Announced Inspection Report: Independent Healthcare

Service: Elements Aesthetics, Inverness
Service Provider: Lynne Mackay

20 January 2020
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 Elements Aesthetics on Monday 20 January 2020. We received feedback from five patients through an online survey we had asked the service to issue for us before the inspection. 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 Elements Aesthetics, the following grades have been applied to three key quality indicators.

### Key quality indicators inspected

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tr>
<td><strong>5.1 - Safe delivery of care</strong></td>
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</table>
used in line with manufacturers’ guidance.

**Domain 9 – Quality improvement-focused leadership**

| 9.4 - Leadership of improvement and change | The service kept up to date with legislation and best practice through attending conferences, training events and journal subscriptions. A quality improvement plan should be developed to show how the service will measure the impact of service change and demonstrate a culture of continuous improvement. | ✓ Satisfactory |

The following additional quality indicator was 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>Patients felt fully in control of their care. Patients received an assessment before treatment. However, patient care records must contain more information about each episode of care. Consent should be recorded for sharing information with other healthcare professionals where appropriate.</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 Lynne MacKay to take after our inspection**

This inspection resulted in one requirement and 11 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 the 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

Lynne Mackay, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Elements 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

Patients felt involved in planning their care. A participation policy should be developed to help gather and use patient feedback to improve how the service is delivered. A duty of candour policy should also be developed.

All consultations were by appointment only and the service’s environment helped maintain patients’ privacy and dignity.

An initial consultation with the service’s nurse prescriber included a discussion about the patient’s desired outcomes, their medical history, the benefits and risks of treatment, information about aftercare and treatment costs. This allowed patients to make an informed decision about their care and treatment. All patients who responded to our survey told us they had been treated with dignity and respect. Comments included:

- ‘The professionalism shown by [...] and her team was second to none and made me feel extremely comfortable.’
- ‘They make sure you are comfortable.’

All patients who responded to our survey said they felt involved in decisions about their care, and the risks and benefits of treatment were explained to them. Comments included:

- ‘All information was clear and easily understood.’
- ‘Everything was well explained and made me feel at ease.’
While the service had not received any complaints since its registration in December 2017, a complaints policy was in place with clear timescales for investigating and responding to complaints.

**What needs to improve**

While the service sought verbal feedback from patients at the end of their treatment, there was no structured way of gathering and analysing patient feedback or demonstrating service improvements made as a result. A patient participation policy would help the service set out the different methods of gathering feedback, how results will be analysed and improvements made as a result of feedback. The service should also consider different ways of gathering patient feedback, such as providing patients with a patient satisfaction feedback questionnaire following treatment or issuing an annual survey (recommendation a).

The service did not have a duty of candour policy. Duty of candour is where healthcare organisations have a professional responsibility to be open and honest with patients when things go wrong (recommendation b).

Information about how to make a complaint about the service should be made available to all patients (recommendation c).

- No requirements.

**Recommendation a**

- The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback to demonstrate how feedback is used to improve the quality of the service.

**Recommendation b**

- The service should develop and implement a duty of candour policy.

**Recommendation c**

- The service should ensure information about how to make a complaint is easily accessible to patients.
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. A more structured audit programme would help direct ongoing review of the service, and show how improvements are being identified and implemented. Pre-employment safety checks must be completed for all staff working in the service. Medicines should be used in line with manufacturers’ guidance.

Patients were cared for in a clean and safe environment. All equipment used for procedures was single use to prevent the risk of cross-infection. An infection prevention and control policy was in place, and the practitioner had a good awareness of infection prevention and control practices.

All patients who responded to our survey told us they were extremely satisfied with the environment and the standard of cleanliness. Some comments included:

- ‘Area was very clean and tidy.’
- ‘Spotless.’

Arrangements were in place to deal with medical emergencies. This included training for staff, first aid supplies and medicines available that could be used in an emergency, such as adrenaline.

The landlord was responsible for the servicing and maintenance of the building. This included fixed electrical safety and fire safety. The service had adequate arrangements to make sure portable electrical appliances and equipment remained safe for use. While the service had not had any incidents or accidents since registration, a log book was kept to record these.
The clinic engaged the services of a nurse prescriber through a practicing privileges arrangement (staff not employed by the provider but given permission to work in the service).

**What needs to improve**

We saw no evidence that appropriate checks such as qualifications, references, Protecting Vulnerable Groups (PVG) and the status of professional registration of the nurse prescriber had been carried out (requirement 1).

There was no procedure for reviewing the prescriber’s compliance with all aspects of the practicing privileges arrangement and for regularly renewing the agreement. For example, there was no review of the prescriber’s continuing professional development requirements, annual appraisal and revalidation (recommendation d).

All medicines were stored securely in a locked cupboard or a drug refrigerator as appropriate. However, we saw a large vial of prepared botulinum toxin stored in the drug refrigerator that was 4 days old. We were told it had been used for treatments on two different patients. This is not in line with the manufacturer’s guidance. We were also told prepared botulinum toxin was retained for up to 2 weeks for use at a patient’s follow-up treatment appointment. Medicines should only be used for individual patients and should not be stored for more than 24 hours once prepared (recommendation e).

We found no evidence of audits taking place to review the safe delivery and quality of the service. An audit programme would help the service demonstrate how improvements are being identified and implemented. For example, audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment (recommendation f).

Although policies and procedures were in place to help deliver care safely, we saw no evidence of a system to review these on a regular basis or when changes in legislation occurred (recommendation g).

The service was unable to describe suitable arrangements that were in place if they became unwell, were on annual leave or if the business ceased trading. We discussed the benefits of developing a formalised contingency plan (recommendation h).

