formal audit programme to cover key aspects of care and treatment. Audits should be documented and action plans for improvements implemented.

**Our findings**

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

Patients were assessed by the practitioner at their initial consultation before a personal treatment plan was agreed. Patients told us they received a thorough assessment, and that risks and benefits of treatments were fully explained to them before they agreed to treatment. Patient assessment records should be further developed.

Patients who responded to our survey confirmed they received a thorough assessment from the practitioner at their initial consultation before treatment options were discussed and agreed. This included providing information about their past medical history, prescribed medicines and allergies.
We reviewed four patient care records and saw that all patients had given their consent to treatment, and before and after photographs being taken. Patients told us the risks and benefits of treatment were fully explained to them before they agreed to go ahead with treatment. Aftercare leaflets were given to each patient following treatment. This provided detailed guidance about what to avoid in the first 24 hours after treatment. The service manager’s out-of-hours contact details were included in the leaflet.

Follow-up review appointments were offered to patients 2 weeks after their treatment. This allowed the service to check that patients were happy with the results of their treatments and were not experiencing any side-effects. However, we were told that, as the majority of patients who received treatment were regular patients, the uptake of follow-up appointments was minimal.

**What needs to improve**

The service used aesthetic manufacturer’s pre-printed paperwork to record patient assessments and treatment. While the information recorded was legible and up to date, space to record the full detail of the assessment was limited. A separate assessment record would enable the practitioner to document a more detailed account of the outcome of each patient’s assessment for initial and ongoing treatments (recommendation d).

Patient care records we reviewed did not include their consent to share information with other healthcare professionals (recommendation e).

- No requirements.

**Recommendation d**

- The service should further develop its patient care records to include a more detailed account of the patient’s initial assessment.

**Recommendation e**

- The service should ensure consent to treatment forms include patients’ consent to sharing information with other healthcare professionals, if required.
**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 was committed to ensuring that a high quality of care and treatment was maintained for its patients. Patients spoke highly about the skills and knowledge of the practitioner who delivered their treatments. A quality improvement plan should be developed.

The service manager was responsible for the day-to-day running of the service while the practitioner, a registered GP, delivered a range of aesthetic treatments for patients. The practitioner had previous experience in cosmetic surgery and attended industry-specific training to keep up to date with aesthetic procedures. Patients who responded to our survey spoke highly about the skills and knowledge of the practitioner and felt they received a high standard of treatment.

The service was committed to continually improving the service. For example, following informal feedback from patients, the range of treatments provided had been expanded. To ensure these were delivered safely and in line with best practice, the practitioner had attended further training to enhance their skills and knowledge.

A quality management policy was developed to promote improvement and steer the future direction of the business using patient feedback and outcomes from internal and external audits.

**What needs to improve**

A key challenge for the service had been to promote the growth and development of the clinic. As a result, the clinic had not advertised its service, and had limited the delivery of treatments to a small group of patients who had used the service for some time.
The service planned to address future improvements to meet the commitments of its quality management policy. In particular, the use of patient feedback and audits to demonstrate a continuous cycle of service improvement. For example, the service manager told us they planned to include an online appointment system and an electronic patient feedback form when the service’s website was launched in the New Year. A quality improvement plan would help the service to document improvement initiatives and measure their impact on the service (recommendation f).

- No requirements.

**Recommendation f**

- The service should develop and implement a quality improvement plan to direct future service development.
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>Recommendations</td>
<td></td>
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</table>

- a The service should develop and implement a duty of candour policy (see page 8).
  
  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

- b The service should gather feedback from patients to evaluate and inform service improvements (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

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

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<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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</table>
**Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)**

<table>
<thead>
<tr>
<th>Recommendations</th>
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</table>
| **c** | The service should develop a formal audit programme to cover key aspects of care and treatment. Audits should be documented and action plans for improvements 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** | The service should further develop its patient care records to include a more detailed account of the patient’s initial assessment (see page 11).  
Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.13 |
| **e** | The service should ensure consent to treatment forms include patients’ consent to sharing information with other healthcare professionals, if required (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 |

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**Domain 9 – Quality improvement-focused leadership**

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<table>
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<tr>
<th>Recommendation</th>
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</table>
| **f** | The service should develop and implement a quality improvement plan to direct future service development (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

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