Announced Inspection Report: Independent Healthcare

**Service:** Laura Wylie Aesthetics, Paisley

**Service Provider:** Laura Wylie Aesthetics

9 July 2019
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www.healthcareimprovementscotland.org
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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 Laura Wylie Aesthetics on Tuesday 9 July 2019. We spoke with one staff member. We asked the service to display a poster asking patients to provide us with feedback on the service and to issue an online patient feedback survey on our behalf. However, we received no responses from patients. 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 Laura Wylie 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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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
<td>Summary findings</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>The limited social media feedback from patients we saw was complimentary about the professionalism and treatment from the service. However, although the service had a participation policy, it did not actively seek feedback from patients. Information on how to make a complaint should be given to patients.</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>
<td>Patients were cared for in a clean and safe environment. However, a more structured approach to cleaning was needed. Improvements were needed to the service’s risk management systems and procedures, and a</td>
</tr>
</tbody>
</table>
Domain 9 – Quality improvement-focused leadership

9.4 - Leadership of improvement and change

The manager maintained current best practice through training and attending events in the aesthetics industry. Regular reviews of the quality of treatment provided and of how the service is delivered must be carried out. A quality improvement plan should be developed.

 Unsatisfactory

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>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Clinical assessments were carried out jointly by the nurse practitioner and the prescriber before any treatment was prescribed. Consent should be recorded for sharing information. Audits of patient care records should take place.</td>
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</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 Laura Wylie Aesthetics to take after our inspection**

This inspection resulted in six requirements and nine 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

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

We would like to thank all staff at Laura Wylie Aesthetics for their assistance during the inspection.
2 What we found during our inspection

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 limited social media feedback from patients we saw was complimentary about the professionalism and treatment from the service. However, although the service had a participation policy, it did not actively seek feedback from patients. Information on how to make a complaint should be given to patients.

Patients’ privacy and dignity was maintained during treatment. Consultations were by appointment only and the treatment room was screened off for privacy.

When patients contacted the service for treatment they were offered a face-to-face or telephone consultation to determine the appropriate treatment. There was then a cooling-off period for as long as the patient needed to be sure about treatment. Following this, they were offered an appointment with the nurse practitioner and the prescriber who carried out a joint assessment.

There had been no complaints recorded by the service since registration.

What needs to improve

Although, we saw an information sheet was given to patients about the service, no information was included about the service’s complaints process or how to contact Healthcare Improvement Scotland (requirement 1).

Although the service had a participation policy, we found no evidence that feedback was actively sought from patients. We saw limited feedback on social media from patients, although this was complimentary about the professionalism and treatment they had received. While this information was useful, it was difficult for the service to draw any conclusions that could be used to drive improvement.
We also found no evidence that feedback was being recorded. The service would benefit from having a structured approach to patient feedback. This should include:

- gathering patient feedback
- analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation a).

**Requirement 1 – immediate**

- The provider must update patient information to make it clear to complainants that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.

**Recommendation a**

- The service should continue to develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.
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

Patients were cared for in a clean and safe environment. However, a more structured approach to cleaning was needed. Improvements were needed to the service’s risk management systems and procedures, and a regular programme of audit implemented. Pre-employment safety checks must be carried out. A duty of candour policy should be developed.

We saw the clinic room was well maintained and clean. The infection prevention and control policy helped to ensure appropriate infection prevention and control processes were in place. Single use patient equipment was used for clinical procedures to prevent the risk of cross-infection. Personal protective equipment (such as disposable aprons and gloves) was available.

The service’s medication policy detailed the procurement, prescribing, and administration of medicines. No medication was kept on the premises. Any stock required was by prescription and was collected from the pharmacy on the day of appointment.

The clinic engaged the services of a prescriber through a practicing privileges arrangement (staff not employed by the provider but given permission to work in the service).

What needs to improve

No risk management system was in place for recording or monitoring any risks for the service, including any accidents or incidents. A risk register should be developed to show the control measures in place for managing and mitigating (or reducing) risk in the service (requirement 2).
We saw no evidence that pre-employment checks such as qualifications, references, Protecting Vulnerable Groups (PVG) and the status of professional registration of the prescriber had been carried out (requirement 3).

We noted the service did not have its Healthcare Improvement Scotland registration certificate on display. This certificate should be displayed where patients can view it (requirement 4).

Although cleaning was carried out by staff in the service, no cleaning schedule was in place. Cleaning schedules should be developed which specify cleaning products, processes and who is responsible for cleaning (recommendation b).

The service did not have all the necessary governance systems in place to provide assurance that the service delivered safe care. For example, routine audits of medicines management, infection prevention and control, and the safety of the environment could be carried out. An audit programme such as this would help the service to review the care and treatment it delivers and make improvements to the service offered (recommendation c).

There was no procedure for reviewing the prescriber’s compliance to all aspects of the practicing privileges arrangement and regularly renewing the agreement. For example, there was no review of the prescriber’s continuing professional development requirements and an annual appraisal. The date of professional registration for the prescriber also needed to be checked and recorded (recommendation d).

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

A contract was in place for the disposal of clinical waste, including sharps. However, at the time of the inspection, no sharps bin was present on the premises to dispose of used sharps, such as syringes. The contractor had not provided the service with a new replacement bin. We were told this would be put in place before any further treatment was carried out. We will follow this up at a future inspection.

**Requirement 2 – Timescale: immediate**

- The provider must put appropriate measures in place to identify and manage risk in the service.
Requirement 3 – Timescale: immediate
- The provider must ensure that all staff working in a registered healthcare service have appropriate safety checks in place.

Requirement 4 – Timescale: immediate
- The provider must have its Healthcare Improvement Scotland registration certificate on display. This certificate should be displayed where patients can view it.

