Announced Inspection Report: Independent Healthcare

Service: Samantha Campbell Aesthetics, Glasgow
Service Provider: Samantha Campbell Aesthetics

10 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 contactpublicinvolvement.his@nhs.net
Contents

1  A summary of our inspection  4

2  What we found during our inspection  7

Appendix 1 – Requirements and recommendations  14
Appendix 2 – About our inspections  17
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 Samantha Campbell Aesthetics on Wednesday 10 July 2019. We spoke with the sole director during the inspection. Forty three patients completed an online survey we had issued to share their experience of using the service. 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 Samantha Campbell Aesthetics, 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>
</tr>
<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 manager maintained current best practice through training and attending events in the aesthetics industry. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.</td>
<td>✔ Satisfactory</td>
</tr>
</tbody>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive consultations and assessments were carried out before treatment and were clearly documented in patient care records.</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_inpection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inpection_guidance/inspection_methodology.aspx)

What action we expect Samantha Campbell Aesthetics to take after our inspection

This inspection resulted in one requirement and six 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

Samantha Campbell Aesthetics, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Samantha Campbell 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 felt involved and were kept informed of all decisions about their care. More information about treatments should be shared with patients. The service’s current participation policy should be developed.

The service made sure that patients’ privacy and dignity was maintained. Windows were adequately screened and the treatment room was locked when patients were undergoing treatments. All consultations were by appointment and only one patient was treated in the service at a time, maintaining confidentiality.

Patients who completed our online survey were very positive about their experience with the service. All patients agreed they had been treated with dignity and respect, and had been involved in decisions about their care.

Comments included:

- ‘Very personable and professional service provided at all times.’
- ‘A full consultation was carried out which detailed what I should expect from my treatment.’
- ‘I was fully involved in all decisions about my care.’

The service gathered patient feedback in a range of ways. Patients were encouraged to provide feedback verbally, in writing, and through social media. All posts on social media were positive.

The service had recently introduced a patient feedback questionnaire which was given to patients at the end of their treatment. We saw evidence that patient feedback was regularly reviewed. We were shown some of these questionnaire...
reviews during the inspection and, again, all were positive about their experience with the service.

Information about how to make a complaint was displayed in the treatment room. This included the service’s complaints policy. It stated that patients could complain to Healthcare Improvement Scotland at any point and included contact details. Patients were encouraged to verbally discuss any complaints or concerns they had with the service during consultations. The service had not received any complaints.

What needs to improve
Treatment costs were provided on the service’s website and on a leaflet at reception. However, information about the procedures and the risks and benefits of treatment to help patients make an informed decision was not provided (recommendation a).

Although the service had a participation policy, it did not provide information about how the service gathered feedback to develop and improve the service (recommendation b).

■ No requirements.

Recommendation a
■ The service should provide patients with information about treatments. This should include information about the procedures and the risks and benefits.

Recommendation b
■ The service’s participation policy should document its approach to gathering and using feedback.
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 safe and clean environment. A regular programme of audits should be introduced to help the service make improvements. Pre-employment safety checks must be carried out.

The general clinic environment and equipment was clean and well maintained. Appropriate infection prevention and control processes were in place. Single-use equipment was used for clinical procedures to prevent the risk of cross-infection. We saw contracts in place for clinical waste removal, including medical sharps. We saw evidence of appropriate fire and electrical safety checks for the premises. Maintenance contracts were in place and regular servicing carried out, such as fire, gas and electrical safety checks for the premises.

Patients who completed our online survey were extremely satisfied with the quality of cleanliness of the service. Comments included:

- ‘Very hygienic and clean at all times.’
- ‘Friendly, safe and clean environment.’

The service had a safe system for prescribing, storing and administering medicines. Medications we looked at were in date and stored securely in a locked fridge with built-in temperature recordings. The manager had been trained to deliver basic adult life support in the event of a medical emergency.

