Announced Inspection Report: Independent Healthcare

Service: Re-Nu Skin Clinic, Dundee
Service Provider: Re-Nu Skin Clinic

30 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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www.healthcareimprovementscotland.org
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 Re-Nu Skin Clinic on Monday 30 September 2019. We spoke with the owner/manager and a staff member who provides advice about health and safety measures in the service. We also received feedback from 11 patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Re-Nu Skin 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>
</tr>
<tr>
<td>Quality indicator</td>
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<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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promote the effective management of infection prevention and control.

<table>
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<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>Staff were committed to improving the service and worked well as a team to make sure patients’ needs were met. The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through attending conferences and training events, and continuing to take up further learning and development opportunities.</td>
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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

<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>Patient consultation processes allowed patients to be fully involved in treatment options and evaluations of their care. Patients could review the treatments they had received and were provided with aftercare advice. Patients consented to treatment and sharing information with other healthcare professionals.</td>
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#### Domain 7 – Workforce management and support

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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Suitable recruitment and induction processes were in place. An electronic training resource was used to facilitate staff learning and development. Staff felt the training they received was appropriate for their needs.</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 Re-Nu Skin Clinic 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

We would like to thank all staff at Re-Nu Skin 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 detailed information, and were involved in planning their treatments using an electronic imaging system. Patients were encouraged to share their views using a variety of methods, and the service acted on feedback received.

Patients received a medical consultation before treatment along with information leaflets and a detailed treatment plan. Patients were encouraged to reflect on treatment options before booking further appointments. Treatments were recorded on an electronic handheld 3D imaging assessment and simulation system. Patients could log in to the system, where they could review their treatments and share information about their satisfaction or any concerns they may have.

The service’s participation policy provided details of how patients were included in evaluating their care and improving the service. Patients received a text and email asking them to rate their experience with the practitioner. This information was used to support staff development. Patients could also share their views on social media sites.

The service used a grading scale to determine patient satisfaction. Any complaints, concerns or levels of satisfaction less than a certain level were flagged up as area for improvement. Feedback from patients was responded to on the service’s social media page and website.

Patients were provided with information about how to raise a formal complaint with the service or with Healthcare Improvement Scotland. The service had duty of candour and safeguarding policies. Duty of candour is where healthcare
organisations have a professional responsibility to be honest with patients when things go wrong.

In April 2019, the service began auditing patient satisfaction information captured in a new electronic audit and impact evaluation tool and planned to do this every 6 months. A number of strengths and some areas for improvement had been identified which staff were keen to investigate. The majority of feedback received showed that patients were happy with the service provided, they liked the level of communication they received, and felt the environment was excellent and staff were friendly.

The service had acted on feedback where patients had identified concerns or issues. For example, patients were now asked if they preferred the same clinician throughout their course of treatment. After a patient fed back about experiencing some discomfort during their treatment, staff had considered how pain or discomfort could be managed better, such as using a finer needle to administer treatments, where appropriate.

Patients who completed our survey were complimentary of the information, care and treatments they received in the clinic. Comments included:

- ‘Everything was well explained and any questions I ask are always answered/explained in a way I can understand. The staff seem very knowledgeable.’
- ‘Staff are very knowledgeable and give in-depth consultations and discussions about procedures, and what treatment would give best results for my particular concerns.’

■ 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

Patients were cared for in a safe and clean environment. Medicines were managed well, and risk assessments and auditing systems helped to maintain safety in the service. The infection prevention and control policy should be reviewed, and an audit programme introduced to promote the effective management of infection prevention and control.

An electronic health, safety and risk management system was used to monitor and evaluate risks in the service. All risks, such as substances hazardous to health, flood, fire, electrical, waste management, slips, trips and falls, were included in the risk assessment. A daily check of the environment was carried out and a paper-based risk assessment was completed, with any hazards addressed. Other risks, such as fire safety, were carried out every week, supported by an annual fire safety assessment. Information from the risk assessments was added to the electronic system, highlighting levels of risk and future actions for the safe delivery of care.