Recommendation b
- The service should implement a structured approach to cleaning the environment and patient equipment that sets out all cleaning tasks, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately.

Recommendation c
- The service should develop a programme of audit to cover key aspects of care and treatment so learning can take place. Audits must be documented and improvement action plans implemented.

Recommendation d
- The service should develop and implement a procedure for reviewing the prescriber’s compliance to all aspects of the practicing privileges arrangement and for regularly renewing the agreement.

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

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Clinical assessments were carried out jointly by the nurse practitioner and the prescriber before any treatment was prescribed. Consent should be recorded for sharing information. Audits of patient care records should take place.

Clinical assessments were carried out jointly by the nurse practitioner and the prescriber before any treatment was prescribed. We saw assessment records completed with details of the treatment discussed with patients. This included
medical history, any health conditions, and dosage and batch numbers of medicines. A diagram of the face area treated was also included. Consent for treatment was obtained at this time.

Aftercare advice was given to the patient in a leaflet which included the phone number and email address of who to contact for advice. This contact can be made at any time and the patient would be seen again if required.

**What needs to improve**

Patient care records were kept in a locked filing cabinet. The service owner had a key but the manager of the adjoining beauty service also had access (requirement 5).

We reviewed five patient care records from the service and found gaps. Of the five patient care records we reviewed, only two were fully completed. One did not have consent for treatment signed by the patient, and two records were not signed by the nurse practitioner administering the treatment. The service should keep clear detailed records of care (recommendation f).

No patient consent had been obtained or recorded for sharing information with their GP or other medical staff in an emergency (recommendation g).

Patient care records were not audited for content, accuracy or whether they were fully completed (recommendation h).

**Requirement 5 – Timescale: immediate**

- The provider must ensure patient care records are stored in a secure, locked filing cabinet which only they can access.

**Recommendation f**

- The service should make sure all entries in paper and electronic records are clearly written, dated and timed to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records.

**Recommendation g**

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ care records.

**Recommendation h**

- The service should carry out regular audits of patient care records.
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 attending events in the aesthetics industry. Regular reviews of the quality of treatment provided and of how the service is delivered must be carried out. A quality improvement plan should be developed.

The nurse practitioner maintained their skills and development by attending regular conferences and training days organised by pharmaceutical companies. This allowed the service to keep up to date with changes in the aesthetics industry, legislation or best practice.

What needs to improve

There was little evidence to show that clear systems and processes were in place to monitor and manage the quality of care provided in the service. No process was in place to review the quality of the service delivered. We saw no evidence of lessons being learned from patient feedback, complaints, incidents or audits which would help improve service delivery. Regular reviews of the service will help to ensure the service delivered is of a quality appropriate to meet the needs of patients (requirement 6).

The service had not developed a quality improvement plan. This would help to structure and record the service’s improvement processes and outcomes, and allow the service to demonstrate a continuous improvement cycle and measure the impact of any changes implemented (recommendation i).

Requirement 6 – Timescale: by 30 January 2020

- The provider must implement a suitable system of regularly reviewing the quality of the service. A written record of the review must be made available to Healthcare Improvement Scotland and service users.
Recommendation i

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures 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.

### Domain 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>1</td>
<td>The provider must update patient information to make it clear to complainants that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process (see page 8).</td>
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<td></td>
<td>Timescale – immediate</td>
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<tr>
<td></td>
<td>Regulation 15(6)(a)</td>
<td>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>a</td>
<td>The service should continue to develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).</td>
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<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
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### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirements

<table>
<thead>
<tr>
<th></th>
<th>Requirement</th>
</tr>
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</table>
| 2 | The provider must put appropriate measures in place to identify and manage risk in the service (see page 10).  
   |   | Timescale – immediate  
   |   | *Regulation 13(2)(a)*  
   |   | *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| 3 | The provider must ensure that all staff working in a registered healthcare service have appropriate safety checks in place (see page 11).  
   |   | Timescale – immediate  
   |   | *Regulation 8*  
   |   | *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| 4 | The provider must have its Healthcare Improvement Scotland registration certificate on display. This certificate should be displayed where patients can view it (see page 11).  
   |   | Timescale – immediate  
   |   | *Regulation 1(2)(h)*  
   |   | *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| 5 | The provider must ensure patient care records are stored in a secure, locked filing cabinet which only they can access (see page 12).  
   |   | Timescale – immediate  
   |   | *Regulation 3(b)*  
   |   | *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

**b** The service should implement a structured approach to cleaning the environment and patient equipment that sets out all cleaning tasks, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately (see page 11).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

**c** The service should develop a programme of audit to cover key aspects of care and treatment so learning can take place. Audits must be documented and improvement action plans implemented (see page 11).

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 develop and implement a procedure for reviewing the prescriber’s compliance to all aspects of the practicing privileges arrangement and for regularly renewing the agreement (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

**e** The service should develop and implement a duty of candour policy setting out the actions to be followed in response to unintended or unexpected patient harm (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

**f** The service should make sure all entries in paper and electronic records are clearly written, dated and timed to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records (see page 12).

Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.24
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

<table>
<thead>
<tr>
<th>g</th>
<th>The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ care records (see page 12).</th>
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<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</td>
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<tr>
<td>h</td>
<td>The service should carry out regular audits of patient care records (see page 12).</td>
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<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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### Domain 9 – Quality improvement-focused leadership

#### Requirement

| 6 | The provider must implement a suitable system of regularly reviewing the quality of the service. A written record of the review must be made available to Healthcare Improvement Scotland and service users (see page 13). |
|   | Timescale – by 30 January 2020 |
|   | Regulation 13(1) |
|   | The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |

#### Recommendation

| i | The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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](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