Announced Inspection Report: Independent Healthcare

Service: Urban Aesthetics, Dunfermline
Service Provider: Heather Sheddon

4 July 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 contactpublicinvolvelement.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 Urban Aesthetics on Thursday 4 July 2019. We spoke with the service manager who is also the aesthetic nurse. Before the inspection, we asked the service to display a poster asking patients to provide us with feedback on the service. We received feedback from 21 patients who had received treatment. This was our first inspection to this service. The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Urban Aesthetics, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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</thead>
<tbody>
<tr>
<td>Domain 2 – Impact on people experiencing care, carers and families</td>
<td></td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Patients were treated with dignity and respect and felt fully involved in their care planning. The service should look to improve the written information it gives to patients and develop ways to review the quality of service provided to its patients.</td>
<td>Satisfactory</td>
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<td></td>
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<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</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. The service had suitable procedures in place to deal with emergencies. An adult support and protection policy should be developed and implemented. A regular programme of audits should also be introduced to help identify and make improvements.</td>
<td>Satisfactory</td>
</tr>
</tbody>
</table>
Key quality indicators inspected (continued)

## Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The manager identified areas for improvement and was involved in a number of organisations to help facilitate this. The service must develop a plan to review its policies and procedures and an improvement plan should be developed and actions documented. | Satisfactory |

The following additional quality indicator was inspected against during this inspection.

## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

| 5.2 - Assessment and management of people experiencing care | Patients received an assessment before any treatment started that included a medical history questionnaire. Patients told us they were fully involved in all decisions relating to their care. Improvements to the patient care record documentation is required to ensure consistency. |

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 Heather Sheddon to take after our inspection

This inspection resulted in one requirement and seven recommendations. 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)
Heather Sheddon, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Urban Aesthetics for their assistance during the inspection.
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 treated with dignity and respect and felt fully involved in their care planning. The service should look to improve the written information it gives to patients and develop ways to review the quality of service provided to its patients.

Patients had the opportunity to fully discuss their expectations about the outcomes of the treatment at an initial consultation. All patients who responded to our survey told us that risks associated with treatments were fully explained. Comments included:

- ‘The full treatment was explained in great detail but in an easy to understand format.’
- ‘The information is always delivered in a way that is easy to understand and covers all aspects of your treatment. [...] always asks if you have understood everything that has been covered.’
- ‘I felt that I was able to make an informed decision about my treatment.’

Patient care records we reviewed included consent forms that showed risks and benefits of proposed treatments had been discussed with patients. The patients and the manager had reviewed and signed all records we reviewed.

Patients also told us that their privacy and dignity was respected. One patient told us:

- ‘[...] is very caring and treated me with dignity and respect at all times. This was my first time having this treatment and everything was explained very clearly, step by step.’
The service received positive feedback through social media and thank you cards.

Appropriate policies and procedures were in place to manage complaints. Information about how to make a complaint was available to patients in the aftercare information provided. The service had not received any complaints.

**What needs to improve**

Aftercare information was provided to patients using various leaflets including drug manufacturer’s pre-printed cards and the service’s own leaflet. However, the written aftercare leaflet did not include emergency contact details, information about how to give feedback or how to make a complaint to Healthcare Improvement Scotland (recommendation a).

The most recent survey was carried out in 2017. The service could consider a regular cycle of planned feedback activity to identify improvements.

- No requirements.

**Recommendation a**

- The service should further develop its written aftercare advice leaflet for patients.
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. The service had suitable procedures in place to deal with emergencies. An adult support and protection policy should be developed and implemented. A regular programme of audits should also be introduced to help identify and make improvements.

Patients told us they were cared for in a clean and safe environment. A range of policies and procedures were in place to help the service deliver care safely, such as an infection control policy and servicing and maintenance contracts.

A safe system was in place for the procurement, prescribing, storage and administration of medicines, in line with the service’s medication policy. Medicines were in date and stored in a locked cupboard or a locked refrigerator located in the manager’s home. Patient care records documented medicines used, batch numbers and expiry dates. We saw suitable emergency equipment and medication readily available.

The service recorded an incident that had occurred during a treatment. We saw that the service had acted to find the cause and made improvements.

What needs to improve

The service had not reported some notifiable incidents to Healthcare Improvement Scotland in line with the notification guidance (requirement 1).

