

Announced Inspection Report: Independent Healthcare

Service: Derma T Aesthetics, Dundee

Service Provider: Derma T Aesthetics Ltd

23 November 2021

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Contents

| | | |
|----------|--|-----------|
| 1 | A summary of our inspection | 4 |
| <hr/> | | |
| 2 | What we found during our inspection | 7 |
| <hr/> | | |
| | Appendix 1 – Requirements and recommendations | 15 |
| | Appendix 2 – About our inspections | 18 |
| <hr/> | | |

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 Derma T Aesthetics on Tuesday 23 November 2021. We 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. Although requested, the service did not submit a self-evaluation.

What we found and inspection grades awarded

For Derma T 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 | Patients were cared for in a clean and safe environment. A programme of regular audits should be developed to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented. | ✓ Satisfactory |

| Domain 9 – Quality improvement-focused leadership | | |
|---|--|----------------|
| Quality indicator | Summary findings | Grade awarded |
| 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 its membership with national groups and training events. | ✓ Satisfactory |

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 | Patients receive an assessment before any treatment. Treatments are fully explained and any associated risks discussed. Emergency contact details were recorded in the patient care record. The service should record consent to share information with the patient's GP. |
| Domain 7 – Workforce management and support | |
| 7.1 - Staff recruitment, training and development | The service has a practicing and privileges policy. Pre-employment safety checks must be completed for all staff that are granted practicing privileges to work 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

What action we expect Derma T Aesthetics Ltd to take after our inspection

This inspection resulted in one requirement and six recommendations. 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 requirement 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 T Aesthetics 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 T 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

Patients were cared for in a clean and safe environment. A programme of regular audits should be developed to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

The service had appropriate, up-to-date policies in place to support safe care. These included:

- duty of candour
- infection prevention and control
- medication policy
- privacy and dignity, and
- safeguarding.

Patients completed COVID-19 screening questionnaires before their appointments. Any patient suspecting they had symptoms of COVID-19 were advised not to attend the appointment. Other precautionary measures in place included:

- alcohol-based hand rub
- temperature checks on arrival, and
- use of protective personal equipment.

The clinic environment was clean and well equipped. Effective measures were in place to reduce the risk of infection, such as enhanced cleaning and restricted access to the premises. Cleaning of the clinic environment and equipment was carried out between patients, with a thorough daily and weekly clean. We saw completed cleaning checklist and evidence that the clinical handwash basin was cleaned with a 1000ppm chlorine solution in line with guidance. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment, including:

- aprons
- fluid-resistant face masks
- gloves, and
- single-use items, such as syringes and needles.

A waste contract and waste disposal notes were in place for the safe disposal of syringes, needles and other clinical waste. Equipment, such as the treatment couch was in good condition. Stock cupboards were well organised and not overfilled with surplus stock or equipment. We saw that contracts were in place for the regular servicing of the building and maintenance of electrical equipment, including portable appliance testing. We also saw that cable mats were in place to prevent staff from tripping over electrical cables

All patients who responded to our online survey told us they were extremely satisfied with the environment and the standard of cleanliness. Some comments included:

- ‘The clinic is beautiful, always clean and fresh and I especially appreciated the extra precautions which were taking since the pandemic.’
- ‘Everything is extremely clean. Especially within COVID-19, the correct PPE and procedures are always followed with good hand hygiene.’
- ‘Everything was clean, tidy, fresh looking and I felt very comfortable in the treatment room.’
- ‘The salon was very clean and impressive.’

We saw a safe system for the procurement, prescribing, storage and administration of medicines. The pharmacy wholesaler was registered with The Medicines and Healthcare Products Regulatory Agency (MHRA). All medicines were stored securely in a locked cupboard or a drug refrigerator. There was temperature recording sheet that was fully and accurately completed.

Arrangements were in place to deal with medical emergencies. This included training, first aid supplies and having medicines such as adrenaline available that could be used in an emergency.

While the service had not had any incidents or accidents since registration in November 2018, a log book was available to record these. Aftercare information leaflets were seen to be available for patients.

What needs to improve

The service had a fire risk assessment and COVID-19 risk assessment in place. However, we did not see a structured process for completing risk assessments in the service generally (recommendation a).

Although the service carried out a regular infection control audit, we saw that the service did not carry out any other audits. A structured programme of regular audits should be introduced for key areas, such as medication and patient care records (recommendation b).

While medications were in-date and we were told that the service regularly checked medication that was stored, no formal mechanism was in place to record this (recommendation c).

We found that botulinum toxin was not disposed of correctly (recommendation d).

- No requirements.

Recommendation a

- The service should put appropriate measures in place to identify and manage risk in the service and outcomes recorded in the existing quality improvement plan.

Recommendation b

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented and outcomes recorded in the existing quality improvement plan.

Recommendation c

- The service should implement a medication checklist.

Recommendation d

- The service should ensure botulinum toxin is disposed of in line with the manufacturers and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients receive an assessment before any treatment. Treatments are fully explained and any associated risks discussed. Emergency contact details were recorded in the patient care record. The service should record consent to share information with the patient's GP.

