Announced Inspection Report: Independent Healthcare

Service: FTT Skin Clinics (Hamilton)
Service Provider: FTT Skin Limited

13 May 2019
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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 FTT Skin Clinics (Hamilton) on Monday 13 May 2019. We spoke with the financial services director during the inspection. Seventeen 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 one inspector.

What we found and inspection grades awarded

For FTT Skin Clinics (Hamilton), 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>Staff maintained current best practice through training and development. 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 indicators were 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. Consent should be recorded for sharing information with other relevant medical staff.</td>
</tr>
</tbody>
</table>

#### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Staff had annual appraisals and professional registration checks were carried out. We saw good compliance with mandatory training. Staff files must be completed in line with relevant guidance.</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_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 FTT Skin Clinics (Hamilton) to take after our inspection

This inspection resulted in one requirement and five recommendations. The requirement is 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 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)

FTT Skin Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at FTT Skin Clinics (Hamilton) 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 positive about their experience in the service. We saw the service was responsive to feedback. Information on how to make a complaint should be given to patients.

A central customer care team dealt with patient enquiries and all telephone calls were monitored.

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 only.

The service provided information to patients about treatments through information leaflets, its website and videos in reception. Patients who had completed our online survey agreed they had been provided with sufficient information, and that the risks and benefits of treatments had been explained before the treatment. Comments included:

- ‘Everything was explained and discussed about expectations.’
- ‘Professional, informative and very friendly.’

The service used a variety of methods to gather feedback in line with its participation policy. This included an online patient experience survey and social media. We saw evidence that patient feedback was regularly recorded and monitored. Survey results showed that patients were satisfied with the service. We saw recent examples where improvements had been made following patient feedback, such as more accessible customer parking.
What needs to improve
A complaints log was kept up to date and reviewed regularly. The service’s complaints policy included contact details for Healthcare Improvement Scotland and information about how to make a complaint to us. We saw that complaints were dealt with in line with the policy. Patients were encouraged to verbally discuss any complaints with the service during consultations, or advised they could email the service. However, no complaints leaflet was available and no information was displayed on the service’s website or in aftercare information provided about how to make a complaint (recommendation a).

- No requirements.

Recommendation a
- We recommend that 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

Good systems were in place to ensure care and treatment was delivered in a clean and well maintained environment. A regular programme of audits should be introduced to help the service make improvements. Cleaning schedules should be improved.

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. A contract was in place for clinical waste removal, including medical sharps. We saw a good supply of personal protective equipment was available (disposable gloves and aprons).

Patients who completed our online survey were extremely satisfied with the quality of cleanliness.

Maintenance contracts were in place and regular servicing carried out, such as fire, gas and electrical safety checks for the premises.

We saw evidence of appropriate ordering and storage of medicine in line with the service’s medication policy. A system was in place to monitor expiry dates of prescription and emergency medicine every month. The clinical director was trained in basic adult life support.

Policies were regularly reviewed and updated to reflect current legislation and best practice. We saw that the service had policies in place for whistleblowing, bullying and harassment, and dignity and respect. A duty of candour policy had been developed to provide information for staff about how to manage situations where something has gone wrong with patient treatment or care.
What needs to improve
While we saw evidence of regular checks taking place on the care environment and equipment and that medicines were being appropriately stored, 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 b).

Cleaning schedules were up to date and were being used in the treatment rooms. However, they did not specify cleaning products, processes and who was responsible for cleaning (recommendation c).

Flooring was in a poor condition in one treatment room. We saw the service was developing a refurbishment plan for this room. We will follow this up at future inspections.

■ No requirements.

Recommendation b
■ We recommend that 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 c
■ We recommend that the service should develop the existing cleaning schedules to include details on cleaning products, processes and the people responsible for cleaning.

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. Consent should be recorded for sharing information with other relevant medical staff.

All four electronic patient care records we reviewed were fully completed. We saw that comprehensive consultations and assessments had been carried out before treatment started. This included an assessment of patients’ suitability for treatment.
Patient care records included:

- a full medical history, including details of any health conditions, allergies, medications and previous treatments
- medicines dosage and batch numbers
- a diagram of the area treated, and
- a completed consent form.

Consultations and patient care notes were recorded electronically. Appropriate procedures were in place to maintain patient confidentiality in line with the service’s information management policy. Patient care records were reviewed every month to check if they were fully completed. The financial services director had carried out training in updated general data protection regulations.

Pre-care and aftercare advice was emailed to patients. Patients were invited to attend a free follow-up appointment. This allowed the service to ensure patients were happy with their results, discuss any additional treatment or provide further advice.

**What needs to improve**
The service did not record patient consent for sharing information with their GP and other medical staff in an emergency, if required (recommendation d).

- No requirements.

**Recommendation d**
- We recommend that 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.
Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Staff had annual appraisals and professional registration checks were carried out. We saw good compliance with mandatory training. Staff files must be completed in line with relevant guidance.

Staff inductions were tailored to the needs of the individual’s role and job description. Staff received mentoring support and one-to-one training with a senior member of the clinical team. An induction sign-off sheet was completed when a member of staff was considered to be competent to work without supervision.

Staff completed mandatory training including information management, health and safety, and basic life support. Staff training certificates were copied into the staff file and a log of training was maintained. We noted a high completion rate for mandatory training for all staff.

All staff had a yearly appraisal and reviews every 6 months to assess any development and training requirements. We saw that staff training was a standing agenda item at the weekly management team meeting.

A system was in place to ensure relevant staff had ongoing checks on their professional registration status.

We reviewed three staff files, which included staff members that hold practicing privileges (staff not employed directly by the provider but given permission to work in the service). We found that pre-employment checks had been carried out in line with the service’s recruitment policy. All medical staff had medical malpractice and public liability insurance.
What needs to improve
A non-clinical staff member in the service had not had a Protecting Vulnerable Groups (PVG) check carried out (requirement 1).

Requirement 1 - Timescale: 8 October 2019
■ The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the children’s and adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007.

■ 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

Staff maintained current best practice through training and development. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

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 also attended regular conferences and training days provided by pharmaceutical companies. This helped the service keep up to date with current product knowledge, techniques and best practice.

The clinical director regularly provided aesthetic teaching courses across the UK. They also provided mentoring support to other aesthetic practitioners completing a formal aesthetics qualification.

The service and individual staff members had received awards in recognition of their contributions to the aesthetics industry. The clinical director had conducted research into aesthetics related subjects and published a number of articles.

What needs to improve

The service collated and acted on patient feedback and carried out checks on aspects of how the service was delivered 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 e).
No requirements.

**Recommendation e**

- We recommend that 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>
</tr>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
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<tr>
<td>a</td>
<td>We recommend that the service should provide information for patients on how to make a complaint (see page 8).</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 4.20

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

**b** We recommend that 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).

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

**c** We recommend that the service should develop the existing cleaning schedules to include details on cleaning products, processes and the people responsible for cleaning (see page 10).

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

**d** We recommend that 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 11).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

### Domain 7 – Workforce management and support

#### Requirement

**1** The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the children’s and adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007 (see page 13).

Timescale – by 8 October 2019

*Regulation 9*

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

#### Recommendations

None
### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
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<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendation</strong></td>
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</table>
| e | We recommend that the service should develop and implement a quality improvement plan (see page 15).

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: comments.his@nhs.net
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