Announced Inspection Report: Independent Healthcare

Service: Face & Body Clinic, Edinburgh
Service Provider: Face & Body Ltd

24 January 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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2 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 Face & Body Clinic on Thursday 24 January 2019. We spoke with eight team members including the registered manager and both directors. Six patients shared their experiences of the service with us. This was the first inspection of this service since it was registered in March 2017.

The inspection team was made up of one inspector and an observer.

What we found and inspection grades awarded

For Face & Body Clinic, the following grades have been applied to three key quality indicators.

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## Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The management team demonstrated strong leadership qualities. Performance data collection and analysis informed future service developments, and supported a team approach to continuous learning. | ☑️ Good |

The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

| 5.2 - Assessment and management of people experiencing care | Comprehensive assessments were completed with patients before treatment started. Individual discussions with patients about their expectations and realistic treatment options were clearly documented and informed the patients consent to treatment. Patients received a copy of their treatment plan. |
| 7.1 - Staff recruitment, training and development | Safe recruitment practices were in place and all pre-employment checks were up to date and reviewed as part of the service’s recruitment policy. Staff were enthusiastic and committed and told us they felt the management team valued and supported them. |

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 Face & Body Clinic Ltd to take after our inspection

This inspection resulted in no requirements or recommendations.

We would like to thank all staff at Face and Body for their assistance during the inspection.
3 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

Care was person-centred and inclusive. Patient feedback we received was very positive, and results from patient surveys confirmed this.

A variety of methods were used to gather patient feedback and inform service change and improvement, such as:

- yearly patient surveys
- social media reviews
- a suggestions box, and
- complimentary treatment reviews.

Innovative methods, such as mystery shoppers also provided external feedback and demonstrated the service’s commitment to promoting quality improvement. Feedback was reviewed, actioned and included in the service improvement plan. The complimentary treatment review gave patients a forum to discuss their treatment outcomes and allowed practitioners to collect and record their views about patients’ experience of the service. Patient care records noted discussions and actions planned to address comments or concerns with individual treatment or improvement suggestions.

The patients we spoke with told us they felt fully involved in all decisions about their care and treatment.

Patient satisfaction was regularly discussed at staff and management meetings and actions for improvement were documented in the service improvement
plan. The service responded to comments from patient feedback face-to-face or in writing. The clinical director analysed and responded to all social media reviews. The clinic website allowed patients to keep up to date with new developments or treatments and any improvement suggestions.

The majority of the 165 completed 2018 patient satisfaction questionnaires rated the service ‘five out of five’ for quality of treatment, aftercare support and treatment outcomes. Over 200 patients also completed reviews on social media and almost all awarded the service ‘four stars’ and above.

Patients were confident that the service employed highly skilled, professional practitioners who maintained their privacy, dignity and confidentiality. Patients were confident their views and opinions were listened to and acted on. For example, a new document had been developed to help make sure patients’ expectations about their treatment were realistic and we saw these conversations in patient care records.

Information leaflets and aftercare cards signposted patients to the procedures on how to make a complaint, which included details for contacting Healthcare Improvement Scotland. The service acknowledged and investigated all complaints in line with its policy. Of the 10 complaints made to the service in 2018, records showed that all were concluded satisfactorily. Complaints were discussed at monthly management meetings and we saw clearly documented lessons learned and actions for improvement recorded in the service improvement plan.

Staff we spoke to demonstrated a clear understanding of how to respond to complaints in line with the service’s complaint policy. All staff we spoke to had received training in complaints handling.

We observed staff during our inspection and saw that they were respectful with patients and the service had a friendly atmosphere. Staff we spoke with were passionate about their work and committed to improving patients’ experience.

■ 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 patient care and treatment was delivered in a safe, clean, well maintained and equipped environment. Risks were well managed and laser and intense pulsed light treatments were carried out in line with legislation, standards and guidance.**

Patient care records we looked at included risk assessments and evidenced discussion with patients about the risks of treatment. The care records also documented information about aftercare arrangements including contact details of who to contact out-of-hours for emergencies or complications.

The service had an up-to-date contract in place for clinical waste removal and an effective system to reduce the risk of infection in line with best practice. Only single-use medical devices (needles and syringes), and disposable personal protective equipment were used for aesthetic and dental cosmetic treatments. Re-usable, non-invasive laser equipment, such as tweezers and laser tips were decontaminated in line with manufacturer’s guidance between patient uses. Staff followed the procedures for safe disposal of sharps, clinical waste and hand hygiene practice.

The clinic room we observed was clean and equipment was in good working order. The cleaning schedule for each room included a checklist and the clinic manager carried out regular audits to monitor compliance. Maintenance contracts were in place for fire-fighting equipment detection systems and laser equipment. Fire safety checks were carried out regularly.
We saw a good system in place for prescribing, storing and administering medicines in the service and monthly audits monitored compliance in line with its medicine management policy. Medicines we looked at were in-date and stored securely in a locked cupboard. Patient care records confirmed that medicines administered to patients as part of their treatment were recorded in line with best practice.

