Announced Inspection Report: Independent Healthcare

Service: Yvonne’s Platinum Aesthetics, Wick
Service Provider: Yvonne’s Platinum Aesthetics

29 October 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 Yvonne’s Platinum Aesthetics on Tuesday 29 October 2019. We spoke with the provider of the service during the inspection. We received feedback from 13 patients who completed an 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 Yvonne’s Platinum 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>
</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>
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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)

#### 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 assessments were being carried out. However, patient care records must contain more information about consultation and treatment. Consent should be recorded for sharing information with other healthcare professionals where appropriate.</td>
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</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 Yvonne’s Platinum Aesthetics to take after our inspection

This inspection resulted in one requirement and seven 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)
Yvonne’s Platinum Aesthetics, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Yvonne’s Platinum 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 felt involved in planning their care. No complaints had been received about the service. The service should develop how it uses patient feedback to improve the service. A duty of candour policy should also be developed.

All patients who responded to our online survey told us they were extremely satisfied with their involvement in decisions about their care. They strongly agreed the service provided sufficient information in a format they could understand. Comments included:

- ‘[…] listened and took on board all my worries and what I wanted from my treatment.’
- ‘Everything was explained and I was fully informed of the procedures, risks and aftercare.’

The service manager explained how they carried out an initial consultation with a new patient. This involved using a book of before and after photographs, to help inform discussion about the patients’ desired outcomes and individualised treatment options. We saw general information leaflets explaining the risks and benefits of the treatments offered. The service’s consent process also included a form for both the patient and practitioner to sign, which acknowledged the risks, benefits and expected outcomes that had been discussed.

A complaints policy was in place that set out how patients could complain to the service about any aspect of their care or treatment. The process contained clear timescales on how complaints would be acknowledged, investigated and responded to. It also explained that patients could complain to the healthcare regulator at any time. No complaints had been received by the service since its
registration. The service manager had recently developed a complaints leaflet which they planned to display in the treatment room for patient’s information.

**What needs to improve**
While the service manager sought verbal feedback from patients at the end of their treatment, there was no structured way of gathering and analysing patient feedback or demonstrating service improvements made as a result. A patient participation policy would help the service set out the different methods of gathering feedback, how results will be analysed and improvements made as a result of feedback. The service should also consider different ways of gathering patient feedback, such as a feedback questionnaire given to patients following treatment and an annual online survey (recommendation a).

The service did not have a duty of candour policy. Duty of candour is a professional responsibility to be open and honest with patients when things go wrong (recommendation b).

- No requirements.

**Recommendation a**
- The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrating the impact of change from the improvements made.

**Recommendation b**
- The service should develop and implement a duty of candour policy.
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 were happy with the cleanliness of the service. Prescription medicines must be stored in line with manufacturer’s guidance. A regular programme of audits should be introduced. Patient consent to share information with their GP should be recorded. A contingency plan should be developed.

The treatment room was clean, tidy and well maintained. Only single-use equipment was used for procedures to prevent the risk of cross-infection. Clinical waste and sharps were managed and disposed of safely.

All patients who responded to our online survey told us they were extremely satisfied with the cleanliness and maintenance of the service. Comments included:

- ‘I was very happy with the place my treatment was done as it was super clean, no dust, no clutter.’
- ‘Very professional environment but also very relaxing.’

A range of policies and procedures were in place to help the service deliver care safely, and the service manager was aware of their role and responsibilities. For example, a medicine management policy was in place for the safe use of medicines. Medicines were stored appropriately and securely. A process was in place for dealing with any medical emergencies that may arise. Suitable medical emergency equipment was available for the treatments provided.
What needs to improve
The service manager told us that reconstituted botulinum toxin was stored sometimes for up to 6 weeks, for use at a patient’s follow-up treatment appointment. This is not in line with the manufacturers’ guidance (recommendation c).

We found no evidence of audits taking place to review the safe delivery and quality of the service. An audit programme would help the service demonstrate how improvements are being identified and implemented. Audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment (recommendation d).

The service manager described a recent aftercare issue where they were unable to fully assist the patient due to being out of the country. We discussed the benefits of developing a formalised contingency plan (recommendation e).

The service had an en-suite bathroom within the treatment room, which contained a toilet, shower and hand wash basin. While there were toilet facilities elsewhere in the property, this was the only hand wash basin for the clinic. The service manager told us that only the sink in the bathroom was used as a clinical hand wash basin.

While the service’s equipment was minimal, it had no system for regular checking portable appliances. The service manager agreed to implement routine portable appliance testing. We will follow this up at future inspections.

Although no accidents, incidents, complications or adverse events had arisen since registration, the service had no system for keeping a record of such issues. The service manager agreed to keep a log book to record any future incidents.

- No requirements.

Recommendation c
- The service should ensure that medicines are used in line with the manufacturer’s guidance.

Recommendation d
- 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.

