

Announced Inspection Report: Independent Healthcare

Service: Julia Hart Skin Clinic, Dunfermline

Service Provider: Julia Hart Skin Clinic Limited

28 March 2023

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1 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 5 February 2020.

2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Julia Hart Skin Clinic on Tuesday 28 March 2023. We spoke with a number of staff during the inspection. We received feedback from 12 patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of one inspector and a pharmacist.

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 Julia Hart Skin Clinic, 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	Feedback from patients was regularly reviewed to help the service improve the patient experience and how care was delivered. Patients reported high levels of satisfaction. Information about the service and treatments on offer was easily accessible and patients felt well informed about treatments available. Procedures were in place for managing complaints and any lessons learned were shared and acted on. The duty	✓✓ Good

	of candour report should be easily accessible. Complaints information should make it clear patients can complain to Healthcare Improvement Scotland at any time.	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	A detailed audit programme and comprehensive risk register helped the service to deliver safe care and treatment for patients in line with legislation, best practice and current guidance. The environment was calm, clean and well equipped. Patients told us they felt safe in the service.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The manager was an experienced nurse practitioner and prescriber. The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer support and membership of relevant forums. Strong and visible leadership in the service, and regular communication, helped staff feel supported and involved. A quality improvement plan helped the service to evaluate performance, identify areas for improvement and take corrective actions when needed.	✓✓ Good

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	Patient care records were detailed and showed processes in place to document patient information and to assess patients' requirements. However, details of weight loss medications prescribed and doses should be documented

	in the patient care record. Patients were well informed about their treatments, including risks and benefits and aftercare.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Safe and appropriate recruitment and induction processes were in place. Training and development opportunities were available for staff.

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 Julia Hart Skin Clinic Limited to take after our inspection

This inspection resulted in one requirement and four 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

Julia Hart Skin Clinic Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Julia Hart Skin Clinic for their assistance during the inspection.

3 What we found during our inspection

Outcomes and impact

This section is where we report 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

Feedback from patients was regularly reviewed to help the service improve the patient experience and how care was delivered. Patients reported high levels of satisfaction. Information about the service and treatments on offer was easily accessible and patients felt well informed about treatments available. Procedures were in place for managing complaints and any lessons learned were shared and acted on. The duty of candour report should be easily accessible. Complaints information should make it clear patients can complain to Healthcare Improvement Scotland at any time.

The service had recently upgraded its website which provided more information on all treatments currently offered and costs. Patients could book appointments through the online booking system, by telephone or in person. A detailed initial consultation took place which included the risks and benefits of treatments. Information was available in different formats and staff told us they were considering providing information in other languages to further improve the patient experience.

The service's participation policy supported how the service collected and actioned patients' feedback. This was done in a variety of ways, including a 'You said, we did' noticeboard in the waiting area. This detailed information on improvements that had taken place as a result of patient feedback. For example, patients had requested that music be played during treatments. Music was now available in all areas and could be tailored to individual preferences using virtual assistant technology. An online feedback form was also used to gather patient feedback, as well as a suggestions box in the waiting area.

We saw evidence that patient feedback was documented and audited regularly. The manager regularly shared and discussed feedback with staff at team meetings. Feedback was obtained at different stages of a patient's treatment. We found a clear willingness to ensure that all comments and suggestions were logged, discussed and acted on in a timely manner, and that any changes or improvements made were then relayed back to patients.

Through discussions with the manager and staff available on the day, it was clear that the views of people who used the service directly influenced how the service was delivered. For example, the choice of refreshments on offer had been reviewed again recently as a direct response to feedback received from patients.

Patients who completed our online survey said:

- 'Wonderful, helpful and always treat you with dignity and respect.'
- 'From the warm welcome at reception to the very personalised treatment. I was very pleased with the service.'
- 'My experience has always been gold standard.'
- 'I would not hesitate to recommend this clinic.'

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. We noted that staff had carried out duty of candour training.

The service's complaints policy included appropriate information for patients on how to contact Healthcare Improvement Scotland. Details on how to make a complaint were available on the service's website and in the service. The service's complaints log was regularly reviewed and any complaints received were managed in line with the service's complaints policy.

A safeguarding (public protection) policy, which included the local safeguarding contact, ensured a clear protocol was in place to respond to any adult or child protection concerns. We noted discreet information displayed in the service for those who may be experiencing abuse on how to raise a concern.

