

Announced Inspection Report: Independent Healthcare

Service: Doctor Lynn Aesthetics, Inverness

Service Provider: Doctor Lynn Aesthetics Ltd

2 December 2022

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First published February 2023

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 6 December 2022

Recommendation

We recommend that the service should develop a quality improvement plan.

Action taken

The service has a quality improvement plan that addresses issues over the past years for example an upgrade in cleaning schedules. The plan also highlights issues to be addressed in the future for example encouraging more feedback.

2 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 Doctor Lynn Aesthetics on Friday 2 December 2022. We spoke with the medical practitioner of the clinic. We received feedback from 27 patients through an online survey we had asked the service to issue for us before the inspection.

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 Doctor Lynn Aesthetics, 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	New patients were fully informed of the service and treatments available. Patient feedback received was positive and regularly reviewed. A yearly duty of candour report was published on the service's website.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Thorough processes were in place to make sure the environment and equipment were clean, well maintained and medicines were managed safely. A good programme of clinical audits was in place and risks were documented and reviewed regularly.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	A lone medical practitioner, who is also a registered general practitioner runs the service. They participate in regular aesthetic forums to keep up to date with treatments. The service was committed to quality improvement across a number of areas and had developed a robust quality Improvement plan.	✓✓✓ 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		
5.2 - Assessment and management of people experiencing care	Patient information was well documented, including about patients' allergies, medical health and medicines. Detailed consent was obtained and aftercare information given with out of hours contact details. Patients told us they felt confident and safe in the service.	

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 Doctor Lynn Aesthetics Ltd to take after our inspection

This inspection resulted no requirements or recommendations.

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

3 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.

New patients were fully informed of the service and treatments available. Patient feedback received was positive and regularly reviewed. A yearly duty of candour report was published on the service's website.

Before they made an appointment over the phone, patients discussed realistic expectations of treatment and their medical history with the service. Patients were given information about appropriate treatment options, risks and benefits during their initial consultation. Information leaflets about each treatment were available to take away. Information was also available on the service's social media pages and website. Patients were given time to consider treatment options and ask questions before agreeing to it. Treatment costs were discussed at the first consultation and available on the service's website.

We were told that a high number of patients were returning clients and so often the consultation and the treatment would occur on the same appointment. The clinic was in a rural setting and we were told that patients appreciated the privacy of the service.

Patients were sent out a feedback questionnaire after their treatment. This included any service improvement suggestions on improvements to the service and if the patient's expectations were met. Feedback was positive and we saw it was reviewed every 3 months.

The service had an up-to-date participation policy and complaints policy in place with appropriate Healthcare Improvement Scotland contact details. Information about how to make a complaint was on display in the consultation room for patients to see. Duty of candour is where healthcare organisations have a responsibility to be honest with patients if something goes wrong. The service

had an up-to-date duty of candour policy in place and we were told that there had been no instances requiring it to implement duty of candour principles. A yearly duty of candour report had been published on the service's website and social media pages.

Patients who responded to our online survey felt well informed about their treatment before they decided to go ahead. Comments included:

- '...discussed what would best suit the facial areas I had concerns about.'
- 'We discussed in length before final decisions were made.'
- 'She explains all the options and answers any questions I may have.'

■ 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

Thorough processes were in place to make sure the environment and equipment were clean, well maintained and medicines were managed safely. A good programme of clinical audits was in place and risks were documented and reviewed regularly.

Appropriate systems were in place to help make sure the clinic environment was kept clean, tidy and well maintained. All equipment was in good condition, regularly serviced and maintained. Appropriate fire safety equipment and signage was in place. External contractors regularly tested and maintained the heating systems and electrical appliances.

Appropriate and up-to-date policies and procedures helped support the safe delivery of care, including those for:

- infection prevention and control, and
- safeguarding (public protection).

Measures were in place to reduce the risk of infection. We saw cleaning schedules were regularly completed and a cleaning regime was displayed in the consultation room for patients to see. A good supply of disposable personal protective equipment was available, including:

- aprons
- gloves
- masks, and
- other items of single-use equipment used to prevent the risk of cross-infection.