Recommendation e
- The service should develop a contingency plan that sets out the arrangements for patient aftercare and follow-up during times of annual leave, illness or if the service ceased trading.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient assessments were being carried out. However, patient care records must contain more information about consultation and treatment. Consent should be recorded for sharing information with other healthcare professionals where appropriate.

We reviewed how patients' needs were assessed and how treatment was planned and delivered in line with patients' individual treatment plans. The five patient care records we reviewed showed that assessments and consultations had been carried out before treatment. These included:

- a medical history
- details of any health conditions, allergies or current medications that may preclude treatment, and
- a history of previous aesthetic treatments.

These assessments were repeated at every treatment session, to make sure medical information was always up to date.

Patient care records detailed each treatment session, including a diagram of the treated area, the dosage of medicine used and the medicine batch numbers. All patient care records we reviewed were legible, up to date and were kept in a secure and confidential manner.

All patients who responded to our online survey told us they had the risks and benefits explained to them before treatment. Comments included:

- ‘[...] took the time to explain everything that was important to my treatment before it was done.’
- ‘I was a bit worried about the risks but [...] explained and detailed how risks would be managed. I felt at ease.’

What needs to improve

Treatment plans did not contain a summary of the information discussed with the patient, for example desired outcomes and costs of agreed treatment. While the records were signed, they were not dated and timed. Patient care records must set out how patients health, safety and welfare needs will be met (requirement 1).
In certain circumstances, a service may need to inform a patient’s GP about something relevant to their treatment, such as an adverse reaction to a medicine or a complication. In order to share information, the service needs the patient’s consent. The service’s consent form did not allow for the recording of patient consent to share their medical information with their GP (recommendation f).

**Requirement 1 – Timescale: immediate**
- The provider must ensure that patient care records set out how patients’ health, safety and welfare needs will be met. As a minimum, this must include:
  - details of every treatment provided, including the date, time and signature of the practitioner, and
  - the outcome of the consultation.

**Recommendation f**
- The service should record patient consent to share information with their GP and other medical staff in an emergency (if required) in patient 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 maintained current best practice through training and attending events in the aesthetics industry. A quality improvement plan should be developed.

The service manager keeps up to date with best practice in aesthetics by being a member of national groups. The service was owned and managed by a nurse practitioner registered with the Nursing and Midwifery Council (NMC). They kept up to date with legislation and best practice through their professional regulatory revalidation process, reflective learning and attending aesthetics industry training events. They were also a member of the British Association of Cosmetic Nurses (BACN), subscribed to relevant professional journals and used the Aesthetics Complications Expert (ACE) Group guidance where appropriate.

What needs to improve

The service had no quality assurance processes in place for reviewing the quality of the care and treatment provided, such as outcomes from audits, patient feedback and incidents. A quality improvement plan would help the service structure its improvement activities, record its outcomes, measure the impact of change and demonstrate a culture of continuous improvement (recommendation g).

- No requirements.

Recommendation g

- The service should develop and implement a 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.

### Domain 2 – Impact on people experiencing care, carers and families

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<thead>
<tr>
<th>Requirements</th>
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<td>None</td>
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<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td>a</td>
<td>The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrating the impact of change from the improvements made (see page 8).</td>
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<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
</tr>
<tr>
<td>b</td>
<td>The service should develop and implement a duty of candour policy (see page 8).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</td>
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### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirement

1. The provider must ensure that patient care records set out how patients’ health, safety and welfare needs will be met. As a minimum, this must include:

   - details of every treatment provided, including the date, time and signature of the practitioner, and
   - the outcome of the consultation (see page 12).

   **Timescale – immediate**

   *Regulation 4(2)*

   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendations

- **c** The service should ensure that medicines are used in line with the manufacturer’s guidance (see page 10).

  Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.24

- **d** 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

- **e** The service should develop a contingency plan that sets out the arrangements for patient aftercare and follow-up during times of annual leave, illness or if the service ceased trading (see page 10).

  Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.19
**Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)**

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tr>
<td>f The service should record patient consent to share information with their GP and other medical staff in an emergency (if required) in patient care records (see page 12).</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 2.14

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

<table>
<thead>
<tr>
<th>Requirements</th>
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<td>None</td>
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<td>g The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 13).</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Before inspections</th>
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<tbody>
<tr>
<td>Independent healthcare services submit an annual return and self-evaluation to us.</td>
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<tr>
<td>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.</td>
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<tr>
<th>During inspections</th>
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<tr>
<td>We use inspection tools to help us assess the service.</td>
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<tr>
<td>Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.</td>
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<tr>
<td>We give feedback to the service at the end of the inspection.</td>
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<tr>
<th>After inspections</th>
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<tbody>
<tr>
<td>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: <a href="http://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a></td>
</tr>
<tr>
<td>We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.</td>
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<tr>
<td>We check progress against the improvement action plan.</td>
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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)