

Announced Inspection Report: Independent Healthcare

Service: Aesthetics by Stephanie, Livingston

Service Provider: Aesthetics by Stephanie Ltd

31 January 2022

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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 Aesthetics by Stephanie on Monday 31 January 2022. We spoke with the manager (practitioner) during the inspection. We received feedback from 17 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 Aesthetics by Stephanie, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The environment was modern, clean and well maintained. A detailed and effective risk management system helped to provide assurance of safe care and treatment, including regular risk assessments and a comprehensive audit programme.	✓✓✓ Exceptional

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The manager was an experienced dentist and aesthetics practitioner. They stayed up to date with advances in the sector through regular training and through their membership of peer and professional groups. A detailed quality improvement planning process helped the service to measure the impact of change and demonstrate a culture of continuous improvement.	✓✓✓ Exceptional

The following additional quality indicator was 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	Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Patients were fully included and well informed about their treatments.

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 Aesthetics by Stephanie Ltd to take after our inspection

This inspection resulted in no requirements or recommendations.

We would like to thank all staff at Aesthetics by Stephanie for their assistance during the inspection.

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

The environment was modern, clean and well maintained. A detailed and effective risk management system helped to provide assurance of safe care and treatment, including regular risk assessments and a comprehensive audit programme.

The clinic environment was modern, clean, well equipped and fit for purpose.

Effective measures were in place to reduce the risk of infection. Cleaning of the clinic environment and equipment was carried out in between patients, as well as a programme of regular, scheduled, deep cleaning. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment such as face masks, gloves and aprons. Additional measures had been introduced to safely manage the risks associated with COVID-19, such as pre-screening assessments and well-spaced appointments.

A suitable waste contract was in place for the safe disposal of swabs, syringes, needles and other clinical waste. Equipment, such as the treatment couch, was in good condition. Contracts were in place for the regular servicing and maintenance of fire safety and electrical equipment.

Effective policies and protocols helped to make sure medicines were managed safely and effectively. Patient care records we reviewed showed batch numbers and expiry dates of medicines used during treatment were being recorded, in line with best practice. This would allow tracking if any issues arose with the medications used. Medicines were stored in a suitable locked pharmacy fridge,

and the fridge temperature was monitored to make sure medicines were being stored at the appropriate temperature.

Emergency medicines were easily accessible and the practitioner regularly checked them to make sure they remained in date. Emergency protocols for cardiac arrest, anaphylaxis and vascular occlusion (blockage of a blood vessel) were clearly displayed.

A duty of candour policy was also in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). The practitioner had completed duty of candour training and their certificate was displayed. An annual duty of candour report was available on the service's website. The service had not had any instances requiring it to implement duty of candour.

The service's quality assurance policy specified the need to carry out risk assessments and regularly audit policies, processes and guidelines. This policy was clearly displayed on the noticeboard in the waiting area. A comprehensive programme of audits was carried out to make sure the service delivered safe care and treatment. This audit programme, along with other quality improvement tasks, were scheduled on an electronic quality improvement system and included:

- a weekly audit of the condition and cleanliness of the environment and equipment (infection prevention and control) audit
- a monthly medicines management audit
- a monthly audit of a sample of five patient care records, and
- a 6-monthly audit of policies and procedure documents.

We saw evidence of these audits being carried out with actions taken documented where necessary.

A comprehensive risk register was in place. Risk assessments for health and safety and infection prevention and control were recorded and reviewed at least once a year.

Feedback from our survey was positive about patients' experience of using the service. Patients told us the environment was clean. Comments included:

- 'It's a fantastic set up...Extremely clean. Everything was to a very high standard.'
 - 'The clinic was absolutely immaculate and I was extremely confident that I was being treated in a great environment.'
- No requirements.
 - No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Patients were fully included and well informed about their treatments.

Pre- and post-treatment information was available on the service's website. Printed information was also available in the clinic for patients to take away with them.

After making an online booking, patients received a pre-appointment email that included treatment-specific information, such as details of the procedures, risks and benefits. They also received a link to an electronic portal where they completed information such as GP details, medical history and consent forms. This information was reviewed by the practitioner, and then discussed with the patient during their appointment and documented in the electronic patient care record. The practitioner carried out a full assessment with patients before any treatment took place. Patients were fully informed to make sure they had realistic expectations of their proposed treatment plan. Treatment would not proceed if patients had unrealistic expectations, if the treatment was unnecessary or if a clinical risk was indicated.

We reviewed three electronic patient care records. We saw that all were fully completed and in line with best practice. The service was registered with the Information Commissioner's office (an independent authority for data protection and privacy rights).

Patients who responded to our online survey said:

- 'After fully advising of the process and the effects... ensured I was happy with everything and that I was making an informed decision.'
- 'She put me at ease and I felt I was listened to.'
- 'I was well consented and involved in the whole process.'

All patients were provided with aftercare information and offered a 2-week review appointment to check they were satisfied with the results of their treatment.

- 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 manager was an experienced dentist and aesthetics practitioner. They stayed up to date with advances in the sector through regular training and through their membership of peer and professional groups. A detailed quality improvement planning process helped the service to measure the impact of change and demonstrate a culture of continuous improvement.

The manager was an experienced dentist and aesthetics practitioner. They demonstrated a strong commitment to continued professional development in aesthetics as well as other areas. They used their membership of peer and professional groups to benchmark their service and to keep up to date with changes in best practice and legislation.

Should any complications arise following treatment, the service was a member of the Aesthetic Complications Expert (ACE) group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions. The service was also registered with the Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card scheme which allows for reporting of any adverse reactions to a product.

Patient feedback was gathered through a range of methods. Any feedback received was reviewed every week and added to a patient feedback log for further evaluation. We were told the service had not received any negative feedback, or complaints, since the service registered in May 2019.

Weekly meetings took place between the practitioner and the service's directors to ensure the service focused on the key priorities of the business and to review interactions on social media and patient feedback. An annual strategy meeting also took place to ensure that key performance indicators, such as

retention of current patients and the number of new patients, were being met. We saw evidence that the service was performing very well against these indicators.

The service had a detailed quality improvement planning process. We saw that changes for improvement were entered into an electronic quality improvement system following any audits, feedback evaluation and meetings. A detailed quality improvement plan had been developed using an established quality improvement methodology.

A number of improvements to how the service operated had recently been introduced. This included using business planning software to help the service to plan, monitor and improve the quality of care. The service had also become fully digital, including providing an online appointment booking system. We were told this had improved compliance with patients completing their consent forms and medical history before their appointments. A patient who replied to our online survey said:

- 'I love her online booking service and the ability to complete medical history and consent forms in advance of my appointments.'
- 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.

This inspection resulted in no requirements and no recommendations.

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

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

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