

Announced Inspection Report: Independent Healthcare

Service: Derma Secrets, Penicuik

Service Provider: Derma Secrets Ltd

7 June 2023

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1 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 20 May 2019.

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 Derma Secrets on Wednesday 7 June 2023. We spoke with the service manager. We received feedback from 22 patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of two inspectors.

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 Derma Secrets, 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 quality of care and treatment provided. Patients were fully consulted before a treatment plan was agreed. The service regularly gathered feedback from patients and used it to improve. Information about how to make a complaint was easily accessible. The service published a yearly duty of candour report on its website.	✓✓ 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	The service was clean and well equipped. All aspects of care delivery were regularly monitored. Policies and procedures helped manage risks and maintain a safe environment. A comprehensive audit programme, together with appropriate risk assessments, helped to make sure that care and treatment was in line with best practice guidelines.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through membership with national organisations and support from other peers. A clear continuous quality improvement plan was in place.	✓✓ Good

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	Patient care records showed that comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patients were fully included and well informed about their treatments. The service's treatment plan focused on making sure that realistic expectations of treatment were established. Patients' next of kin or GP details must be recorded in patient care records, as well as a record of discussion around sharing of information with GPs or other healthcare professionals in the event of an emergency.

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 Derma Secrets Ltd to take after our inspection

This inspection resulted in one requirement and one recommendation. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and 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

Derma Secrets Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Derma Secrets for their assistance during the inspection.

3 What we found during our inspection

Outcomes and impact

This section is where we report on 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 quality of care and treatment provided. Patients were fully consulted before a treatment plan was agreed. The service regularly gathered feedback from patients and used it to improve. Information about how to make a complaint was easily accessible. The service published a yearly duty of candour report on its website.

The service was provided from the practitioner's own home. The treatment room door was lockable and patients were escorted straight into the room for consultations and appointments. This helped maintain patient privacy and dignity.

The service had a participation policy and patients were actively encouraged to provide feedback at all stages in their treatment. A variety of methods were used to do this, such as:

- an electronic survey
- feedback forms
- social media reviews, and
- verbal feedback to the practitioner.

During our inspection, we saw examples of patient feedback the service had received. The service manager collated all feedback and used it to evaluate and review the service. This feedback was documented and included in the service's quality improvement plan to show where improvements had been made as a result. We saw that feedback was also gathered later at 'review appointments', which gave patients the opportunity to reflect again on their experience after they had completed their treatment.

A display board in the treatment room shared improvements made as a result of feedback, using a 'you said, we did' approach.

The service reported that many patients who received treatment returned to the service. This was confirmed with the patients that completed our online survey, where comments included:

- 'Every procedure I have had at Derma Secrets has been explained thoroughly including expected results and aftercare.'
- 'Very thorough consultation every time.'
- 'Wouldn't go anywhere else I have been coming to Derma Secrets for years.'

All patients were given information about their treatment before the initial face-to-face appointment. This included:

- costs
- how any personal information was stored
- how the process of consent was obtained and used, and
- risks and benefits.

The patient consultation helped make sure that a realistic and effective treatment plan was in place before treatment started. All patients who responded to our online survey told us they felt fully informed and treated with dignity and respect. All patients felt they had been given enough information and time to consider their decision. Responses included:

- 'All aspects of the treatment, process, costs and aftercare were clearly and thoroughly explained. I had time to ask questions and felt completely at ease and informed.'
- 'Always very responsive and provides detailed information and options on any procedures.'

A duty of candour policy described how the service would meet its responsibility to be honest with patients when something goes wrong. We saw that the service produced a duty of candour report which was published on its website. We were told the service had not had instances requiring it to implement duty of candour principles since registration with Healthcare Improvement Scotland in May 2017.

The service had not received any complaints since it was first registered with Healthcare Improvement Scotland. We noted that the service's complaints policy, which was available on its website and on patient information leaflets, made it clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint.

- 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

The service was clean and well equipped. All aspects of care delivery were regularly monitored. Policies and procedures helped manage risks and maintain a safe environment. A comprehensive audit programme, together with appropriate risk assessments, helped to make sure that care and treatment was in line with best practice guidelines.

The environment and equipment were clean and in good repair. Good systems were in place to maintain this, including:

- completed cleaning schedules
- regular internal checks, such as fridge temperature monitoring, and
- servicing and maintenance contracts for equipment.

All equipment used, including personal protective equipment, was single-use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A contract was in place for the safe disposal of sharps and other clinical waste. We saw records of waste transfer notes.

Patients who responded to our online survey were very positive about the standard of cleanliness. Comments included:

- 'The clinic is immaculate, clear of clutter while being inviting and appealing. All equipment was fresh out the packaging.'
- 'It is a beautiful, hygienic and professional environment.'
- 'Everything is spotlessly clean and very well equipped.'

Prospective patients received leaflets containing information about treatments the service offered. Patients were given leaflets which highlighted risks and possible side-effects of the treatment and an out-of-hours contact for the service.