The service had not developed an adult support and protection policy and procedure (recommendation b).
The service used botulinum toxin vials for single-patient use that were then kept for up to 2 weeks. This is not in line with the manufacturers, or best practice guidance. While the manager was able to describe procedures in place to safely transport medicines from their home address, it was not accurately reflected in its medicines management policy (recommendation c).

We saw no evidence of audits being completed, action plans developed or improvements actioned for topics such as medicines management, infection prevention and control or patient care records (recommendation d).

**Requirement 1 – Timescale: Immediate**

- The provider must notify Healthcare Improvement Scotland of incidents in line with the Healthcare Improvement Scotland notification guidance.

**Recommendation b**

- The service should develop and implement an adult support and protection policy.

**Recommendation c**

- The service should ensure botulinum toxin is used in line with the manufacturers and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

**Recommendation d**

- The service should develop a programme of audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

### Our findings

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

Patients received an assessment before any treatment started that included a medical history questionnaire. Patients told us they were fully involved in all decisions relating to their care. Improvements to the patient care record documentation is required to ensure consistency.

We reviewed three patient care records that were all legible, up to date and included a medical history for each patient. All showed that assessments and consultations were carried out before any treatment started. We saw evidence
that treatment plans were developed and agreed with patients. Dosage and medicine batch numbers were also recorded for each treatment.

One patient care record we reviewed included the record of a complication that took place following a treatment. The comprehensive notes showed it was managed appropriately and effectively and support was sought from relevant qualified practitioners.

Patient care records were kept in a locked filing cabinet. Only the manager had access to these records.

**What needs to improve**
The service used patient care records provided by the drug manufacturers for each type of treatment. We noted that some information, such as current medications, was not recorded and the records did not have enough space to write consultation notes. All patient care records should provide a clear account of particular episodes of care and a comprehensive and concise record of what has occurred (recommendation e).

Consent was not recorded in the patient care record to share information with patients’ general practitioner or other healthcare professionals (recommendation f).

- No requirements.

**Recommendation e**
- The service should review and update patient care records to reflect current legislation and best practice guidance.

**Recommendation f**
- The service should record patients’ consent to share information with general practitioners and other relevant healthcare professionals.
**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 identified areas for improvement and was involved in a number of organisations to help facilitate this. The service must develop a plan to review its policies and procedures and an improvement plan should be developed and actions documented.

The manager was also the aesthetic nurse and completed ongoing training as part of their NHS employment. They also belonged to national groups, such as the Royal College of Nursing (RCN) and British Association of Cosmetic Nurses (BACN). This group of cosmetic nurses regularly report on difficulties encountered, possible solutions and provides learning opportunities and support for its members. This allowed the service to keep up to date with changes in the aesthetics industry, legislation and best practice guidance.

The service had formal partnerships with other aesthetic practitioners in the area. This helped to discuss treatments, procedures or complications, provide peer support and best practice guidance when needed. The service told us it had recently used this network when managing a complication with a treatment. We saw evidence of this documented in the patient care record.

**What needs to improve**

The service did not have a formal quality improvement plan to help structure and record its improvement activities and help evaluate their impact (recommendation g).

- No requirements.

**Recommendation g**

- 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.

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td>Recommendation</td>
<td>The service should further develop its written aftercare advice leaflet for patients (see page 8).</td>
</tr>
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</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirement</th>
<th>The provider must notify Healthcare Improvement Scotland of incidents in line with the Healthcare Improvement Scotland notification guidance (see page 10).</th>
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<tbody>
<tr>
<td>Timescale</td>
<td>immediately</td>
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Regulation 5(1)(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 develop and implement an adult support and protection policy (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20

**c** The service should ensure botulinum toxin is used in line with the manufacturers and best practice guidance and update its medicines management policy to accurately reflect the processes in place (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

**d** The service should develop a programme of audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 10).

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

**e** The service should review and update patient care records to reflect current legislation and best practice guidance (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

**f** The service should record patients’ consent to share information with general practitioners and other relevant healthcare professionals (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 2.14

### Domain 9 – Quality improvement-focused leadership

#### Requirements

None
### Domain 9 – Quality improvement-focused leadership (continued)

<table>
<thead>
<tr>
<th>Recommendation</th>
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<tr>
<td><strong>g</strong> The service should develop and implement a quality improvement plan (see page 12).</td>
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</tbody>
</table>

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.ihcreports@nhs.net