

Announced Inspection Report: Independent Healthcare

Service: Headlines Professional Headache and
Aesthetic Services, Paisley

Service Provider: Headlines Professional
Headache and Aesthetic Services Ltd

8 August 2022

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First published October 2022

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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 Headlines Professional Headache and Aesthetic Services on Monday 8 August 2022. We spoke with the service manager (sole practitioner). We received feedback from seven patients through an online survey we had asked the service to issues for us before the inspection. This was our first inspection to this service.

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 Headlines Professional Headache and Aesthetic Services, 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	Processes were in place for patients to provide feedback about the service. Although this feedback was reviewed regularly, the service should continue to develop how it informs patients of the impact of their feedback. Patients were well informed before and after treatment, and were provided with information about how to make a complaint.	✓✓ 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 environment and equipment was clean and well maintained. Systems were in place to make sure patients and staff were kept safe, including infection prevention and control practices. A programme of audits should be implemented to review the safe delivery of care.	✓ Satisfactory
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, treatments for headaches, legislation and best practice through its membership with national groups and organisations. The practitioner continued to improve their knowledge and skills through further education. A quality improvement plan should be developed.	✓✓ 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 were clear and comprehensive, and included a thorough assessment and detailed treatment plans. Patients' medical history was reviewed and consent obtained for each treatment episode. Audits of patient care records should be carried out. Patient care records were stored securely.

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 Headlines Professional Headache and Aesthetic Services Ltd to take after our inspection

This inspection resulted in seven recommendations. See Appendix 1 for a full list of the 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

We would like to thank all staff at Headlines Professional Headache and Aesthetic Services for their assistance during the inspection.

2 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

Processes were in place for patients to provide feedback about the service. Although this feedback was reviewed regularly, the service should continue to develop how it informs patients of the impact of their feedback. Patients were well informed before and after treatment, and were provided with information about how to make a complaint.

During patients' initial consultation, the practitioner completed a medical history questionnaire with them, and patients were provided with information about appropriate treatment options, and the risk and benefits. This allowed the practitioner to assess the patient's expectations of treatment and their wellbeing. We were told patients attending for the treatment of headaches were also shown a powerpoint presentation. This was to make sure patients had realistic expectations of the proposed treatment plan. The cost of the treatment was discussed at the first consultation and was also available on the service's website. Patients were given time to consider treatment options and ask questions before agreeing to treatment.

The service had a comprehensive up-to-date participation policy which described how patient feedback would be obtained, reviewed and acted on, where appropriate. Patients had the opportunity to provide feedback to the service in a number of ways, including online. We saw evidence that the paper patient satisfaction questionnaires were then being reviewed.

After treatment, patients received written aftercare information, including information about how to raise a concern or make a complaint. The service had an up-to-date complaints policy which referred to Healthcare Improvement Scotland as an alternative process for complaints. We saw the service had recently carried out a complaints process audit. We noted the service had not received any complaints since registration in September 2019.

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 and had produced an annual duty of candour report. We saw the service had not had any instances requiring it to implement duty of candour principles.

Patients who responded to our online survey felt well informed about their treatment. Comments included:

- ‘... explained the treatment well and ensured I was entirely comfortable and confident before proceeding.’
- ‘... provided comprehensive oral and written advice.’

What needs to improve

While we saw a number of methods for patients to provide feedback about their experience, the service should consider ways of informing patients of any action taken as a result of their feedback (recommendation a).

- No requirements.

Recommendation a

- The service should develop a process of informing patients about how their feedback has been addressed and used to help improve the service.

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 environment and equipment was clean and well maintained. Systems were in place to make sure patients and staff were kept safe, including infection prevention and control practices. A programme of audits should be implemented to review the safe delivery of care.

Systems were in place to help make sure the clinic environment was kept clean, tidy and well maintained. All equipment was in good condition, and regular servicing and maintenance was carried out. Appropriate fire safety equipment was in place.

Appropriate and up-to-date policies and procedures helped to support the safe delivery of care, including information management, infection prevention and control, and safeguarding (public protection). We saw these had been reviewed and updated recently.

Measures were in place to reduce the risk of infection. We saw cleaning schedules were being completed. The service used an external cleaning company to steam clean the clinic every 2 weeks. A good supply of disposable personal protective equipment was available, including gloves and surgical 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.

We saw an up-to-date medicines management policy was in place. All medicines were obtained from appropriately registered suppliers and ordered specifically for the individual patient. A system was in place to record the temperature of the dedicated clinical fridge and make sure all medications were stored at the correct temperature. All medicines and single-use equipment were in date.

An incident book was used to record any accidents or incidents that took place. The practitioner had a good understanding of their responsibility for reporting accidents, incidents and adverse events. We saw the service had had no incidents since it was registered.

Risk assessments for managing risk in the service were reviewed regularly. These covered aspects such as fire, COVID-19, botulinum toxin and dermal fillers.

