Announced Inspection Report: Independent Healthcare

Service: Clarendon Aesthetics, Dundee
Service Provider: Clarendon Aesthetics

26 February 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 Clarendon Aesthetics on Tuesday 26 February 2019. We spoke with the manager and nurse prescriber during the inspection. We also received feedback from eight patients through an online survey we had issued. The inspection team was made up of one inspector, with a second inspector observing.

What we found and inspection grades awarded

For Clarendon 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>
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<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>
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<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 (continued)**

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
<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>Staff worked together to promote a positive culture where patients felt valued in the service. The manager maintained current best practice through training and self-directed learning. A quality improvement plan should be developed.</td>
<td>✓ Satisfactory</td>
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The following additional quality indicators were 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>Quality indicator</th>
<th>Summary findings</th>
</tr>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records were comprehensive and provided information about all aspects of treatment. Staff worked together to assess and meet patients’ needs and expectations.</td>
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<table>
<thead>
<tr>
<th>Domain 7 – Workforce management and support</th>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Safe recruitment processes were in place to make sure staff employed in the service were fit to practice. Staff were supported to carry out a range of training to help them carry out their roles effectively.</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 Clarendon Aesthetics to take after our inspection

This inspection resulted in four 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

We would like to thank all staff at Clarendon Aesthetics for their assistance during the inspection.
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**

All aspects of care and treatment were centred on patients’ needs. Patients were actively involved in evaluating and helping to improve the service through a range of participation methods. Feedback showed patients were very satisfied with the quality of care and support provided.

A comprehensive participation policy was in place which provided a framework for assessing the quality of care in the service. Patients were given aftercare information which included guidance about how to make a complaint. This supported the service complaint’s policy.

Patients were actively involved in evaluating and developing the service through a variety of ways. We were told patients provided lots of verbal feedback and were keen to share their views on the service’s social media page. All of the feedback received was positive. However, the manager and nurse prescriber continued to evaluate the service following each patient’s treatment to ensure any improvements could be made. Comments showed that patients were satisfied with the service they received. The service’s online patient satisfaction survey captured feedback in a confidential way. We saw that people who used the service in the last 3 months had completed the online survey. Their responses showed patients were very happy with the quality of care and treatment they received. The manager verbally shared feedback results with patients and through the social media page. Feedback from our own online survey showed that patients were happy with the service and the care they received.
Comments from patients included:

- ‘I wouldn’t change anything about the service, it was first class treatment.’
- ‘... listens to what you want and explains everything so clearly, five start treatment always.’
- ‘... was very professional and provided information both verbally and in written format. She took the time to go over information before the procedure and I felt very confident after our consultation.’

**What needs to improve**

The existing service leaflet provided minimal information about the service and, for these reasons, was not consistently given to patients unless they asked. More written information could be provided for patients about treatment options. This would complement the pre-consultation and aftercare service (recommendation a).

- No requirements.

**Recommendation a**

- We recommend that the service should develop more detailed written information about the service which will help patients to make a more informed decision about their preferred treatment.
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 clinic was bright, clean, spacious and well maintained. The service had suitable risk assessments in place.

The service was clean and free of clutter, which allowed medicines to be prepared safely. Good storage meant items such as medicines could be stored safely. The infection prevention and control policy referenced Healthcare Improvement Scotland’s Healthcare Associated Infection (HAI) Standards (February 2015) which provided guidance for staff about minimising the spread of infection. We were told a cleaning schedule and hand hygiene audit were about to be implemented. This would help evaluate and manage risk in the service.

All equipment in the clinic was tested annually by an appropriate engineer to ensure it was safe.

As part of the treatment plan, patients provided information about any relevant past medical history which may impact on their treatment. The service’s medication policy was in line with best practice for the prescribing, ordering and storing of medications. Medicines administered in the service were documented clearly in patients’ care records which meant any concerns could be addressed.

An accident and incident record book was in place to record any events that took place. We were told about an incident where staff had taken an appropriate course of action when a patient became unwell in the service. We were satisfied with the quality of information recorded following this incident. To promote patients’ safety, the nurse prescriber now remains in the clinic while any prescription treatments are given to a patient for the first time. As a result of this incident, policies which help staff to ensure medications are
administered safely were updated to include guidance about any additional complications which may arise during treatments.

The manager recorded additional incidents which could affect the safe operation of the clinic. These were supported by detailed action plans. For example, on one occasion, the clinical waste bins were not collected and a new email alerts system has now been put in place to help prevent this from happening again. Responsible actions were taken when a patient had requested treatment but were less than 18 years of age. Both staff members had completed safeguarding training and demonstrated they had a sound understanding of child and adult protection.

What needs to improve
The service had a very basic environmental risk assessment which highlighted some risk and actions for the service. A more detailed written risk assessment needed to be developed to show how risks were managed in the service. For example, we saw the service was not following best practice for the safe disposal of sharps. We saw that one sharps bin was almost full and none of the sharps bins had been signed and dated on opening or closing. This is not in line with best practice, or in line with the service’s own infection prevention and control policy (recommendation b).

