Announced Inspection Report: Independent Healthcare

Service: SM Aesthetics, Kirkcaldy
Service Provider: SM Aesthetics

20 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

© Healthcare Improvement Scotland 2019

First published October 2019

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc-nd/4.0/

www.healthcareimprovementscotland.org
## Contents

1  A summary of our inspection  4

2  What we found during our inspection  7

Appendix 1 – Requirements and recommendations  14
Appendix 2 – About our inspections  18
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 SM Aesthetics on Tuesday 20 August 2019. We received feedback from 18 patients through an online survey we issued 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 SM Aesthetics, 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><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Patients were cared for in a clean and safe environment and were satisfied with the cleanliness of the service. Systems and processes must be implemented to ensure medicines are safely managed. A formalised practicing privileges arrangement must be developed between the</td>
<td>✓ Satisfactory</td>
</tr>
</tbody>
</table>
service and nurse prescriber. A regular programme of audits should be introduced to help the service make improvements.

### Domain 9 – Quality improvement-focused leadership

| 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 to demonstrate improvements and measure the impact on the service. | ✓ Satisfactory |

The following additional quality indicator was 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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality indicator</td>
<td>Summary findings</td>
</tr>
<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 detail about consultations and treatments. Records must also be regularly revised to ensure information about patients’ medication and health conditions remains current.</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 SM Aesthetics to take after our inspection

This inspection resulted in six requirements and five 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

SM Aesthetics, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at SM 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 were very happy with the care they received and were fully involved and informed about their treatment. However, there was no structured approach to gathering and using patient feedback to improve the service. Patients must be told they can complain to Healthcare Improvement Scotland at any stage.

All consultations were by appointment only and the service’s environment helped maintain patients’ privacy and dignity.

At their initial consultation appointment, patients were given information before their treatment started. This included a discussion about desired outcomes, benefits and risks, side effects, aftercare and treatment costs. Written information was also available for patients to take home.

Feedback was sought from patients using a feedback form following treatment. The feedback we saw showed very high satisfaction levels.

All patients who responded to our survey said they felt involved in decisions about their care, and the risks and benefits of treatment were explained to them. Comments included:

- ‘Very informative and explains absolutely everything before the treatment. Once finished also gives the option to get in touch for any queries, problems or questions.’
- ‘I was given clear explanations of what the procedure involved during my consultation. I was advised regarding the healing process and the do’s and don’ts.’
Patients’ expectations were discussed throughout the consultation and treatment process. The service’s feedback forms showed that patients were confident about the care provided by the service.

We asked patients what they thought worked well about the service. Some comments included:

- ‘Extremely friendly and approachable. Takes the time to really talk things through and give her professional opinion.’
- ‘[...] has excellent after care, she always attends to your needs and I can message at any time regarding a treatment.’

While the service had not received any complaints since its registration, a complaints policy was in place with clear timescales for investigating and responding to complaints.

A duty of candour policy was also in place that described how the service would meet its professional responsibility to be honest with patients when things go wrong.

What needs to improve
The service’s complaints policy must make clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process. The full contact details of Healthcare Improvement Scotland must also be provided. Information about how to make a complaint should be readily accessible to patients (requirement 1).

There was no structured approach to gathering or recording patient feedback, and then evaluating and using the information provided to drive improvements in the service. We discussed developing further methods of gathering feedback, such as feedback questionnaires and an online survey (recommendation a).

Requirement 1 – Timescale: by 15 November 2019
- The provider must amend its complaint procedure to include the full contact details of Healthcare Improvement Scotland and make clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process.

Recommendation a
- The service should develop a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive 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 were satisfied with the cleanliness of the service. Systems and processes must be implemented to ensure medicines are safely managed. A formalised practicing privileges arrangement must be developed between the service and nurse prescriber. A regular programme of audits should be introduced to help the service make improvements.

The service was clean, well-organised and maintained. All equipment used for procedures was single use to prevent the risk of cross-infection. Adequate arrangements were in place for waste management, fire safety, servicing and maintenance of equipment. An infection prevention and control policy was in place, and staff had a good awareness of infection prevention and control practices. Other appropriate policies were also in place that set out the service’s approach to key aspects of safety and quality.

The service had not had any incidents or accidents since registration. However, an accident book was kept and staff were aware of their responsibilities to notify certain incidents to Healthcare Improvement Scotland.

Suitable medical emergency equipment and medication was readily available and checked regularly.
All patients who responded to our survey were satisfied with the cleanliness of the service and the environment in which they were treated. Some comments included:

- ‘The whole salon is... clean and professional.’
- ‘A very hygienic and clean area.’
- ‘I felt very comfortable and safe.’

While the service manager was a registered nurse, they were not qualified to prescribe medicines. The clinic engaged the services of a nurse prescriber through an informal practicing privileges arrangement (staff not employed by the provider but given permission to work in the service).

What needs to improve
There was no structured approach for the safe management of medicines. For example, no medicine management policy was in place (requirement 2).

The fridge used to store prescription-only medicines (such as botulinum toxin) in the treatment room was not lockable. Emergency drugs (including prescription-only emergency medications) were being stored in a non-lockable cupboard (requirement 3).

The service only had an informal working arrangement with the nurse prescriber. We saw no evidence that pre-employment checks such as qualifications, references, Protecting Vulnerable Groups (PVG) and the status of professional registration of the prescriber had been carried out (requirement 4).

