

Announced Inspection Report: Independent Health

Service: J. Rodger Aesthetics, East Kilbride

Service Provider: J. Rodger Aesthetics Limited

25 April 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 J. Rodger Aesthetics on Monday 25 April 2022. We spoke with the service manager (practitioner). We received feedback from 14 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of 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 J. Rodger Aesthetics, 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 the safe management of medicines, and infection prevention and control practices. A comprehensive programme of audits was carried out reviewing key aspects of care and treatment. The service's risk register should continue to be developed.	✓✓ Good
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, legislation and best practice guidance through its membership with local groups and national organisations. A quality improvement plan with appropriate action plans was produced to help evaluate and measure the quality, safety and effectiveness of the service provided.	✓✓ 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	All patients received a clinical assessment before treatment. Patient care records were clear and comprehensive. Patients' medical history was reviewed and consent obtained for each treatment. Patient care records should be signed by the practitioner, where appropriate. Audits of patient care records audits should be carried out.

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 J. Rodger Aesthetics Ltd to take after our inspection

This inspection resulted in three 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 J. Rodger Aesthetics 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.

Patients were provided with information about appropriate treatment options, and the risks and benefits, during their initial consultation. They were given time to consider treatment options and ask questions before agreeing to treatment. Patients received pre-treatment questionnaires to complete, including a psychological assessment. This allowed the practitioner to assess the patient's expectations of treatment and their wellbeing. The cost of the treatment was discussed at the first consultation and was also available on the service's website.

The service had a comprehensive up-to-date participation policy. Patients had the opportunity to provide feedback to the service in a number of ways, including online or in written form. We were told that feedback received was reviewed regularly and acted upon. We were told the service had recently moved to a new building in response to patient feedback about parking facilities and access to the service.

After treatment, patients received an email with appropriate aftercare information, including information about how to raise a concern or make a complaint. Patients who left feedback electronically also received an automated email telling them how to contact the service and how to 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 noted the service had not received any complaints since registration in July 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 we were told 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 before they decided to go ahead. Comments included:

- '[the practitioner] explained the cost up front and what to expect during the treatment, what to expect in the coming days with my skin peeling, and how to deal with aftercare.'
- 'Nothing was rushed and I was given the time I needed.'

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).

In line with national guidance, healthcare organisations are required to produce an annual duty of candour report and make this available to the public. This was discussed with practitioner and we will follow this up at future inspections.

- No requirements.

Recommendation a

- The service should develop a process of informing patients of their response to feedback.

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 the safe management of medicines, and infection prevention and control practices. A comprehensive programme of audits was carried out reviewing key aspects of care and treatment. The service's risk register should continue to be developed.

Appropriate 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 and signage was in place. External contractors regularly tested and maintained the heating systems and electrical appliances.

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).

Measures were in place to reduce the risk of infection. We saw daily, weekly and monthly cleaning schedules were being completed. A good supply of disposable personal protective equipment was available, including gloves and surgical face 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 appropriate sharps bins were in place.

The service's audit programme included monthly audits for:

- infection prevention and control
- safe management of sharps, and
- use and supply of personal protective equipment.

The audits were documented appropriately and risk assessed, with action plans developed, when necessary.

All medicines were obtained from appropriately registered suppliers. The service kept a small number of prescription-only medicines as stock, including medicine required in an emergency. A system was in place to record the temperature of the clinical fridge to check that medicines were stored at the correct temperature. All medicines and single-use patient equipment was in date and we saw monthly checks were carried out.

An accident book was used to record any accidents or incidents that took place. The practitioner had a good understanding of their responsibilities for reporting accidents, incidents and adverse events.

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

- 'The clinic was spotless.'
- 'Beautiful clean and comfortable.'

What needs to improve

Monthly audits carried out were risk assessed and these risk assessments were then included in the service's quality improvement plan. The development of 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 risks identified (recommendation b).

- No requirements.

Recommendation b

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

Quality indicator 5.2 - Assessment and management of people experiencing care

All patients received a clinical assessment before treatment. Patient care records were clear and comprehensive. Patients' medical history was reviewed and consent obtained for each treatment. Patient care records should be signed by the practitioner, where appropriate. Audits of patient care records audits should be carried out.

We reviewed five electronic patient care records and found all contained comprehensive information, including patients' GP and emergency contact details. Patients completed an initial online consultation form, including a medical history questionnaire, psychological assessment tool and COVID-19 wellness screening. This was discussed with the patient during the initial consultation to make sure patients had realistic expectations of the proposed treatment plan. Risks and benefits of the treatment were explained before treatment. Treatment plans included facial mapping with a description of the treatment and diagram of the areas treated, including batch numbers and expiry dates of the medicine used. These were reviewed and updated at each treatment.

Patients were asked to consent to treatment, sharing information with their GP, if required, and to having their photograph taken and shared for marketing purposes.

Patients were given both verbal and written aftercare advice after their treatment and were invited for a post-treatment consultation. Patients were also provided with out-of-hours contact details for the practitioner.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). The service had moved to electronic records and the majority of patient care records were stored securely on electronic devices. Access to any electronic information was password-protected to ensure confidentiality of patient information was maintained, in line with data protection legislation. Older paper copies of patient care records were stored in a locked filing cabinet in the clinical treatment area and the practitioner was the sole key holder to this cabinet.

Patients stated they were very satisfied with the service and the treatments they had received. Comments from our online survey included:

- 'She explained the different treatments and allowed me to make an informed choice.'
- 'Aftercare advice is given at time of treatment and also followed up by an email.'
- 'She fully explains the procedure and what to expect.'

What needs to improve

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

Recommendation c

- The service should carry out regular audits of 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, legislation and best practice guidance through its membership with local groups and national organisations. A quality improvement plan with appropriate action plans was produced to help evaluate and measure the quality, safety and effectiveness of the service provided.

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. They were also a member of a number of aesthetic forums. This included the Aesthetic Complications Expert (ACE) group, Complications in Medical Aesthetic Collaborative (CMAC) and a number of prescribing forums.

The practitioner had recently qualified as an independent nurse prescriber. This allowed them to prescribe prescription-only medicines, such as botulinum toxin. The practitioner was in regular contact with other local aesthetic practitioners, allowing them to share information, support and learning with each other. The practitioner told us they had started a university post-graduate course in aesthetic medicine.

The service's quality improvement plan included reviews of audits and patient feedback, as well as the ongoing development of the service. We noted that action plans were produced, where appropriate.

- 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

Recommendation

- a** The service should develop a process of informing patients of their response to feedback (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

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

Recommendations

- b** 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

- c** The service should carry out regular audits of 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 4.19

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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