Announced Inspection Report: Independent Healthcare

**Service:** Luxe Skin by Dr Q - Inverness

**Service Provider:** Quvent Limited

22 December 2021
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 his.contactpublicinvolvement@nhs.scot
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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 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 Luxe Skin by Dr Q - Inverness on Wednesday 22 December 2021. We spoke with the owner (practitioner) before the inspection. We received no feedback from 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.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. Although requested, the service did not submit a self-evaluation.

What we found and inspection grades awarded

For Luxe Skin by Dr Q - Inverness, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
<td>Patients received care and treatment in a clean and well maintained environment. Appropriate processes and procedures must be followed to manage risk and safety for patients and staff. A regular audit programme would help review safe delivery and quality of the service.</td>
</tr>
</tbody>
</table>
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. Quality assurance processes and systems should be further developed to help measure the quality, safety and effectiveness of the treatments delivered in the service. A quality improvement plan should be developed. | Unsatisfactory |

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>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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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)

Further information about the Quality Framework can also be found on our website at: [https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

**What action we expect Quvent Limited to take after our inspection**

This inspection resulted in two requirements 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.
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

Further information about the Quality Framework can also be found on our website at:  

Quvent Ltd the provider, must address the requirements and make the necessary improvements as a matter of priority.
2 What we found during our inspection

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 received care and treatment in a clean and well maintained environment. Appropriate processes and procedures must be followed to manage risk and safety for patients and staff. A regular audit programme would help review safe delivery and quality of the service.

The general clinic environment and treatment rooms were clean and comfortably furnished. We saw alcohol-based hand rub in the reception area at the entrance to the clinic and in treatment rooms. A good supply of personal protective equipment was available for staff and patients. Appropriate infection prevention and control signage was displayed in the treatment room area. The service had up-to-date infection prevention and control policies and a COVID-19 policy.

The door to the service was locked in-between patients entering and the treatment room door was closed between appointments for privacy and dignity. Before attending an appointment, patients completed a COVID-19 screening questionnaire.

The landlord was responsible for building maintenance, including fire safety, the heating system and electrical testing. We saw that fire safety equipment, heating and electrical appliances were tested every year and an up-to-date fire risk assessment was in place. External contractors cleaned the service every week as part of the lease agreement with the landlord. The service’s public liability and medical malpractice insurance cover was up to date.
The service worked in line with its infection prevention and control policy. Personal protective equipment, such as disposable gloves and medical devices, were single-use to reduce the risk of cross-infection. Antibacterial hand wash and disposable hand towels were used to promote good hand hygiene.

The practitioner was solely responsible for the safe procurement, prescribing, storage and administration of medicines. The practitioner ordered medication from pharmacies which was delivered to the service on the day of the patient’s treatments using an appropriate temperature container. Other non-refrigerated medicines, such as dermal fillers were stored in a medicine drawer in the treatment room. We were advised patients could contact the practitioner out of hours if they had any concerns following their treatment.

No accidents, incident or adverse events had occurred in the service since its registration with Healthcare Improvement Scotland in 2018. However, the practitioner was aware of the reporting process and the service’s complaint policy advised patients they could complain to Healthcare Improvement Scotland at any time. Feedback on the service’s website showed that patients were satisfied with the service.

The service is due to move premises in early 2022. At this time, the service will review the existing clinical wash hand basin and ventilation system requirements and make sure they are in line with current guidance for carrying out minor surgical procedures, such as threadlifts.

**What needs to improve**

The service did not have a contract in place to dispose of clinical waste and used sharps in line with national guidelines (requirement 1).

We found no evidence of audits carried out to review the safe delivery and quality of the service. A programme of regular audit should be implemented which, as a minimum includes:

- medicine management, including checking expiry dates of equipment and medicines
- patient care records
- health and safety, and
- cleaning and maintenance of the care environment (recommendation a).

While cleaning materials included chlorine-based solution 1:1000ppm chlorine, we saw no evidence of a cleaning schedule. The service should include documented evidence to show its compliance with the standard infection
control precautions described in Health Protection Scotland’s *National Infection Prevention and Control Manual* (recommendation b).

A system was in place for documenting accidents and incidents or for reporting notifiable incidents or adverse events to regulatory authorities. However, the service’s policy did not reflect Scottish adult support and protection legislation. The service’s policy should set out how any concerns about the safety of a patient would be escalated (recommendation c).

**Requirement 1 – Timescale: by 22 March 2022**

- The provider must demonstrate evidence of the safe disposal of clinical waste and containers used to dispose of sharps in line with hazardous waste legislation. A waste transfer note must also be used each time waste is collected from the service.

