Announced Inspection Report: Independent Healthcare

Service: Aesthetica, Edinburgh
Service Provider: Dr Laird and Fenner Aesthetics Ltd

9 December 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
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 Aesthetica on Monday 9 December 2019. We spoke with a number of staff during the inspection. We also received feedback from 16 patients through an online survey we had asked the service to issue for us 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 Aesthetica, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality indicator</td>
<td>Summary findings</td>
<td>Grade awarded</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Patients were extremely satisfied with the care they received and were informed and involved in decisions about their treatment. While the service proactively gathered and analysed patient feedback, it did not have a process to record and evaluate actions taken to improve the service.</td>
<td>✓ Satisfactory</td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Patients were cared for in a clean and safe environment. However, a more structured approach to processes including risk management was needed. A regular programme of audits would help with ongoing review of the service.</td>
<td>✓ Satisfactory</td>
</tr>
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</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 uses staff and patient feedback to improve the quality of the service provided and how it is delivered. However, a quality improvement plan would show how the service measures the impact of service change and demonstrate a culture of continuous improvement.</td>
<td>✓ Satisfactory</td>
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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>The service assessed and managed patients, and recorded consultations and treatments in a clear, orderly and secure manner. Patients could securely access their own electronic patient care record.</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>Induction and training processes were in place. However, improvements must be made to ensure the safe recruitment of staff. A process is also required to check the ongoing professional registration of staff.</td>
</tr>
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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 Dr Laird and Fenner Aesthetics Ltd to take after our inspection

This inspection resulted in one requirement and four recommendations. 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

Dr Laird and Fenner Aesthetics Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Aesthetica 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 extremely satisfied with the care they received and were informed and involved in decisions about their treatment. While the service proactively gathered and analysed patient feedback, it did not have a process to record and evaluate actions taken to improve the service.

The service’s website provided information to help patients in making decisions about treatments. Product supplier’s information leaflets were also available for patients. Face-to-face consultations allowed patients to discuss treatment options and any concerns.

Patients were given a satisfaction questionnaire to complete following treatment. A post-treatment email sent to patients also encouraged them to post feedback on the service’s social media pages. Feedback we saw was positive. We were told feedback was reviewed and, if necessary, discussed at staff meetings held every month. Patient testimonials were published on the service’s website.

Patients told us they were treated with dignity and respect, and had received enough information to help them decide about their treatment choices. Patients told us they would recommend the service to family and friends.

While the service had not received any complaints since its registration in October 2017, a complaints policy was in place. Information about how to make a complaint was available in reception.

We saw a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.
What needs to improve
The service did not have a patient participation policy. Although the manager told us they reflected on patient feedback and took relevant actions, we saw little recorded evidence of the actions taken. The impact of improvements made were not being followed up and measured. A more structured approach should be introduced for gathering and recording patient feedback, evaluating it and using the outcomes to drive improvements in the service (recommendation a).

- No requirements.

Recommendation a
- The service should develop and implement a patient participation policy to 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. However, a more structured approach to processes including risk management was needed. A regular programme of audits would help with ongoing review of the service.

We saw that the clinic was clean and well maintained. All consultation rooms were spacious. Single-use equipment was used where required to prevent the risk of cross-infection. Clinical waste including sharps such as syringes and needles were managed and disposed of safely. We saw maintenance contracts for gas and equipment servicing.

Medicines were stored appropriately and securely. Suitable medical emergency equipment was available for the treatments provided.

We were shown log books for recording any staff/patient accidents or incidents that occurred in the service. One minor incident had been reported, dealt with and recorded appropriately.

Patients told us:

- ‘It is always so clean and relaxing.’
- ‘Extremely fresh and clean.’
- ‘It’s great to go to a clinic and know you’re in the safest hands.’

What needs to improve

Apart from a number of audits of some practitioners’ patient care records, we saw no evidence that other audits were taking place to review the safe delivery and quality of the service. For example, no audits were carried out reviewing
the safety and maintenance of the care environment. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation b).

The service had some processes in place to manage risk, including discussing any issues in staff meetings and addressing risks as they were identified. As the service continues to grow, a more structured process will be needed for identifying, recording, communicating and managing risk in the service, including developing a risk register. This will help the service focus and prioritise risk management (recommendation c).

We were told the external cleaning contractor had been told about their schedule of work, but no record of the schedule was produced. We were told managers regularly checked the environment for cleanliness and maintenance. However, this could not be evidenced. The service could develop cleaning schedules to ensure cleaning duties are recorded when completed. Managers would then sign these to assure themselves cleaning tasks have been completed and they are satisfied with the cleanliness of the environment.