In the eight patient care records we reviewed, we saw evidence of patient medical history, medications and allergies documented. GP details were recorded in the records reviewed. The practitioner gave patients information about risks and benefits before treatment started and this was also documented in the patient care record. Patients were asked to consent to treatment. We saw that the practitioner and patients had signed these records.

Following treatment, patients were provided with verbal and written aftercare information, including the emergency contact details of the practitioner. We found this documented in the patient care records we reviewed.

Patient care records were in electronic format, tablets were used which were password protected and could be stored securely. A review appointment was offered if required to make sure that patients were satisfied with the outcome of their treatment.

All patients who responded to our survey agreed they had been involved in decisions about their care and treatment, and had been given time to reflect on their treatment option before consenting to the treatment. Comments included:

- 'Yes the practitioner made sure I was fully involved in all decisions about treatments.'
- 'Absolutely, I felt that the entire process was a partnership and was giving all the relevant information to make an informed decision.'

- ‘Had a consultation beforehand allowing me adequate time to think about which treatment I would like.’
- ‘[The service manager] made sure I was fully informed prior to my procedure and we discussed aftercare advice.’

What needs to improve

It is good practice for services to share information about prescribed treatments and medical devices administered with the patient’s GP. Consent to share information with GP was not recorded in the patient care record (recommendation e).

- No requirements.

Recommendation e

- The service should record consent to share information with the service users GP in the patient care record.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

The service has a practicing and privileges policy. Pre-employment safety checks must be completed for all staff that are granted practicing privileges to work in the service.

Two staff members, an aesthetics practitioner and a nurse prescriber had been granted practicing privileges to work in the service (staff not employed directly by the provider but given permission to work in the service).

A signed contract was in place for both employees and we saw evidence of some pre-employment safety checks carried out before they began working in the service, such as:

- courses attended
- Nursing and Midwifery Council (NMC)-registration, and
- qualifications.

Yearly appraisals had not been completed for staff granted practicing privileges to work in the service, as they hadn't been in post for 12 months. However, we saw evidence of an appraisal carried out after they had been working in the post for 3 months.

What needs to improve

While pre-employment checks had been carried out for one employee including references, we saw that the service had not have references on file for the other employee. As part of its process for granting practicing privileges, the service was accepting a copy of the practitioner's own PVG certificate, rather than carrying out its own PVG checks (requirement 1).

Requirement 1 – Timescale: by 23 February 2022

- The provider must carry out pre-employment checks including obtaining references and Protecting Vulnerable Groups checks are carried out in line with current legislation and best practice guidance to make sure it does not employ any person that is unfit.

- 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 service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national groups and training events.

The service was owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC) owner, who is also a member of several forums.

The practitioner kept up to date with best practice through ongoing training and development, attending a number of training events and subscribing to an aesthetics journal. Update training in infection prevention and control and basic life support was carried out every year. They also engaged in the NMC revalidation process.

A quality improvement plan was in place that detailed realistic and achievable outcomes to help improve the quality of the service. Patient feedback was used to inform this plan.

What needs to improve

The service carried out some audits and risk assessments. However, a wider variety of audits and risk assessments would help identify areas for improvement and inform the quality improvement plan. We will follow this up at future inspections.

We were told of a peer group where the practitioner and another aesthetics practitioners met every 3 months to share learning and discuss updates in current practice. However, minutes of this were not recorded. We will follow this up at future inspections.

In order to strengthen leadership of the service, the practitioner should ensure regular communication with staff, including those working under practicing privileges. This should include sharing information and updates about the service and clinical governance issues (recommendation f).

- No requirements.

Recommendation f

- The service should introduce systems to improve communication and strengthen leadership with staff who have practicing privileges

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 | |
| Recommendations | |
| a | <p>The service should put appropriate measures in place to identify and manage risk in the service and outcomes recorded in the existing quality improvement plan (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p> |
| b | <p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented and outcomes recorded in the existing quality improvement plan (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> |
| c | <p>The service should implement a medication checklist (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p> |

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

- d** The service should ensure botulinum toxin is disposed of in line with the manufacturers and best practice guidance and update its medicines management policy to accurately reflect the processes in place (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- e** The service should record consent to share information with the service users GP in the patient care record (see page 11).

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

Domain 7 – Workforce management and support

Requirement

- 1** The provider must carry out pre-employment checks including obtaining references and Protecting Vulnerable Groups checks are carried out in line with current legislation and best practice guidance to make sure it does not employ any person that is unfit (see page 12).

Timescale – by 23 February 2022

Regulation 8

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

Recommendations

None

| Domain 9 – Quality improvement-focused leadership | |
|---|---|
| Requirements | |
| None | |
| Recommendation | |
| f | <p>The service should introduce systems to improve communication and strengthen leadership with staff who have practicing privileges (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> |

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: his.ihcregulation@nhs.scot

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