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 structure its approach to this ongoing review, and 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 b).

No safeguarding policy was in place to set out how the service would respond to adult protection concerns (recommendation c).

Requirement 2 – Timescale: by 15 November 2019
- The provider must implement a medicine management policy that describes how medicines will be procured, prescribed, ordered, delivered, stored, administered and disposed of in the service.
Requirement 3 – Timescale: by 15 November 2019
■ The provider must ensure that all prescription-only medicines are appropriately and securely stored.

Requirement 4 – Timescale: by 15 November 2019
■ The provider must implement a formal practicing privileges contract between the service and nurse prescriber, setting out how the working arrangement will operate and demonstrating that appropriate pre-employment checks have been carried out.

Recommendation b
■ The service should develop a programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Recommendation c
■ The service should develop and implement a safeguarding policy for responding to adult protection concerns.

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 detail about consultations and treatments. Records must also be regularly revised to ensure information about patients’ medication and health conditions remains current.

Patient care records were stored securely in a locked filing cabinet. We looked at five patient care records and found each one contained some patient assessment information. This included an initial consultation and standardised forms for medical history and consent. Prescription-only medicine batch numbers were also documented.

Written aftercare advice was offered to patients following treatment, along with a follow-up appointment. This allowed the service to check that patients were happy with the results of their treatments and were not experiencing any side-effects. Although the service had not dealt with any patient complications following treatment, staff explained the process they would follow to manage and document a complication in the patient care record.
What needs to improve

Not enough detailed information was recorded in patient care records. Treatment plans did not contain a summary of the information discussed with the patient, for example desired outcomes, risks and benefits of proposed treatment, costs of agreed treatment. Patient care records must 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
- the outcome of the consultation, and
- every medicine ordered for the patient and the date and time it was administered (or otherwise disposed of) (requirement 5).

There was no evidence of reviews and further treatments being recorded in patient care records. No record was kept of changes to prescribed medication or health conditions since patients’ initial consultations. It is important this information is requested and recorded at each treatment as it helps to ensure a patient’s treatment continues to be safe and appropriate (requirement 6).

The service’s consent form did not allow for the recording of patients’ consent to share their medical information with their GP, if and when appropriate (recommendation d).

We discussed the importance of expanding the medical history form to include more detailed information about existing health conditions, contraindications and allergies. We also discussed the importance of including more space in the consultation form for detailed practitioner notes about what was discussed with the patient.

Requirement 5 – Timescale: immediate

■ The provider must ensure that patient care records set out how patients’ health, safety and welfare needs will be met.

Requirement 6 – Timescale: immediate

■ The provider must ensure that patient care records are regularly updated to ensure that information relating to patients’ prescribed medication and health conditions remains current.

Recommendation d

■ 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 to demonstrate improvements and measure the impact on the service.

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 also used the guidance and peer support provided by the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions.

What needs to improve

Feedback from patients was not being used to drive service improvement. No quality assurance system or process was in place for reviewing the quality of the care and treatment provided. For example, outcomes from audits, complaint investigations and incidents should also be used to drive improvement (recommendation e).

The service would also benefit from benchmarking itself against other organisations. This will help identify any gaps where further improvements to the service could be made.

Recommendation e

- 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

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
</table>
| 1 | The provider must amend its complaint procedure to include the full contact details of Healthcare Improvement Scotland and make clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process (see page 8).  

Timescale – by 15 November 2019  

*Regulation 15(6)(a)(b)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
</table>
| a | The service should develop a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement (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

#### Requirements

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| **2** | The provider must implement a medicine management policy that describes how medicines will be procured, prescribed, ordered, delivered, stored, administered and disposed of in the service (see page 10).  
  
  Timescale – by 15 November 2019  
  
  *Regulation 3(d)(iv)*  
  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **3** | The provider must ensure that all prescription-only medicines are appropriately and securely stored (see page 11).  
  
  Timescale – by 15 November 2019  
  
  *Regulation 3(d)(iv)*  
  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **4** | The provider must implement a formal practicing privileges contract between the service and nurse prescriber, setting out how the working arrangement will operate and demonstrating that appropriate pre-employment checks have been carried out (see page 11).  
  
  Timescale – by 15 November 2019  
  
  *Regulation 8*  
  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **5** | The provider must ensure that patient care records set out how patients’ health, safety and welfare needs will be met (see page 12).  
  
  Timescale – immediate  
  
  *Regulation 4*  
  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
**Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)**

**Requirements**

<table>
<thead>
<tr>
<th>6</th>
<th>The provider must ensure that patient care records are regularly updated to ensure that information relating to patients’ prescribed medication and health conditions remains current (see page 12).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Timescale – immediate</td>
</tr>
<tr>
<td></td>
<td><em>Regulation 4(3)(c)</em></td>
</tr>
<tr>
<td></td>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
</tr>
</tbody>
</table>

**Recommendations**

<table>
<thead>
<tr>
<th>b</th>
<th>The service should develop a programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 11).</th>
</tr>
</thead>
<tbody>
<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 4.19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c</th>
<th>The service should develop and implement a safeguarding policy for responding to adult protection concerns (see page 11).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d</th>
<th>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).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</td>
</tr>
</tbody>
</table>
## Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>e  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>
</tr>
</tbody>
</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.

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