Announced Inspection Report: Independent Healthcare

**Service:** Dermal Clinic

**Service Provider:** Dermal Clinic Ltd, Edinburgh

28 September 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 Dermal Clinic on 28 September 2018. We spoke with a number of staff during the inspection, we received feedback through email from three patients before the inspection and 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 Dermal Clinic, 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>
### Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | Leadership is visible and open to new ideas. Staff are encouraged to identify areas for improvement. While the service told us it used a plan-do-act improvement model, improvement actions should be documented. | ✔️ Good |

The following additional quality indicators were 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><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Qualified staff carried out assessments on patients. Patient care records were correctly completed and patient aftercare appointments gave appropriate information.</td>
</tr>
<tr>
<td><strong>Domain 7 – Workforce management and support</strong></td>
<td></td>
</tr>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>The service had recruitment, induction and training processes in place and staff had regular one-to-ones and annual appraisals. All staff we spoke with felt they had enough training to carry out their role effectively.</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 Dermal Clinic Ltd 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)

Dermal Clinic Ltd, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at Dermal 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

The service provided good quality care. Treatments were fully explained and discussed in consultation with the patient, giving time for questions to consider treatment options.

A welcome letter explained to patients how the service would gather feedback and how to access its complaints policy. Information about how to make a complaint was displayed in reception.

The service had a participation policy in place. It used a variety of methods to gather feedback, including a ‘get in touch form’ on its website and a yearly patient survey. Management staff told us they planned to improve provision of supplements for a weight-loss programme, following feedback from a happiness survey emailed to patients after each treatment.

Patients we spoke with were positive about their experiences and safety in the service. They told us:

- ‘As a client I feel confident that I am in good hands.’
- ‘The team are incredibly knowledgeable and professional.’
- ‘I find the staff professional and Jackie always carries out my treatments with my wishes in mind.’
What needs to improve
While it used different methods to gather feedback, the service’s service user involvement policy did not set these out (recommendation a).

■ No requirements.

Recommendation a
■ We recommend that the service’s participation policy should 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

Staff were aware of their roles and responsibilities, and systems and processes were in place to maintain safety. Patients were cared for in a clean and safe environment.

We saw that all areas of the clinic were clean and well maintained. The service’s infection prevention and control policies and procedures were in line with Health Protection Scotland’s national infection prevention and control manual. We saw evidence that staff had received appropriate infection prevention and control training and suitable hand-washing facilities were available in the service. Patients we spoke with rated the cleanliness of the service as very good or excellent. The service’s medication policy covered all aspects of safe and secure medicine handling, including safe procurement, storage, prescribing and administering of medicines.

Staff were trained to deal with medical emergencies, and the service had appropriate emergency equipment in place.

The service’s health and safety policy detailed the staff roles and responsibilities in health, safety and risk management. Servicing and maintenance contracts were in place for all clinical and non-clinical equipment, electrical, fire and gas safety and we saw evidence of regular servicing. Actions had been taken to address issues. An electronic log recorded all incidents and accidents in the service.

All patients we asked told us they thought the design, layout and facilities were suitable for their needs and easily accessible.
The required local rules and precautions were in place for the safe use of laser and intense pulsed-light equipment.

**What needs to improve**
While the service manager explained and showed how they carried out spot-checks on the medication process, this was not documented. An audit plan would help the service structure its audit process, record findings and improvements made (recommendation b).

- No requirements.

**Recommendation b**
- We recommend that the service should develop an audit plan.

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### Our findings

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

**Qualified staff carried out assessments on patients. Patient care records were correctly completed and patient aftercare appointments gave appropriate information.**

Patients attended a comprehensive consultation which included an explanation of the risks and benefits of the treatment. The consultation and patient care notes were recorded electronically, including consent to share information and take photographs. Appropriate procedures were in place to make sure that information was held securely and to prevent unauthorised access. Patient care records could be accessed remotely.

A chaperone could attend appointments with the patient and the service displayed a chaperone statement in the reception area.

