Announced Inspection Report: Independent Healthcare

Service: Face and Soul, Edinburgh
Service Provider: Fiona Minto

17 August 2022
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 Face and Soul on Wednesday 17 August 2022. We spoke with the sole practitioner and received feedback from six 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 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. The service submitted a satisfactory self-evaluation.

What we found and inspection grades awarded

For Face and Soul, 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 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>
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</table>
### Key quality indicators inspected (continued)

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Patients were cared for in a clean environment that was well maintained. A variety of policies and procedures were in place to make sure care was safely delivered. Formal clinical waste collection and disposal arrangements must be implemented and a programme of regular audits should be introduced.</td>
<td>✔ Satisfactory</td>
</tr>
</tbody>
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#### 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>A quality framework set out the service’s approach to continuous quality improvement. The practitioner kept up to date with legislation and best practice through their professional memberships and self-directed development.</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>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>A comprehensive consultation and assessment was carried out for each patient before any treatment took place. Patients’ consent to treatment, next of kin details and consent to share relevant information with their GP should be recorded.</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

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

**What action we expect Fiona Minto to take after our inspection**

This inspection resulted in one requirement and four 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.

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

Fiona Minto, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Face and Soul 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

A consultation process gave patients the opportunity to obtain information before any treatment took place. Patients were encouraged to provide feedback and results were used to make improvements where possible. Patients said they were given adequate information about treatment costs, benefits, expected outcomes and aftercare.

All patients received a face-to-face consultation before any treatment was carried out, which was recorded in their patient care record. The consultation process gave patients the opportunity to ask the practitioner questions and obtain enough information to make a decision about their treatment, such as what treatment options were suitable, risks and benefits, desired outcomes and costs. For some treatments, written information was also given to patients to take away with them.

A participation policy described how the service involved patients in improving the way it was delivered. Patients were encouraged to complete a feedback questionnaire following treatment and post a review of their experience on the service’s website or social media pages. Comments were reviewed and analysed to see if there were any possible improvements that could be made to the way the service was delivered. We saw a recent example where a patient had requested cosmetic acupuncture, which led to the practitioner undertaking facial enhancement acupuncture training to be able to offer this treatment.

A complaints policy explained how patients could make a complaint and what they could expect in terms of investigation and resolution timescales. It also signposted patients to Healthcare Improvement Scotland if they wished to raise a complaint at any time. We suggested the procedure could be added to the service’s website to make it easy for patients to access if needed.
A duty of candour policy described how the service would meet its responsibility to be honest with patients when things go wrong. No duty of candour incidents had occurred since the service registered with Healthcare Improvement Scotland in November 2019.

All patients who responded to our survey said they received adequate information about treatment costs, benefits, expected outcomes and aftercare. Comments included:

- ‘[…] explained everything upfront very clearly to me. It was done extremely professionally and I felt looked after and in safe hands throughout.’
- ‘[…] takes time to explain effects and benefits but also treatment plan and guides you through the whole process.’
- ‘Everything was clearly explained to me. […] amends the treatment based on consultation.’

■ No requirements.
■ No recommendations.
**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 environment that was well maintained. A variety of policies and procedures were in place to make sure care was safely delivered. Formal clinical waste collection and disposal arrangements must be implemented and a programme of regular audits should be introduced.

The environment and equipment were clean and in good repair and the treatment room was adequately lit and ventilated. A number of infection prevention and control measures helped to minimise the risk of cross infection. All equipment used was single-use, an infection prevention and control policy was in place, and the practitioner had good awareness of infection prevention and control practices. Additional precautions remained in place to minimise the spread of COVID-19. This included practicing good hand hygiene, wearing personal protective equipment such as disposable gloves, and making sure the care environment and patient equipment were regularly cleaned.

Maintenance of gas appliances, the electrical installation, firefighting equipment and portable appliances was managed by the owner who rented the room to the practitioner.

A system was in place for managing accidents and incidents and responding to emergencies. A business continuity plan set out the steps the practitioner would take to ensure patient continuity and aftercare if business ceased for any reason.
All patients who responded to our survey said they were satisfied with the facilities, equipment and environment in which they were treated. Comments included:

- ‘Very pleasant surroundings. All clean and professional.’
- ‘Very relaxing extremely clean and comfortable.’

What needs to improve
The service did not generate much clinical waste. An informal arrangement was in place with a local pharmacy for the service’s used sharps boxes to be taken to the pharmacy and disposed of using their clinical waste contract. Clinical waste must be collected from the point at which it was generated (requirement 1).