**Requirement 1 – Timescale: immediate**

- The provider must develop and implement a practicing privileges policy for staff working in the service. This should set out the appropriate pre-employment safety checks in place.
Recommendation d
■ The service should develop and implement a procedure for reviewing the nurse prescriber’s compliance with all aspects of the practicing privileges policy and for renewing the agreement.

Recommendation e
■ The service should ensure that medicines are used in line with manufacturers’ guidance.

Recommendation f
■ The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Recommendation g
■ The service should introduce a system to regularly review and update its policies and procedures.

Recommendation h
■ The service should develop a contingency plan that sets out the arrangements for patient aftercare and follow up during times of annual leave, illness or if the service ceased trading.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients felt fully in control of their care. Patients received an assessment before treatment. However, patient care records must contain more information about each episode of care. Consent should be recorded for sharing information with other healthcare professionals where appropriate.

We reviewed how patients' needs were assessed and how treatment was planned and delivered in line with patients' individual treatment plans. The four patient care records we reviewed showed that assessments and consultations had been carried out by the nurse prescriber before treatment.

Patient care records detailed each treatment session, including a diagram of the treated area, the dosage of medicine used and the medicine batch numbers. All patient care records we reviewed were up to date and were kept in a secure and confidential manner.
What needs to improve
In certain circumstances, a service may need to inform other healthcare professionals about something relevant to a patient’s treatment, such as an adverse reaction to a medicine or a complication. To do this, the service needs the patient’s consent. The service’s consent form did not allow for the recording of patient consent to share their medical information with other healthcare professionals (recommendation i).

It was not easy to follow the patient’s journey through their patient care records. For example, information about top-up treatments administered at the review appointment was documented on the patient’s original treatment plan, rather than on a new treatment plan. It was not always clear if the patient’s medical history had been reviewed, or if they had consented to each new treatment episode (recommendation j).

During some consultations, patients had recorded information about their medical history, such as health conditions or medication. However, discussions about this between the practitioner and the patient were not always clearly documented in the patient care record. Patient care records had very little space to fully document discussions that had taken place with the patient during each appointment. The service could introduce additional sections to the patient care record to allow more detailed recording of information.

- No requirements.

Recommendation i
- The service should record patient consent to share information with other healthcare professionals in patient care records.

Recommendation j
- The service should document each treatment episode separately in the patient care record, including a consultation, review of medical history, treatment plan, a record of any discussions that take place and the patient’s consent to treatment.
**Vision and leadership**

This section is where we report on how well the service is led.

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**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.

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**Our findings**

**Quality indicator 9.4 - Leadership of improvement and change**

The service kept up to date with legislation and best practice through attending conferences, training events and journal subscriptions. A quality improvement plan should be developed to show how the service will measure the impact of service change and demonstrate a culture of continuous improvement.

The service was owned and managed by a dental health professional registered with the General Dental Council. They kept up to date with best practice in aesthetics through their membership of aesthetic groups, such as the Aesthetics Complications Expert (ACE) Group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions. They were also a member of the consumer redress scheme and subscribed to relevant professional journals. They also kept up to date with legislation and best practice through their continued professional development, reflective learning and attending aesthetics industry training events.

**What needs to improve**

The service had no quality assurance processes in place for reviewing the quality of the care and treatment provided, such as an audit programme, patient feedback and incidents. A quality improvement plan would help the service structure its improvement activities, record its outcomes, measure the impact of change and demonstrate a culture of continuous improvement (recommendation k).

- No requirements.

**Recommendation k**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.
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>Recommendations</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback to demonstrate how feedback is used to improve the quality of the service (see page 8).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
</tr>
<tr>
<td>b</td>
<td>The service should develop and implement a duty of candour policy (see page 8).</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td>c</td>
<td>The service should ensure information about how to make a complaint is easily accessible to patients (see page 8).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</td>
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</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirement

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>The provider must develop and implement a practicing privileges policy for staff working in the service. This should set out the appropriate pre-employment safety checks in place (see page 10).&lt;br&gt;&lt;br&gt;Timescale – immediate&lt;br&gt;&lt;br&gt;<em>Regulation 8(1)</em>&lt;br&gt;<em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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#### Recommendations

<table>
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<tr>
<td><strong>d</strong></td>
<td>The service should develop and implement a procedure for reviewing the nurse prescriber’s compliance with all aspects of the practicing privileges policy and for renewing the agreement (see page 11).&lt;br&gt;&lt;br&gt;Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</td>
</tr>
<tr>
<td><strong>e</strong></td>
<td>The service should ensure that medicines are used in line with manufacturers’ guidance (see page 11).&lt;br&gt;&lt;br&gt;Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
</tr>
<tr>
<td><strong>f</strong></td>
<td>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 11).&lt;br&gt;&lt;br&gt;Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
<tr>
<td><strong>g</strong></td>
<td>The service should introduce a system to regularly review and update its policies and procedures (see page 11).&lt;br&gt;&lt;br&gt;Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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</table>
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

<table>
<thead>
<tr>
<th>h</th>
<th>The service should develop a contingency plan that sets out the arrangements for patient aftercare and follow up during times of annual leave, illness or if the service ceased trading (see page 11).</th>
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<tr>
<td>i</td>
<td>The service should record patient consent to share information with other healthcare professionals in patient care records (see page 12).</td>
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<tr>
<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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<td>The service should document each treatment episode separately in the patient care record, including a consultation, review of medical history, treatment plan, a record of any discussions that take place and the patient’s consent to treatment (see page 12).</td>
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## Domain 9 – Quality improvement-focused leadership

### Requirements

None

### Recommendation

<table>
<thead>
<tr>
<th>k</th>
<th>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 13).</th>
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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: hcis.ihcregulation@nhs.net