Announced Inspection Report: Independent Healthcare

Service: Youthful Dimensions, Peterhead
Service Provider: Youthful Dimensions

28 November 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 Youthful Dimensions on Thursday 28 November 2019. We spoke with the provider of the service during the inspection. We did not receive any feedback from patients as none had completed the online survey we issued before the inspection, to share their experience of using this service. 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 Youthful Dimensions, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<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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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<td>5.1 - Safe delivery of care</td>
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<tr>
<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
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</table>
9.4 - Leadership of improvement and change

The service manager maintained current best practice through ongoing training and development. A quality improvement plan would help demonstrate improvements and measure their impact. ✓ Satisfactory

The following additional quality indicator was inspected against during this inspection.

| Additional quality indicators inspected (ungraded) |
|-----------------------------|-----------------------------------------------|
| Quality indicator           | Summary findings                             |
| Domain 5 – Delivery of safe, effective, compassionate and person-centred care |
| 5.2 - Assessment and management of people experiencing care | Patient confidentiality was maintained. Not all patients using the recently-introduced electronic record system had been consented in line with current legislation. |

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 Youthful Dimensions to take after our inspection**

This inspection resulted in one requirement and four recommendations. The requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and 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)

Youthful Dimensions, the provider, must address the requirement and make the necessary improvements as a matter of priority.
We would like to thank all staff at Youthful Dimensions 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

Patient privacy and dignity was maintained. Patient feedback was not analysed or used to inform improvement actions.

An appointment system was used for all consultations and treatments and the service maintained patient privacy and dignity.

Opening times were flexible to accommodate patients and we saw that the service had a well-established regular customer base. The service manager told us that treatment options and costs were discussed at a free initial consultation so patients could make an informed decision about their treatment. Information was also available on the service’s social media page where patients could arrange appointments for consultations and treatments.

The service’s participation policy described how it would gather feedback from patients, such as through social media where patients could leave comments.

We saw aftercare leaflets available and we were told that patients were offered this information after treatment in paper format or electronically.

The service had a duty of candour policy in place. 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 set out how it would deal with complaints, including timescales and it explained that patients could contact Healthcare Improvement Scotland at any time. The policy was available and complaints information was offered to patients at their initial consultation. We saw the
service had received one complaint and had acted in line with its policy. Healthcare Improvement Scotland had not upheld this complaint.

**What needs to improve**
The service had a participation policy in place and asked for patient feedback. However, it did not follow the process set out its own policy to analyse this feedback and use it to inform improvement actions (recommendation a).

A questionnaire had recently been implemented for patients to complete after their treatment. However, the results had not been evaluated at the time of our inspection. We will follow this up at future inspections.

- No requirements.

**Recommendation a**
- The service should analyse patient feedback and use it to inform service improvement.
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 and a cleaning schedule was in place. Medicines were managed. An audit programme could help identify and manage risks. Consent to share patients’ information was not recorded.

The service’s environment helped maintain patient privacy and dignity. For example, the treatment room could be locked and windows were adequately screened. The service had a chaperone policy in place.

The clinic environment was clean and well maintained. We saw that weekly cleaning schedules were fully completed and a monthly deep clean was carried out. The service manager described the process for cleaning patient equipment and we saw fire safety checklists completed weekly. Appropriate fire exit signage was displayed and a fire evacuation plan was visible on the treatment room door.

Appropriate infection prevention and control procedures were in place to reduce the risk of cross-infection. We saw personal protective equipment was available, such as aprons and gloves. Single-use disposable equipment helped prevent the risk of cross-infection and a blood-spillage kit was in place to help manage any blood spillages. The service had a contract for the safe disposal and removal of sharps and clinical waste.

From records, we saw that a qualified electrician regularly serviced all equipment used in the service to make sure it was safe to use.

While no accidents or incidents had been reported at the time of our inspection, an accident book was available for the service manager.
The practitioner was trained in dealing with medical emergencies and emergency medications were available. The service’s medication policy covered all aspects of the safe and secure handling of medicines, including their:

- administration
- prescribing
- procurement, and
- storage.

The service manager was the prescriber and obtained medication from an online pharmacy. Electronic care records noted the medications used, including their batch number and expiry date.

The fridge used to store medicines was clean and tidy and temperatures were monitored regularly.

**What needs to improve**
The service did not record patient consent for sharing information with their GP and other medical staff in an emergency. This should be added to help make sure patients are aware that, in the event of a significant concern, information may be shared with the appropriate healthcare professional (recommendation b).

The service did not carry out any audits to help minimise risks. Completing audits, such as infection control, environmental, medication management or patient care records would allow the service to review its safe delivery and quality of care (recommendation c).

- No requirements.

**Recommendation b**
- 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.

**Recommendation c**
- 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

Patient confidentiality was maintained. Not all patients using the recently-introduced an electronic record system had been consented in line with current legislation.

The service had a consent policy in place and paper-format patient care records we saw documented their consent to treatments. We reviewed seven patient care records, four paper records and three electronic records. Paper-format patient care records were stored in a lockable filing cabinet to help maintain confidentiality.

What needs to improve

Generally, patient care records we saw were detailed and fully completed, including past medical history and details of procedures carried out. However, they did not document the outcome of the initial consultation and discussion about the patients’ expectations along with the risks, benefits and treatment options. The practitioner had also not recorded patient consent for treatment on electronic patient care records in line with current legislation (requirement 1).

Requirement 1 – Timescale: by 1 April 2020

■ The provider must ensure a record is made in the patient care record, as closely as possible to the time of the relevant event, of the following matters:
  • the date and time of every consultation with, or examination of, the service user by a health care professional and the name of that health care professional, and
  • the outcome of that consultation or examination.

■ 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 manager maintained current best practice through ongoing training and development. A quality improvement plan would help demonstrate improvements and measure their impact.

The practitioner owned and managed the service and was registered with the Nursing and Midwifery Council (NMC). They kept up to date with best practice through ongoing training and development.

The service manager was a member of several national aesthetics organisations, subscribed to journals and received peer-support from other aesthetic practitioners in the industry. This helped the service to stay updated on changes in the aesthetic industry, legislation and best practice.

What needs to improve

The service had no comprehensive quality assurance system or process to drive improvement. The development of a quality improvement plan would help structure and record improvement activities and help evaluate the impact of change on the quality of the service (recommendation d).

- No requirements.

Recommendation d

- 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.

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<thead>
<tr>
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<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
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<td>Recommendation</td>
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<tr>
<td>a The service should analyse patient feedback and use it to inform service improvement (see page 8).</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
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirement

| 1 | The provider must ensure a record is made in the patient care record, as closely as possible to the time of the relevant event, of the following matters: |
|   | • the date and time of every consultation with, or examination of, the service user by a health care professional and the name of that health care professional, and |
|   | • the outcome of that consultation or examination (see page 11). |

Timescale – by 1 April 2020

*Regulation 4(2)(a)(b)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

| b | 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 (see page 10). |
|   | Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 |
| c | 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 (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 |
### Domain 9 – Quality improvement-focused leadership

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<th>Recommendation</th>
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<tr>
<td><strong>d</strong> The service should develop a quality improvement plan (see page 12).</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](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)
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