Announced Inspection Report: Independent Healthcare

Service: Skin Aesthetics Glasgow, Glasgow
Service Provider: Skin Aesthetics Glasgow

9 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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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 Skin Aesthetics Glasgow on Monday 9 September 2019. We spoke with the owner, who is also the service manager. We also received feedback from 14 patients who responded to our online survey. 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 Skin Aesthetics Glasgow, 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>Domain 2 – Impact on people experiencing care, carers and families</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>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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</tbody>
</table>
The following additional quality indicator was 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>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
<td></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>The service manager and the prescriber carried out joint comprehensive consultations and assessments before treatment.</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 Skin Aesthetics Glasgow to take after our inspection

This inspection resulted in two requirements and four recommendations. The 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)
Skin Aesthetics Glasgow, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Skin Aesthetics Glasgow 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 who responded to our feedback survey were positive about their experience in the service. Information about risks and benefits were discussed and documented. The service was developing further methods of feedback from patients to complete when they visit the clinic.

All 14 patients who completed our survey told us that the service manager took time to make sure they were given appropriate verbal and written information. All patients told us:

• they were extremely satisfied with the involvement they had in decisions about their care
• risks and benefits were explained before treatment, and
• they were extremely satisfied about the cleanliness of the clinic.

Other comments about the service included:

• ‘I had an in depth consultation before treatment.’
• ‘Face to face and written communication was all excellent.’

Patient feedback we saw through social media was all positive. The service manager told us that recent verbal feedback from patients had led to changes to appointment timings to maintain patient confidentiality. The service manager developed new forms to give to patients after treatment to encourage further feedback about the service.
The service manager told us when patients contacted the service for treatment they were offered a face-to-face consultation where risks and benefits would be discussed and documented. Patients would then be given a cooling-off period before treatment started. The treatment room was adequately screened to maintain privacy and dignity.

What needs to improve
We saw patients were given an information leaflet about the service. However, information about how to make a complaint, or how to contact Healthcare Improvement Scotland, was not included (requirement 1).

The service had a participation policy in place. However, the policy did not describe how it would gather feedback to develop and improve (recommendation a).

Requirement 1 – Timescale: immediate
■ The provider must update patient information to make it clear to complainants that they can contact Healthcare Improvement Scotland at any stage of the complaint.

Recommendation a
■ The service should further develop its participation policy to document its approach to gathering and using patient feedback to make improvements.
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

The clinic was based in a treatment room in a beauty salon. The environment was clean and had a structured cleaning programme in place.

We saw the clinic room was clean, well maintained and cleaning schedules were in place. The clinic was cleaned daily and the salon weekly. Floors and walls in clinic and reception area were washable.

Single-use equipment was used for clinical procedures and we saw clinical waste bins used equipment. A contract for the disposal of clinical waste, including medical sharps, was also in place. Patients who completed our survey were extremely satisfied with the service’s cleanliness. Some comments were:

- ‘Spotlessly clean – immaculate and tidy.’
- ‘The place was spotless, everything was done to a high standard.’

The service had a safe system for prescribing, storing and administering medication. The service’s prescriber worked with practising privileges arrangements (staff not employed directly by the provider but given permission to work in the service). Prescribed medication was collected from the pharmacy on the day it was to be used.

We saw audits were carried out on medicine management and record-keeping. While we did not see any action plans, the service manager told us results would be used to make improvements to the service.

We saw a policy and a process in place to record and manage incidents and accidents. No incidents or accidents had happened in the service.
**What needs to improve**

We saw no evidence of qualifications, references, Protecting Vulnerable Groups (PVG) or the status of professional registration of the prescriber had been carried out (requirement 2).

We did not see any evidence of the prescribers continuing professional development requirements or annual appraisal (recommendation b).

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

**Requirement 2 – Timescale: immediate**

- The provider must ensure that all staff working in a registered healthcare service have the appropriate employment checks in place.

**Recommendation b**

- The service should develop and implement a procedure to review the prescriber’s ongoing development and for reviewing the practicing privileges agreement.

**Recommendation c**

- The service should develop and implement a duty of candour policy setting out the actions to be followed in response to any unintended or unexpected patient harm.

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**Our findings**

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

The service manager and the prescriber carried out joint comprehensive consultations and assessments before treatment.

We saw patient care records included completed assessments, medical history, and consent for treatment. Details of the treatment would be discussed and recorded. All six records we reviewed had details of:

- batch numbers and expiry dates
- medicines used, and
- consent to share information with other relevant staff in event of an emergency.
The service manager messaged every patient the day after treatment. An aftercare advice information leaflet was provided that included the service manager’s contact details for advice. Contact could be made at any time.

We saw records were kept in a locked filing cabinet in the clinic and only the service manager had access. The service manager audited five records every month to be assured that details are completed.

**What needs to improve**

The service manager used different types of assessment forms depending on the treatment given. One of the assessment forms we reviewed did not have a place for consent signature or practitioner signature. However, the service manager told us this form will be amended to ensure the signatures are collected.

- No requirements.
- No recommendations.
Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service manager maintained best practice through training and attending events in the aesthetics industry. A quality improvement plan should be developed to measure the impact of service change.

The owner, who also managed the service, was a nurse registered with the Nursing and Midwifery Council (NMC). The owner continued their professional development to maintain their registration.

The service manager was a member of the British Association of Cosmetic Nurses (BACN) and the Aesthetics Complication Expert (ACE) group. This group of practitioners gives expert guidance on the diagnosis and management of complications in aesthetic medicine. The service manager also kept up to date through subscription to journals and attending regular conferences and training days provided by pharmaceutical companies.

We saw that policies were updated every year to keep them in line with legislation.

What needs to improve

The service manager developed a feedback questionnaire for patients to identify areas for improvement. However, the service did not have a quality improvement plan in place to structure the feedback and show a culture of continuous improvement (recommendation d).

- No requirements.

Recommendation d

- The service should develop and implement a quality improvement plan to formalise and direct continuous 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.

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
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<tbody>
<tr>
<td><strong>Requirement</strong></td>
</tr>
<tr>
<td>1 The provider must update patient information to make it clear to complainants that they can contact Healthcare Improvement Scotland at any stage of the complaint (see page 8).</td>
</tr>
<tr>
<td>Timescale – immediate</td>
</tr>
<tr>
<td><em>Regulation 15(6)(b)</em></td>
</tr>
<tr>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td>a The service should further develop its participation policy to document its approach to gathering and using patient feedback to make improvements (see page 8).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 4.8</td>
</tr>
</tbody>
</table>
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirement

**2** The provider must ensure that all staff working in a registered healthcare service have the appropriate employment checks in place (see page 10).

**Timescale – immediate**

*Regulation 8*

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

### Recommendations

**b** The service should develop and implement a procedure to review the prescriber’s ongoing development and for reviewing the practicing privileges agreement (see page 10).


**c** The service should develop and implement a duty of candour policy setting out the actions to be followed in response to any unintended or unexpected patient harm (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Standard 3.20.

## Domain 9 – Quality improvement-focused leadership

### Requirements

None

### Recommendation

**d** The service should develop and implement a quality improvement plan to formalise and direct continuous improvement (see page 12).

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