Announced Inspection Report: Independent Healthcare

**Service:** LA Aesthetic Clinic, Banff

**Service Provider:** LA Aesthetic Clinic

10 August 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 the 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 LA Aesthetic Clinic on Tuesday 10 August 2021. We received feedback from eight patients through 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 two inspectors (one of whom was observing).

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. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For LA Aesthetic Clinic, the following grades have been applied to two key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Patients were cared for in a clean and safe environment with systems and processes in place to maintain safety.</td>
<td>✔ ✔ Good</td>
</tr>
<tr>
<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
<td></td>
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<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 training events. A comprehensive quality improvement plan was in place.</td>
<td>✔ Satisfactory</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>Quality indicator</th>
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</tr>
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<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>All patients received an assessment before any treatment was carried out. Treatments were fully explained and any associated risks discussed.</td>
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</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 LA Aesthetic Clinic to take after our inspection**

This inspection resulted in two 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 LA Aesthetic Clinic for their assistance during the inspection.
3 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 were cared for in a clean and safe environment with systems and processes in place to maintain safety.

The service provided a range of non-injectable aesthetic treatments. Patients were cared for in a clean and safe environment. Single-use equipment was used for procedures to prevent the risk of cross-infection. An infection prevention and control policy was in place and the owner, who is also the practitioner, had a good awareness of infection prevention and control practices.

From completed cleaning checklists, we saw that the clinic was cleaned at the start of the day and after each patient appointment. Enhanced cleaning is a process for cleaning introduced due to the pandemic and this was carried out on ‘high-touch areas’ after every appointment. Single-use mops were also used.

Appointments were arranged with appropriate gaps in between to allow time for cleaning surfaces and to avoid unnecessary contact with other patients. Alcohol-based hand rub dispensers were available at the entrance to the building and at the clinic reception. We were told about the service’s COVID-19 screening process through email before appointments and further screening was carried out on arrival at the clinic. Patients were told not to attend their appointment if they suspected they had symptoms of COVID-19.
All patients who responded to our online survey told us they were extremely satisfied with the environment and the standard of cleanliness. Comments included:

- ‘Clinic is always cleaned to the highest standards and the equipment is perfectly maintained.’
- ‘Environment is always clean and comfortable.’

Arrangements in place to deal with medical emergencies included training for staff and first aid supplies.

A range of policies and procedures were in place to help the service deliver care safely. Policies and procedures were regularly reviewed to make sure they remained up to date and the service followed current legislation and best practice.

The service used intense pulse light (IPL) for several treatments, including hair reduction therapy. Appropriate maintenance contracts were in place for this machine along with operation manuals, policies and local rules which was signed by a laser protection advisor. The practitioner, who is also the owner of the service was the named laser safety advisor and we saw appropriate safety measures were in place.

An audit programme had been developed and implemented. The service carried out regular audits, including for patient care records and infection prevention and control of the general environment. From completed audits, we saw areas for improvement had been identified and recorded in a quality improvement plan.

The landlord was responsible for the servicing and maintenance of the building, including gas safety, fixed electrical safety and fire safety.

Risk assessments were carried out to identify new risks. The provider maintained a risk register and demonstrated to us how it actively worked towards reducing risks. We saw documentation of actions taken and completion or review dates.

The service kept an accident book and an incident log book. The practitioner had a good understanding of their responsibilities for reporting accidents, incidents and adverse events.
What needs to improve
The service’s clinical hand wash sink was not being cleaned with 1,000ppm chlorine in line with current guidance (recommendation a).

■ No requirements.

Recommendation a
■ The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks.

Our findings
Quality indicator 5.2 - Assessment and management of people experiencing care

All patients received an assessment before any treatment was carried out. Treatments were fully explained and any associated risks discussed.

The four electronic patient care records we reviewed were consistently completed and included:

- allergies
- consent to treatment
- consultation between the patient and the practitioner
- GP details
- medical history, and
- medications.

The practitioner and the patients had signed the patient care records.

Patient care records also documented that the practitioner shared information about risks and benefits with patients before any treatment started. All patients who responded to our survey agreed they had been involved in decisions about their care and treatment, and had been given time to reflect on their treatment option before consenting to it. Comments included:
• ‘I was given all information about what I was having done and about aftercare.’
• ‘Was supported to make informed decisions at each session.’
• ‘Always well informed and never felt ‘rushed.’

We saw documented in the care records that following treatment, patients were given verbal and written aftercare information, including the emergency contact details of the practitioner.

Patient information was stored electronically. This information was password-protected and the electronic system was backed up.

**What needs to improve**
Patients’ emergency contact details were not documented in the patient care record (recommendation b).

■ No requirements.

**Recommendation b**
■ The service should ensure that patients’ emergency contact details are recorded in the patient care record.
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 training events. A comprehensive quality improvement plan was in place.

The service was owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC) owner who is also a member of the British Association of Cosmetic Nurses (BACN).

The practitioner kept up to date with best practice through ongoing training and development and attending training events. This made sure the service kept its knowledge current with changes in the aesthetics industry, legislation and best practice guidance. Update-training in infection prevention and control and basic life support was completed every year.

The service’s comprehensive quality improvement plan detailed improvements it had implemented or planned. The outcomes were linked to the health and social care standards.

What needs to improve
We were told of a peer group where the practitioner and another aesthetics practitioner met every 3 months to share learning and discuss updates in current practice. However, minutes of this were not recorded. We will follow this up at future inspections.

- No requirements.
- No recommendations.
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.

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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