Announced Inspection Report: Independent Healthcare

Service: Palm Aesthetics, Cumbernauld
Service Provider: Palm Aesthetics

4 September 2019
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www.healthcareimprovementscotland.org
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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 Palm Aesthetics on Wednesday 4 September 2019. We spoke with the provider of the service during the inspection. Ninety patients 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 Palm 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>
### Key quality indicators inspected

**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 maintained current best practice through ongoing training and development. A regular programme of audits and a quality improvement plan should be developed to demonstrate improvements and measure the impact on the service.</td>
<td>Satisfactory</td>
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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>
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<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 provided comprehensive information about all aspects of patient care. Patients told us they felt fully involved in decisions about their care and treatment. Patient care records should be audited as part of the service’s commitment to quality improvement.</td>
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</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 Palm Aesthetics to take after our inspection

This inspection resulted five 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](http://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 Palm 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 and informed about their care and treatment. The service should develop a formalised approach to gathering and analysing patient feedback, to help drive service improvement.

The service’s environment made sure patients’ privacy and dignity was maintained. For example, the treatment room could be locked and windows were adequately screened and all consultations were by appointment only.

The service manager provided patients with information about their desired outcomes, benefits, risks and side effects of any treatment at the initial consultation. The discussion also included information about their aftercare and treatment costs.

A summary of the information discussed during consultation was recorded in the patient care record and patients received written information to take away with them. Where appropriate, patients were encouraged to have a ‘cooling off’ period before making a decision to proceed with treatment.

All patients who completed our survey agreed they had been involved in decisions about their care, and had the risks and benefits explained to them before treatment. Comments included:

- ‘The practitioner was very respectful and made me feel at ease I felt confident before and after the service.’
- ‘I was offered all information before and during the treatment and all aftercare information was provided in an informative but easy to understand way.’
• ‘[…] was amazing at explaining every step of each procedure so I was well informed on what was about to happen as well as any possible side effects.’

The service’s complaints policy had information about how to make a complaint and it was also displayed in the corridor outside the treatment room. Patients were encouraged to verbally discuss any concerns they had with the service during consultations. The service had not received any complaints.

The duty of candour policy described how the service would meet its professional responsibility to be honest with patients when things go wrong.

**What needs to improve**
The service did not have a participation policy or any formal methods of gathering feedback from patients. This had been identified as an area for development in its self-evaluation along with plans to introduce an annual online survey. We discussed the benefits of introducing additional methods of gathering feedback, for example a feedback questionnaire to give to patients after their treatment (recommendation a).

While the service’s complaints policy contained contact details for Healthcare Improvement Scotland, it did not make it clear that patients had a right to complain to Healthcare Improvement Scotland at any time. We discussed this with the service manager, who agreed to amend the policy to make this information clear.

Discussions about the cost of treatment were not being recorded in patient care records. We discussed the benefits of recording this type of information, to ensure that patients had been fully informed about all aspects involved with their treatment.

■ No requirements.

**Recommendation a**
■ The service should develop a participation policy that includes a structured approach to gaining patient feedback, analysing it and taking actions to demonstrate that service improvements have been made.
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 environment was clean and well maintained and patients told us they felt safe when receiving treatment. The service must stop storing and using prepared botulinum toxin beyond the time period specified by the manufacturer.

The service was clean, well-organised and maintained. It was situated within an established health centre. All equipment and facilities management was carried out by the health centre. This included:

- gas safety
- electrical safety
- fire safety
- waste management, and
- equipment servicing and maintenance.

Appropriate measures were in place to reduce the risk of infection. The service had an infection and prevention control policy, and the service manager had a good awareness of infection prevention and control practices. Only single use instruments were used to prevent the risk of cross-infection, and appropriate arrangements were in place to dispose of sharps and other clinical waste.

Risk assessments had been carried out for the main risks identified within the service. The service’s approach to managing safety and quality was set out in its policies and a clear review process was in place for the policies.

We saw a safe system for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked
cupboard or a medical refrigerator. No stock medicines, other than emergency drugs, were held. Patient care records we saw documented medicines used, batch numbers and expiry dates.