Patients were invited to attend an aftercare appointment and a new consent form had to be completed for each new treatment. Written aftercare instructions were given after each treatment and included emergency contact details. All five patient care records we looked at were correctly completed.

Patients we spoke with confirmed that staff always discussed their care or treatment with them before starting any procedure and gave them the opportunity to ask questions. One patient told us the service took time to discuss and explain everything. They also stated they had complete trust in the service.
What needs to improve
While management staff told us that spot checks were carried out to make sure all documentation was completed, this was not recorded.

- No requirements.

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 recruitment, induction and training processes in place and staff had regular one-to-ones and annual appraisals. All staff we spoke with felt they had enough training to carry out their role effectively.

We saw that the service had followed its recruitment and retention policy from the four staff files we reviewed which included a consultant with practicing privileges. All staff files had appropriate documentation in place and all necessary checks had been carried out.

Protecting Vulnerable Groups (PVG) checks help make sure that people who are barred from working with certain vulnerable groups are not able to do so. We saw that PVG checks had been carried out on everyone who worked in the service.

Staff we spoke with agreed they had received adequate induction and mandatory training. The service’s electronic system had recorded evidence of completed staff training and performance appraisals.

What needs to improve
Not all staff files were kept in the same place on the electronic system. Some files were stored separately and others, including recruitment correspondence and interview notes, were not available (recommendation c).

A recently-introduced new application form needed further additions, such as a health declaration, and we discussed updating the service’s induction package to include role-specific competencies for staff. We will follow this up at future inspections.
No requirements.

**Recommendation c**

- We recommend that the service should retain full records of all staff appointed.
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

Leadership is visible and open to new ideas. Staff are encouraged to identify areas for improvement. While the service told us it used a plan-do-act improvement model, improvement actions should be documented.

The service’s ‘mission’ and ‘core values’ were visible in the reception area and also discussed and reinforced at staff meetings. The service is small, but staff we spoke with said the leadership was supportive, visible, and approachable and open to new ideas. Staff were encouraged to bring up ideas to improve the existing methods and patient experience at:

- appraisals
- daily discussions
- morning meetings, and
- one-to-one meetings.

Management staff were involved with large organisations and had subscription to industry and national organisations, such as British Association of Cosmetic Nurses. The nurse director was regularly involved in providing seminars and teaching courses, some of which were international. This helped them keep up to date with policy changes and trends and they shared this information with staff. Improvements to service delivery were identified and put into action using a plan-do model incorporating reflective practice.

The service regularly enters and wins industry awards which are well publicised to reassure existing and prospective patients. This also helped staff feel positive about their work. The service had used a strengths, weaknesses, opportunities
and threats (SWOT) analysis to help evaluate the clinic and develop its business plan. This helped to identify areas of improvement for the following year.

**What needs to improve**

While the service told us it used a plan-do improvement model, the actions taken to improve the service were not always recorded. 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 d).

We saw evidence of two staff meetings in 2018 and ‘quality improvement’ had been added to the agenda for the most recent one. The manager said this would be a standing item on all staff meetings in the future. We will follow this up at a future inspection.

Other than in developing the yearly business plan, we saw no evidence of management meetings. While the two directors were in close contact and talked about the business, it would be good practice to record some of these meetings.

- No requirements.

**Recommendation d**

- We recommend that 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>
<tr>
<td>a</td>
<td>We recommend that the service’s participation policy should document its approach to gathering and using patient feedback (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 4.19

### 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>Recommendation</strong></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>We recommend that the service should develop an audit plan (see page 10).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 4.19
### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Requirements</th>
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<tbody>
<tr>
<td>None</td>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td><strong>c</strong> We recommend that the service should retain full records of all staff appointed (see page 12).</td>
</tr>
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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 4.24

### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
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<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>d</strong> We recommend that the service should develop a quality improvement plan (see page 14).</td>
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</tbody>
</table>

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about 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, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.

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