**Recommendation a**

- 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 b**

- The service should develop cleaning schedules in line with guidance in Healthcare Protection Scotland’s *National Infection Prevention and Control Manual*.

**Recommendation c**

- The service should introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance.

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**Our findings**

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

**Patient care records documented assessment information and personal details. Aftercare information should be available in written format. GP details, consent to sharing information with other healthcare professionals and next of kin or emergency contact details were not documented.**

The practitioner carried out a basic assessment of patients’ past medical history before they received any treatment. This included gathering limited information...
about any pre-existing medical conditions, prescribed medicines and allergies. From the five patient care records we reviewed, we saw treatment costs were discussed during initial consultations.

The service used an electronic record management system to store all patient information in individual patient care records. Access to this information was password-protected in line with data protection legislation.

All patient care records we reviewed had consent forms completed for treatments, which included details of the risks and benefits. Consent was recorded for sharing photographs. Patient and practitioner signatures were noted on appropriate documents. A record of treatment and batch numbers, including expiry dates for medicines used were also documented in patient care records.

Verbal advice given to patients after their treatments included information about contacting the practitioner out of hours if required. We were told patients were advised and given the opportunity to book a follow-up appointment using the service’s social media app or over the telephone.

**What needs to improve**

Patient care records we reviewed did not document the patients’:

- GP name
- GP contact details
- next of kin contact details, or
- emergency contact details.

Minimal information was recorded for their past medical history and we saw no evidence of psychological assessments or details of allergies. Patient care records also did not document that patients had been asked for their consent to share their information with the GP or other healthcare professionals in an emergency situation (recommendation d).

All information given to patients after receiving treatments was verbal and not in written format (recommendation e).

- No requirements.
Recommendation d

■ The service should document patient details, including a more detailed past medical history, GP, next of kin and emergency contact details in the patient care record.

Recommendation e

■ The service should provide written aftercare information to patients following their treatments. This should include possible complications and details of who to contact when the service is closed.
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. Quality assurance processes and systems should be further developed to help measure the quality, safety and effectiveness of the treatments delivered in the service. A quality improvement plan should be developed.

The service is owned and managed by a medical practitioner registered with the General Medical Council (GMC). The practitioner engaged in regular continuing professional development. This is managed through the GMC registration and revalidation process. 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. We noted they also attended regular training and conferences in the aesthetic industry to keep up to date with best practice and deliver treatments in line with evidenced-based research.

The service had developed a clinical governance policy to guide and direct continuous quality improvement activities in the service, including recognising high standards of care, transparent responsibility and accountability for these standards and an ethos of continuous improvement.

The service used social media and verbal feedback from patients and their experiences using the service to inform service improvement.

What needs to improve

We found limited evidence of quality assurance systems for reviewing the quality of care and treatment provided. For example, the service did not have a participation policy in place and we found no clear evidence of formally collecting, addressing or evaluating patient feedback (requirement 2).
The service did not have a formal quality improvement plan in place. A quality improvement plan would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would allow the service to clearly demonstrate a culture of continuous quality improvement (recommendation f).

The service did not have a duty of candour policy to show how it would meet its professional responsibilities to be honest with patients if things went wrong (recommendation g).

Requirement 2 – Timescale: by 22 April 2022

■ The provider must implement a suitable system of regularly reviewing the quality of the service.

Recommendation f

■ The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Recommendation g

■ The service should develop and implement a duty of candour policy.
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 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirement</th>
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</table>
| **1** The provider must demonstrate evidence of the safe disposal of clinical waste and containers used to dispose of sharps in line with hazardous waste legislation. A waste transfer note must also be used each time waste is collected from the service (see page 9).

Timescale – by 22 March 2022

*Regulation 13(d)(iii)*

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

<table>
<thead>
<tr>
<th>Recommendations</th>
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| a 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 9).

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)

**b** The service should develop cleaning schedules in line with guidance in Healthcare Protection Scotland’s *National Infection Prevention and Control Manual* (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 5.22

**c** The service should introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance (see page 9).

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 document patient details, including a more detailed past medical history, GP, next of kin and emergency contact details in the patient care record (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 4.14

**e** The service should provide written aftercare information to patients following their treatments. This should include possible complications and details of who to contact when the service is closed (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 2.9

### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
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<tr>
<td><strong>2</strong> The provider must implement a suitable system of regularly reviewing the quality of the service (see page 13).</td>
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Timescale – by 22 April 2022

*Regulation 13(2)(b)*

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
## Domain 9 – Quality improvement-focused leadership (continued)

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<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</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: his.ihcregulation@nhs.scot