Medical risks that could have impacted the effect of treatment on patients were identified through an initial health assessment. If risks were identified, treatment was not provided until the patient had sought advice from their GP.
Policies were regularly reviewed and updated to reflect current legislation and best practice. A duty of candour policy had been developed to provide information for staff about how to manage situations where something had gone wrong with patient treatment or care.

While no accidents or incidents had been reported in the service, a clear system was in place to record and manage accident and incident reporting.

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

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 1).

There was no procedure for reviewing the prescriber’s compliance with all aspects of the practicing privileges arrangement and for regularly renewing the agreement. For example, there was no review of the prescriber’s continuing professional development requirements, annual appraisal and revalidation (recommendation c).

While we saw evidence that the service had recently carried out an infection prevention and control audit, we saw no evidence of an audit programme. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation d).

The infection prevention and control policies and procedures were adequate and the manager was aware of good practice. However, they did not reference Healthcare Improvement Scotland’s Healthcare Associated Infection (HAI) Standards (February 2015) or Health Protection Scotland’s National Infection Prevention and Control Manual (recommendation e).

Requirement 1 – Timescale: immediate

- The provider must ensure that all staff working in a registered healthcare service have appropriate safety checks in place.

Recommendation c

- The service should develop and implement a procedure for reviewing the prescriber’s compliance with all aspects of the practicing privileges arrangement and for renewing the agreement.
**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 update its infection prevention and control policies to reference current legislation and best practice guidance.

### Our findings

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

Comprehensive consultations and assessments were carried out before treatment and were clearly documented in patient care records.

We reviewed five patient care records. We saw that a comprehensive consultation and assessment was carried out each time a patient attended for treatment. This included a medical history, previous treatment and any areas which would highlight any risks associated with the treatment such as pregnancy or any previous allergic reactions. Each record documented:

- the medicines used
- batch numbers and expiry dates, and
- a signed consent for treatment and sharing information with other relevant staff in the event of an emergency.

Patients were given verbal and written aftercare advice. They were also invited to attend a free follow-up appointment. This allowed the service to make sure patients were happy with the results and provide any additional treatment or advice.

The service maintained the confidentiality of patients’ information by storing any paper files in a locked filing cabinet. Patient care records we reviewed were legible and all entries were signed and dated. The manager had carried out training in line with updated general data protection regulations.

- No requirements.
- No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The manager maintained current best practice through training and attending events in the aesthetics industry. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

We saw examples where improvements had been made following patient feedback. This included the introduction of easier and more flexible payment options and extended opening hours to allow patients to attend appointments outside of the normal working times.

Policies, such as data protection and duty of candour, had been regularly reviewed and updated to reflect legislative requirements.

The service is an active member of a variety of industry specific and national organisations. This included the British Association of Cosmetic Nurses and the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any 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 journals and forums, and attending regular conferences and training days provided by pharmaceutical companies.

The service is owned and managed by a nurse who is registered with the Nursing and Midwifery Council (NMC). The service engages in regular continuing professional development.

What needs to improve

The service carried out patient experience surveys to identify areas for improvement. However, no overall quality assurance system or improvement plan was in place. A quality improvement plan would help to structure and
record service improvement processes and outcomes. This would enable the service to demonstrate a culture of continuous improvement and measure the impact of change (recommendation f).

■ No requirements.

Recommendation f
■ 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>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
</table>
| **a** The service should provide patients with information about treatments. This should include information about the procedures and the risks and benefits (see page 8).  

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9 |

| **b** The service’s participation policy should document its approach to gathering and using feedback (see page 8).  

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

### Requirement

**1** The provider must ensure that all staff working in a registered healthcare service have appropriate safety checks in place (see page 10).

Timescale – immediate

*Regulation 8*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

**c** The service should develop and implement a procedure for reviewing the prescriber’s compliance with all aspects of the practicing privileges arrangement and for renewing the agreement (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 3.14

**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 (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

**e** The service should update its infection prevention and control policies to reference 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 4.11
## Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The service should develop and implement a quality improvement plan (see page 13).</td>
<td></td>
</tr>
</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

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
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
0141 225 6999

www.healthcareimprovementscotland.org