

Announced Inspection Report: Independent Healthcare

Service: Illuminare Aesthetics with Sarah, Dundee

Service Provider: Sarah McFarlane

17 September 2021

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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 Illuminare Aesthetics with Sarah on Friday 17 September 2021. This was our first inspection to this service.

The inspection team was made up one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

What we found and inspection grades awarded

For Illuminare Aesthetics with Sarah, 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 with systems and processes in place to maintain safety.	✓ 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. A quality improvement plan would help to improve the quality of the service	✓ Satisfactory

	provided, and ensure the delivery of safe and effective treatments.	
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The following additional quality indicators were 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	All patients received an assessment before any treatment was carried out. Treatments were fully explained and any associated risks discussed. Emergency contact details should be recorded in the patient care record.
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	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 Illuminare Aesthetics with Sarah 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 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

Illuminare Aesthetics with Sarah, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Illuminare Aesthetics with Sarah 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 with systems and processes in place to maintain safety. The service should ensure that develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

The clinic environment was clean, well equipped and fit for purpose. Effective measures were in place to reduce the risk of infection, such as COVID-19 transmission. Measures included 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 and we also saw accurately completed cleaning checklists. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment, including:

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

A waste contract was 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. Contracts were in place for the regular servicing and maintenance of electrical equipment, including portable appliance testing.

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:

- 'Treatment room was immaculately kept and clearly very clean and tidy.'
- 'Very clean, safe environment.'
- 'Excellent facilities and excellent standards of hygiene.'

We saw a safe system for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked cupboard or a drug refrigerator.

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

A range of policies and procedures were in place to help the service deliver care safely, such as:

- complaints
- duty of candour
- infection control
- recruitment, and
- safeguarding.

The majority of these were updated regularly.

While the service had not had any incidents or accidents since registration in June 2018, a log book was available to record these.

What needs to improve

While the service was clean, we did not see any evidence that clinical hand wash basins were being cleaned with 1000ppm chlorine solution in line with national guidance (recommendation a).

The service did not have a structured process in place for carrying out risk assessments or managing risk in the service (recommendation b).

The service did not complete any audits. A structured programme of regular audits could be introduced for key areas, such as medication, patient care records and the care environment (recommendation c).

- No requirements.

Recommendation a

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks.

Recommendation b

- The service should put appropriate measures in place to identify and manage risk in the service.

Recommendation c

- 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

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

All patients received an assessment before any treatment was carried out. Treatments were fully explained and any associated risks discussed. Emergency contact details should be recorded in the patient care record.

We reviewed five patient care records and saw evidence of a medical history, medications and allergies in all. Patients were asked to consent to treatment and the practitioner and patients had signed the patient care records.

The practitioner gave patients information about risks and benefits before any treatment started. This was documented in the patient care record.

All patients who responded to our survey agreed they 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:

- 'Took me through all details of procedure.'
- 'Very good at explaining what is involved in any procedure, so she also takes your view on board and any issues you may have.'
- 'talked through everything with me before and after. Gave me reassurance throughout my treatment.'

Following treatment, patients were given verbal and written aftercare information, including the emergency contact details of the practitioner. A separate consultation with the medical prescriber was recorded in the patient care record. Patient care records documented that patients had been provided with aftercare information. A review appointment was offered, if required to make sure that patients were satisfied with the outcome of their treatment. We saw that an updated patient care record had been introduced that recorded GP details and consent to share information.

What needs to improve

No emergency contact details were documented in the patient care record (recommendation d).

- No requirements.

Recommendation d

- The service should document emergency contact details 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 had 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.

The service employed another aesthetics practitioner and a nurse prescriber under practicing and privileges. Two staff members 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 practicing privileges policy was in place.

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

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

What needs to improve

While pre-employment checks had been carried out for one employee, we saw that the service had not completed these for another employee. The second employee also did not have a signed contract in place and Disclosure Scotland background checks had not been carried out for either member of staff. We also saw no evidence of continued fitness to practice checks completed for staff that had been granted practicing privileges, such as a yearly check on professional registration status (requirement 1).

Yearly appraisals had not been completed for staff granted practicing privileges to work in the service (recommendation e).

Requirement 1 – Timescale: by 12 February 2022

- The provider must ensure that employment and practicing privileges contracts are introduced for staff working in the service to ensure safe delivery of care, with individual responsibility and accountability clearly identified. Pre-employment checks in line with current legislation and best practice guidance must be carried out.

Recommendation e

- The service should introduce regular staff one-to-ones as part of the staff appraisal process to allow staff the opportunity to discuss progress in their role or any concerns.

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. A quality improvement plan would help to improve the quality of the service provided, and ensure the delivery of safe and effective treatments.

The service was owned and managed by an experienced nurse practitioner registered with the NMC, who is also a member of several aesthetic forums.

The practitioner kept up to date with best practice through ongoing training and development and attending training events. This made sure the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. Update-training in infection prevention and control and basic life support was carried out every year. They also engaged in the NMC revalidation process.

What needs to improve

A quality improvement plan would help to structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation f).

We were told of a peer group where the practitioner and another aesthetics practitioner met every 3 months to share learning and discuss updates in current practice. However, minutes of this were not recorded. Minuting these meetings would allow the sharing of learning with others in the service. We will follow this up at future inspections.

- No requirements.

Recommendation f

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and 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 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
a	<p>The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks (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 put appropriate measures in place to identify and manage risk in the service (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17</p>
c	<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 (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>

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

- d** The service should document emergency contact details in the patient care record (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

Domain 7 – Workforce management and support

Requirement

- 1** The provider must ensure that employment and practicing privileges contracts are introduced for staff working in the service to ensure safe delivery of care, with individual responsibility and accountability clearly identified. Pre-employment checks in line with current legislation and best practice guidance must be carried out (see page 11).

Timescale – by 12 February 2021

Regulation 8

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

Recommendation

- e** The service should introduce regular staff one-to-ones as part of the staff appraisal process to allow staff the opportunity to discuss progress in their role or any concerns (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
commendation	
f	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements (see page 13).</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:

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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