The manager was solely responsible for the safe procurement, prescribing, storage and administration of medicines. The medicine management policy contained information to demonstrate the safe:

- administration
- prescribing
- procuring, and
- storage of medicine.

The medical fridge had a built-in thermometer. A daily temperature log was kept to make sure temperature-sensitive medicines were stored at a safe temperature. Other non-refrigerated medicines, such as dermal fillers, were stored appropriately. The service manager was trained to deal with medical emergencies. A stock of emergency medicines was available in the treatment room to respond to complications or adverse reactions to treatment.

We saw a process in place for documenting accidents, incidents and for reporting notifiable incidents or adverse events to the appropriate regulatory authorities. The service had not experienced any accidents, incidents or adverse events in the service since it was registered with Healthcare Improvement Scotland.

A comprehensive programme of audits were regularly carried out for:

- cleaning and maintenance of the environment
- infection prevention and control
- medicine management, and
- patient care records.

We saw current documentation for building maintenance, fire safety equipment and building security. The service had a fire risk assessment and appropriate insurance cover in place.

- No requirements.
- No recommendations.

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records showed that comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patients were fully included and well informed about their treatments. The service's treatment plan focused on making sure that realistic expectations of treatment were established. Patients' next of kin or GP details must be recorded in patient care records, as well as a record of discussion around sharing of information with GPs or other healthcare professionals in the event of an emergency.

We reviewed three patient care records. Each showed a clear pathway from comprehensive assessment to treatment, including a full medical history. We saw that all notes were legible and up to date. A wellbeing questionnaire was included as part of the assessment.

Consent forms were fully completed and treatment plans were developed and agreed with the individual patient. Every time a patient visited the service, their initial assessment was reviewed and updated to show the patient consented for further treatment. We saw that consent included any possible risks or side effects. Patients were given the opportunity for a 'cooling-off period' if required. Patients were also given verbal and written aftercare advice.

We saw a clear record of all medicines used in treatment plans, including dosage, batch number and expiry dates.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Electronic patient care records were stored securely on an electronic device. Access to any electronic information was password-protected to maintain the confidentiality of patient information, in line with data protection legislation.

The service regularly audited patient care records and developed action plans where appropriate. The service was reviewing the electronic patient care record as part of continuous improvement at the time of our inspection.

Patients stated they were very satisfied with the service and the treatments they had received. Comments from our online survey included:

- 'I think the products are reasonably priced, thorough consultations take place and there's a good level of support and aftercare provided. I always feel listened to and that I'm in safe hands.'
- 'Because of how well my treatments have turned out, along with how professionally handled my care is, I would not go anywhere else for treatment. Would highly recommend.'
- 'By far the best practitioners I have visited...always goes above and beyond to make sure I am happy, relaxed and most importantly safe when carrying out any treatment.'
- 'Gives me confidence to face the world and be my best self. I have recommended her to family and friends who also feel the same.'

What needs to improve

The service was reviewing its patient care records at the time of our inspection. As part of this review, information recorded in the patient care record must include:

- The patient's next of kin contact details and GP contact details (requirement 1).
- A discussion about sharing information with GP or other healthcare professionals, if required (recommendation a).

Requirement 1 – Timescale: immediate

- The provider must record the full name, address, telephone number and email address of the patient's next of kin or any person authorised to act or consent on the patient's behalf, and the name and address of the patient's GP.

Recommendation a

- The service should ensure that patient consent for sharing information with their GP and other medical staff in an emergency, if required, is documented in patient 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

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through membership with national organisations and support from other peers. A clear continuous quality improvement plan was in place.

The service manager was a lone practitioner, registered with the General Medical Council. The manager told us that the service had formal partnerships in place with other aesthetics practitioners. These partnerships helped to provide peer support, advice and best practice when needed and to discuss any treatment procedures or complications. The manager told us they frequently read other inspection reports from similar services on Healthcare Improvement Scotland's website in support of continuous improvement.

We saw evidence of continued professional development through attendance at training events and conferences in the aesthetic industry. This helped them to keep up to date with best practice, new products and delivery of treatments in line with evidence-based research.

We also saw that the service manager had attended training in:

- basic life support
- duty of candour
- health and safety
- information governance
- manual handling, and
- safeguarding (public protection).

The manager is a member of the Complications in Medical Aesthetics Collaborative (CMAC), which provides support in diagnosing and managing complications in medical aesthetics. We saw a detailed complication information folder in place, which was easily accessible in case of a complication arising.

We saw that there was a clear plan of quality improvement aimed at improving patient experience and service delivery, and this was reviewed regularly and updated. Patient feedback was collected and used along with audit results to continually improve the service provided.

- 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 5 – Delivery of safe, effective, compassionate and person-centred care

Requirement

- 1** The provider must record the full name, address, telephone number and email address of the patient's next of kin or any person authorised to act or consent on the patient's behalf, and the name and address of the patient's GP (see page 14).

Timescale – immediate

Regulation 4(1)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendation

- a** The service should ensure that patient consent for sharing information with their GP and other medical staff in an emergency, if required, is documented in patient care records (see page 14).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

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

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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