Announced Inspection Report: Independent Healthcare

**Service:** Zen2skin Aesthetics, Polmont

**Service Provider:** Zen2skin Aesthetics Ltd

31 January 2020
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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 Zen2skin Aesthetics on Friday 31 January 2020. We spoke with three staff members. We received feedback from 12 patients through an online survey we 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 Zen2skin 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><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
</tbody>
</table>
Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national groups and attending conferences. Staff meetings should be formalised and actions to be taken recorded.</td>
<td>☑ Satisfactory</td>
<td></td>
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</table>

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

Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Although patient consultations were detailed, information about patient expectations should also be recorded in the patient care records. Patients were happy with the information given to them about the risks and benefits of treatment.</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 Zen2skin Aesthetics Ltd to take after our inspection

This inspection resulted in four 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](http://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 Zen2skin 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 who provided feedback felt involved in decisions about their treatment and were positive about their experience. Information about how to make a complaint should be more accessible to patients.

The clinic environment promoted the privacy, dignity and confidentiality of its patients. The treatment room had a lock and windows were screened. All patients who responded to our survey strongly agreed they were treated with dignity and respect. Patients also said they were involved in decisions about their care. Comments included:

- ‘Pragmatic and honest discussion taking into account my concerns.’
- ‘They listen to my requests, the issues I wanted addressed and explained how I could achieve the look I was after.’
- ‘Every aspect of treatment was explained and discussed. I was fully involved in all aspects of decision making.’

Patients could visit the service’s website for information about services and treatments offered, including costs. Detailed information was available about what to expect before and after treatment, as well as side effects.

Patients could provide feedback about the service in a variety of ways. They were given a feedback form immediately after their treatment and a patient satisfaction survey was also sent to patients a few weeks following their treatment. A comments/feedback box was also located in reception and patients could leave online testimonials on social media. We saw the service had recently started to evaluate feedback received from patients and actions
had been taken as a result. For example, appointments were introduced at the weekend following requests from patients.

All patients who completed our survey described their experience as very positive.

- ‘A very professional and positive experience.’
- ‘Fantastic service, highly professional.’
- ‘Very personal service with great care to ensure client is at ease and understands the procedure.’

The service’s duty of candour policy described how it would meet its professional responsibility to be honest with patients if things went wrong.

**What needs to improve**

While the service had a complaints policy, information on how to raise a complaint was not easily accessible for patients. We discussed ways to make the process more widely available, for example adding information to the service’s website and displaying information in the premises (recommendation a).

While the service had started to gather patient feedback, and we saw evidence of this being used to drive improvement, the details of how this would be carried out was not described in its participation policy. The service agreed to expand the participation policy to provide details about how it gathered, evaluated and used patient feedback to drive improvement. We will follow this up at future inspections.

- No requirements.

**Recommendation a**

- The service should ensure that information about how to make a complaint about the service is available to 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

Satisfactory systems ensured treatments were delivered in a safe and clean environment. Patients were happy with the cleanliness of the clinic. Medicines were managed safely. A formal audit programme should be developed to ensure the continuous safe delivery of care.

The clinic environment and equipment was clean and well maintained. We saw a daily cleaning checklist in place. Single-use equipment and disposable gloves and aprons were available for use to prevent the risk of cross-infection. Appropriate arrangements were in place for the disposal of sharps, such as syringes and needles, and clinical waste. All patients who completed our survey said they were extremely satisfied with the clinic environment and cleanliness. Comments included:

- ‘The room and equipment was cleaned to a very high standard.’
- ‘Everything was cleaned, including me! Gloves were used, and changed, to mitigate potential risk of infection.’
- ‘Immaculate clinic, highest levels of hygiene and care.’

The service had a medicine management policy, and we saw a safe system for the procurement, prescribing, storage and administration of medicines. All medicines were stored appropriately either in a locked drug fridge or in a cupboard in the treatment room. Although the cupboard was not locked, the treatment room was locked at all times when not in use. We saw the fridge temperature was checked twice a day to make sure medications were kept at the correct temperature.