What needs to improve

The service should ensure the duty of candour report is easily available to patients (recommendation a).

The service should make it clear that patients who wish to, can complain at any time to the healthcare regulator (recommendation b).

- No requirements.

Recommendation a

- The service should ensure that the duty of candour report is published and available where patients can easily access it.

Recommendation b

- The service should ensure that the patients' right to complain to the healthcare regulator at any time is included in all information relating to complaints.

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

A detailed audit programme and comprehensive risk register helped the service to deliver safe care and treatment for patients in line with legislation, best practice and current guidance. The environment was calm, clean and well equipped. Patients told us they felt safe in the service.

Appropriate and up-to-date policies and procedures helped to support the safe delivery of care, including:

- infection prevention and control
- medicines management, and
- privacy and dignity.

The service regularly reviewed and updated its policies. We saw that staff had to sign to confirm they had read and understood these policies. A detailed programme of audits covered key aspects of care.

The environment was clean and organised. The service's infection prevention and control policy referred to relevant national guidance. A good supply of personal protective equipment was available, such as disposable gloves and aprons. The service used single-use items where appropriate to prevent the risk of cross-infection. We saw that individual cleaning schedules were up to date and completed for every area and item of patient equipment. Staff carried out spot checks of the cleanliness of the environment and patient equipment. The schedules were audited every month to ensure standards were continually met.

Comments from patients in our online survey on the cleanliness of the service included:

- 'Clinic is super clean and always immaculate.'
- '... had all necessary personal protective equipment.'

The risk register included a fire risk assessment which ensured this was carried out every year. Information on how to raise the alarm and fire safety signage was displayed. The fire safety equipment was serviced every year. Electrical equipment had been tested, and safety certificates were in place where appropriate.

The service had a medicines management policy. Medication was stored in the main treatment room which had a pin code entry system. The temperature of the lockable medicines fridge was checked regularly to ensure medicines were stored at the correct temperature. Lockable cupboards were used to store non-refrigerated medicines. We saw a process was in place for the ordering, receiving and storage of medicines. This was recorded in the medicines log which was kept in the treatment room.

Emergency procedures included protocols for the management of aesthetics complications such as anaphylaxis and vascular occlusion (blockage of a blood vessel). Emergency medicines were easily accessible and these were checked regularly. A biohazard spill kit was available in the treatment room. Patients were advised what to do if they had an adverse reaction, for example patients using weight loss medication were provided with the manager's telephone number. A first aid station in the service provided information and first aid supplies.

The service used an accident book to record any accidents or incidents in the service and any subsequent actions taken as a result.

A designated treatment room used to provide laser treatments fully complied with laser protection guidelines. The service ensured the laser was managed safely with the required local rules and precautions in place, and used the services of a laser protection advisor. We saw personal protective equipment, such as eye protection wear, was available for use with the laser. The equipment was well maintained, with an up-to-date risk assessment and servicing record.

All patients who responded to our online survey said they felt safe and had confidence in the service. Comments included:

- 'Consistently brilliant.'
- 'Can't rate this clinic highly enough.'

What needs to improve

Details about weight loss medication prescribing for the use of weight loss should be included as part of the service's existing medicines management policy (recommendation c).

We were told that the medicines fridge and cupboards remained unlocked with the keys kept in the locks during clinic opening times. Although the cupboards and fridge were located in a locked room, the cupboards and fridge should always be locked as an additional safety measure and the keys held securely when the treatment room is unattended (recommendation d).

- No requirements.

Recommendation c

- The service should include the prescribing of weight loss medication specifically for the use of weight loss as part of the existing medicines management policy.

Recommendation d

- The service should have a system in place to ensure all medicines are locked away and keys held securely when the treatment room is unattended.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were detailed and showed processes in place to document patient information and to assess patients' requirements. However, details of weight loss medications prescribed and doses should be documented in the patient care record. Patients were well informed about their treatments, including risks and benefits and aftercare.

Patient care records were securely stored on a password-protected electronic system. The service and individual practitioners were registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

A full assessment and consultation was carried out with patients before any treatment took place, including mental health screening questions. Patients were fully informed to make sure they had realistic expectations of their proposed treatment plan. Treatment would not proceed if patients had unrealistic expectations or if a clinical risk was indicated.

