Announced Inspection Report: Independent Healthcare

Service: Skinjex Clinic, Dundee
Service Provider: Skinjex Clinic

11 September 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 Skinjex Clinic on Wednesday 11 September 2019. We spoke with the manager who owned and operated the service during the inspection. We received 10 completed online surveys we had issued to patients asking them to share their experience of using the 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 Skinjex 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>
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<tr>
<td>Quality indicator</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>
**Domain 9 – Quality improvement-focused leadership**

| 9.4 - Leadership of improvement and change | The service identified future areas for improvement. Good peer networks supported continuous learning. The quality improvement plan should be further developed to measure the impact of service change and demonstrate a culture of continuous improvement. | ✔ Satisfactory |

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 | 5.2 - Assessment and management of people experiencing care | Comprehensive record-keeping was in place for consultations, assessments and treatments. Patients told us they were fully involved in all decisions relating to their treatment. |

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 Skinjex Clinic to take after our inspection**

This inspection resulted in three 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)

Skinjex Clinic, the provider, must make the necessary improvements as a matter of priority. We would like to thank all staff at Skinjex 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 were provided with information prior to treatment and were fully involved in their care. Feedback gathering methods should be reviewed and developed.

The service environment helped maintain patient privacy and dignity. The main entrance and treatment room were secured when patients were being treated. The treatment room window was also adequately screened. Consultations were appointment-only and the service treated only one patient at a time, maintaining confidentiality.

The service provided patients with information about treatments through leaflets and posters in the reception and treatment room. Treatment options were also explained and discussed with the patient during consultation. A price list leaflet was available at reception and treatment costs were available on social media.

The service’s complaints policy detailed how patients could complain to Healthcare Improvement Scotland. Contact details for Healthcare Improvement Scotland were also clearly-displayed on a complaints poster for patients in reception. Patients were encouraged to discuss any concerns or complaints during their consultation. The service had not received any complaints since its registration.

Feedback we received from our online survey was positive and all patients agreed they had been treated with dignity and respect. They all stated they had been provided with information in a format they could understand. Comments included:
• ‘Verbal advice with supporting written advice given is excellent.’
• ‘Both clearly written and clearly spoken information delivered.’
• ‘Always very professional and willing to listen to any concerns.’
• ‘Consultations are carried out in private and I am confident with client confidentiality.’

What needs to improve
We were told that patients were encouraged to give verbal feedback during consultations and to complete a feedback questionnaire following treatment. However, we saw that the service had a low feedback return rate. While the service had a patient participation policy in place, it did not fully describe how the service would gather feedback and involve patients in service improvement (recommendation a).

- No requirements.

Recommendation a
- The service should review and develop its approach to gathering feedback to improve the service.
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

Good systems helped make sure care and treatment was delivered in a clean and well maintained environment. An audit programme was in place to identify and manage risk in the service. A duty of candour policy should be developed.

The service had an infection and control policy in place and the clinic environment was clean, well-organised and maintained. Appropriate infection prevention and control measures in place included single-use equipment to prevent the risk of cross-infection. Protective equipment, such as disposable gloves and aprons, was also available. Contracts were in place for the maintenance of the premises, as well as safe clinical waste and medical sharps removal.

All patients who completed our online survey were extremely satisfied with the environment they were treated in and the cleanliness of the service. Comments included:

- ‘The clinic is spotless. Always clean and fresh.’
- ‘Excellent clean and spacious facility.’

A programme of audits had recently been introduced to monitor the safe delivery and quality of care. Audits included the management of the environment and equipment, and patient care records. Areas for improvement were documented as part of the audit process.

A medicines management policy was in place and we saw a safe system for procurement, prescribing, storage and administration of medicines. All
Medicines were in-date and stored securely in a locked medical refrigerator. Arrangements were in place to deal with medical emergencies. This included emergency treatment protocols and emergency medication. The manager had been trained to deliver basic adult life support in the event of a medical emergency.

Accident reporting procedures were clear and a log book was in place to record and monitor accidents and incidents.

The service had a reliable system for reviewing policies and procedures. Policies, such as protection of vulnerable adults were in place to help make sure patients were kept free from harm.

**What needs to improve**

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. The service did not have a duty of candour policy (recommendation b).

- No requirements.

**Recommendation b**

- The service should develop and implement a duty of candour policy.

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**Quality indicator 5.2 - Assessment and management of people experiencing care**

Comprehensive record-keeping was in place for consultations, assessments and treatments. Patients told us they were fully involved in all decisions relating to their treatment.

We reviewed five patient care records. We saw a comprehensive assessment and consultation was completed for every patient. This included a full medical history with details of:

- allergies
- health conditions
- medications, and
- previous treatments.
A screening questionnaire formed part of the consultation to recognise any psychological risks. A patient would be refused treatment if the service manager had concerns about their expectations or reason for treatment.

Records of each treatment session included a diagram of the area treated, medicines dosage and drug batch numbers. We saw that patient care records contained consent to treatment, including having their photographs taken and consent to sharing information, for example with other healthcare professionals.

Patients were given detailed information about the risks and benefits of treatment to help them make an informed decision. Verbal and written aftercare instructions were given after each treatment and included the service’s emergency contact details. Patients were invited to attend a free follow-up appointment. This allowed the service to make sure patients were happy with the results and provide any additional treatment or advice.

Feedback from our online survey showed that all patients agreed they had been involved in decisions about their care and the risks and benefits had been explained to them before the treatment.

All patient care records we looked at were legible, signed and stored securely to prevent unauthorised access. The manager had completed training in updated general data protection regulations.

- No requirements.
- 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 identified future areas for improvement. Good peer networks supported continuous learning. The quality improvement plan should be further developed to measure the impact of service change and demonstrate a culture of continuous improvement.

The service manager, who owned and operated the service, was an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). As part of revalidation, registered nurses send evidence of their competency, training and feedback from patients and peers to NMC every 3 years.

The service was an active member of a variety of industry specific and national organisations, including the British Association of Cosmetic Nurses (BACN) and the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. The service manager attended regular conferences and training days provided by pharmaceutical companies. This helped the service to keep up to date with changes in the aesthetic industry, legislation and best practice.

The service manager had employed the services of a marketing consultant to improve business processes and help the business grow.

The service was part of an informal support group with other experienced aesthetic practitioners in Dundee. This group helped to provide peer-support, advice and best practice and discuss any treatments, procedures or complications.

**What needs to improve**

The service had developed an improvement plan that identified areas of improvement for the following year. These included refurbishing the service and
introducing a computer-based system for patient care records. However, it did not detail improvement processes such as:

- audits
- comments and complaints
- improvement outcomes, and
- patient feedback.

These would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation c).

■ No requirements.

**Recommendation c**

■ The service should continue to develop its quality improvement plan to demonstrate the impact of improvement processes on 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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<td>Recommendation</td>
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<tr>
<td>a The service should review and develop its approach to gathering feedback to improve the service (see page 7).</td>
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<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
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## Domain 9 – Quality improvement-focused leadership

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<tr>
<td>c  The service should continue to develop its quality improvement plan to demonstrate the impact of improvement processes on the service (see page 12).</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
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