Arrangements were in place to deal with medical emergencies, including emergency medication. We saw an audit was carried out every month to make
sure emergency medications were intact and in date. A folder containing information about medical emergencies and complications was available for staff.

While the service had not had any accidents or incidents, a log book was available to record this information, if required.

**What needs to improve**

While some audit activity was carried out, a more structured audit programme would help the service direct its approach to the ongoing review of care and treatment, and demonstrate how improvements are being identified and implemented (recommendation b).

Although we saw some environmental risk assessments in place, the service should consider developing a risk register to record and effectively monitor all its risks in one place.

- No requirements.

**Recommendation b**

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

**Our findings**

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

Although patient consultations were detailed, information about patient expectations should also be recorded in the patient care records. Patients were happy with the information given to them about the risks and benefits of treatment.

Patients were offered a free no obligation first consultation with the service.

We reviewed five electronic patient care records and saw that all had evidence of consultations taking place before treatment. This included a full medical history, medications used including herbal remedies and dietary supplements, allergies and previous cosmetic surgery.

Patient care records detailed each treatment session, with a diagram of the area treated, and the product used with batch numbers and amount given. All parts
of the patient care record were signed and dated by both the patient and practitioner. Records were stored securely on an electronic system and were password protected.

We were told the service had previously identified some gaps in its patient care records for documenting consent to photographs, sharing information with GPs if required, and whether aftercare information had been discussed and provided to patients. Prompts had since been added to the electronic patient care record to ensure this information was now being recorded. We saw this information recorded on more recent patient care records we reviewed. Risks, side effects and benefits were also recorded along with treatment alternatives. All patients who responded to our survey said this information was provided in a way they understood.

**What needs to improve**

We did not see any evidence of discussions that took place between the practitioner and the patient about their expectations from treatment. A summary of the information discussed during consultations should be recorded in the patient care record (recommendation c).

- No requirements.

**Recommendation c**

- The service should record a summary of all discussions that take place between the patient and the practitioner in the patient care record, including patient expectations from treatment.
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 through its membership with national groups and attending conferences. Staff meetings should be formalised and actions to be taken recorded.

The service is owned and run by experienced medical practitioners who are registered with the General Medical Council (GMC). The service engaged in regular continuing professional development. This is managed through the GMC 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 GMC, every 5 years.

The practitioners kept up to date with best practice in aesthetics by being a member of national groups. This included membership of 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. They were also members of aesthetic forums where practitioners were able to ask questions and learn from each other, including accessing educational videos and sessions. The service subscribed to relevant professional journals and attended aesthetic conferences.

The service had recently developed an annual review and quality improvement plan. This will enable the service to focus on how it will continuously review and improve the quality of the service delivered, using feedback, audits results and research evidence available. For example, the service had identified that improvements were needed to record keeping and information given to
patients. We were told this plan would be constantly reviewed and updated as the service developed.

**What needs to improve**
Although we were told staff meetings took place, these were not being formally recorded. This would help the service show how it supported its staff, kept them informed and involved them in service development (recommendation d).

- No requirements.

**Recommendation d**
- The service should hold formal staff meetings. Minutes should be recorded which include any actions taken and those responsible for the actions, and should be shared with all staff.
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>
</tr>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
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<tr>
<td>a The service should ensure that information about how to make a complaint about the service is available to patients (see page 8).</td>
<td></td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td></td>
</tr>
<tr>
<td>b The service should further develop its programme of 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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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>c</strong> The service should record a summary of all discussions that take place between the patient and the practitioner in the patient care record, including patient expectations from treatment (see page 11).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.15

Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
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<tbody>
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<td>None</td>
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<th>Recommendation</th>
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<td><strong>d</strong> The service should hold formal staff meetings. Minutes should be recorded which include any actions taken and those responsible for the actions, and should be shared with all staff (see page 13).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
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