Announced Inspection Report: Independent Healthcare

Service: Aspire Aesthetics, Inverurie
Service Provider: Aspire Aesthetics Ltd

30 November 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.
Contents

1 A summary of our inspection 4

2 What we found during our inspection 6

Appendix 1 – Requirements and recommendations 13
Appendix 2 – About our inspections 14
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 Aspire Aesthetics on Friday 30 November 2018. We spoke with the aesthetics nurse during 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 Aspire 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>Domain 2 – Impact on people experiencing care, carers and families</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>
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<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
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The following additional quality indicator was inspected against during this inspection.

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive assessments are completed with clients before treatment. Client expectations and treatment plans were accurately documented and appropriately stored.</td>
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</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/independent_healthcare/find_a_provider_or_service.aspx

**What action we expect Aspire Aesthetics Ltd to take after our inspection**

This inspection resulted in two 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

We would like to thank all staff at Aspire 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 focused on providing high quality, individualised care to clients. Feedback from clients was very positive, reporting a high level of confidence in the service.

The service used a variety of methods to identify and measure clients’ needs and expectations in line with its participation strategy. An automated email asked clients for feedback after all appointments. If the client gave their consent, this was shared on social media. A survey had been used to collect feedback over 3 months (September–November 2018) as part of the service’s quality improvement process. Questions were in line with the Healthcare Improvement Scotland Quality Framework and the service had received 219 responses. All clients that responded had rated the service as excellent or very good in areas such as:

- client involvement in treatment and care
- confidence and trust in the service, and
- quality of care.

Clients reported in the survey that:

- ‘The quality of care at Aspire Aesthetics is always second to none. At every visit… puts me at ease and is brilliant at explaining the treatment / course of actions in a comprehensive yet understandable manner.’
- ‘… is extremely knowledgeable and this is evident in the quality of care you receive whilst in her clinic… is extremely professional and makes you feel at ease and confident in the care you are receiving.’
The service was using the survey results to develop improvement actions, such as a loyalty programme that had been suggested. The service has an app which allows clients to track their treatment history.

A suggestion box and comments tree were also used in the service reception room to collect feedback. We saw positive comments from clients displayed on the tree.

Clients could access information about how to make complaints, treatments and book online through an easy-to-use website. While the service had a system in place to record complaints, it had not received any complaints at the time of our inspection.

- 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 governance systems were in place to make sure care was delivered safely and in a clean environment. Protocols were in place to deal with emergencies and incidents. However, the service should make sure appropriate policies or risk assessments are also in place.

Good governance systems helped make sure care was provided in a safe environment. A variety of policies were in place and were updated every year. New policies were developed and introduced to reflect changes in legislation or best practice, such as duty of candour (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong).

The service had a contract for the removal of clinical waste. The clinic was very clean and well maintained and its infection prevention and control policy was in line with best practice. One client reported that: ‘the clinic is immaculate... welcoming and relaxing.’

An emergency medical kit including oxygen was available in the clinic along with protocols to deal with complications. We saw evidence of weekly safety checks completed for emergency, fire detection and clinic equipment.

A good system for medicine prescribing, ordering and storage was in place along with risk assessments and protocols to manage treatment-related complications. A process was in place to record and respond to accidents and incidents. However, none had occurred at the time of our inspection.
**What needs to improve**

The service had a written protocol for responding to concerns about patient safety in relation to abuse. However, no policy was in place (recommendation a).

A yearly fire inspection was completed to make sure that the service had the appropriate firefighting equipment. However, a written fire risk assessment had not been completed (recommendation b).

- No requirements.

**Recommendation a**

- We recommend that the service should produce a safeguarding and protecting people from abuse policy.

**Recommendation b**

- We recommend that the service should complete a fire risk assessment every year.

**Our findings**

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

Comprehensive assessments are completed with clients before treatment. Client expectations and treatment plans were accurately documented and appropriately stored.

Comprehensive assessments were completed with all patients before treatment to make sure that consent was collected and clients were fully aware of their choices. Each client had a completed treatment option plan which set out the proposed plan and cost.

All four client care records we reviewed during our inspection were fully completed. We saw that detailed medical history and consent forms were completed, during which any risks or complications were discussed. Consent was recorded for treatment, sharing information in an emergency situation and taking photographs. Appropriate verbal and written aftercare was provided and clients were offered a follow-up appointment.

The service had introduced a psychological assessment that clients completed before treatment. This helped the service identify clients’ needs and expectations and to decide if treatment was appropriate. The service was
researching how it could collect similar information after treatment as part of its patient outcome measures.

We saw that client care records were stored safely and in line with the service’s medical record-keeping policy to maintain client confidentiality. The service’s privacy statement was available on its website and in the reception area. Policies were updated in line with data protection regulations.

The service completed audits of compliance with best practice and used them to identify areas for improvement. A recent audit of 21 client care records showed 100% compliance in fully completing the clinical notes for consultation, treatment planning and client self-management.

- 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 service had a good understanding of quality improvement and actively sought out areas for improvement.

Quality improvement was embedded in many parts of the service. Client feedback was collected and used along with audit results to continually improve the service provided. The director was an active member of the British Association of Cosmetic Nurses and the Aesthetics Complication Expert Group. This made sure that the service kept up to date with changes in the aesthetics industry, legislation or best practice.

The director had received an industry award for two consecutive years in recognition of their aesthetics practice. They carried out regular reflective practice and subscribed to several aesthetics journals. Aspire Aesthetics provide mentoring support to other aesthetic practitioners completing a formal aesthetics qualification.

Formal partnerships were in place with other aesthetics practitioners in the Tayside region. The partnerships helped to:

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

The service also had partnerships with other services to refer patients who requested specific treatments not available at Aspire Aesthetics.
The service had a good understanding of continuous improvement and reducing risk. For example, it was working with NHS Grampian to develop a risk assessment tool and protocol for needlestick injury incidents in the independent healthcare sector.

**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.

- No requirements.
- No recommendations.
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 5 – Delivery of safe, effective, compassionate and person-centred care

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<thead>
<tr>
<th>Requirements</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td>None</td>
<td>a We recommend that the service should produce a safeguarding and protecting people from abuse policy (see page 9).</td>
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<tr>
<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></td>
<td>b We recommend that the service should complete a fire risk assessment every year (see page 9).</td>
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<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17</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)
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