Announced Inspection Report: Independent Healthcare

Service: Face2Face Cosmetic Aesthetics, Dumfries
Service Provider: Face2Face Cosmetic Aesthetics

30 July 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 Face2Face Cosmetic Aesthetics on Tuesday 30 July 2019. We spoke with the provider of the service and received 18 responses to our feedback survey following inspection. The inspection team was made up of one inspector.

This was our first inspection to this service.

What we found and inspection grades awarded

For Face2Face Cosmetic 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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</thead>
<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>
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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>
botulinum toxin beyond the time period specified by the manufacturer.

**Domain 9 – Quality improvement-focused leadership**

| 9.4 - Leadership of improvement and change | The service manager was open to new ideas and kept up to date with continuous professional development. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement. | ✔ Satisfactory |

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>5.2 - Assessment and management of people experiencing care</td>
<td>Assessments, treatment plans and follow-up care was well documented and included patients’ individual wishes and desired outcomes. All patient care records were up to date and legible. The service could consider regularly auditing patient care records.</td>
</tr>
</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 Face2Face Cosmetic Aesthetics to take after our inspection**

This inspection resulted in five 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

We would like to thank staff at Face2Face Cosmetic 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 placed great importance on providing a thorough consultation and opportunity for patients to ask questions about their treatment. Patients told us they valued the detailed information provided by the service. The service should review its participation policy to describe how patient feedback is used to drive improvement.

Every prospective patient received a face-to-face consultation to discuss their desired outcomes and help decide whether the service could meet their needs. Consultations were appointment only to help ensure patient confidentiality and privacy. Treatment options, costs, risks and benefits were discussed during consultation. Patients were also given information to take home as part of a ‘cooling off’ period before making a decision about the proposed treatment.

The service had a participation policy and gathered feedback from patients in a variety of ways that included:

- a questionnaire given to a selection of random patients following treatment
- an electronic survey sent to patients every 6 months, and
- comments received through social media and the service’s website.

Feedback results were reviewed and improvement action plans produced for any identified issues. For example, the service considered providing shopping vouchers as an incentive for completing its survey. Return rates were good and feedback we saw was positive.
We received 18 responses to our patient survey. All felt they were treated with dignity and respect and that the service provided sufficient information in a format they could understand. Some comments included:

- ‘At all times during the procedure [...] would explain what she was going to do and ask "is that ok". I felt very respected.’
- ‘Excellent information shared verbally and reinforced with written information.’

A complaints policy was in place that explained how patients could provide compliments, suggestions, comments and concerns. The service is a member of the Cosmetic Redress Scheme, that provides dispute resolution support if complaints are not resolved. At the time of inspection, no complaints had been received by the service.

**What needs to improve**
The service’s participation policy did not describe methods used to gather patient feedback, how the results are reviewed and how outcomes are used to drive service improvement (recommendation a).

While the service gathered and reviewed patient feedback, it would benefit from amending the current questionnaire to include structured questions based on the different stages of a patient’s experience of the care provided. This would allow for more constructive feedback that would help identify service improvements.

The complaints policy should be made more widely available to patients. For example, it should be added to the service’s website and signposted on social media.

- No requirements.

**Recommendation a**
- The service should review its participation policy to make sure it describes the methods used to gather patient feedback, how results are analysed and how outcomes are used to drive service 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

The service was clean and well maintained. The service should review its policies to make them more specific to aspects of care and treatment provided. The service must stop storing and using prepared botulinum toxin beyond the time period specified by the manufacturer.

The treatment room and shared areas were clean and well maintained. Most equipment was single-use and clinical waste was appropriately stored and disposed of. The service had a minimal amount of fixed equipment that was in good working order and systems were in place to carry out regular checks. An infection control policy was in place and the service manager had good knowledge of infection prevention practices.

The service’s medicine management policy described how medicines were ordered, stored, prescribed and administered. Systems were in place to deal with medical emergencies and safeguarding vulnerable adults.

The service had recently implemented a regular audit programme that included:

- medicine management
- clinical practice
- environmental standards
- waste disposal, and
- patient satisfaction.

The service’s adverse incidents policy described how it would investigate accidents and incidents. Although, no adverse incidents had taken place since
the service was registered. A duty of candour policy was in place that described how the service would meet its professional responsibility to be honest with patients when things go wrong.

Of the 18 patients that responded to our survey, all said they were extremely satisfied with the cleanliness of the area they were treated in. One patient told us:

- ‘Spotless. Excellent hand hygiene and equipment used was still in packaging until required.’

The service manager was trained in adult life support and emergency supplies were available and regularly checked.

**What needs to improve**

The service used dual vials of botulinum toxin. This meant that the first vial can be used for the initial treatment and the second vial for the follow-up treatment 2 weeks later. The service manager told us that any leftover prepared botulinum toxin is sometimes stored for 2 weeks between initial treatment and follow-up appointment. This is not in line with the manufacturer’s guidance (recommendation b).

