

Announced Inspection Report: Independent Healthcare

Service: Hidden Lines, Dalkeith

Service Provider: Hidden Lines Ltd

24 August 2023

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 10 July 2019

Requirement

The provider must complete and keep records of a fire risk assessment.

Action taken

We saw a recent fire risk assessment had been completed with outstanding actions documented.

What the service had done to meet the recommendations we made at our last inspection on 10 July 2019

Recommendation

The service should ensure that staff consistently gather, evaluate and display patient feedback in line with its participation policy.

Action taken

All patient feedback was gathered and documented in the service's patient feedback spreadsheet for analysis.

Recommendation

The service should review its complaints policy to include timescales for responding to complaints and make sure the complaints information is accessible for patients.

Action taken

Timescales were added to the service's complaints policy and a copy of the complaints procedure was on display in the clinic.

Recommendation

The provider should agree and document a formal lease agreement with the salon owners.

Action taken

The building landlord and service owner had signed a formal lease agreement.

Recommendation

The service should develop a process to ensure that medications are stored at the correct temperature.

Action taken

A medicine fridge was in place in the clinic and at the service owner's home address for the safe storage of refrigerated medicines.

Recommendation

The service should amend its infection prevention and control policy to refer to Health Protection Scotland's National Infection Prevention and Control Manual.

Action taken

The service reviewed its infection prevention and control policy and updated it accordingly.

Recommendation

The service should review its patient consultation document to make sure appropriate assessment is carried out and recorded.

Action taken

A new, effective patient consultation document has been used since the service transferred to electronic records in 2021.

Recommendation

The service should review its patient consent policy and documentation to inform patients that their information may need to be shared in an emergency.

Action taken

All documentation and consent forms have been updated to include the use of information sharing in an emergency.

Recommendation

The service should develop a quality improvement plan.

Action taken

The service had implemented and regularly reviewed a quality improvement plan.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Hidden Lines on Thursday 24 August 2023. We spoke with the service manager (practitioner) during the inspection. We received feedback from 22 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Dalkeith, Hidden Lines is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Hidden Lines, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service showed a commitment to provide a quality service through the demonstration of safe and effective processes. The sole practitioner is a registered nurse with the nursing and midwifery council and is an independent prescriber. The service told us they had clear aims and objectives, and person-centred care was delivered in line with best practice. The vision of the service should be visible to their patients.	✓✓ Good

Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Summary findings	Grade awarded
Face-to-face consultations were completed and signed consent forms to treatment were in place for all patients. The service sought patient feedback and used this information to improve the service. Appropriate safety assurance processes were evident. Clear procedures for managing complaints and a quality improvement plan was in place. The clinical waste contract must be updated to make sure all sharps are disposed of appropriately. Patient care record audits should be implemented.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and well equipped. Patients reported that the service was clean and tidy. Patients reported good levels of satisfaction and told us they felt safe in the service. A risk-based action plan must be completed for the service's ventilation. Suitable cleaning products should be used to clean all sanitary fittings. The service should document all patient discussions about treatment costs.	✓✓ Good

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 Assurance Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Hidden Lines Ltd to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two requirements and four recommendations.

Direction
Requirements
None
Recommendations
<p>a The vision for the service should be visible to patients in the service and on its social media (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.19</p>

Implementation and delivery
Requirement
<p>1 The provider must update its clinical waste contract to ensure the safe disposal of all sharps, including hazardous waste (see page 15).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Recommendation	
b	<p>The service should further develop its audit programme to include audits of patient care records (see page 16).</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>

Results	
Requirement	
2	<p>The provider must review the ventilation provided in the treatment room to ensure it conforms to national guidance for specialised ventilation for health care services. The service must develop a risk- based action plan to address any deficiencies noted as part of the wider refurbishment plans for the service (see page 18).</p> <p>Timescale – by 7 February 2024</p> <p><i>Regulation 10(2)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
c	<p>The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance (see page 18).</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>
d	<p>The service should ensure patient care records are fully completed (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

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

Hidden Lines Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Hidden Lines for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service showed a commitment to provide a quality service through the demonstration of safe and effective processes. The sole practitioner is a registered nurse with the nursing and midwifery council and is an independent prescriber. The service told us they had clear aims and objectives, and person-centred care was delivered in line with best practice. The vision of the service should be visible to their patients.

Clear vision and purpose

The service was owned and managed by the practitioner. The practitioner is a registered nurse with the Nursing and Midwifery Council and is the service's sole independent prescriber.

