Announced Inspection Report: Independent Healthcare

**Service:** Surface Beauty Aesthetics, Edinburgh

**Service Provider:** Surface Beauty Aesthetics (Partnership)

5 December 2018
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 Surface Beauty Aesthetics on Wednesday 5 December 2018. We spoke with both business partners and a number of patients provided feedback to us directly. 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 Surface Beauty 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>
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<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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</tbody>
</table>
Domain 9 – Quality improvement-focused leadership

9.4 - Leadership of improvement and change

| Patient feedback is very positive. Staff participate in continuous learning. A quality improvement plan should be developed, including undertaking audits, to measure care provided 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>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>Comprehensive assessments are completed with patients before treatment and follow-up appointments are offered. Patient care records were fully completed and legible. The process for recording consent should be updated to ensure all consent in written and includes sharing information on an emergency.</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

What action we expect Surface Beauty Aesthetics (Partnership) to take after our inspection

This inspection resulted in one requirement and five recommendations. The requirement is 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 the requirement 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

Surface Beauty Aesthetics (Partnership), the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Surface Beauty 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 actively sought patient feedback to benchmark its customer service level against other providers. All patient feedback was very positive. The service’s complaints procedure must direct patients to Healthcare Improvement Scotland, as the regulatory body.

Patients could access information about treatments, costs and patient testimonials on the service’s website and social media pages.

The service asked for patient experience feedback to monitor performance and identify areas for improvement. The service used an independent company to collect feedback from clients and compare its customer satisfaction rates with other locally-based clinics. The consistently high rates had meant the service won a ‘Patient Service Award’ from What Clinic for customer satisfaction for the last 8 years in a row. Patient feedback was displayed in the clinic and available online for prospective patients to view.

Patients we spoke with told us that the staff were: ‘extremely knowledgeable about the products and services on offer’ and that care was personalised to their needs. We were told that the service: ‘gives honest opinions of what treatments are best for you’ and staff: ‘never push you to buy anything that’s not necessary.’

The service had appropriate systems for security and the destruction of patient records. We saw an up-to-date privacy statement in line with new data protection regulations.
What needs to improve
While the service had not had any complaints, we saw that its complaints policy did not contain information about how patients could complain to Healthcare Improvement Scotland (requirement 1).

The service had good systems in place for collecting patient feedback. However, a policy would help improve the collection of feedback as part of the service’s quality improvement process (recommendation a).

Requirement 1 – Timescale: immediate
- The provider must update the patient information to make it clear to the complainant that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.

Recommendation a
- We recommend that the service should develop a participation policy to document its approach to gathering and using 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

Appropriate governance systems are in place to ensure care is delivered safely. The service is well equipped to deal with emergencies or aesthetics complications. Additional policies require to be delivered in the area of safeguarding and duty of candour.

Appropriate governance systems were in place to help make sure the environment is safe. The discreet service is located with a serviced business centre in the city. We saw evidence of appropriate fire, electrical and gas safety checks for the premises.

The clinic was clean and well maintained. Appropriate infection control processes were in place along with a contract for removing clinical waste. Clients told us that they the service was: ‘immaculately clean and always welcoming and friendly.’

A system was in place to make sure that medicine was safely prescribed, ordered, stored and administered in line with the medication policy. The service had up-to-date training and medication to deal with emergencies or aesthetic complications.

While the service had not had any accidents or incidents, a process was in place to record and respond to them.

What needs to improve

The service did not have policies in place to identify the responsibility of staff in protecting vulnerable patients (recommendation b).

The service did not have a duty of candour policy in place (recommendation c).
No requirements.

**Recommendation b**
- We recommend that the service should develop a safeguarding policy to ensure a clear protocol is in place to respond to adult or child protection concerns.

**Recommendation c**
- We recommend that the service should develop a duty of candour policy.

### Our findings

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

Comprehensive assessments are completed with patients before treatment and follow-up appointments are offered. Patient care records were fully completed and legible. The process for recording consent should be updated to ensure all consent in written and includes sharing information on an emergency.

A reminder email or text with details of the clinic location and signing-in procedures was sent to patients before their appointment. A comprehensive patient assessment completed before treatment included a detailed medical history and discussion about patient expectations. Risks and side-effects were discussed and patients were given a follow-up appointment for any new treatment suggested on the day. The follow-up appointment helped make sure patients had enough time to consider the proposed treatment plan.

Patient expectations were discussed in detail to help make sure the appropriate treatments were offered. Clients told us that the service did not: ‘provide any aesthetic treatment unnecessarily.’ The service reported that it referred patients to other providers for more complex treatments.

The four patient care records we reviewed were fully completed, including evidence of patient consent and completed facial treatment planners.

Clients were given detailed written and verbal aftercare and were offered a review appointment.
Clients reported that the service: ‘offers good sound after care advice and have always assured me that they are available at any time should I have any concerns after treatment. I have not had the need to contact them afterwards as the standard of treatment and care has been to the highest standard.’

**What needs to improve**

Patient care records noted verbal consent for taking pre- or post-treatment photos. However, written consent should be sought along with consent for sharing patient information in an emergency or with a GP (recommendation d).

- No requirements.

**Recommendation d**

- We recommend that the service should update its consent processes.
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**

Patient feedback is very positive. Staff participate in continuous learning. A quality improvement plan should be developed, including undertaking audits, to measure care provided and demonstrate a culture of continuous improvement.

Monthly meetings discussed the service and patient feedback. A communications book was used to hand over relevant informal patient information between the two practitioners.

The service kept up to date with changes in legislation or best practice through subscriptions to aesthetics journals and monthly meeting with medical company reps. Both practitioners were members of the British Associate of Cosmetic Nurses and attended regular aesthetic master classes and training to maintain professional development.

**What needs to improve**

The service did not have a process in place for identifying risk or monitoring practice in line with best practice, such as carrying out audits. This would enable the service to seek out good practice and generate areas for improvement. A quality improvement plan would help to structure and record the service’s improvement processes and outcomes. This would allow the service to demonstrate a continuous improvement cycle and measure the impact of any changes implemented (recommendation e).

- No requirements.
**Recommendation e**

- We recommend that the service should develop a quality improvement plan, including service audits.
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>Requirement</th>
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<tr>
<td><strong>1</strong> The provider must update the patient information to make it clear to the complainant that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process (see page 8).</td>
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</table>

**Timescale** – immediate

*Regulation 15(6)(a)*

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

<table>
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<tr>
<td><strong>a</strong> We recommend that the service should develop a participation policy to document its approach to gathering and using patient feedback (see page 8).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 4.19
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

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<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20</td>
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<tr>
<td><strong>c</strong></td>
<td>We recommend that the service should develop a duty of candour policy (see page 10).</td>
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<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</td>
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<td><strong>d</strong></td>
<td>We recommend that the service should update its consent processes (see page 11).</td>
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<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</td>
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### Domain 9 – Quality improvement-focused leadership

<table>
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<tr>
<td><strong>e</strong></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](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](mailto:comments.his@nhs.net)