



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Larbert Aesthetic Clinic Limited, Larbert

Service Provider: Larbert Aesthetic Clinic Limited

19 June 2023

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 19 May 2019

Recommendation

The service should develop a more effective system for the collection and analysis of patient feedback to show how the service uses this information to drive service improvement.

Action taken

The service encouraged feedback from patients in a variety of ways. For example, patients were given satisfaction questionnaires after each visit, which they could return anonymously. Feedback could also be given through social media or the service's website.

Recommendation

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.

Action taken

The service had developed a programme of audits, including a medicine audit, a cleaning audit and a patient satisfaction audit. However, we saw no documented evidence of completed patient care record audits. This recommendation is reported in Quality Indicator 5.1 (see recommendation a).

Recommendation

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

Action taken

The service had implemented a risk register. However, it had not documented many risk assessments carried out. This recommendation is reported in Quality Indicator 5.1 (see recommendation b).

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

We saw evidence of several improvements made to the service, such as:

- displayed policies in the reception area
- improved security of locked cupboards, and
- training on new products for the practitioner.

However, the service did not document these improvements in a written quality improvement plan. This recommendation is reported in Quality Indicator 9.4 (see recommendation e).

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 Larbert Aesthetic Clinic Limited on Monday 19 June 2023. We spoke with the service owner (practitioner). This was our second inspection to this service.

The inspection team was made up of 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 comprehensive self-evaluation.

What we found and inspection grades awarded

For insert service name, 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	Patient information about the treatments provided was available in the service and on its website. Clear information about how to make a complaint was easily accessible to patients.	✓✓ Good

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 were clean and well maintained. A range of policies and procedures helped the service to deliver care safely. The service should further develop its audit and risk assessment programmes.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with current best practice through training, development and sharing advice with other practitioners. A quality improvement plan should be developed to demonstrate a culture of continuous quality improvement. Meetings with peers should be documented.	✓ Satisfactory

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	Patients were fully assessed and a consent process was in place before any treatment took place. Consultations and treatments were recorded fully in the patient care records. Consent for information sharing should be recorded.	

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 Larbert Aesthetic Clinic Limited to take after our inspection

This inspection resulted in five 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 Larbert Aesthetic Clinic Limited for their assistance during the inspection.

3 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

Patient information about the treatments provided was available in the service and on its website. Clear information about how to make a complaint was easily accessible to patients.

The service operated an appointment-only system for all consultations and treatments. Controlled access to the treatment rooms and screening of windows meant patient privacy and dignity was maintained.

The service's website provided information for patients on treatments, costs, and risks and complications of treatment. This information was also displayed in the service's reception area and included 24-hour contact details.

The service's complaints procedure was available to patients on the service's website and displayed in the reception area. The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). The policy and most recent duty of candour report were displayed in the service. The service had not had any instances requiring it to implement duty of candour.

The service had a participation policy in place and patient feedback was regularly reviewed to help continually improve the quality of care provided. Feedback was gathered in a variety of ways. For example, patients were given satisfaction questionnaires after their treatments with the option of completing them anonymously. They could also use a suggestion box or give feedback on the service's website and social media pages.

All patients who responded to our online survey said they had been treated with dignity and respect. All respondents said they had been involved in their care and treatment. Comments included:

- 'Excellent and professional service from start to finish. Clear explanation of procedure including risks and benefits. Post procedure Care and instructions and access to out of hours care if needed.'
 - 'All my questions were answered very professionally.'
 - 'Deeply respectful, confidential and utterly professional. I always feel so much better after appointments.'
-
- No requirements.
 - No recommendations

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 were clean and well maintained. A range of policies and procedures helped the service to deliver care safely. The service should further develop its audit and risk assessment programmes.

The environment and clinical areas were clean and well maintained. All equipment was in a good state of repair. Single-use equipment was used for clinical procedures to prevent the risk of cross-infection. We saw a good supply of personal protective equipment available, such as face masks, disposable gloves and aprons. We saw these were stored safely and located close to the point of care.

We saw evidence that fire testing and portable appliance testing of electrical appliances had been carried out. We were told that gas boiler maintenance was the responsibility of the landlord. The owner (practitioner) had obtained a recent maintenance report from the landlord for their files.

