Announced Inspection Report: Independent Healthcare

Service: Victoria’s Aesthetics, Stirling
Service Provider: Victoria’s Aesthetics Ltd

16 December 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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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 Victoria’s Aesthetics on Monday 16 December 2019. We spoke with the owner (practitioner) during the inspection. We also received feedback from 32 patients through an online survey we had asked the service to issue for us before 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 Victoria’s Aesthetics, the following grades have been applied to three key quality indicators.

### Key quality indicators inspected

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Patients were provided with information before treatment and were fully involved in their care. A participation policy should be developed to help the service use patient feedback to make improvements to how the service is delivered. Information on how to make a complaint should be given to patients.</td>
<td>✔ Satisfactory</td>
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#### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

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<td>5.1 - Safe delivery of care</td>
<td>Patients were cared for in a clean and safe environment. Fire extinguishers should be maintained. A regular programme of audits should be introduced to help the service make improvements. Policies should be</td>
<td>✔ Satisfactory</td>
</tr>
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</table>
developed for safeguarding and duty of candour.

### Domain 9 – Quality improvement-focused leadership

**9.4 - Leadership of improvement and change**

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance, such as through its membership with national groups. The service had already identified some changes to improve how the service was delivered. However, a quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

- Satisfactory

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

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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive patient assessments were completed and clearly documented before any treatment was provided. Consent should be recorded for taking and sharing photographs, and sharing information.</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:

What action we expect Victoria’s Aesthetics Ltd to take after our inspection

This inspection resulted in nine 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 Victoria’s 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

Patients were provided with information before treatment and were fully involved in their care. A participation policy should be developed to help the service use patient feedback to make improvements to how the service is delivered. Information on how to make a complaint should be given to patients.

The clinic was a small, personal service with many regularly returning patients. All consultations were by appointment only and only one patient was treated at a time, maintaining confidentiality. Controlled access to the treatment room and screening of windows helped to maintain patient’s confidentiality.

Feedback from our survey was very positive about patients’ experiences. All patients agreed they had been treated with dignity and respect, and they had been involved in decisions about their care. Comments included:

- ‘Always treated with dignity and respect, excellent professional care.’
- ‘My requests and concerns were listened to and respected.’
- ‘Procedures and desired outcomes were discussed at length and follow up appointments to address any concerns.’

A wide range of information leaflets on all treatments offered were available in the service and were actively given to patients. The service used social media to share treatment costs and relevant information. For example, videos of procedures were posted to allow people to see what a procedure involved. An out-of-hours contact for the service was provided to all patients.
The service’s complaints policy contained details of how to complain to Healthcare Improvement Scotland at any time. The service had not received any complaints since registration in January 2018.

**What needs to improve**
Patients were able to provide feedback verbally, by text and through social media. 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. We discussed with the service the importance of having a structured approach to patient feedback. This should include:

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

Although patients were encouraged to verbally discuss any complaints or concerns with the service during consultations, the service had not provided clear information for patients on how to make a complaint. For example, there was no complaints leaflet or information provided in aftercare information about how to make a complaint (recommendation b).

- No requirements.

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

**Recommendation b**
- The service should provide information for patients on how to make a complaint.
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. Fire extinguishers should be maintained. A regular programme of audits should be introduced to help the service make improvements. Policies should be developed for safeguarding and duty of candour.

We saw that all areas of the clinic were clean and equipment was in good working order. We saw good compliance with infection prevention and control procedures. This included the safe disposal of medical sharps, such as syringes and needles, and clinical waste. Single-use patient equipment was used to prevent the risk of cross-infection. We saw a good supply of personal protective equipment available, such as disposable gloves and aprons. Daily cleaning schedules were up to date.

Feedback from our survey showed that all patients were extremely satisfied with the cleanliness of the environment they were treated in. Comments included:

- ‘Extremely clean and hygienic.’
- ‘Room is very clean and comfortable.‘

The service had a safe system for prescribing, procuring, storing and administering medicines. Medicines we looked at were in-date and stored securely in a locked cupboard or a medical refrigerator. Patient care records we reviewed documented batch numbers and expiry dates of medicines used during treatment so that the medications could be effectively tracked. Emergency medication was available in the clinic along with emergency protocols in the case of an emergency complication. The practitioner had been trained to deliver basic adult life support in the event of a medical emergency.
What needs to improve
The fire extinguisher was not maintained. To reduce the risk to people from fire, it is recommended that fire extinguishers are subject to a suitable system of maintenance (recommendation c).