The service told us there was a clear vision and its aim was to deliver a high standard of care and treatment tailored to the patient's needs, with patient safety and wellbeing at the centre of all decisions. They also were planning on introducing a wider range of innovative, evidence based treatments in response to patient requests. Treatments were appointment-only and a high number of patients were returning customers.

What needs to improve

The owner (practitioner) told us they were developing clear and measurable key performance indicators to be able to measure outcomes from their aims and objectives for the service. This will be reviewed at future inspections. The vision for the service should be visible to patients in the service and on its social media (recommendation a).

- No requirements.

Recommendation a

- The vision for the service should be visible to patients in the service and on its social media.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Face-to-face consultations were completed and signed consent forms to treatment were in place for all patients. The service sought patient feedback and used this information to improve the service. Appropriate safety assurance processes were evident. Clear procedures for managing complaints and a quality improvement plan were in place. The clinical waste contract must be updated to make sure all sharps are disposed of appropriately. Patient care record audits should be implemented.

Co-design, co-production (patients, staff and stakeholder engagement)

The service had a participation policy in place to inform and encourage feedback from patients. The service's participation policy described how the service would gather and use patient feedback to continually improve.

Feedback was collected verbally and through social media and online reviews. We saw that this was formally documented. The service acknowledged all feedback from patients and feedback was used to inform its quality improvement plan. Patients could also message or email the service with any enquiries they had.

We saw evidence of actions taken as a result of patient feedback in the service's quality improvement plan. For example, the service had moved from its previous salon-based premises to a quieter and more discrete clinic. This improvement was made after patient feedback revealed that patients felt the clinic was noisy with high levels of foot traffic. After any improvements were made to the service, the practitioner always asked for feedback from its patients in response to changes made.

We saw further service improvements made after patients' suggested other treatments they would like to see in the clinic. This led the practitioner to carry out further training to be able to offer the patients a wider range of treatments.

The clinic shared its feedback verbally with patients and through the use of social media with appropriate consent.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland. A clear system was in place to record and manage accident and incident reporting.

The practitioner was proactive in developing and implementing policies to help make sure that patients had a safe experience in the service. At inspection, the practitioner was receptive to suggestions made to make the service's policies more comprehensive and clearer for patients. Key policies included:

- adult protection
- emergency arrangements policy
- infection, prevention and control
- medication management, and
- patient privacy and dignity.

A safeguarding policy described the actions to take in case of an adult protection concern. The service had not reported any concerns.

An infection prevention and control policy and effective measures were in place to reduce the risk of infection. Equipment was cleaned between appointments, and the clinic was cleaned at the end of the day. We saw completed and up-to-date cleaning schedules. All equipment used, including personal protective equipment (such as gloves) were 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 disposal of sharps and other clinical waste.

An emergency policy was in place and the service had an emergency drug supply and first aid kit. Aesthetic complication step-by-step treatment protocols were accessible in the clinic room. An emergency kit was available to use in the case of aesthetic emergencies, such as a vascular occlusion (blockage of a blood vessel) and we saw that this was regularly checked using a checklist. We saw

completed checklists during our inspection for the stock of emergency drugs. Emergency drugs and other prescription only medicines sampled were in-date. As a member of aesthetic professional organisations, the service could access additional support with aesthetic complications if needed.

Maintenance contracts for fire safety equipment, boiler and portable appliance testing were up to date. A recent fire risk assessment had taken place and the service were working through a proposed action plan. The landlord had ordered electrical fixed wiring testing and this was being carried out at the time of our inspection.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. At the time of our inspection, the service had not received any complaints in the last year.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). Its most recent duty of candour report was displayed in the service. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

Patient consultations for treatment were always carried out face-to-face. A comprehensive assessment included past medical history, as well as risks, benefits and possible side effects of treatment. Patients were offered follow-up appointments for treatment, allowing the option of a cooling-off period. On the day of treatment, clients reviewed a consent form which the patient and practitioner signed.

Post-treatment aftercare instructions were provided for patients at the consultation stage and after treatment. We saw that patients were given the service's contact details, including an out-of-hours contact in case of any complications. Comments from our patient survey included:

- 'This practitioner works to an extremely high standard and is very professional. Information is very clear and is given both orally and in electronic format.'
- 'Extremely thorough every time I visit for a treatment, she explains all aspects of the treatment including the risks associated.'

