

Announced Inspection Report: Independent Healthcare

Service: DRVICTORIA Clinic, Edinburgh

Service Provider: Skin Clinic (Edinburgh) Limited

12 January 2023

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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 DRVICTORIA Clinic on Thursday 12 January 2023. We spoke with a number of staff and patients during the inspection. We also received feedback from three 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 comprehensive self-evaluation.

What we found and inspection grades awarded

For DRVICTORIA Clinic, the following grades have been applied to the key quality indicators inspected.

| Key quality indicators inspected | | |
|--|--|---------------|
| Domain 2 – Impact on people experiencing care, carers and families | | |
| Quality indicator | Summary findings | Grade awarded |
| 2.1 - People's experience of care and the involvement of carers and families | Patients were very happy with the service. 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. A duty of candour report should be published. | ✓✓ Good |

| Key quality indicators inspected (continued) | | |
|---|--|---------------|
| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | | |
| Quality indicator | Summary findings | Grade awarded |
| 5.1 - Safe delivery of care | Patients were cared for in a clean and well maintained environment. Appropriate safety assurance processes were in place. Policies and procedures helped manage risks, and an audit programme helped to make sure that care and treatment was in line with best practice guidelines. Laser and intense pulse light treatments were carried out in line with legislation, standards and guidance. A risk assessment should be carried out for the surgical scrub sink in the minor surgical treatment room. | ✓✓ Good |
| Domain 9 – Quality improvement-focused leadership | | |
| 9.4 - Leadership of improvement and change | The service's well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. A comprehensive quality improvement plan supported and ensured a continuous culture of quality improvement. | ✓✓ Good |

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 | |
| Quality indicator | Summary findings |
| 5.2 - Assessment and management of people experiencing care | A comprehensive consultation, assessment and consent process was carried out for each patient before any treatment took place. Information about next of kin should be recorded in patient care records. |

| Additional quality indicators inspected (ungraded) (continued) | |
|--|--|
| Domain 7 – Workforce management and support | |
| Quality indicator | Summary findings |
| 7.1 - Staff recruitment, training and development | Systems and processes were in place to help make sure staff recruitment was safe and effective. All pre-employment safety checks had been completed for staff. Induction and appraisal programmes were in place. Staff received good opportunities for training and development. |

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:
https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Skin Clinic (Edinburgh) Limited to take after our inspection

This inspection resulted in three 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

We would like to thank all staff at DRVICTORIA Clinic 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 very happy with the service. 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. A duty of candour report should be published.

All patients received a face-to-face consultation before any treatment was carried out. This was recorded in their patient care record. The consultation process gave patients the opportunity to ask the practitioner questions and receive information to help them make a decision about their treatment. This included what treatment options were suitable, the risks and benefits, desired outcomes and costs. Patients we spoke with and who responded to our survey told us they felt involved in all decisions about their care and treatment.

The service's participation policy described how the service would gather and use patient feedback to continually improve how the service was delivered. Following treatment, patients were sent a request for feedback. The service manager collated and reviewed this feedback, along with any verbal feedback received. We saw evidence that feedback was discussed at the fortnightly staff meeting, and was actioned and included in the service's quality improvement plan. Improvements and actions taken were also published on service's website.

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process.

Aftercare cards and the service's website signposted patients to the procedure on how to make a complaint. We saw evidence that complaints made to the service had been concluded satisfactorily, and had followed the service's complaints policy. Complaints were discussed at the fortnightly staff meetings.

A safeguarding (public protection) policy set out a clear protocol to respond to any adult protection concerns.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. The service had a duty of candour policy, and we saw evidence that staff had been trained in duty of candour principles.

Patients who responded to our online survey and who we spoke with said:

- 'Very happy with service, been coming for years.'
- 'From start to finish a good experience.'
- 'Even being older I was well looked after, this is not always the case in some places.'

What needs to improve

The service had not produced and published a yearly duty of candour report. Even if there have been no incidents requiring the need to implement the duty of candour procedure, a report is still required (recommendation a).

- No requirements.

Recommendation a

- The service should produce and publish an annual duty of candour report.

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 well maintained environment. Appropriate safety assurance processes were in place. Policies and procedures helped manage risks, and an audit programme helped to make sure that care and treatment was in line with best practice guidelines. Laser and intense pulse light treatments were carried out in line with legislation, standards and guidance. A risk assessment should be carried out for the surgical scrub sink in the minor surgical treatment room.

An infection prevention and control policy and effective measures were in place to reduce the risk of infection. Equipment was cleaned between appointments, and the clinic was cleaned at the end of the day. We saw evidence of completed and up-to-date cleaning schedules and noted appropriate cleaning products were used.

The service's clinical governance process included a risk register, risk assessments, daily staff safety huddles and a system to record any accidents or incidents that took place, and any resulting actions taken. This all helped to ensure that care and treatment was delivered in a safe environment.

The temperature of the refrigerator was monitored and recorded to make sure medicines were stored at the correct temperature.