A safe system was in place for the procurement, prescribing and storage of medicines. The practitioner carried out all prescribing in the service and was registered with the Nursing and Midwifery Council. Medicines we looked at were in-date and stored appropriately in the treatment area. The service had a locked fridge with maximum and minimum temperature monitoring to make sure medicines were stored at the correct temperature. At the time of our inspection, we noted the fridge was not in use as the service did not have any temperature-sensitive medications in stock.

We saw evidence that the service carried out regular audits of medicines, cleaning schedules and clinical supplies. Policies were in place to support the

service to deliver care safely, such as those for medicines management and an infection prevention and control.

Patients who responded to our survey commented on the cleanliness and safety of the service. These comments included:

- ‘Comfortable, high standard of cleanliness and clinical standards throughout.’
- ‘Beautiful and exceptionally clean Clinic giving full confidence in good cross infection control procedures.’

What needs to improve

The service had implemented an audit programme. We were told the patient care records were regularly audited as part of this programme. However, we saw no written evidence of a patient care records audit (recommendation a).

The service had implemented a risk register. However, few risk assessments were documented on it (recommendation b).

- No requirements.

Recommendation a

- The service should carry out regular audits of patient care records to identify gaps in recording and highlight where improvements are needed.

Recommendation b

- The service should complete risk assessments for all appropriate risks identified in the service. The risk assessments should be recorded on the risk register and these should be regularly reviewed.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients were fully assessed and a consent process was in place before any treatment took place. Consultations and treatments were recorded fully in the patient care records. Consent for information sharing should be recorded.

The five patient care records we reviewed showed that assessments and consultations were carried out before treatment started. These included:

- allergies
- health conditions and medical history
- medications
- pregnancy, and
- previous treatments.

Records were kept of each treatment session, including a face plan (a diagram of what the treatment would look like). This helped to explain the overall care plan with the patient. Dosage and medicine batch numbers were recorded for each treatment. Consent to treatment and for photographs to be taken was recorded in patient care records. We also saw that any risks associated with the treatment were explained. Aftercare was provided and recorded in patient care records.

Patient care records were securely stored in a locked cabinet. The service was registered with the Information Commissioner's Office (ICO) (an independent authority for data protection and privacy rights).

What needs to improve

The service's patient care records were consistent and thorough from consent to aftercare. However, the consent process did not include consent for sharing information with other healthcare professionals where required, such as in an emergency (recommendation c).

- No requirements.

Recommendation c

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, 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 current best practice through training, development and sharing advice with other practitioners. A quality improvement plan should be developed to demonstrate a culture of continuous quality improvement. Meetings with peers should be documented.

We saw evidence of ongoing training and development on treatments carried out in the service. The service owner (practitioner) had maintained their registration with the Nursing and Midwifery Council.

The service was registered with the peer support group the Aesthetic Complications Expert (ACE) group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. The service kept a register of incidents and accidents. No accidents or incidents had been reported at the time of our inspection.

We saw evidence of improvements that had been made to the service. For example, an upgraded toilet and patient information had been made readily available in response to patient feedback. We also saw that the practitioner had received training on products from manufacturers, to improve on the services offered to patients.

We were told that the service owner (practitioner) shared advice and best practice with other practitioners.

What needs to improve

While we saw evidence of improvements made to the service, the service did not have a quality improvement plan in place to document them. A quality improvement plan would help make sure improvements made are documented

and available for review. It would also help in planning service improvements (recommendation d).

Discussions the practitioner had with their peers were not documented. This meant we found no evidence of how these discussions led to improvements in the service (recommendation e).

- No requirements.

Recommendation d

- The service should develop and maintain a quality improvement plan.

Recommendation e

- The service should formally record evidence of peer group discussions and other learning opportunities 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 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
a	The service should carry out regular audits of patient care records to identify gaps in recording and highlight where improvements are needed (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
b	The service should complete risk assessments for all appropriate risks identified in the service. The risk assessments should be recorded on the risk register and these should be regularly reviewed (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
c	The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records (see page 13). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendations

- d** The service should develop and maintain a quality improvement plan (see page 15).

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

This was previously identified as a recommendation in the May 2019 inspection report for Larbert Aesthetic Clinic Limited.

- e** The service should formally record evidence of peer group discussions and other learning opportunities to demonstrate and direct the way it measures improvement (see page 15).

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.



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:

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Gyle Square
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