Although the practitioner told us how they carried out daily checks on the equipment and environment, we found no evidence of audits taking place to review the safe delivery and quality of the service. For example, audits could be carried out on patient care records and medicine management. An audit programme would help the service structure its audit process, and record its findings and improvements made (recommendation d).

The service had a reliable system for reviewing policies and procedures to help deliver care safely. However, policies such as protection of vulnerable adults and duty of candour policy (where healthcare organisations have a professional responsibility to be honest with patients when thing go wrong) were not in place (recommendations e and f).

- No requirements.

Recommendation c
- The service should ensure that fire extinguishers are subject to a suitable system of maintenance.

Recommendation d
- 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.

Recommendation e
- The service should develop and implement a safeguarding policy to ensure a clear protocol is in place to respond to adult protection concerns.

Recommendation f
- The service should develop and implement a duty of candour policy.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were completed and clearly documented before any treatment was provided. Consent should be recorded for taking and sharing photographs, and sharing information.

From the five patient care records we reviewed, we saw that a comprehensive assessment and consultation was completed with all patients before treatment to make sure they were fully aware of their choices. This included taking a full medical history, with details of any health conditions, prescribed medications, allergies and pregnancy.

Risks and benefits of the treatment were explained and a consent form completed for all new and returning patients. Records were kept of each treatment session, and diagrams and photographs of the treated area helped to inform the overall plan of care.

Patients were given verbal and written aftercare advice. Follow-up appointments allowed the service to check that patients were happy with the results of their treatments and had not experienced any side-effects.

We saw measures in place to protect hard copy and electronic information, including using locked filing cabinets and password protection. The manager had carried out training in updated general data protection regulations.

What needs to improve

The service did not record consent for taking and sharing patients’ photographs and for sharing information with their GP and other medical staff in an emergency, if required (recommendations g and h).

- No requirements.

Recommendation g

- The service should record consent for taking and sharing photographs in patient care records.

Recommendation h

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in 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 service kept up to date with changes in the aesthetics industry, legislation and best practice guidance, such as through its membership with national groups. The service had already identified some changes to improve how the service was delivered. However, a quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

Some recent improvements had been made to how the service was delivered. This included the introduction of an electronic record-keeping system for patient care records. The service was also developing a website which will allow patients to book appointments online and leave feedback about the quality of the service.

The service is owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). The service engaged in regular continuing professional development. This is managed through the NMC registration and revalidation process, and annual appraisals. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the NMC, every 3 years.

The service is an active member of a variety of industry-specific and national organisations. This included the British Aesthetic Nurses Group and the Aesthetics Complications Expert (ACE) Group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions. The service kept up to date with changes in the aesthetics industry, legislation and best practice through subscribing to forums and attending a variety of conferences and training days provided by pharmaceutical companies.
What needs to improve
There was no system for reviewing the quality of the service delivered. Regular reviews of feedback, complaints, incidents or audits of the service will help to ensure the service delivered is of a quality appropriate to meet the needs of patients. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation i).

■ No requirements.

Recommendation i
■ The service should develop and implement 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.

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<thead>
<tr>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
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<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>a The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td>b The service should provide information for patients on how to make a complaint (see page 8).</td>
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<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</td>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
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Healthcare Improvement Scotland Announced Inspection Report
Victoria’s Aesthetics Ltd: 16 December 2019
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

<table>
<thead>
<tr>
<th>c</th>
<th>The service should ensure that fire extinguishers are subject to a suitable system of maintenance (see page 10).</th>
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<tbody>
<tr>
<td><strong>Health and Social Care Standards:</strong> My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22</td>
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<td>d</td>
<td>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 10).</td>
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<tr>
<td><strong>Health and Social Care Standards:</strong> My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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<td>e</td>
<td>The service should develop and implement a safeguarding policy to ensure a clear protocol is in place to respond to adult protection concerns (see page 10).</td>
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<tr>
<td><strong>Health and Social Care Standards:</strong> My support, my life. I have confidence in the people who support and care for me. Statement 3.20</td>
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<td>f</td>
<td>The service should develop and implement a duty of candour policy (see page 10).</td>
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<tr>
<td><strong>Health and Social Care Standards:</strong> My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</td>
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<tr>
<td>g</td>
<td>The service should record consent for taking and sharing photographs in patient care records (see page 11).</td>
</tr>
<tr>
<td><strong>Health and Social Care Standards:</strong> My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</td>
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<td>h</td>
<td>The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records (see page 11).</td>
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<tr>
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<td>None</td>
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<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>i The service should develop and implement a quality improvement plan (see page 13).</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: hcis.ihcregulation@nhs.net