- No requirements.

Recommendation b
- We recommend that the service should develop a risk assessment which includes relevant hazards and actions to minimise potential risks.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were comprehensive and provided information about all aspects of treatment. Staff worked together to assess and meet patients’ needs and expectations.

The service offered initial consultations to prospective patients free of charge. During this consultation, an observational assessment of the patient was carried out. This supported detailed discussions about treatment options, side effects and aftercare. The manager and nurse prescriber spoke with patients about realistic expectations and outcomes of any planned treatments. Patients were
encouraged to take some time to consider treatments before making further appointments. This allowed them to consider costs and any proposed treatment plan.

Separate care records were used for specific treatments given in the service. For example, some patients had two care records depending on what treatments they had. This helped the service evaluate the benefits of each treatment and plan the next course of treatment if necessary. The nurse prescriber carried out a medical assessment when patients returned for further treatments. A full assessment was recorded in the patient care records.

Patients completed consent forms to show they had read and understood their treatment and any contraindications. Patients also signed a declaration to confirm they were happy for the service to share information with their GP where relevant.

Records were stored in a locked filing cabinet to help promote patient confidentiality.

Written aftercare information was given to all patients, helping to support the verbal information provided during treatments. Patients were also encouraged to attend a review appointment 2–3 weeks after their treatment. This allows the service to check that patients are happy with the results of their treatments and are not experiencing any side-effects. However, we were told that less than 10% of the service’s patients attend these appointments as they did not feel they required a review.

- 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

Safe recruitment processes were in place to make sure staff employed in the service were fit to practice. Staff were supported to carry out a range of training to help them carry out their roles effectively.
All appropriate recruitment checks including Protecting Vulnerable Groups (PVG) had been carried out before staff started work, in line with the service’s recruitment policy. Both nurses were registered with the Nursing and Midwifery Council and completed all mandatory training as part of their professional registration.

The nurse prescriber was enthusiastic in their approach to developing the service. They ensured both they and the manager were available during all first time patient consultations and thereafter for patients who were more anxious about their treatment.

The nurse prescriber was responsible for updating the management of medication policy and kept up to date with current best practice treatments associated with aesthetics. The nurse prescriber was also keen to participate in additional training to support the service in introducing a new range of skin care treatments to complement existing treatments.

The nurse prescriber and manager set aside time at the end of clinic sessions to discuss patient care and treatment options, what went well and anything that could have gone better. They also met more formally each month to discuss and record strengths as well as ways in which the service could improve.

The manager attended a variety of aesthetic training events and courses and shared their knowledge with the nurse prescriber. This helped to promote good practice and minimise risk in the service.

**What needs to improve**

We were told the nurse prescriber frequently discussed their learning and development with the manager, although a formal annual appraisal had not been recorded. We advised the manager that a regular review of staff performance must take place (recommendation c).

Staff had not carried out duty of candour training (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong).

- No requirements.

**Recommendation c**

- We recommend that the service should complete annual appraisals with any member of staff employed in the service.
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

Staff worked together to promote a positive culture where patients felt valued in the service. The manager maintained current best practice through training and self-directed learning. A quality improvement plan should be developed.

The manager encouraged staff to be part of service evaluation and development. This enhanced leadership in the service and provided a positive working environment where both practitioners felt valued by each other. The manager had completed all mandatory training as part of their professional registration, as well as a range of aesthetic training to ensure their skills were up to date.

The manager also participated in regular web-based interactive training and subscribed to relevant aesthetic journals and magazines. The manager had published an article in support of a cosmetic training company.

The online patient satisfaction survey helped the service to monitor levels of patient feedback and satisfaction. The service was keen to develop a more comprehensive survey to capture the views of new as well as returning patients. This would help to evaluate the service in more detail.

What needs to improve

The service was in the early stages of implementing audit tools to help manage risks. However, no overall quality assurance system or improvement plan was in place. A quality improvement plan would enable the service to measure, audit and report on the impact of change while demonstrating a culture of continuous improvement (recommendation d).
No requirements.

**Recommendation d**

- We recommend that 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.

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

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<tr>
<th>Requirements</th>
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<tr>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>We recommend that the service should develop more detailed written information about the service which will help patients to make a more informed decision about their preferred treatment (see page 8).</td>
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Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.18

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

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<th>Requirements</th>
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<tr>
<td>None</td>
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</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>b  We recommend that the service should develop a risk assessment which includes relevant hazards and actions to minimise potential risks (see page 10).</td>
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</table>

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17

### Domain 7 – Workforce management and support

<table>
<thead>
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<th>Requirements</th>
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<table>
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<th>Recommendation</th>
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<tr>
<td>c  We recommend that the service should complete annual appraisals with any member of staff employed in the service (see page 12).</td>
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</table>

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

### Domain 9 – Quality improvement-focused leadership

<table>
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<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>d  We recommend that the service should develop and implement a quality improvement plan (see page 14).</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](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:** comments.his@nhs.net