Announced Inspection Report: Independent Healthcare

Service: Precise Medical Aesthetics, Bannockburn
Service Provider: Precise Medical Aesthetics

5 June 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 Precise Medical Aesthetics on Wednesday 5 June 2019. We spoke with two members of staff, during the inspection. We telephoned six patients after the inspection who had received treatment at the clinic. 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 Precise 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>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
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</tbody>
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**Key quality indicators inspected (continued)**

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
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<tr>
<td>The service showed us that they had a clear vision for the future and how they intended to achieve this. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.</td>
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<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>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
</tr>
<tr>
<td>Assessments, treatment plans and follow-up care was well documented and included patients’ individual wishes and desired outcomes. All patient care records were legible.</td>
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<tr>
<th>Domain 7 – Workforce management and support</th>
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<td>7.1 - Staff recruitment, training and development</td>
</tr>
<tr>
<td>The service had a small team with a very low level of staff turnover. Each practitioner had a personal development plan. The service should ensure that Protection of Vulnerable Groups checks are carried out where needed.</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 Precise Medical Aesthetics to take after our inspection**

This inspection resulted in one requirements and one recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of requirements and 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)

Precise Medical Aesthetics, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Precise 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 placed great emphasis on providing a pleasant all-round experience. Patients told us they had a good experience and valued the time the service spent with them.

The service told us that any form of advice, guidance or assessment began with the first telephone contact. This allowed staff to discuss the prospective patient’s desired outcomes and whether the service could meet the patient’s needs. Initial information about the costs involved were also discussed at this stage. After establishing the patient’s wishes and advising whether they can be met, a face-to-face consultation would be arranged.

Prospective patients were provided with a variety of leaflets about their treatment. These leaflets highlighted the risks and possible side effects of treatments and out-of-hours contact for the service. The service provided examples of how they had amended some manufacturers’ leaflets to make them clearer.

Pre-care and aftercare advice was emailed to patients, discussed at the first point of contact and also available in leaflet form. This allowed the service to make sure patients were happy with their results, discuss any additional treatment or provide further advice.

The service’s patient participation policy set out how it would gather patient feedback and use it to inform its quality improvement process. A variety of methods were used to gather patient feedback, such as issuing patient questionnaires after every visit. We saw a high return rate and responses were positive. The service also gathered feedback using social media.
Staff collated and analysed feedback and improvement action plans were produced for any identified issues. For example, the service amended its aftercare instructions to make them more ‘patient-friendly’ following a concern raised from a patient.

Patient feedback showed patients felt they were treated with dignity, warmth and that staff spent a long time with them to make them feel at ease. Some of the comments included:

- ‘The service was fantastic from start to finish. Treatments and expectations were clearly explained. Follow-up care was given and I felt comfortable asking questions.’
- ‘Really friendly warm greeting. No pressure to have treatment. My questions were answered and good advice given on what treatment would best suit me. All in all a very pleasant consultation.’

- 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 clinic was very clean and well organised. We saw contracts in place for the maintenance of the premises, and safe disposal of medical sharps and clinical waste. Portable appliance testing had been carried out. The service showed us how they provided a safe environment.

All practitioners were trained in adult life support and their registrations and qualifications are checked every year. The manager showed us the medical emergency equipment that included a kit for dealing with allergic reactions. All equipment we saw was in a good state of repair and emergency medication was in date. The service had a good supply of personal protective equipment available.

The service used lasers and had a standard operating procedure for every treatment. The equipment was serviced and maintained. The service had a laser protection advisor and the treatment rooms fully complied with laser protection guidelines.

Comprehensive policies had been implemented such as:

- protecting vulnerable adults
- child protection
- duty of candour (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong), and
- whistleblowing.
We saw systems in place for reporting accidents and incidents. Each patient had a comprehensive risk assessment that explained all treatment risks. We saw that audits had been carried out.

The patients that we spoke with reported that:

- ‘Felt in very safe hands with (staff member) today, very friendly and welcoming team.’
- The member of staff was totally amazing, explaining everything in great detail. She made me feel 100% comfortable and went through things I should watch out for over the next few days.’

- No requirements.
- No recommendations.

**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 legible.

All four patient care records we reviewed were fully completed. We saw that comprehensive consultations and assessments had been carried out before treatment started. This included an assessment of patients’ suitability for treatment. Patient care records included:

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

Appropriate procedures were in place to maintain patient confidentiality in line with the service’s information management policy. Patient care records were reviewed every month to check if they were fully completed.

- 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

The service had a small team with a very low level of staff turnover. Each practitioner had a personal development plan. The service should ensure that Protection of Vulnerable Groups checks are carried out where needed.

The service had a small team in place and experienced a very low level of staff turnover. Most had been with the service from the beginning.

The three staff induction files we reviewed were tailored to the needs of the individual’s role and job description. Staff received mentoring support and one-to-one training with a senior member of the clinical team. Staff completed mandatory training including information management, health and safety, and basic life support.

A system was in place to ensure relevant staff had ongoing checks on their professional registration status. All staff had an appraisal every year and were assessed regularly for any development and training requirements.

What needs to improve

We saw that the service did not follow the Scottish Governments guidelines on safer recruitment. We saw that one practitioner did not have a Protecting Vulnerable Groups check (PVG) check carried out by the service. They had been checked by their other employer and supplied their PVG number. We discussed the need for PVG checks and that the process for any future employees should follow the Scottish Governments best practice guidelines (requirement 1).

Requirement 1 – Timescale: immediately

- The provider must ensure that it follows guidelines on safer recruitment. This must include carrying out Protection of Vulnerable Groups checks.

- 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 showed us that they had a clear vision for the future and how they intended to achieve this. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

We were shown a quality management statement that highlighted the service’s vision. It also contained the mechanisms that the service would use to achieve this vision and a series of aims and objectives.

The service manager, who was also the main practitioner, explained they felt responsible to act as a role model. As such they saw their own professional development as being an essential part of this. We saw part of this process was continuing professional development. This was managed through the General Dental Council (GDC) registration, its revalidation process, and yearly appraisals in the service. Other professional development activities included attending conferences, maintaining connections with other aesthetic colleagues, and subscriptions to journals to raise awareness of legislation and best evidence-based care for patients.

The service is an active member of a variety of industry specific and national organisations. This included the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. The service also 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.

Staff we spoke with reported that they felt valued, had contributed to the development of the service and had a very good working relationship with the service manager.
What needs to improve
The service’s quality management statement outlined how it would carry out any quality improvement work. This would benefit from being expanded into a continuous quality improvement plan to identify areas for improvement and allow the service to demonstrate a culture of continuous improvement and measure the impact of change (recommendation a).

- No requirements.

Recommendation a
- We recommend that the service should develop a 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.

### Domain 7 – Workforce management and support

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<thead>
<tr>
<th>Requirement</th>
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<tr>
<td>1 The provider must ensure that it follows guidelines on safer recruitment. This must include carrying out Protection of Vulnerable Groups checks (see page 11).</td>
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Timescale – immediately upon receipt of this report.

*Regulation 9(1)(2)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tr>
<td>None</td>
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### Domain 9 – Quality improvement-focused leadership

<table>
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<tr>
<th>Requirements</th>
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<td>None</td>
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### Domain 9 – Quality improvement-focused leadership (continued)

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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