Announced Inspection Report: Independent Healthcare

Service: Suzanne Armstrong Medical Aesthetics, Perth
Service Provider: Suzanne Armstrong Medical Aesthetics

23 July 2019
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Healthcare Improvement Scotland Announced Inspection Report
Suzanne Armstrong Medical Aesthetics: 23 July 2019
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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 Suzanne Armstrong Medical Aesthetics on Tuesday 23 July 2019. We completed an online survey and also spoke with some patients on the telephone. 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 Suzanne Armstrong Medical 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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<tr>
<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
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</tbody>
</table>
The following additional quality indicator was inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive consultations and assessments were carried out before treatment and were clearly documented in patient care records. We saw consent is obtained for sharing with other medical practitioners if required. All patient care records we reviewed were fully completed.</td>
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</tbody>
</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 Suzanne Armstrong Medical Aesthetics to take after our inspection

This inspection resulted in one recommendation. See Appendix 1 for the recommendation.

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)

Suzanne Armstrong Medical Aesthetics, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at Suzanne Armstrong Medical 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

The service welcomes patients to the clinic and treats them with dignity and respect. Improvements have been made following comments from patients.

The 13 patients who completed our own online survey were very positive about their experience of care. Comments we received included:

- ‘I was treated with dignity and respect at all times and in all aspects of care.’
- ‘I was fully involved in all decisions.’

The responses we saw from a patient experience questionnaire the service used stated they were all extremely satisfied or satisfied with the service and treatments.

We saw a patient information leaflet given at their first appointment where their requirements were discussed. The information leaflet gave advice for pre-and post-treatment, including costs. It also had the service owner’s contact details for aftercare advice. A patient told us;

- ‘I was given a full explanation of the procedure, any possible after effects and after care.’

We saw examples where the service actively responded to feedback from service users. For example:

- keeping the appointment book in a locked drawer
- changing appointment times, and
- made alternative seating arrangements to give patients more confidentiality while waiting for treatments.
Patients were given the service’s complaints procedure at the start of their treatment and it highlighted that they could complain directly to Healthcare Improvement Scotland at any time. The service had a system to record complaints in place and we saw that complaints had been dealt with efficiently and promptly.

**What needs to improve**

The service had a duty of candour policy in place. However, this required further development around duty of candour should be implemented in practice. We will follow this up at future inspections.

The service had identified the need to change the format of its patient satisfaction questionnaire to capture suggestions for improvements. We will follow this up at future inspections.

- No requirements.
- No recommendations.
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 service has governance systems and appropriate policies in place to make sure care and treatment is delivered safely in a clean environment.

Good infection control measures were in place to help make sure the environment was clean and safe from cross-infection. We saw a cleaning schedule for the clinic and the environment was safe, clean and well-maintained. Single use equipment was used and disposed of in the appropriate clinical waste bins. A clinical waste contract in place and the service owner had good knowledge of infection control procedures required for the service. Patients told us the clinic was: ‘friendly and welcoming,’ and they: ‘wouldn’t go anywhere else.’

The medication management policy was up to date and described safe and secure handling of medicines. Medication was not stored on the premises at any time. We saw that the service followed prescribing processes in line with guidance. The service manager collected prescriptions to be used on the same day, in line with the service’s prescribing policy.

We saw that the service manager carried out audits to assess compliance with best practice, including patient care records and medication management. The service carried out yearly risk assessments, such as environmental and fire risk assessments. Utilities contracts were the responsibility of the building owner and we saw these were up to date.

During the last year, one adverse event had occurred from a vaccine administration. The service owner had reported this to the appropriate authority using the yellow card system, which is used to collect information on
any drugs when patients have a reaction. A small emergency kit was kept on the premises and the service owner is trained in life support.

- No requirements.
- No recommendations.

**Our findings**

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

Comprehensive consultations and assessments were carried out before treatment and were clearly documented in patient care records. We saw consent is obtained for sharing with other medical practitioners if required. All patient care records we reviewed were fully completed.

From the patient care records we reviewed, we found that the service carried out comprehensive care assessments on all its patients. Each patient had a facial symmetry assessment completed and they consented before any treatment. The service owner assessed patients’ mood, vulnerability and emotional state when they requested treatment to help identify any underlying issues before treating them.

We reviewed a random sample of five records and found that all information was completed appropriately, including patient consent.

All five patient care records we saw included an explanation of the risks and an accurate record of treatment. Patients were given aftercare leaflet and verbal advice after treatment, including the service’s contact details. The service manager had also made arrangements for patient support when they were on leave.

Patients were given information about the treatment so they could make informed decisions. Patients who completed our survey told us the service owner clearly explained risks and treatments. For example:

- ‘Explained everything in a clear and precise manner which was very reassuring.’
- ‘Everything is explained very clearly and I am asked if I understand and agree with the proposed treatment.’
■ 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 owner maintained current best practice through training and development. A quality improvement plan should be developed to demonstrate a culture of continuous improvement.

The service owner is a registered nurse, independent prescriber and an active member of the British Association of Cosmetic Nurses. Pharmaceutical companies provided professional development and training for up-to-date knowledge, best practice and any new techniques. The service owner also offered aesthetic teaching sessions and mentoring sessions to new practitioners.

The service owner carried out research for private companies and was on the board of one aesthetic treatment provider.

The service actively sought out patient feedback and we saw examples where it had made improvements based on what it had received. Comments from patients showed that the service wanted to make improvements from their feedback. For example, one patient told us:

- ‘I was asked as a client to give honest feedback as the service wanted to how they could make it better.’

Patient care record audits had found that some records could have been completed more accurately and labels with expiry dates from vaccines were coming off. To improve this, the service noted the expiry dates in ink and set aside time at the end of each clinic to review the records.
What needs to improve
The service did not have a formal continuous quality improvement plan in place at the time of our inspection (recommendation a).

■ No requirements.

Recommendation a
■ The service should develop a formal continuous 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.

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>a The service should develop a formal continuous quality improvement plan (see page 12).</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

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:** [hcis.ihcregulation@nhs.net](mailto:hcis.ihcregulation@nhs.net)