We reviewed five patient care records including one for a patient on a weight management programme. All records reviewed had patient contact details including patient name, address, mobile telephone number, next of kin and GP contact details.

Patients also completed a comprehensive consent form for the treatment they were planning. We saw this included risks and benefits of the treatment, as well as consent to take photographs and to share information with their GP. This was signed and dated by both the patient and the practitioner. Comments received from patients through our online survey included:

- 'My concerns are listened to and when possible I am given various treatments to choose from, and each one is explained thoroughly.'
- 'Clear instructions and honest expectations.'

Written detailed aftercare was provided to patients, and this was also emailed to them following their appointment, as well as details of how to access out-of-hours advice by telephone. Patient care records documented that all patients received aftercare information and advice.

Patient care record audits were carried out, with the results recorded and shared with staff, then actioned if appropriate.

What needs to improve

Details of weight loss medication prescribed and doses were not recorded in the weight management patient care record that we reviewed (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure that details of all medicines prescribed and administered to patients are documented in every patient care record.
- No recommendations.

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

**Safe and appropriate recruitment and induction processes were in place.
Training and development opportunities were available for staff.**

The two staff files we reviewed showed that staff had been safely recruited, and that relevant pre-employment checks were completed before they started working in the service. This included:

- Protecting Vulnerable Groups (PVG)
- induction checklist
- references
- qualifications, and
- fitness to practice.

Induction training was provided and staff had opportunities for ongoing training and development. There was evidence of staff progression within the service. For example, one staff member was undertaking additional training to further their skills and knowledge on a wider variety of treatments to help enhance their role. A structured appraisal system for all staff involved gathering feedback about individuals from the whole team as part of the process. A staff benefit scheme was in place.

Monthly staff training and education took place during which issues, treatments and audits were presented and discussed. We were told external training courses currently being organised for staff included:

- health and safety training
- complaints handling, and
- conflict resolution.

Staff we spoke with were clear about their role and responsibilities.

Patients who responded to our online survey said:

- ‘... extremely knowledgeable and passionate.’
 - ‘All of the staff have always great knowledge of the treatments and are very approachable and easy to talk to.’
 - ‘High clinical standards.’
-
- No requirements.
 - 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 manager was an experienced nurse practitioner and prescriber. The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer support and membership of relevant forums. Strong and visible leadership in the service, and regular communication, helped staff feel supported and involved. A quality improvement plan helped the service to evaluate performance, identify areas for improvement and take corrective actions when needed.

Daily huddles and monthly staff meetings helped promote staff participation in the service. We saw agendas and minutes of these meetings included discussions on the service's performance and staff updates, as well as progress on any projects.

Staff we spoke with told us they felt valued, had contributed to the development of the service and had a good working relationship with the manager. They told us that leadership was approachable, and they were supported to identify opportunities for improvement. Staff were also encouraged to become involved in carrying out audits and taking ownership of projects to help improve the service. For example, the service had increased the options for refreshments for patients after feedback.

The manager was an experienced nurse practitioner and prescriber. The service was a member of a number of forums, for example the Complications in Medical Aesthetic Collaborative (CMAC). We were told the manager had a long history of working in healthcare. We saw they had undertaken a variety of training relevant to the service and kept up to date with new products and treatments. For example, we were told the manager had researched the benefits and undergone training before purchasing a new item of equipment offering new non-invasive treatments. The manager was also in regular contact with other aesthetic healthcare professionals to share information, discuss any new treatments and to offer support where appropriate.

We saw a comprehensive quality improvement plan with details of improvements, actions and outcomes as well as evidence that this had been discussed during staff meetings.

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
a	<p>The service should ensure that the duty of candour report is published and available where patients can easily access it (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>
b	<p>The service should ensure that the patients' right to complain to the healthcare regulator at any time is included in all information relating to complaints (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 4.20</p>

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

Requirement

- 1** The provider must ensure that details of all medicines prescribed and administered to patients are documented in every patient care record (see page 14).

Timescale – immediate

Regulation 4(2)(d)

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

Recommendations

- c** The service should include the prescribing of weight loss medication specifically for the use of weight loss as part of the existing medicines management policy (see page 13).

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

- d** The service should have a system in place to ensure all medicines are locked away and keys held securely when the treatment room is unattended (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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