■ No requirements.

Recommendation b
■ The service should further develop its programme of audits to cover key aspects of care, treatment and record keeping, including all practitioners’ patient care records. Audits should be documented and improvement action plans implemented.

Recommendation c
■ The service should put appropriate measures in place to identify, record, communicate and manage risk in the service.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

The service assessed and managed patients, and recorded consultations and treatments in a clear, orderly and secure manner. Patients could securely access their own electronic patient care record.

We reviewed four electronic patient care records. We saw evidence of patient involvement in consultation, assessment, consent and treatment planning. Most records reviewed had drawings with markings that recorded the site of
treatment given. The notes recoded the date, amount of drug given, batch number and expiry date in each case. Patient care records appeared to be consistent in quality and detail. The electronic system recorded which user made the entry, along with time and date.

Aftercare advice was emailed to patients.

All patient notes were recorded on a commercially available web-based system that meets current general data protection regulation guidance. We were told patients had secure access to their own online record for information and to share with others, for example their GP, if required.

- No requirements.
- No recommendations.

**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.

**Our findings**

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

**Induction and training processes were in place. However, improvements must be made to ensure the safe recruitment of staff. A process is also required to check the ongoing professional registration of staff.**

Recently appointed staff were able to describe the induction they had received from the service. This included the manager familiarising staff with their responsibilities, and the service’s policies and procedures. An experienced staff member was also assigned to support new staff. Staff told us they had training and education opportunities to keep their skills up to date. Staff also told us they would be happy to recommend to a friend to work at the service.

**What needs to improve**

No recruitment policy was in place. Part of a safe recruitment process is ensuring appropriate checks are carried out on potential employees to ensure they are fit to work with vulnerable adults. For example, we saw limited evidence of pre-employment checks, references or qualifications being checked in the four staff files we reviewed. We also noted that relevant professional registers, such as the Nursing and Midwifery Council, were not regularly
checked to ensure staff professional registration status remained up to date (requirement 1).

**Requirement 1 – Timescale: by 9 March 2020**

- The provider must ensure that it follows guidelines on safer recruitment, and that its recruitment policy reflects these guidelines. This must include carrying out Protecting Vulnerable Groups checks and introducing a system to ensure that staff’s professional registration status remains current.

- No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service uses staff and patient feedback to improve the quality of the service provided and how it is delivered. However, a quality improvement plan would show how the service measures the impact of service change and demonstrate a culture of continuous improvement.

The service ensured that staff were kept up to date with current practice through membership of national groups, and training or update sessions provided by product sales teams.

We saw minutes of staff meetings held every month. These included sharing information arising from patient feedback and complaints, or were used to remind staff of the service’s policies and procedures. Managers told us staff suggestions to improve the service were welcomed and encouraged. Staff told us they felt able to raise concerns or suggestions and that they would be listened to. For example, following a staff suggestion seasonal treatment offers had been agreed and were available for patients. Minutes from the meetings were sent to staff and displayed on the staff noticeboard.

The service worked with a business consultant and was producing a strategic plan to further develop the service. The service told us it planned to start using a new form it had developed to help further understand new patients’ needs and expectations. Following the introduction of this new form, a review would be carried out to see if it was benefitting the service and its patients.
What needs to improve
A quality improvement plan would help to structure and record the service’s improvement processes and outcomes. This would allow the service to demonstrate a continuous improvement cycle and measure the impact of any changes implemented (recommendation d).

■ No requirements.

Recommendation d
■ The service should develop and implement a quality improvement plan.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement**: A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation**: A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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<thead>
<tr>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td>a. The service should develop and implement a patient participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
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</table>

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

**Recommendations**

**b** The service should further develop its programme of audits to cover key aspects of care, treatment and record keeping including all practitioners’ patient care records. 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

**c** The service should put appropriate measures in place to identify, record, communicate and manage risk in the service (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

### Domain 7 – Workforce management and support

**Requirement**

**1** The provider must ensure that it follows guidelines on safer recruitment, and that its recruitment policy reflects these guidelines. This must include carrying out Protecting Vulnerable Groups checks and introducing a system to ensure that staff’s professional registration status remains current (see page 12).

Timescale – by 9 March 2020

*Regulation 8*

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

**Recommendations**

None
## Domain 9 – Quality improvement-focused leadership

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<thead>
<tr>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>d The service should develop and implement a quality improvement plan (see page 14).</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.

**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