Patient information was electronic and stored securely on a password-protected tablet. This protected confidential patient information in line with the service's information management policy. The service was registered with the

Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations.

We saw evidence that the practitioner kept up to date with their own practice through continued training on procedures, such as with product suppliers. Training and development was ongoing to keep updated with best practice in aesthetics. We saw evidence of peer-reflection with other aesthetic practitioners and clinical supervision sessions were carried out.

What needs to improve

While we saw that waste was collected to be disposed of appropriately, the service contract did not include the correct provision for disposing of Botulinum toxin. The service's waste contract should be updated (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must update its clinical waste contract to ensure the safe disposal of all sharps, including hazardous waste.

- No recommendations.

Planning for quality

The service's clinical governance process included risk assessments which were reviewed regularly and also when there was a change to the environment.

Appropriate risk assessments were in place to effectively manage risk in the service, including those for:

- fire risk
- sharps injuries, and
- slips, trips and falls.

This helped make sure that care and treatment was delivered in a safe environment to identify and reduce any risks to patients.

In the event that the service was unable to operate, the service told us that the clients would be referred to another service if required,

The service completed a monthly clinical audit, where the areas audited rotated every month. Areas focused on included:

- hand hygiene

- medicines
- personal protective equipment
- safe disposal of waste, and
- safe management of equipment.

Any results from audits were documented and actions taken if necessary. The service manager completed all audits. Audit results also fed into the service's quality improvement plan. The quality improvement plan was regularly reviewed and updated.

What needs to improve

The service carried out audits every month focusing on different aspects of the clinic. However, the programme of audits did not include an audit of patient care records (recommendation b).

The service verbally told us that they had a business continuity plan however, this should be formalised and documented. This should be followed up at the next inspection.

- No requirements.

Recommendation b

- The service should further develop its audit programme to include audits of patient care records.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment was clean and well equipped. Patients reported that the service was clean and tidy. Patients reported good levels of satisfaction and told us they felt safe in the service. A risk-based action plan must be completed for the service's ventilation. Suitable cleaning products should be used to clean all sanitary fittings. The service should document all patient discussions about treatment costs.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

The clinic environment was in a good state of repair. Equipment used in the service was clean, well maintained and serviced regularly where required. Patients who responded to our survey also told us they felt the service was kept extremely clean and free from clutter. Patients also told us they felt well informed and received appropriate information before treatment. Patient's commented on the service's cleanliness:

- 'Everything was spotless and sanitised'
- 'The place was lovely, tidy and clean'

A medication fridge was in place and in good working order. The service had a temperature-recording log, where fridge temperatures were recorded. This was fully completed and up to date. Medication stored in the service was in-date and was prescribed individually for patient use. No stock medicine was held in the service.

The five patient care records we reviewed showed that patients received a face-to-face consultation about their expectations before treatments were offered. A comprehensive assessment included past medical history, as well as risks, benefits and side effects of treatments. Patient care records were legible, accurate and up to date. The practitioner had signed and dated their entries.

We found records of patient consultations and assessments in the five patient care records we reviewed, including:

- consent to treatment and sharing information
- medical history
- medications, and
- treatment plans including any products used along with the lot numbers and expiry date.

The service sought feedback from patients about their overall experience of the service and used this information to inform any improvement. Every quarter, the service requested feedback on specific areas of the service, this ensured the service received focused and detailed feedback to inform future changes in the service. The service had received no formal complaints from patients. Healthcare Improvement Scotland had received no formal complaints about the service.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Comments we received included:

- 'Always professional and carried out to a high standard.'
- 'Excellent experience overall.'
- 'Would definitely recommend.'

What needs to improve

The service did not have any natural or mechanical ventilation in the treatment room. The service must implement a risk-based action plan to address the current ventilation requirements (requirement 2).

We found the environment was clean. However, the service did not use the correct cleaning products for the cleaning of sanitary fittings (clinical wash hand basins) in line with national infection, prevention and control guidance. Chlorine-based products should be used when cleaning all sanitary fittings (recommendation c).

While comprehensive assessments and consent were documented, the service did not record details of discussions around treatment costs in the patient care records (recommendation d).

Requirement 2 – Timescale: by 7 February 2024

- The provider must review the ventilation provided in the treatment room to ensure it conforms to national guidance for specialised ventilation for health care services. The service must develop a risk-based action plan to address any deficiencies noted as part of the wider refurbishment plans for the service.

Recommendation c

- The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance.

Recommendation d

- The service should ensure patient care records are fully completed.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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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