A contract was in place with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles. Appropriate sharps bins were also in place.

All medicines were obtained from appropriately-registered suppliers. The service kept a stock of prescription-only medicines, including medicine required in an emergency. A system was in place to record the temperature of the clinical fridge to check that medicines were stored at the correct temperature. All medicines and single-use patient equipment was in-date and we saw monthly checks were carried out.

The service had a detailed risk register in place which was reviewed regularly. Risk assessments included those for:

- clinical waste
- fire
- sharps management, and
- violence at work.

The service's audit programme was clearly documented and highlighted learning. Audits carried out included infection prevention and control, cleaning schedules and patient care records. We saw a planned audit programme for 2023–2024, which included audits of medicines and sundries and infection prevention and control.

An accident book was used to record any accidents or incidents in the service. No accidents or incidents had occurred in recent years.

Comments from patients who completed our online survey included:

- 'Very clean and professional.'
- 'The surgery is spotless and well equipped.'
- 'Great service and feel very safe.'

- No requirements.
- No recommendations.

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient information was well documented, including about patients' allergies, medical health and medicines. Detailed consent was obtained and aftercare information given with out of hours contact details. Patients told us they felt confident and safe in the service.

All patient care records were in paper format and stored securely in a locked cabinet. The documentation was legible. The service was registered with Information Commissioners Office.

We reviewed five patient care records and found that the consultation process was fully documented. This included the patient's medical history, including previous aesthetic treatments, allergies and current medicines. The patient's emergency contact and GP details were also documented. Each patient care record also included details of the treatment plan, including a diagram of the treated area and the volume of medicines given. We saw good documentation of the patient's response to treatment and their initial opinion of the treatment.

A detailed consent process was completed, which included information about the risks and benefits of treatments. Patients would also consent to have their photographs taken. We saw that both patients and the practitioner had signed and dated all consent forms we reviewed.

We saw documented evidence of aftercare advice given to the patient after treatment. Contact details of the doctor and a brief description of how to make a complaint were given, including contact details for Healthcare Improvement Scotland.

All patient care records we reviewed had documented product expiry dates and lot numbers.

Patients who completed our online survey told us they felt fully informed and not rushed into making a decision about the treatment. Comments included:

- 'I didn't feel rushed or pressurised in any way.'
- 'I have been returning...because I feel comfortable and safe in this environment.'
- '... spent time discussing with me which treatments were suitable for my needs.'

- 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

A lone medical practitioner, who is also a registered general practitioner runs the service. They participate in regular aesthetic forums to keep up to date with treatments. The service was committed to quality improvement across a number of areas and had developed a robust quality Improvement plan.

The medical practitioner was a lone practitioner, registered with the General Medical Council as a general practitioner. As well as working in this service, they provided sessions in NHS GP practices and maintained their skills and knowledge through their NHS roles. We were told that the practitioner wished to continue to provide fillers and anti-wrinkle injections well, rather than develop skills in other aesthetic treatments. If the patient requested another treatment, the practitioner would refer them to reliable services.

The provider company included a second director. We saw evidence of yearly director meetings where decisions were made on quality improvement, for example the purchase of new technology and new equipment. These meetings were documented.

The practitioner was a member of a number of aesthetic forums, including the Aesthetic Complications Expert Group (ACE) and Medicine and Aesthetic social media group. They also had recently taken part in an aesthetic company study group and regularly participated in webinars with aesthetic complication experts. We saw a detailed complication information folder in the service which was easily accessible should a complication arise.

We saw that the service had submitted a comprehensive self-evaluation, which demonstrated a commitment to quality improvement in a number of areas. The quality improvement plan highlighted service improvements in the last year and improvements planned for the future. We saw a plan to further develop the

information available about the limitations of treatments for some patient groups, such as the elderly. The service planned to develop a patient document when it was necessary to refer the patient to other services. The quality improvement plan included:

- clinical audits
- ongoing review of the consent process, particularly when treatments are not appropriate, and
- encouraging more feedback from patients.

■ 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
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EH12 9EB

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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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