Announced Inspection Report: Independent Healthcare

Service: The Skin Studio, Edinburgh
Service Provider: The Skin Studio

14 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
Contents

1  A summary of our inspection                      4

2  What we found during our inspection               6

Appendix 1 – Requirements and recommendations        12
Appendix 2 – About our inspections                    14
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 The Skin Studio on Friday 14 June 2019. We spoke with manager of the clinic 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 telephoned two 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 two inspectors.

What we found and inspection grades awarded

For The Skin Studio, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</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>
</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>
</tr>
</tbody>
</table>
The following additional quality indicator was 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>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
</tr>
<tr>
<td>A comprehensive assessment was carried out for all patients. Patient care record documentation was consistently completed.</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 The Skin Studio to take after our inspection

This inspection resulted in four 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)

We would like to thank all staff at The Skin Studio 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 felt they were fully involved and informed about their treatment options. Patients were very satisfied with their care and treatment. A participation policy was in place and feedback collected. However, the service did not analyse it to drive service improvement.

The clinic was a small, personal service with many regularly returning patients. Patients we spoke with told us they were very satisfied with their care and treatment. They told us they felt fully involved and informed about their treatment options. Both patients we spoke with during our inspection were complimentary about the personalised service, with their expectations of treatment discussed at an initial consultation, and whether these could be met. Options of treatment, risks and results were clearly communicated.

All patients that provided us with feedback strongly agreed that the service provided easy-to-understand information and treated them with dignity and respect. One patient commented that: ‘all information was clearly explained, she answered all my questions and was clear about what I could expect and I was made to feel at ease.’

The service had a participation policy in place and patient feedback from completed questionnaires we saw showed very high satisfaction levels.

The service’s environment helped maintain patients’ privacy and dignity. For example, the treatment room could be locked and windows were adequately screened. The service had a chaperone policy in place.

While the service had not received any complaints since its registration, a complaints policy was in place and displayed for patients. The service manager
told us that the complaints procedure was explained to patients during their consultation and we saw that the policy told patients that they could complain to Healthcare Improvement Scotland at any time.

What needs to improve
The service proactively asked for written and verbal feedback from patients. However, we did not see evidence that this information had been reviewed or formally analysed to inform improvement in line with the service’s participation policy (recommendation a).

Patients that we spoke with said they were very happy with their treatment and that this was discussed at follow-up appointments. However, this was not documented in patient care records. We will follow this up at future inspections.

■ No requirements.

Recommendation a
■ The service should develop a more robust system for the collection and analysis of patient feedback.
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 received care and treatment in a clean and safe environment. Results from our survey confirmed that patients felt safe and secure in the service. A clinical audit tool should be used and improvement actions recorded to inform service development.

We saw that the clinic environment was clean, well maintained and finished to a high standard. Infection prevention and control measures were in place as well as fire safety management procedures. Only single-use disposable equipment was used in the clinic to prevent the risk of cross-infection. The service had a contract for the safe disposal and removal of sharps and clinical waste.

Effective systems in place included a range of policies, procedures and maintenance arrangements to make sure that the equipment was clean, safe and well-maintained.

While the service had not had any incidents, systems were in place to record accidents or incidents. The available emergency equipment was checked regularly. The service had recently tested its portable appliances and equipment was in good order.

Feedback from our patient survey confirmed that patients had received information about the risks and benefits of treatments to support and inform their individual treatment plan. Patients also stated they were given clear aftercare instructions and knew who to contact in the event of a complication following their treatment.

A secure system was in place to record and monitor medicines procurement, prescribing, storage and administration. A record was kept of the temperature
of the service’s medical fridge. Prescription-only medicines were in date and clearly labelled for individual patients. The service held a supply of emergency medicines to quickly address any complications or adverse reactions following treatment.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. The service’s policies, including duty of candour and data protection policies had been reviewed and updated.

Feedback from our survey showed that all patients felt safe and secure when receiving treatment in the service. An adult support and protection policy was in place to protect people who may be at risk of harm or abuse.

What needs to improve
We saw a blood spillage kit in place. However, the service’s infection control policy did not describe how blood spillages would be dealt with (recommendation b).

We did not see any formal audits taking place to monitor compliance with standard infection control precautions or medicines management. A structured approach to the audit process is required to help the service to identify and manage risk, monitor compliance with infection control processes and develop action plans for improvement in line with its clinical governance policy (recommendation c).

- No requirements.

Recommendation b
- The service should update its infection control policies to include reference to blood spillages.

Recommendation c
- The service should implement a clinical audit tool and record improvement actions to inform service development.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

A comprehensive assessment was carried out for all patients. Patient care record documentation was consistently completed.

We saw from the patient care records reviewed, that a comprehensive assessment and consultation was carried out before treatment which considered any health issues and expectations of treatment. This included taking a full medical history, with details of any health conditions, prescribed medications, allergies and previous treatments.

All patient care records we looked at included an assessment and a signed consent to treatments. Consent forms included sharing information with other healthcare professionals, where appropriate. Individual treatment plans were developed in partnership with patients.

Patient feedback from our online survey showed that all patients agreed they had received sufficient information in a format they could understand.

All patient care records that we looked at were legible, signed and care provided was clearly documented. All patient care records were stored securely.

- 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 maintained current best practice through ongoing training and development. A quality improvement plan should be developed to demonstrate improvements and measure the impact on the service.

An experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC) owned and managed the service. They maintained current best practice through ongoing training and development.

The service manager was a member of several national aesthetics organisations, subscribed to journals and received peer support from other aesthetic practitioners in the industry. This helped the service to keep up to date with changes in the aesthetic industry, legislation and best practice.

What needs to improve

The service had no quality assurance system or process in place to drive improvement. A quality improvement plan would help structure and record improvement activities and help evaluate the impact of change on the quality of the service (recommendation d).

- No requirements.

Recommendation d

- The service should develop a 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 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
</tr>
</tbody>
</table>
| a | The service should develop a more robust system for the collection and analysis of patient feedback (see page 8).

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td></td>
</tr>
</tbody>
</table>
| b | The service should update its infection control policies to include reference to blood spillages (see page 10).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17 |
c The service should implement a clinical audit tool and record improvement actions to inform service development (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>d The service should develop a quality improvement plan (see page 12).</td>
</tr>
</tbody>
</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](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:** comments.his@nhs.net
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
0141 225 6999

www.healthcareimprovementscotland.org