All patients who responded to our online survey agreed the environment was clean and in a good state of repair. Comments included:

- 'The clinic room is immaculate.'
- 'Exceptional high standard of cleanliness.'

What needs to improve

We saw a limited number of audits taking place to review the safe delivery and quality of care for the service. A structured programme of regular audits should be introduced for key areas, including medicines management, and the safety and maintenance of the care environment (recommendation b).

While risk assessments were carried out, a risk register would help to record details of all risks in one place and their potential impact, and ensure these are regularly reviewed and updated with appropriate processes in place to help manage any risk identified (recommendation c).

Although all medications were in date, and we were told that all stock expiry dates were checked regularly, we saw no evidence of this being documented (recommendation d).

- No requirements.

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.

Recommendation c

- The service should develop a comprehensive risk register to support the management and review of identified risks.

Recommendation d

- The service should implement a suitable system to ensure all medications and any items needed to administer medications are within their expiry date.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were clear and comprehensive, and included a thorough assessment and detailed treatment plans. Patients' medical history was reviewed and consent obtained for each treatment episode. Audits of patient care records should be carried out. Patient care records were stored securely.

We reviewed five patient care records and found all contained comprehensive information, including patient's personal information and GP.

During the initial consultation, a thorough detailed assessment was carried out. This included past medical history, regular medications and previous treatments carried out. Patients were given the opportunity to discuss their concerns and treatment options to make sure they had realistic expectations of the proposed treatment. Risks and benefits were explained before the treatment.

We saw a comprehensive treatment plan that included facial mapping with a description of the treatment and diagram of the areas treated, including batch numbers and expiry date of the medicine used. These were reviewed and updated at each treatment.

A robust process was in place to make sure that consent was obtained. Patients were asked to consent to treatment, sharing information with their GP, if required, and to having their photograph taken. We saw evidence that this was discussed and obtained for each treatment episode.

From the patient care records we reviewed, we saw patients were given verbal and written aftercare advice after their treatment. Patients were also provided with out-of-hours contact details for the practitioner.

Paper patient care records were stored securely in a locked filing cabinet, which the practitioner was the sole key holder for.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Access to any electronic information was password-protected to ensure confidentiality of patient information was maintained, in line with data protection legislation.

Patients who responded to our online survey stated that they very satisfied with the service and treatment they had received. Comments included:

- '... very patient and gives plenty of information and time for me to make a decision.'
- '... gave appropriate pre-procedure consultation period with plenty of opportunity for questions.'

What needs to improve

We saw no evidence that patient care records were audited to make sure they were fully and accurately completed (recommendation e).

The patient care records we reviewed did not document patient's next of kin contact details (recommendation f).

- No requirements.

Recommendation e

- The service should ensure patient care records are regularly audited to ensure good record keeping standards are maintained and all relevant information is captured.

Recommendation f

- The service should record the contact details of patients' next of kin 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, treatments for headaches, legislation and best practice through its membership with national groups and organisations. The practitioner continued to improve their knowledge and skills through further education. A quality improvement plan should be developed.

The service was owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). This requires them to register with the NMC every year and to complete a revalidation process every 3 years where they gather evidence of their competency, training and feedback from patients and peers in order to remain a registered nurse practitioner.

The practitioner was also a member of number of national organisations and forums including:

- Aesthetic Complications Expert (ACE) group
- British Association for the Study of Headache
- Migraine Trust
- International Headache Society
- Organization for Understanding Cluster Headaches, and
- Royal College of Physicians.

We were told the practitioner was in regular contact with medical and neurology colleagues and aesthetic practitioners. This helped with their ongoing development and support, and gave them updates on treatments.

We saw evidence of ongoing training and development through NHS Education for Scotland (NES). The practitioner had recently completed a self-evaluation course which focused on business improvement. We were told the practitioner planned to attend a course for social media and business education training to improve their IT skills and engagement through social media.

What needs to improve

While we saw good assurance processes in place, including a limited number of audits, and reviewing and acting on patient feedback, the service did not have a formal quality improvement plan. This would help to identify and structure specific improvement activities and actions, record the outcomes and measure the impact of any future service change. This would then enable the service to demonstrate ongoing improvement of the service (recommendation g).

- No requirements.

Recommendation g

- The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement.

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 2 – Impact on people experiencing care, carers and families

Requirements

None

Recommendation

- a** The service should develop a process of informing patients about how their feedback has been addressed and used to help improve the service (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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

Requirements

None

Recommendations

- 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 (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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

Recommendations

- c** The service should develop a comprehensive risk register to support the management and review of identified risks (see page 10).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14
- d** The service should implement a suitable system to ensure all medications and any items needed to administer medications are within their expiry date (see page 11).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14
- e** The service should ensure patient care records are regularly audited to ensure good record keeping standards are maintained and all relevant information is captured (see page 12).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
- f** The service should record the contact details of patients' next of kin in patient care records (see page 12).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

- g** The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement (see page 14).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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

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