While the service’s policies contained generalised information on each topic, they did not describe how each specific process was carried out. We discussed the importance of making sure that policies accurately reflect practice within the service (recommendation c).

The service’s consent form does not currently allow for the recording of patient consent to share medical information with their GP, if and when appropriate (recommendation d).

- No requirements.

**Recommendation b**

- The service should follow the manufacturer’s guidance on the use, storage and administration of botulinum toxin at all times.

**Recommendation c**

- The service should review all policies and ensure that each one describes, in sufficient detail, how care and treatment is carried out in the service.
Recommendation d

- The service should amend its consent form to include the recording of patients’ consent to share medical information with their GP, where appropriate.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Assessments, treatment plans and follow-up care was well documented and included patients’ individual wishes and desired outcomes. All patient care records were up to date and legible. The service could consider regularly auditing patient care records.

We reviewed five patient care records. All were fully complete, well organised, easy to understand and included detailed notes. We saw that comprehensive consultations and assessments had been carried out before treatment started. This included an assessment of patient’s suitability for treatment. Patient care records included:

- a full medical history, including details of any health conditions, allergies, medications and previous treatments
- a completed consent form, and
- a treatment record, including a diagram of the area treated and medicine dosage and batch numbers.

The service recently introduced a psychological assessment to assess prospective patients for body dysmorphia as part of the consultation process.

Appropriate procedures were in place to maintain patient confidentiality and records were kept of verbal and written information provided to patients. This included aftercare information and every patient was offered a follow-up appointment 2 weeks after treatment.

We saw one example of a complication that had taken place when a patient had fainted during treatment. All actions taken following the incident had been thoroughly recorded, including clear evidence of the advice given to the patient and follow-up actions taken.

All repeat treatments were appropriately recorded. Any changes to a patient’s medical history or medications were also recorded.
Patient care records were all in paper format, held securely at the service manager’s home. The service had recently purchased an electronic patient record system that will be implemented in due course.

All patients told us they were extremely satisfied with their overall experience of using the service. One patient commented:

- ‘I've been using the service for over 2 years and have been totally satisfied with pre-treatment, treatment and aftercare each time.’

**What needs to improve**

All records of treatment we saw in the patient care records contained the date of treatment, the service manager’s signature and detailed notes. However, none of the entries we saw were timed. The service manager agreed with the importance of timing entries and advised they would start timing all entries.

The service would benefit from regularly auditing patient care records to ensure that all appropriate information is recorded.

- 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 manager was open to new ideas and kept up to date with continuous professional development. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

The service manager, who was the sole practitioner, demonstrated how they participate in reflective learning practice as part of their continuing professional development. This was managed through their Nursing and Midwifery Council (NMC) registration and its revalidation process.

The service manager is a member of several industry specific and national organisations. This included the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on difficulties encountered with aesthetic procedures and the potential solutions. They also maintained connections with other aesthetic colleagues and attended regular conferences and training days provided by pharmaceutical companies. This helped the service keep up to date with current product knowledge, techniques and best practice.

We saw evidence that patient feedback was gathered, reviewed and improvements made as a result.

What needs to improve

The service did not have a process for reviewing the quality of the care and treatment delivered. A continuous quality improvement plan would allow the service to demonstrate a culture of continuous improvement and measure the impact of change (recommendation e).
■ No requirements.

Recommendation e
■ The service should develop a quality improvement plan to measure the impact of service change and demonstrate a culture of continuous improvement.
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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
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<tr>
<td>a</td>
<td>The service should review its participation policy to make sure it describes the methods used to gather patient feedback, how results are analysed and how outcomes are used to drive service improvement (see page 8).</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 4.7

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

| Requirements | None |
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

**Recommendations**

<table>
<thead>
<tr>
<th></th>
<th>The service should follow the manufacturer’s guidance on the use, storage and administration of botulinum toxin at all times (see page 10).</th>
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<tr>
<td>b</td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
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<th>The service should review all policies and ensure that each one describes, in sufficient detail, how care and treatment is carried out in the service (see page 10).</th>
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<tr>
<th></th>
<th>The service should amend its consent form to include the recording of patients’ consent to share medical information with their GP, where appropriate (see page 11).</th>
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<tr>
<td>d</td>
<td>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.13</td>
</tr>
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</table>

### Domain 9 – Quality improvement-focused leadership

**Requirements**

None

**Recommendation**

<table>
<thead>
<tr>
<th></th>
<th>The service should develop a quality improvement plan to measure the impact of service change and demonstrate a culture of continuous improvement (see page 14).</th>
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<tbody>
<tr>
<td>e</td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</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: hcis.ihcregulation@nhs.net