

Announced Inspection Report: Independent Healthcare

Service: Alison Clarke Aesthetics, Glasgow

Service Provider: Alison Clarke

27 January 2022

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First published March 2022

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Healthcare Improvement Scotland Announced Inspection Report
Alison Clarke Aesthetics, Alison Clarke: 27 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 Alison Clarke Aesthetics on Wednesday 27 January 2022. We spoke with the owner (sole practitioner) during the inspection. We also 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 self-evaluation.

What we found and inspection grades awarded

For Alison Clarke Aesthetics, the following grades have been applied to the key quality indicators.

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	Good systems were in place for safe and secure handling of medicines and infection prevention and control. An audit programme was in place to identify and manage risk in the service.	✓✓ Good

Key quality indicators inspected		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The manager kept up to date with changes in the aesthetics industry, legislation and best practice guidance through membership with national organisations and attendance at training events. The quality improvement plan should be further developed.	✓✓ 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	Comprehensive patient assessments were completed and clearly documented before any treatment was provided. Provision of aftercare should be recorded in patient care records.

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 Alison Clarke to take after our inspection

This inspection resulted in two recommendations. See Appendix 1 for a full list of the recommendations.

We would like to thank all staff at Alison Clarke Aesthetics 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

Good systems were in place for safe and secure handling of medicines and infection prevention and control. An audit programme was in place to identify and manage risk in the service.

Appropriate measures were in place to reduce the risk of infection. The service had an infection and prevention control policy, and the service manager had a good awareness of infection prevention and control practices. Only single-use instruments were used to prevent the risk of cross-infection and appropriate arrangements were in place to dispose of sharps and other clinical waste.

Risk assessments had been carried out for the main risks identified in the service. The service's approach to managing safety and quality was set out in its policies and a clear review process was in place for the policies.

We saw a safe system for the procurement, prescribing, storage and administration of medicines. Patient care records we saw documented medicines used, batch numbers and expiry dates. Arrangements were in place to deal with medical emergencies, including first aid supplies and emergency medication appropriate for the treatments being carried out. The service manager described suitable procedures to follow in the event of an emergency.

The service had policies to make sure that people are free from harm, such as for the protection of vulnerable groups. The manager had a good understanding of how this applied to their patients.

While no serious incidents had been reported in the service, a clear system was in place to record and manage accident and incident reporting.

An audit programme had been developed and implemented. Regular audits were carried out, including patient care records, environmental and infection control. We saw examples of completed audits and saw areas for improvement had been identified with planned actions and timescales for completion.

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were completed and clearly documented before any treatment was provided. Provision of aftercare should be recorded in patient care records.

We reviewed five patient care records and found these to be well organised and easy to navigate. Comprehensive assessments and consultations were carried out before treatment started. These included taking a full medical history, with details of:

- allergies
- any health conditions
- medications
- pregnancy, and
- previous treatments.

A record of the treatment with facial diagram showing injection sites were recorded in patient care records. Consent to treatment, including having their photograph taken and sharing information with their GP and other medical staff in an emergency, were also documented. Patients could discuss their expectations about the outcomes of the treatment and treatment options at their initial consultation and any risks and benefits associated with the treatment were explained. This was carried out for all new and returning patients.

As part of the treatment plan, patients were invited to attend a follow-up appointment. This allowed the service to make sure patients were happy with the results and provide more treatment or advice. We saw that patients were given the service's contact details in case of complications.

We saw that paper records were stored securely. Access to electronic records was password-protected. These arrangements helped keep patients' and other information secure against unauthorised access.

All patients who responded to our online survey agreed that they had been involved in decisions about their care and treatment. They also stated they had been given time to reflect on the treatment option before consenting to the treatment.

Comments included:

- 'I felt involved.'
- 'Given plenty of time to consider the information I was given.'
- 'Yes there was no rush or pressure into getting it right away, we sat down and chatted about everything.'

What needs to improve

Patients were given verbal aftercare advice and written aftercare information. However this aftercare was not documented in patient care records (recommendation a).

- No requirements.

Recommendation a

- The service should formally document what aftercare has been provided to patients 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 manager kept up to date with changes in the aesthetics industry, legislation and best practice guidance through membership with national organisations and attendance at training events. The quality improvement plan should be further developed.

An experienced nurse practitioner, independent prescriber registered with the Nursing and Midwifery Council (NMC) owned and operated the service. The manager engaged in regular continuing professional development and had completed their revalidation. This is managed through the NMC registration and revalidation process, and yearly appraisals. 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 NMC, every 3 years.

A range of written policies and procedures were available to support the operation of the clinic. These were reviewed and regularly updated. Policies included infection control and duty of candour (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong).

The service is a member of a variety of industry-specific and national organisations. This included the British Association of Cosmetic Nurses (BACN) and 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 kept up to date with changes in the aesthetics industry, legislation and best practice through attending training days provided by pharmaceutical and aesthetics training companies. The service manager also subscribed to journals and forums. The service had informal partnerships with other

experienced aesthetic practitioners. These partnerships helped to provide peer support, advice and best practice and discuss any treatments, procedures or complications.

We saw evidence that the service manager regularly reflected on and evaluated their practice as part of an ongoing review of the quality of care of the service. This helped the service reviewed and identified areas of strength and development to improve the outcome and experiences of its patients.

What needs to improve

We saw evidence of an improvement plan in place, where achievable and realistic outcomes had been identified. However, the plan lacked detail of the improvement processes to achieve these outcomes (recommendation b).

- No requirements.

Recommendation b

- The service should further develop the quality improvement plan.

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

Requirements

None

Recommendation

- a** The service should formally document what aftercare has been provided to patients in the patient care record (see page 9).

Health and Social Care Standards: I am fully involved in all decisions about my care and support. Statement 2.9

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

- b** The service should further develop the quality improvement plan (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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:

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Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net

You can read and download this document from our website.
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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email contactpublicinvolvement.his@nhs.net

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