Announced Inspection Report: Independent Healthcare

Service: Cosmetic Advisory Service, Aberdeen
Service Provider: Cosmetic Advisory Service Limited

12 September 2019
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First published November 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 Cosmetic Advisory Service on Thursday 12 September 2019. We were unable to speak with patients during this inspection as the service was closed. We issued an online survey for patients to provide feedback but, unfortunately, we received no responses. 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 Cosmetic Advisory Service, 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>
### Key quality indicators inspected (continued)

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The service manager was available to provide a clear leadership role. Audits were carried out to ensure the quality of the service and focus improvements. The service kept up to date with best practice and changes in legislation.</td>
<td>✔ ✔ Good</td>
</tr>
</tbody>
</table>

The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

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

<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>Patient care records were well completed. Consent for sharing patient information with other medical professionals should be obtained.</td>
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</tbody>
</table>

#### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Practicing privileges arrangements were in place. Staff files were audited to ensure all information and relevant staff checks were up to date. Staff appraisals should be carried out and documented.</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 Cosmetic Advisory Service Limited to take after our inspection

This inspection resulted in three recommendations. See Appendix 1 for a full list of 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 Cosmetic Advisory Service 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 were provided with information that helped them give informed consent to treatment. The service actively gathered and acted on patient feedback. However, the participation policy should be expanded to reflect how patient feedback is used to drive improvement.

The service had a small client base, most of whom had attended the service for several years. New patients heard about the service through recommendations. The service did not have a website or social media page.

Patients received information about treatments and costs through telephone enquiries or during the free face-to-face consultation. Information leaflets for all treatments were available. Leaflets in other languages were also available and an interpreter could be arranged. The service would play short films explaining treatments during the consultation meeting if required.

All patients were asked to complete a satisfaction questionnaire following treatment. This included questions on:

- the efficiency of the booking and appointment process
- information provided during the consultation
- privacy and dignity, and
- the clinic environment.

Completed questionnaires were returned to an independent healthcare consultant who collated and reviewed the feedback. A report was issued to the service manager who would make any necessary improvements. For example, appointment times were extended to help ensure patients were seen on time.
We reviewed the service’s feedback reports. Comments included:

- ‘I have been attending this clinic for over 12 years and have never felt less than 100% happy.’
- ‘Always a great service received.’
- ‘Very happy with all aspects of care given before during and after treatment.’

A duty of candour policy was in place. Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. To date, the service had not needed to implement this policy.

The service had a detailed complaints policy and the process for making a complaint was clearly displayed in the waiting area. It included information advising patients they could contact Healthcare Improvement Scotland at any time to make a complaint. A leaflet detailing this process was available on request. While the service had not received any complaints to date, we were told any complaint would be seen as an opportunity to improve and necessary actions would be taken. The service was also a member of a government authorised consumer redress scheme that provides dispute resolution support if complaints are not resolved.

**What needs to improve**

While the service had a participation policy that detailed its commitment to actively gather and act on patient feedback, it did not explain how this was done (recommendation a).

- No requirements.

**Recommendation a**

- The service should expand its participation policy to reflect its approach to gathering and using patient feedback.
**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 service was clean, well maintained and suitable for the treatments carried out. The service was prepared should a medical emergency occur. A programme of audits was in place to ensure standards were maintained.

The service’s waiting room was welcoming and comfortable. The treatment room was clean, well maintained and suitable for the treatments being offered. Equipment we saw was in good repair.

We saw good compliance with standard infection control precautions such as waste management, sharps management and the supply of personal protective equipment (such as disposable aprons and gloves). The clinical hand wash basin was compliant with current national guidelines for a healthcare premises.

The service had a health and safety policy and an infection control policy that was in line with current guidance. We saw a risk register that recorded health and safety and infection control risk assessments. Audits were carried out to ensure standards were maintained such as infection control, safety of the environment and medicines management. Actions plans would be developed to make any necessary improvements when gaps were identified.

A medicines management policy was in place. The service manager was responsible for the safe use of the medicines including the ordering and transportation of medicines to the service.