Processes were in place to ensure risks associated with infection prevention and control were minimised. The infection prevention and control policy was shared with staff, and the owner had completed infection prevention and control training as part of their learning and development. The clinic environment was bright, spacious, clean and tidy. Clinical and general waste was disposed of appropriately, adequate personal protective equipment, such as disposable gloves and aprons, and hand washing facilities were available.

An accident and incident register was available to record any accidents, incidents or adverse events that occurred in the service. We were told there had been no accidents or incidents to date.
The owner was responsible for the safe management of medicines in the service. The owner maintained up-to-date knowledge and skills of evidence-based medication administration and injection techniques to help make sure treatments were administered safely. We found all medicines were stored safely. An ongoing audit of prescribed, stored and administered medicines was carried out by the owner. This helped to ensure the safe handling and prescribing of medicines. The medicines management policy was supported by additional policies such as the management of anaphylaxis (a serious allergic reaction).

**What needs to improve**

Although the clinic had suitable processes in place to promote the effective management of infection prevention and control, the service’s infection prevention and control policy was not aligned to Healthcare Improvement Scotland’s *Healthcare Associated Infection (HAI) Standards* (February 2015) and Health Protection Scotland’s *National Infection Prevention and Control Manual* (recommendation a).

No infection prevention and control audits were carried out, such as reviewing hand hygiene and the management of waste (recommendation b).

The sinks in the clinic were not compliant with Scottish Health Technical Memorandum (SHTM) 64. We were told the service’s planned new premises will be fitted with compliant sinks.

- No requirements.

**Recommendation a**

- The service should develop its infection prevention and control policy to ensure information is aligned to national infection prevention and control guidance.

**Recommendation b**

- The service should develop and implement a suitable infection prevention and control audit programme to demonstrate how any associated risks in the service are minimised. Audits should be documented and improvement action plans implemented.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient consultation processes allowed patients to be fully involved in treatment options and evaluations of their care. Patients could review the treatments they had received and were provided with aftercare advice. Patients consented to treatment and sharing information with other healthcare professionals.

A full medical history was taken from the patient at their first consultation. The patient was asked during every treatment if there were any changes to their medical history. This was then signed by the patient. We saw evidence of this on our inspection.

Patient consultations were completed by the owner using an electronic template. This provided all the necessary information about specific treatments, benefits, side effects, treatment alternatives and aftercare. Patients also completed a psychological assessment tool to help the service meet patients’ needs and expectations. Patients reviewed the consultation form with the owner and completed a consent to treatment form for every treatment. Patients were also advised that their information may need to be shared with relevant others, such as their GP, in the event of a concern. As the service treats patients 12 years and over, parental consent was obtained and parents were involved in the planning of care.

Patients’ notes were password protected and could only be accessed by clinic staff. Patient information was destroyed in line with the service’s insurance policy. Patients had access to their own treatment record and could read more about aftercare, if necessary. Written information about treatments and aftercare was also given to patients.

Side effects from treatment, such as bruising, were recorded on the patient’s record of care and patients were offered alternative injection methods where possible.

Patients said they felt their treatments were fully explained and staff delivering care were knowledgeable and respectful. Patients said:

- ‘The experience at Re-Nu is always of the highest standard, [...] is highly knowledgeable, skilled and precise with her work. I always feel very safe in her care, nothing is too much trouble and all treatments are carefully explained.’
What needs to improve
We were told patient care records were audited routinely to check for any missing information such as next of kin, GP details and consent. However, the audit was not carried out using a dedicated and specific audit tool (recommendation c).

■ No requirements.

Recommendation c
■ The service should develop a more robust and consistent programme of regular audits to cover key aspects of care and treatment. Audits should be documented to ensure findings can be recorded appropriately and improvement action plans implemented.

