Announced Inspection Report: Independent Healthcare

Service: Coul Aesthetics, Glenrothes
Service Provider: Coul Aesthetics

11 February 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 contactpublicinvolvelement.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 Coul Aesthetics on Monday 11 February 2019. We spoke with one member of staff during the inspection. This was our first inspection to this service. Before the inspection, we asked the service to issue an electronic feedback questionnaire with results returned directly to Healthcare Improvement Scotland. We received comments back from 12 patients.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Coul Aesthetics, 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>
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</tbody>
</table>
### Key quality indicators inspected (continued)

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The manager maintained current best practice through training and self-directed learning. A quality improvement plan should be developed.</td>
<td>✓ Satisfactory</td>
</tr>
</tbody>
</table>

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>Comprehensive assessments were carried out for all patients 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 Coul Aesthetics to take after our inspection

This inspection resulted in one recommendation (see Appendix 1).

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)

We would like to thank all staff at Coul 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

Systems were in place for gathering patient feedback. We saw the service was responsive to the feedback received.

The service used a variety of methods to gather patient feedback in line with its participation policy. This policy helped improve the collection of patient feedback as part of the service’s quality improvement process. This included giving patients a post-treatment questionnaire and listening to patient feedback. Patients could also comment through social media. We saw evidence of a high return rate for questionnaires and that patient feedback was regularly recorded and reviewed.

The feedback that the service had received was very positive and complimentary. The manager told us the service’s quality improvement plan focused on maintaining this high level of satisfaction. The manager reported that the service would concentrate on providing a limited set of treatments very well. The service planned to continue to use the most up-to-date aesthetic procedures and monitor patient feedback.

The service’s complaints policy detailed how to complain to Healthcare Improvement Scotland. Our contact details were also on the service’s leaflets. A complaints log was kept which the service regularly reviewed. We saw that complaints were dealt with in line with the service’s policy.

The service provided potential patients with information about their treatment and had different aftercare plans for different treatments. The leaflets highlighted the risks and possible side effects of the treatment, along with out-of-hours contact details for the service and Healthcare Improvement Scotland.
Patient comments from our online survey also highlighted that aftercare advice was given by the manager at each treatment.

Feedback from our online survey showed a very high level of satisfaction with the care and treatment that was delivered. Comments also showed that each treatment was well explained. Some comments we received included:

- ‘I have been going to the service now for a year and I am more than happy with the service she provides. She has always given me great advice and not let me go over the top with [anti-wrinkle treatment]. I always look natural after treatment. I would recommend this service to all my friends and family, which I have actually done.’
- ‘Made and feel so comfortable whilst visiting her clinic. As never having [anti-wrinkle treatment] or fillers before, everything was explained in great detail, spent a lot of time putting my mind at ease.’
- ‘I have been having treatments from the service for the past 2 years, I highly recommend this service as it is very professional as well as being very friendly. The beauty room is always pristine, when having treatments. The manager explains every step and always makes me feel at ease, I have never been anything but happy with every treatment I have had.’

**What needs to improve**

Formal evaluation of the service from management staff would help support the positive patient feedback being received.

- 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

Good systems were in place for ensuring safe delivery of care, including medicines management, treatment protocols and data protection. The manager showed good awareness of the service’s duty of candour policy.

The clinic was spacious, clean and well organised. We saw contracts for maintenance of the premises, and the safe disposal of medical sharps and clinical waste. Portable appliance testing had been carried out.

The manager was trained in adult life support and had their registration and qualifications checked every 3 years. All medical emergency equipment we saw was in a good state of repair and emergency medication was in-date. We saw evidence of a comprehensive system for ordering, storing and administering medicines.

The service had systems in place to record accidents and incidents.

The manager displayed a good awareness of the service’s duty of candour policy (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong).

The service regularly reviewed its policies for:

- child protection
- protecting vulnerable adults, and
- whistleblowing.
The manager had completed training in aesthetic procedures and the updated data protection regulations. We saw that all files were stored safely in a locked cabinet.

The service’s infection prevention and control policy referred to Healthcare Improvement Scotland’s *Healthcare Associated Infection (HAI) Standards* (February 2015) and Health Protection Scotland’s *National Infection Prevention and Control Manual*. We saw a good supply of personal protective equipment available (disposable gloves and aprons). Cleaning rotas were up to date. The service carried out regular infection prevention and control audits.

- No requirements.
- No recommendations.

### Our findings

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

**Comprehensive assessments were carried out for all patients before treatment.**

We reviewed five patient care records. These showed that comprehensive consultations and assessments were carried out before treatment, including taking a full medical history. Risks and benefits of the treatment were explained and a consent form completed. We saw that treatment plans were developed and agreed with the patient.

Records were kept of each treatment session and, every time a patient visited, their initial assessment was reviewed and updated. Patients also consented for further treatment sessions.

Each patient care record we reviewed showed clinical risks are identified at assessment. We saw that consent included any risks or side effects and that patients were given the opportunity of a cooling-off period. It also gave consent for photographs and information sharing.

- ‘The manager spent a lot of time discussing the procedure with me on my initial visit and fully answered all my questions. She went through my medical history and asked for information about the medication I was on.’
**What needs to improve**

The service would benefit from developing a risk register which includes timescales and level of risk.

- 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

The manager maintained current best practice through training and self-directed learning. A quality improvement plan should be developed.

Quality improvement was embedded in many parts of the service. Patient feedback was collected and used along with audit results to continually improve the service provided.

The manager was a member of the Association for Nurse Prescribers and the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. This made sure that the service kept up to date with changes in the aesthetics industry, legislation or best practice. The service subscribed to several aesthetics journals.

The manager carried out regular reflective practice and formal partnerships were in place with other aesthetics practitioners in the Fife region. The partnerships helped to:

• provide support for patients if required during annual leave
• provide supervision, peer support, advice and best practice when needed, and
• discuss any treatment procedures or complications.

What needs to improve

The service completed audits and acted on patient feedback. 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 a).

- No requirements.

**Recommendation a**

- 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.

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>a We recommend that the service should develop a quality improvement plan (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
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
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net