Emergency equipment and medication were available in case of a medical emergency. Staff had received resuscitation training and processes were in place for the doctor to contact the local emergency department if needed.
The service had a chaperone policy that was clearly displayed in the waiting area. Staff that may be requested to chaperone had appropriate Protecting Vulnerable Groups (PVG) checks carried out. A dignity, privacy, respect and independence policy detailed the standard that people would be treated by staff.

- No requirements.
- No recommendations.

**Our findings**

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

Patient care records were well completed. Consent for sharing patient information with other medical professionals should be obtained.

Face-to-face consultations were carried out by the doctor before any treatments. Patients were then offered a cooling-off period between the consultation and treatment to allow time for them to consider their options. Aftercare advice was given verbally by the doctor and aftercare information leaflets were provided. Patients also received a follow-up telephone call 48 hours after treatment.

Patient care records were paper based and stored securely in a locked cabinet. All five patient care records we reviewed were legible, dated and signed. They included evidence of consultation and assessment such as:

- consent for each course of treatment, signed by the patient and doctor
- treatments administered, and
- batch numbers of any medicines.

Patient care records were audited every 6 months by an independent healthcare consultant to ensure they were fully and consistently completed.

The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights). The service had appropriate and up-to-date and information and records management policies.

**What needs to improve**

Patients’ GP details were recorded in the patient care records. However, patients were not asked to consent for the sharing of patient information with
other medical professionals if required. For example, if there was an emergency or adverse effect relating to their treatment (recommendation b).

- No requirements.

**Recommendation b**

- The service should record patient consent for sharing information with GPs and other medical professionals, if required.

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**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.

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**Our findings**

**Quality indicator 7.1 - Staff recruitment, training and development**

Practicing privileges arrangements were in place. Staff files were audited to ensure all information and relevant staff checks were up to date. **Staff appraisals should be carried out and documented.**

The service’s staffing policy covered recruitment, induction, mandatory training and appraisal. The service did not have directly employed staff. However, one staff member had practicing privileges (staff not employed directly by the provider but given permission to work in the service). We saw the practicing privileges contract between the service and the doctor working in the service. Any new staff would be subject to checks under the Protection of Vulnerable Groups (Scotland) Act 2007.

The doctor had undertaken NHS training and informed the service manager who updated the training record.

Staff files were audited every year to ensure all files were complete and included:

- up-to-date professional indemnity insurance
- current registration with professional bodies
- Protection of Vulnerable Groups status, and
- all relevant recruitment documentation.
**What needs to improve**
While the service manager provided feedback to the doctor’s annual NHS appraisal, we saw no evidence of a formal approach to regular one-to-one meetings within the service (recommendation c).

- No requirements.

**Recommendation c**
- The service should ensure staff receive formal appraisals to make sure their performance is documented and evaluated.
**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 was available to provide a clear leadership role. Audits were carried out to ensure the quality of the service and focus improvements. The service kept up to date with best practice and changes in legislation.

The service manager was available during all treatments to ensure visible leadership at all times. Any learning was shared verbally between the service manager and the doctor as required. We were told there was good communication between the service manager and doctor. Any issues would be dealt with immediately or at the end of each day.

A quality monitoring audit checklist was completed at the end of each day. Any accidents or incidents, such as any issues with medicines or infection control, would be recorded and any actions required.

The service manager carried out consultancy work in the aesthetic industry that helped to provide peer support. They were also a member of the British Association of Aesthetic Nurses. The doctor was a member of the British College of Aesthetic Medicine. Both attended conferences and shared any learning with each other to ensure the service was up to date with any changes in legislation and best practice.

As part of the service’s quality management policy, a quality improvement plan was in place. This set out the key areas that the service would seek to improve over the next 12 months.

- 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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<td><strong>Recommendation</strong></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 4.8

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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 2.14
<table>
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<th>Domain 7 – Workforce management and support</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td>c The service should ensure staff receive formal appraisals to make sure their performance is documented and evaluated (see page 12).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14
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