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
Suitable recruitment and induction processes were in place. An electronic training resource was used to facilitate staff learning and development. Staff felt the training they received was appropriate for their needs.

At the time of the inspection, only reception staff were employed by the service. All clinical care was delivered by the owner. We saw the staff files for the reception staff were in good order and contained evidence of supporting information such as Protecting Vulnerable Groups (PVG) checks, references and induction.

Reception staff routinely met with the owner to discuss their learning and development needs. Staff were also given time to access an electronic training resource which provided opportunities for learning and development. Staff felt the training they received was appropriate for their needs. At the time of our inspection, staff were not yet due an annual appraisal. However, the owner told us appraisals would be carried out as required.
What needs to improve
The service could consider offering ‘champion’ roles for reception staff to provide them with opportunities to enhance their role, such as health and safety and infection prevention and control.

- 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**

Staff were committed to improving the service and worked well as a team to make sure patients’ needs were met. The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through attending conferences and training events, and continuing to take up further learning and development opportunities.

The owner demonstrated a strong commitment to leadership, learning and service improvement. They attended conferences and training events worldwide. Learning was shared with staff to help improve practice and manage any potential and actual risks. We were told the owner was planning to commence studying for an MSc in Aesthetics in September 2020, and had published two articles about facial aesthetics in the Journal of Aesthetic Nursing. Patients said:

- ‘... is very knowledgeable and is always updating her practice and bringing new treatments for her clients.’

Staff helped to evaluate patient feedback as part of their role in developing the service. Where appropriate, they planned new ways of working to help improve the service. For example, reception staff had been involved in developing ways in which payments were taken from patients. They were also asked for their views about how to change their shift patterns and break times to meet the needs of the service.

The service had invested in an electronic audit and impact evaluation tool which enabled staff to evaluate trends in patient satisfaction, sales and treatments provided, client retention and challenges associated with the industry. The service’s quality improvement plan, which was part of the audit tool, outlined key areas for development.
These were to:

- improve quality assurance processes
- develop the leadership in the clinic, and
- assess and support the management of analgesia (pain relief) for specific treatments which may cause discomfort.

A staff meeting was held each month where staff could share their views about strengths and areas for improvement in the service. Information gathered from patient feedback was discussed at these meetings. We saw that an action plan was developed to ensure areas for improvement were addressed. Although minutes of these meetings were not recorded, we saw examples of summary discussions from these meetings were recorded in the service’s quality improvement plan.

Due to the growing demand for treatments, a manager had been appointed, although had not yet commenced their role. This was to help ensure the quality assurance aspects of the service were managed effectively.

**What needs to improve**

Although there was evidence that some information from staff meetings, such as feedback from patients and new treatments was recorded, this was not as formal minutes. Minutes should include any actions to be taken forward and monitored, as well as identifying those responsible for these actions. This will ensure better reliability and accountability (recommendation d).

The quality assurance processes used in the service, such as the electronic audit and impact evaluation tool, should be developed and utilised further to help manage risk and safety in the service.

- No requirements.

**Recommendation d**

- The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions. Minutes should be shared with all staff.
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 5 – Delivery of safe, effective, compassionate and person-centred care

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<th>Requirements</th>
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<tr>
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<table>
<thead>
<tr>
<th>Recommendations</th>
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</table>
| a The service should develop its infection prevention and control policy to ensure information is aligned to national infection prevention and control guidance (see page 10).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| b The service should develop and implement a suitable infection prevention and control audit programme to demonstrate how any associated risks in the service are minimised. Audits should be documented and improvement action plans implemented (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 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td>c The service should develop a more robust and consistent programme of regular audits to cover key aspects of care and treatment. Audits should be documented to ensure findings can be recorded appropriately and improvement action plans implemented (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

### Domain 9 – Quality improvement-focused leadership

<table>
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<td>d The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions. Minutes should be shared with all staff (see page 15).</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