While the service had not had any incidents or accidents since registration, systems were in place to record accidents and incidents. A clinical incident policy described how clinical complications were managed. Suitable emergency equipment and medication was readily available and checked regularly.

All patients who completed our survey said they were satisfied with the cleanliness of the service and the environment in which they were treated. Some comments included:

- ‘Very clean calm and relaxed environment.’
- ‘Treatment room is always spotless.’
- ‘I felt more satisfied to be in a medical centre environment as opposed to a beauty salon.’

What needs to improve
The service used dual vials of botulinum toxin. This means the first vial can be used for the initial treatment and the second vial for the follow-up treatment, 2 weeks later. The service manager told us that leftover prepared botulinum toxin was sometimes stored for 2 weeks between initial treatment and follow-up appointment. This is not in line with the manufacturer’s guidance (recommendation b).

No requirements.

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

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records provided comprehensive information about all aspects of patient care. Patients told us they felt fully involved in decisions about their care and treatment. Patient care records should be audited as part of the service’s commitment to quality improvement.
We reviewed five patient care records. All were legible, up to date and stored securely in a locked filing cabinet. We saw evidence of comprehensive consultations and assessments taking place. The service had a system for carrying out psychological assessments where appropriate, for example if a trigger was reached.

All records showed patients were given detailed information about treatment options before agreeing to treatment. Individual treatment plans included:

- a skin assessment
- the patient’s desired outcomes
- the specific treatment planned
- aftercare instructions, and
- follow-up treatment.

A full medical history was taken and a psychological assessment carried out, where appropriate. This informed the patient-centred treatment plan. Consent to treatment forms were signed by the patient and the practitioner. Consent to share information with other healthcare professionals was also recorded.

**What needs to improve**

We discussed the benefits of introducing patient care record audits in the service. For example, auditing a sample of patient care records every month to ensure that all appropriate information had been recorded (recommendation c).

- No requirements.

**Recommendation c**

- The service should develop a programme of regular audits of patient care records to ensure that all appropriate information is being recorded. Audits should be documented and improvement action plans implemented.
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 regular programme of audits and a quality improvement plan should be developed to demonstrate improvements and measure the impact on the service.

The service manager was a registered nurse, independent prescriber and the sole practitioner for the service. Informal links with other experienced aesthetic practitioners had been established to provide peer support and share best practice.

The service manager attended conferences and training events, to support their continuous professional development. They were also a member of a number of professional organisations including the Association of Scottish Aesthetic Practitioners, the Aesthetics Complications Expert (ACE) Group and the Private Independent Aesthetic Practice Association (PIAPA). This allowed the service to keep up to date with changes in the aesthetics industry, legislation and best practice.

We asked patients of Palm Aesthetics what they thought worked well about the service. The amount of patients who responded positively to our survey demonstrated the effort made by the service manager to encourage patients to participate in the process.

Some patient-specific clinical audits were carried out by the service. These were carried out when a patient experienced a complication from treatment or returned for their next treatment earlier than expected. These audits helped the service identify where practice could be improved.
What needs to improve
We found no evidence of audits taking place to review the overall 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 d).

The service had no quality improvement process in place. 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 e).

■ No requirements.

Recommendation d
■ 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 e
■ The service should develop a quality improvement strategy that demonstrates a structured approach to carrying out and recording improvement activities and evaluating the impact of change on the quality of the service.
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>
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<tbody>
<tr>
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</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td>a The service should develop a participation policy that includes a structured approach to gaining patient feedback, analysing it and taking actions to demonstrate that service improvements have been made (see page 8).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.6</td>
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<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>b The service should ensure that medicines are used in line with the manufacturer’s guidance (see page 10).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.24</td>
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</tbody>
</table>
**Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)**

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<tr>
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<tr>
<td>c The service should develop a programme of regular audits of patient care records to ensure that all appropriate information is being recorded. Audits should be documented and improvement action plans implemented (see page 11).</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 9 – Quality improvement-focused leadership**

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<td>d 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 13).</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

| e The service should develop a quality improvement strategy that demonstrates a structured approach to carrying out and recording improvement activities and evaluating the impact of change on the quality of the service (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](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