Announced Inspection Report: Independent Healthcare

Service: Aesthetic Spirit Rejuvenation Clinic, Dunfermline

Service Provider: SM Medispa Limited

11 June 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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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 Aesthetic Spirit Rejuvenation Clinic on Tuesday 11 June 2019. We spoke with a number of staff during the inspection. Before the inspection, we asked the service to display a poster asking patients to provide us with feedback on the service. We spoke to two patients by telephone and received emails from ten patients. This was our first inspection to this service.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Aesthetic Spirit Rejuvenation Clinic, 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>
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<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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<td>5.1 - Safe delivery of care</td>
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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 Medispa Limited to take after our inspection**

This inspection resulted in no requirements and three recommendations. See Appendix 1 for a full list of 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 Aesthetic Spirit Rejuvenation Clinic 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 told us they were happy with the care they had received and were fully involved and informed about their treatment. While the service actively sought and acted on patient feedback, it did not consistently record actions taken.

The service made sure that patients’ privacy and dignity was maintained. All consultations were appointment only. The service recognised that some patients required a very high level of privacy in a small community. They are able to leave the clinic without returning to the waiting room.

Patients are provided with information before treatment starts including benefits, risks and side effects of treatments and medications. This allows for a patient centred treatment plan to be agreed. Further information was available through the service’s website, posters and information leaflets.

We were told that patient feedback was discussed at staff meetings and improvements made as a result. This was evident from the recent appointment of a receptionist to give a personal approach when patients arrive.

A patient told us the service ‘loves to hear feedback and happily takes on board any suggestions and thoughts about what clients would like’.

Feedback we collected showed all patients were happy with the service they received. All patients said they had been treated professionally with care and dignity. Comments included:

- ‘I have always found the practice to be extremely professional in the manner, approach and advice.’
• ‘Overall I would recommend this clinic to friends and family.’
• ‘The timings allow for gaps between clients so gives us discretion and you don’t feel rushed.’

We saw the service had a complaints policy in place and the complaints procedure was clearly displayed in the waiting area.

**What needs to improve**
The service actively sought and acted on patient feedback and had a patient participation policy in place. However, we saw little recorded evidence of the actions taken and improvements made (recommendation a).

- No requirements.

**Recommendation a**
- We recommend that the service should develop and implement its patient participation policy to evidence the process fully.
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. A regular programme of audits should be introduced to help the service make improvements.

The service was clean, well-organised and maintained. We saw contracts for maintenance of the premises including electrical safety, and safe disposal of medical sharps and waste. An infection control policy was also in place. A patient told us:

- ‘The rooms are always immaculately clean and I have absolutely no reservations in booking treatments with this clinic.’

A safe system was in place for the procurement, prescribing, storage and administration of medicines, in line with the service’s medication policy. Medicines were in date and stored in a locked fridge, in a locked treatment room. Patient care records documented medicines used, batch numbers and expiry dates.

We saw suitable emergency equipment and medication readily available. Single-use patient equipment was used for clinical procedures.

The service was too small to require a risk register, however we were told risks were considered at monthly staff meetings.

What needs to improve

We found no evidence of audits taking place to review the safe delivery and quality of the service. Audits could be carried out on patient care records, medicine management, and 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).

- No requirements.

**Recommendation b**

- We recommend that the service should develop a programme of audits to cover key aspects of care and treatment. Audits must 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 manager maintained current best practice through training and self-directed learning. The service should implement consistent processes to ensure policies and procedures are current.

The service kept up to date with changes in legislation and best practice through training sessions, peer-group meetings and involvement in the British Association of Cosmetic Nurses. The service was also a member of the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly reports on any difficulties encountered and the potential solutions.

The service ensured all practitioners’ professional registration status was up to date.

What needs to improve

The service did not have a system for reviewing and improving its policies, procedures and document templates. This would ensure they are fit for purpose and up to date (recommendation c).

The service had recently employed a receptionist and was beginning to extend practicing privileges (staff not employed directly by the provider but given permission to work in the service). The service should ensure appropriate policies and processes are in place to support these developments to improve the service.

■ No requirements.
Recommendation c

- We recommend that the service should implement a consistent process to ensure policies, procedures and document templates are reviewed and improved to meet its needs.
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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<th>Recommendation</th>
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a We recommend that the service should develop and implement its patient participation policy to evidence the process fully (see page 7).

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

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b We recommend that the service should develop a programme of audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 9).
## Domain 9 – Quality improvement-focused leadership

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<td>c  We recommend that the service should implement a consistent process to ensure policies, procedures and document templates and are reviewed and improved to meet its needs (see page 11).</td>
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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:** comments.his@nhs.net