No audits had been carried out since before the start of the COVID-19 pandemic. However, the practitioner planned to introduce monthly patient care record audits in the near future. Consideration should be given to widening this proposed audit programme to include other aspects to ensure the safe delivery and quality of the service, such as infection prevention and control practices (recommendation a).

Requirement 1 – Timescale: 21 November 2022
- The provider must implement a contract with a suitable licensed waste contractor for the collection and disposal of clinical waste generated by 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 actions implemented.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

A comprehensive consultation and assessment was carried out for each patient before any treatment took place. Patient’s consent to treatment, next of kin details and consent to share relevant information with their GP should be recorded.

A consultation and assessment was carried out to assess patients’ suitability for treatment. The five patient care records we reviewed showed that consultations and assessments had been carried out before treatment started. Patient care records contained information about patients’ past medical history and current medical issues to help plan care and treatment according to individual need. Records included:

- consultation and detailed assessment
- medical history, including details of any health conditions, allergies, medications and previous treatments
- treatment plan, and
- comprehensive practitioner notes.

All entries were signed, dated and timed. Written aftercare instructions were given to patients, and we were told the practitioner discussed these instructions with the patient at the end of their treatment.

All patients who responded to our survey said they felt involved in decisions about their care and treatment and were given sufficient time to reflect on options before they gave consent to any treatment. Comments included:

- ‘Options given pre-treatment and on day questions asked and guided based on my answers allowing me to make a clear informed decision.’
- ‘Always discuss outcome/effects of previous treatment and what I’d like to focus on.’
- ‘I am encouraged to ask questions and be involved in the acupuncture treatment.’
A confidentiality and general data protection regulations policy described how the service kept patient information safe and secure. A separate computer was used that was password protected and the service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) to ensure the safe storage of confidential patient information.

**What needs to improve**

None of the patients care records we reviewed contained a written record of the patient’s consent to treatment. This meant the service could not show that consent had been given voluntarily or that patients had been given all the information they needed to make their decision to proceed with treatment. While no medicines were used for treatment, and the risk of complications was small, it is good practice to obtain the patient’s written consent to treatment before it takes place (recommendation b).

No next of kin details were being recorded in patient care records. This meant it would be difficult to make contact with a patient’s next of kin if there was an emergency (recommendation c).

Patients were not routinely being asked for their consent to share relevant information with their GP or other healthcare professional, if the need arose, and this information was not being recorded in the patient care record (recommendation d).

- No requirements.

**Recommendation b**

- The service should obtain patient’s written consent to treatment before any treatment takes place.

**Recommendation c**

- The service should record the contact details of the patient’s next of kin in the patient care record, in case an emergency situation arises.

**Recommendation d**

- The service should develop its consent form to ensure that patients are asked to consent to relevant information being shared with other healthcare professionals, as and when appropriate.
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

A quality framework set out the service’s approach to continuous quality improvement. The practitioner kept up to date with legislation and best practice through their professional memberships and self-directed development.

A quality framework described how the service would continually develop and improve by focusing on the key principles of national health and social care standards. This included setting and measuring key performance indicators about patient feedback, complaints and infection rates. It described how this would be achieved by:

- attending the British Medical Acupuncture Society’s annual conference
- ensuring they carried out 5 professional development days each year, and
- professional membership of the Nursing and Midwifery Council (NMC), British Medical Acupuncture Society, Cosmetic Acupuncture UK and the Aesthetic Complications Expert Group.

These organisations offered further training and learning opportunities through online courses and annual conferences.

The practitioner maintained their professional registration with the NMC through its regular and routine revalidation process. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC, every 3 years. They also kept up to date with their own professional development through online training courses and conferences. We saw training records and certificates for several training courses the practitioner had recently
carried out, in various industry relevant subjects. For example, they had recently trained in facial enhancement acupuncture and were still in communication with the course tutors for continued peer support and supervision.

What needs to improve
The quality framework had not been reviewed since it was implemented in 2019. The practitioner told us this was due to the business interruption caused by the COVID-19 pandemic and they planned to review the framework in the near future. 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.

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

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<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>Timescale – 21 November 2022</td>
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<tr>
<td>Regulation 3(d)(iii)</td>
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<tr>
<td>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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<tr>
<th>Recommendations</th>
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<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
<tr>
<td>b</td>
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<tr>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.17</td>
</tr>
</tbody>
</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

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<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td>c</td>
<td>The service should record the contact details of the patient’s next of kin in the patient care record, in case an emergency situation arises (see page 12).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27</td>
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<td>d</td>
<td>The service should develop its consent form to ensure that patients are asked to consent to relevant information being shared with other healthcare professionals, as and when appropriate (see page 12).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</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
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 his.contactpublicinvolvement@nhs.scot.