

Announced Follow-up Inspection Report: Independent Healthcare

Service: Dr Andrew Culbard Aesthetics, Edinburgh

Service Provider: Debbie Stewart

12 June 2023

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Dr Andrew Culbard Aesthetics on 12 December 2022. That inspection resulted in three requirements and seven recommendations. As a result of that inspection, Debbie Stewart produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

About our follow-up inspection

We carried out an announced follow-up inspection to Dr Andrew Culbard Aesthetics on Monday 12 June 2023. The purpose of the inspection was to follow up on the progress the service has made in addressing the three requirements and seven recommendations from the last inspection. This report should be read along with the December 2022 inspection report.

We spoke with both the practitioner and service manager during the inspection.

The inspection team was made up of one inspector.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

Key quality indicators inspected	
Domain 2 – Impact on people experiencing care, carers and families	
Quality indicator	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	✓ Satisfactory
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.1 - Safe delivery of care	✓ Satisfactory

Key quality indicators inspected (continued)	
Domain 9 – Quality improvement-focused leadership	
Quality indicator	Grade awarded
9.4 - Leadership of improvement and change	✓ Satisfactory

The grading history for Dr Andrew Culbard Aesthetics can be found on our website.

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

We found that the provider had addressed all three requirements made at our previous inspection on 12 December 2022. It had also taken steps to act on all of the recommendations we had made.

What action we expect Debbie Stewart to take after our inspection

This inspection resulted in no further requirements and recommendations.

We would like to thank all staff at Dr Andrew Culbard Aesthetics for their assistance during the inspection.

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 12 December 2022

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

Recommendation

The service should ensure information about how to make a complaint is more easily available.

Action taken

A complaints policy was now available on the service's website. The policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint.

Recommendation

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

Action taken

A duty of candour report had now been produced and was displayed in the service. We were told the service's website was being redesigned. Once this was complete, the duty of candour annual report would be published on the website.

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

Requirement – Timescale: immediate

The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Action taken

We saw a range of risk assessments were now in place, and the service had an incident and accident log book. The service's new risk register identified risks for adult safeguarding (public protection), fire safety, infection protection and control, and health and safety, and detailed what actions had been taken to mitigate against these. We saw all risk assessments were reviewed regularly and action plans developed when needed. **This requirement is met.**

Requirement – Timescale: immediate

The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of safely in line with national waste legislation. A waste transfer note must also be used each time waste is collected from the service.

Action taken

A contract remained in place for the safe disposal of sharps and other clinical waste, and we noted that waste transfer notes were now being used and retained by the service. Sharps bins used to dispose of botulinum toxin were now compliant with national waste legislation. **This requirement is met.**

Recommendation

The service should record daily temperature checks of the medicines fridge and any corrective action taken, as required, to make sure that medicines are stored at the correct temperature.

Action taken

Daily recordings of the medicines fridge had been implemented to make sure medicines were stored at the correct temperature.

Recommendation

The service should develop a programme of regular clinical audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

Action taken

We saw a programme of audits had now been developed, including audits for medicine management, infection prevention and control, patient care records, patient feedback and fire safety. We saw completed audits were reviewed weekly or monthly, as required, and action plans developed when needed. Audit outcomes were discussed and recorded at monthly staff meetings between the practitioner and the service manager.

Recommendation

The service should assess the availability and suitability of the clinical hand wash basin against current guidance and should ensure the risk assessment addresses any deficiencies noted as part of the wider refurbishment plans for the service.

Action taken

The service had developed and implemented a risk assessment for the current clinical hand wash basin in the treatment room. This included the use of the correct cleaning products to help minimise risk. We were told a compliant clinical hand wash basin would be installed as part of the service's future planned refurbishment.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Recommendation

The service should ensure contact details for patients' next of kin and GP, as well as consent to share information with other healthcare professionals in case of an emergency, is documented in the patient care records.

Action taken

From the five patient care records we reviewed, we saw that patients' next of kin, GP and consent to share information with other healthcare professionals was now being documented in patients' electronic care records.

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

Requirement – Timescale: immediate

The provider must implement a suitable system of regularly reviewing the quality of the service.

Action taken

We saw evidence of quality assurance systems for reviewing the quality of care and treatment provided in the service had now been introduced. This included reviewing patient feedback and the introduction of audits to help to make sure the quality of the service delivered met patient needs. This enabled the service to demonstrate a culture of continuous quality improvement. **This requirement is met.**

Recommendation

The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvements.

Action taken

We saw a quality improvement plan, which included both short-term and long-term actions, had now been introduced. This included details of how the service intended to continually develop, as well as documenting any improvements made. For example, the planned refurbishment of the service was included in 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.

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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