Monthly, documented, audits were carried out and we saw action plans were developed, when needed. Audit outcomes were emailed to staff as well as being discussed at the fortnightly staff meetings. Topics included:

- infection prevention and control
- medicine management

- patient care records
- fire safety
- consultation reviews, and
- patient feedback.

Suitable systems and processes were in place for the safe use of intense pulse light therapy (IPL). A laser protection advisor made sure the service followed laser safety guidance. The most recent advisor's report found the service was fully compliant. Staff using the laser machine had completed appropriate laser safety training. 'Local rules' were displayed, which are the local arrangements to manage laser safety usually developed by the laser protection advisor. The service had a nominated laser protection supervisor in place.

What needs to improve

The minor surgical treatment room did not have an appropriate surgical scrub sink. This means there could be an infection control risk of splash contamination to the surrounding area. We advised the service that a risk assessment should be completed, and a compliant surgical scrub sink should be installed as part of an upcoming refurbishment (recommendation b).

- No requirements.

Recommendation b

- The service should ensure a risk assessment is carried out for the non-compliant surgical scrub sink to ensure appropriate actions are taken to minimise any risks from splash contamination.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

A comprehensive consultation, assessment and consent process was carried out for each patient before any treatment took place. Information about next of kin should be recorded in patient care records.

A consultation and assessment was carried out to assess patients' suitability for treatment. We reviewed five electronic patient care records, and all showed that consultations and assessments had been carried out before treatment started.

Patient care 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.

This information helped the practitioner to plan care and treatment according to individual patient need. We also noted a detailed consent to treatment process, as well as consent to document patients' GPs and emergency contact details. Consent for sharing information with other healthcare professionals in an emergency, if required, was also documented. All entries in the patient care records were signed, dated and timed by the practitioner and patient, where appropriate.

Treatment plans included facial mapping with a description of the treatment and diagram of the areas treated, including batch numbers and expiry dates of the medicines used. This would allow tracking if any issues arose with the medications used.

Written aftercare instructions were emailed to patients, and we were told the practitioner discussed these instructions with the patient at the end of their treatment. Patient care records documented that aftercare information had been provided.

Patient care records were audited every month by the service manager.

All patients we spoke with and who responded to our online survey said they felt involved in decisions about their care and treatment:

- 'Was offered options.'
- 'Initially came for a treatment and after discussion agreed that this would not be suitable.'

The service was registered with the Information Commissioner's Office (ICO) (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

What needs to improve

Patients' next of kin contact details should be recorded in case of an emergency. We noted the service's patient care records did not have a prompt to ensure this information was recorded (recommendation c).

- No requirements.

Recommendation c

- The service should ensure patients' next of kin contact details are recorded in the patient care record in case of an emergency.

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

Systems and processes were in place to help make sure staff recruitment was safe and effective. All pre-employment safety checks had been completed for staff. Induction and appraisal programmes were in place. Staff received good opportunities for training and development.

The three staff files reviewed showed that all appropriate and necessary pre-employment checks had taken place. This included proof of ID, Disclosure Scotland background checks, references, and a record of mandatory and refresher training.

All staff received an induction, mentoring and supervised practice before commencing their role. All staff had regular one-to-one meetings and annual appraisals to identify and set personal development objectives.

Staff we spoke with demonstrated a good understanding of their role, told us they enjoyed working in the service, and received good opportunities for ongoing training and development. They told us they felt listened to and were encouraged to give feedback about how the service should continue to improve.

- No requirements.
- 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

The service's well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. A comprehensive quality improvement plan supported and ensured a continuous culture of quality improvement.

The service had an effective leadership structure with well-defined roles, responsibilities and support arrangements.

Staff we spoke with said they felt valued, respected and well supported. Staff told us senior managers were visible. This meant staff had direct access to senior managers and could raise any issues or concerns and receive a fast response. Minutes of the fortnightly staff meetings and daily safety huddle showed that staff could express their views freely.

Should any complications arise following treatment, the service was a member of the Aesthetic Complications Expert (ACE) Group and the British Association of Cosmetic Nurses (BACN). These groups of practitioners provide guidance and support to help prevent complications in cosmetic treatments.

The clinical director was a recognised Scottish trainer for a number of aesthetic products. We also noted they had recently published an article in a recognised aesthetics journal about treating depression using botulinum toxin.

The management team invested in its staff by organising team building activities and training events to help support a team-based approach to developing the service.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. A quality improvement plan, which included both short-term and long-term actions, helped the service to demonstrate a culture of continuous improvement.

- 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 2 – Impact on people experiencing care, carers and families

Requirements

None

Recommendation

- a The service should produce and publish an annual duty of candour report (see page 8).

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

Requirements

None

Recommendations

- b The service should ensure a risk assessment is carried out for the non-compliant surgical scrub sink to ensure appropriate actions are taken to minimise any risks from splash contamination (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Recommendations

- c The service should ensure patients' next of kin contact details are recorded in the patient care record in case of an emergency (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

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.



Before

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.



During

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.



After

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: his.ihcregulation@nhs.scot

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