The service offered lasers and intense pulsed light (IPL) treatments. The clinical director was responsible for making sure staff complied with the local rules for handling and operating this equipment safely. The local rules were clearly displayed and included a list of nominated operators in line with the legislation, standards and best practice guidance. All laser operators in the service had completed appropriate training.

The service’s emergency medical kit included a defibrillator and oxygen and medical and nursing staff were trained in advanced life support techniques and emergency drugs used to deal with complications of treatment were in-date and regularly audited.

**What needs to improve**

The service’s annual return did not report any accidents or incidents. However, we saw that the same log book was used to record staff and patient information. Recording staff and patient accidents and incidents in separate log books would make it easier for the service to analyse the information for improvement.

As part of its quality assurance monitoring, the service had identified in its own self-evaluation document that it could introduce a more robust review system for policies and procedures. Some key policies, such as data protection and duty of candour had already been updated to reflect changes in legislation. The service planned to implement a yearly review of all its policies and procedures. We will follow this up at future inspections.

- No requirements.
- No recommendations.
Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive assessments were completed with patients before treatment started. Individual discussions with patients about their expectations and realistic treatment options were clearly documented and informed the patients consent to treatment. Patients received a copy of their treatment plan.

Comprehensive assessments were completed with all patients before treatment to make sure they were fully aware of their choices and that consent was informed. All patients had a completed treatment plan which set out the proposed treatment options, goals, costs and recommended treatment.

All five of the patient care records we reviewed during our inspection were fully completed, including a detailed medical history. Each record had a signed consent for treatment, photographs and sharing information in the event of an emergency. Some patients told us they received a copy of their treatment plan, which they found helped discussion at their complimentary review.

We saw that patient care records were completed in line with the service’s record-keeping policy. For example, the writing was legible and a practitioner signed and dated all entries. The service audited these records every 3 months and results showed good compliance. The clinical director conducted yearly audits of treatment plans with practitioners to help inform and update the service’s quality improvement plan.

- No requirements.
- No recommendations.
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

Safe recruitment practices were in place and all pre-employment checks were up to date and reviewed as part of the service’s recruitment policy. Staff were enthusiastic and committed and told us they felt the management team valued and supported them.

Safe recruitment practices were in place and all pre-employment checks were up to date in the staff files we reviewed. References, professional registration and Disclosure Scotland checks were completed in line with the service’s recruitment policy and registration requirements. All staff we met held a professional qualification in either nursing, dentistry or business management.

During our inspection, staff told us they received good opportunities for training and one-to-one supervision to support their individual professional development. Staff said they felt that the management team valued and supported them well. Many of the staff we spoke with had worked in the service for several years and showed enthusiasm and commitment to their job.

- 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 management team demonstrated strong leadership qualities. Performance data collection and analysis informed future service developments, and supported a team approach to continuous learning.

The management team proactively promoted a culture of continuous improvement. We found a strong focus on developing a positive team culture in the service to drive future improvements. Key organisational outcomes were identified to allow the service to monitor and improve clinic performance. For example, the number of appointments, cancellations and new patients was reviewed monthly as well as monitoring complaints, refunds and patient satisfaction rates.

Data, such as yearly patient surveys, staff feedback and clinical outcomes was collected and analysed to help leaders identify key priorities for improvement.

The clinical director was a recognised trainer of some aesthetic products for Scotland and a member of an aesthetic steering group that promoted product development. This helped the clinic maintain its focus on delivering only evidenced-based treatments to patients.

Staff told us the management team was visible, approachable and actively encouraged their contributions to service development. The management team had invested in its staff through organising team building activities, training events and away days to support a team approach to service development.

Staff were encouraged to share their ideas for service development at team meetings and incentives were awarded for the best continuous improvement suggestion. For example, an outcome-focused treatment plan was developed with staff input. This helped practitioners make sure that patients’ personal
goals were fully discussed, agreed and documented to produce a realistic treatment plan. A daily huddle had also been introduced to improve communication in day-to-day operational activities.

Staff and management meetings included reflective discussions from complaints, clinical outcomes and audits. Lessons learned and actions for improvement were identified and recorded in the service’s improvement plan. In 2018, a leading aesthetic manufacturer chose Face & Body Clinic as one of six clinics from across the United Kingdom to participate in two global clinical studies. The trials aimed to provide results from evidence-based data and treatment to review and further develop technology and design to improve treatment outcomes for patients. The service had 20 patients enrolled on the trials, due to be published in 2019.

The service and individual staff had received awards in recognition of contribution to the aesthetic industry. The clinic director was on the national register of accredited providers of non-surgical cosmetic treatments. A dedicated laser room had been developed so that the service could respond to its future demands as an approved provider of laser hair treatments.

- 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.

This inspection resulted in no requirements and no recommendations.
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