Announced Inspection Report: Independent Healthcare

Service: Innocent Aesthetics Limited, Aberdeen
Service Provider: Innocent Aesthetics Limited

1 July 2019
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www.healthcareimprovementscotland.org
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 Innocent Aesthetics Limited on Monday 1 July 2019. We received feedback from 17 patients through an online survey we had issued. 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 Innocent Aesthetics Limited, 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>
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<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
</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 service requests feedback from patients to assess the service it provides. A quality improvement plan should be developed.</td>
<td>✔ Satisfactory</td>
</tr>
</tbody>
</table>

The following additional quality indicators were 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>Consent is obtained for each treatment after discussion with the patient. Aftercare advice is provided. A regular patient care record audit should be carried out.</td>
</tr>
</tbody>
</table>

#### Domain 7 – Workforce management and support

<table>
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<th>Quality indicator</th>
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</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>There is an induction programme in place for new staff and education and development opportunities for all staff. References should be obtained before employment and staff who are involved in patient care must be Protecting Vulnerable Groups (PVG) checked for working with vulnerable adults.</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 Innocent Aesthetics Limited to take after our inspection

This inspection resulted in one requirement 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

Innocent Aesthetics Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Innocent Aesthetics Limited 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 provides information about the treatments offered to patients in various forms. Patients feel involved in the decisions about their care and feel fully informed. There is a complaints policy in place.

The service’s participation policy sets out its commitment to involving service users in their care planning. Of the 17 patients who completed our survey, 16 said they were satisfied or extremely satisfied they were involved in the planning of their care. Some patient comments included:

- ‘Always fully informed and advised of best treatment plan.’
- ‘I was very satisfied through detailed discussion, and options given.’

Two digital screens in the reception area demonstrated treatments available at the service. Information leaflets about the service’s treatments and products were available. All patients who completed our survey said associated risks and benefits of treatments had been explained to them. Treatment options and a care plan were discussed at patients’ free first consultation, and a cooling-off period of 1–2 weeks was given between consultation and treatment. The service’s comprehensive website described all its treatments in detail, including side-effects, aftercare and costs. A price list leaflet was available at reception.

Patients could leave reviews on social media and all patients were asked to complete a feedback questionnaire following treatment. All feedback that the service had received was positive.

The service’s complaints policy stated that the patient would receive a response a maximum of 3 days after making the complaint. The policy also had details
about how to contact Healthcare Improvement Scotland at any stage of the complaints process.

Contact details for the service were on its website, and we were told that this would be updated to include information on how to make a complaint. The service advised us that it had not received any formal complaints to date.

- 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**

The clinic environment and equipment was clean and well maintained. Policies were up to date. Local rules for the use of lasers were in place. A programme of audits is recommended.

The service was clean and we saw daily cleaning schedules in every treatment room. Floors, ceilings, fixtures and fittings were well maintained and could be effectively cleaned. The four treatment rooms had mechanical ventilation, were well-lit and at a comfortable temperature. All patients who completed our survey said they were extremely satisfied or satisfied with the clinic environment and cleanliness. Comments included:

- ‘Immaculate facilities.’
- ‘Clean and professional environment.’

Equipment was clean and appropriate maintenance contracts were in place. We saw good compliance with standard infection control precautions for waste management and sharps management. The service’s infection control policy referred to Health Protection Scotland’s *National Infection Prevention Control Manual*.

The service had a policy for all treatments provided and a consent form for each which described the process involved and associated risks. Policies were regularly reviewed and updated to reflect current legislation and best practice, including those for:

- bullying and harassment
- clinical governance
duty of candour, and
whistleblowing.

The service used a laser for some treatments and procedures, and had a contract in place with a named laser protection advisor. ‘Local rules’ are the local arrangements to manage laser safety that the laser protection advisor has usually developed. The service had local rules in place and a named on-site laser protection supervisor. Relevant staff had received core of knowledge laser safety training.

We saw medicines were being appropriately stored in locked cupboards and a refrigerator. The temperature of the refrigerator was regularly checked. The manager prescribes the medicines which are delivered to the service correctly labelled.

**What needs to improve**
The care environment was clean and well maintained. However, the service did not have any documented evidence of staff completing the environmental checks described in the cleaning schedules we saw displayed. We will follow this up at future inspections.

- No requirements.
- No recommendations.

**Our findings**

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

Consent is obtained for each treatment after discussion with the patient. Aftercare advice is provided. A regular patient care record audit should be carried out.

We saw evidence of consultation and assessment in the patient care records, including taking a medical history. A discussion with the patient before each treatment included:

- consent gathering
- developing a treatment plan
- an explanation of the associated risks, and
- an explanation of the costs.
Patients were given aftercare advice and included in information leaflets. Appointments are confirmed by a text which includes contact information in case of emergency. Patients could contact the manager out of hours if they had any concerns. A follow-up appointment was given 2 weeks after treatment.

Patient care records were paper-based and held securely in locked cupboards in the clinic.

**What needs to improve**
The service did not carry out regular audits of its patient care records to make sure that all relevant information was appropriately recorded. This would identify any improvements required in documentation (recommendation a).

- No requirements.

**Recommendation a**
- 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.

**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**

There is an induction programme in place for new staff and education and development opportunities for all staff. References should be obtained before employment and staff who are involved in patient care must be Protecting Vulnerable Groups (PVG) checked for working with vulnerable adults.

Employment contracts were kept in staff files and had details of roles and responsibilities in the job specification.

New staff completed an induction which included reception experience and 3 months of supervision from experienced staff. Training records and certificates were kept in staff files and employees were encouraged to attend external training courses to update their knowledge. Yearly appraisals were recorded.
Nurses complete an ongoing professional registration check process with the Nursing Midwifery Council every 3 years. As part of the process, they demonstrate that they have met the requirements of their professional registration to an appropriate person. We saw evidence that the service manager supported staff in this process.

What needs to improve
Individuals cannot be employed in an independent healthcare service if they are listed under the Protection of Vulnerable Groups (Scotland) Act 2007. The service did not have a system in place to carry out a protecting vulnerable groups check before it employed staff (requirement 1).

The service had not requested references before employing staff (recommendation b).

Requirement 1 – Timescale: immediate
■ The provider must ensure that all staff roles are risk assessed and relevant prospective employees and all current employees are not included on the children’s and adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Recommendation b
■ The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government’s Safer Recruitment through Better Recruitment guidance (2016).
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 requests feedback from patients to assess the service it provides. A quality improvement plan should be developed.

The service used its nomination to various industry awards as an assessment of its quality. Several awards are on display in the clinic reception area. The service was a member of an industry association which provided accreditation and guidance. Staff attended conferences to keep up to date with changes in legislation and best practice. Staff records held certificates of attendance at conferences.

Patients can leave feedback using the service’s social media. All feedback viewed was positive. However, we were told any complaint or feedback to help improvements to the service would be discussed at the team meetings.

The manager is a full-time member of staff, providing visible leadership to the team. We were told staff can make suggestions for improvements to the service. We saw evidence of this in records of recent appraisals where staff had asked for more training on products the service sold. As a result, the service had started to run monthly in-house training sessions on these products.

What needs to improve

The service did not have a structured improvement plan in place to help record its improvement activities and demonstrate a culture of continuous improvement. Regular reviews of the service could help make sure the service met the needs of patients and help evaluate the impact of improvements made (recommendation c).

Staff meetings were used to discuss complaints, patient feedback and to share learning from conferences or training courses. However, these meetings were
not recorded. Records of meetings should include any actions required and those responsible for the actions (recommendation d).

■ No requirements.

**Recommendation c**

■ The service should develop and implement a quality improvement plan.

**Recommendation d**

■ The service should formally record the minutes of staff meetings.
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

<table>
<thead>
<tr>
<th><strong>Requirements</strong></th>
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<tbody>
<tr>
<td>None</td>
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<table>
<thead>
<tr>
<th><strong>Recommendation</strong></th>
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<tr>
<td>a 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).</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

### Domain 7 – Workforce management and support

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<tr>
<td>1 The provider must ensure that all staff roles are risk assessed and relevant prospective employees and all current employees are not included on the children’s and adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007 (see page 12).</td>
</tr>
</tbody>
</table>

Timescale – immediate

*Regulation 9 (2)*
### Recommendations

**b** The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government’s Safer Recruitment through Better Recruitment guidance (2016) (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

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### Domain 9 – Quality improvement-focused leadership

#### Requirements

None

#### Recommendations

**c** The service should develop and implement a quality improvement plan (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

**d** The service should formally record the minutes of staff meetings (see page 14).

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

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
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