

Announced Inspection Report: Independent Healthcare

Service: Laura Lamont Aesthetics, Larkhall

Service Provider: Laura Lamont Aesthetics Ltd

17 August 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 Laura Lamont Aesthetics on Tuesday 17 August 2021. We spoke with the sole practitioner and received feedback from 12 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 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 Laura Lamont Aesthetics, the following grades have been applied to the key quality indicators inspected.

| 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 | The environment was clean and well maintained. Relevant policies and procedures had been implemented to reduce the risk of cross-infection and ensure care was being delivered in line with best practice guidelines. Patients told us the premises were clean and they were treated with respect. The current programme of audits should be reviewed and a risk register should be developed which includes environmental hazards. | ✓ Satisfactory |

| Key quality indicators inspected (continued) | | |
|---|---|----------------|
| 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 organisations and attendance at training events. A quality improvement plan should be developed to help improve the quality of the service provided, and ensure the delivery of safe and effective treatments. | ✓ Satisfactory |

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 a face-to-face consultation with the nurse prescriber and nurse practitioner before any treatments were carried out. The risks and benefits of treatment were discussed and patients were given time between the consultation and treatment. Patient care records should be signed by the nurse practitioner. |
| Domain 7 – Workforce management and support | |
| 7.1 - Staff recruitment, training and development | No staff were employed in the service, but a practicing privileges agreement was in place between the service and a nurse prescriber. Arrangements were in place to ensure all relevant backgrounds checks were carried out. The nurse practitioner was knowledgeable and proactive in keeping up to date with their professional development. |

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 Laura Lamont Aesthetics Ltd 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 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

Laura Lamont Aesthetics Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Laura Lamont Aesthetics 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

The environment was clean and well maintained. Relevant policies and procedures had been implemented to reduce the risk of cross-infection and ensure care was being delivered in line with best practice guidelines. Patients told us the premises were clean and they were treated with respect. The current programme of audits should be reviewed and a risk register should be developed which includes environmental hazards.

A number of measures had been implemented by the service to minimise the risk of cross-infection, such as using single-use equipment. An infection prevention and control policy detailed what action the service took to reduce cross-infection. The environment was clean and well maintained and we saw evidence of completed cleaning schedules.

We saw suitable medicine management including the system for procurement, prescribing, storage and administration of medicines. The service had a locked cupboard and drug refrigerator for suitable medication storage. Daily fridge temperatures were carried out and recorded to make sure medication was being stored at the correct temperature.

Staff had up-to-date training and were aware of how to respond to medical emergencies. Suitable equipment was in place in the event of a physical health emergency.

The service had responded well to changes required due to the pandemic. Alcohol-based hand rub dispensers were available at the entrance to the clinic and at the clinic reception. Staff described the service's COVID-19 screening process before appointments and that further screening was carried out when

patients arrived at the clinic. Patients were told not to attend their appointment if they suspected they had symptoms of COVID-19. A COVID-19 risk assessment was in place.

A process was in place for checking the clinical stock and expiry dates. Although no incidents had taken place in the service, a log book was available for recording this. The service knew how and when to notify Healthcare Improvement Scotland in the event of specific circumstances, but had not needed to use this system.

Overall, patient feedback we received through our online survey was positive about the service provided and the environment. Comments included:

- '... room was very private and I felt respected.'
- 'Everything was sterile and very clean.'
- 'The clinic was very clean and well presented.'

What needs to improve

To further develop and review the safe delivery and quality of the service, the current programme of audits could be expanded. For example, audits of medicine management and infection prevention and control could be introduced (recommendation a).

Although we noted that a fire risk assessment had been carried out, the service should develop a risk management register for general environmental hazards and treatment-specific hazards. Any hazards identified should have risk assessments completed (recommendation b).

A duty of candour policy was in place and, although no incidents had taken place, we advised the service to develop a report and publish this on their website, as required by national duty of candour guidance. We will follow this up at a future inspection.

- No requirements.

Recommendation a

- The service should continue to develop its programme of audits to include infection prevention and control and medicine management to ensure safe delivery of care. Audits should be documented and improvement action plans implemented.

Recommendation b

- The service should complete an environmental risk assessment to ensure the safety of patients and those working in the service.

Quality indicator 5.2 - Assessment and management of people experiencing care

All patients received a face-to-face consultation with the nurse prescriber and nurse practitioner before any treatments were carried out. The risks and benefits of treatment were discussed and patients were given time between the consultation and treatment. Patient care records should be signed by the nurse practitioner.

During the inspection, we reviewed five patient care records. These contained details of patients' medical history, consent to treatment and consent to sharing information. We saw that all consent forms had been signed by both the patient and the practitioner.

All patients received a face-to-face consultation with the nurse prescriber and nurse practitioner before any treatments were carried out. The patient care records we reviewed showed that a detailed consultation process had been followed. This included patients receiving information about the risks and benefits before any treatment started. The patient care records all included detail of the medication expiry date and batch number.

All patients who responded to our survey felt they were given sufficient time to reflect on the treatment options before giving consent to treatment. Feedback also showed that patients felt involved in decisions about their care and treatment. Comments included:

- 'I was given time to think about the risks and decide if I wanted treatment or not.'
- '... very professional and I felt she gave me adequate time to think about all the information she had given me prior to the treatment being done.'

We were told the service intended to move to an electronic record-keeping system in the future. The current paper records were a template form provided by the medication company. These were stored appropriately in a locked filing cabinet.

Patient care records documented that patients had been given both verbal and written aftercare information, including advice and contact details in the event of an emergency.

Audits of patient care records regularly took place to make sure past medical history, consent to share information and consent to treatment was being recorded. We saw that audit results showed full compliance with completing all information required in the patient care records.

What needs to improve

Although we saw that the patient care records had detailed notes for each episode of treatment, the template form being used did not have space for the practitioner to sign the record. The practitioner must ensure all patient care records are signed (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure all patient care records are signed by the treating practitioner to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records.

- 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

No staff were employed in the service, but a practicing privileges agreement was in place between the service and a nurse prescriber. Arrangements were in place to ensure all relevant backgrounds checks were carried out. The nurse practitioner was knowledgeable and proactive in keeping up to date with their professional development.

The service is made up of one nurse practitioner and a nurse prescriber who was granted practicing privileges (staff not employed directly by the provider but given permission to work in the service). Although the nurse practitioner delivered the treatments, they were not a certified nurse prescriber. Therefore, an agreement was in place with a prescriber who provided this element of the service. We saw a process in place for the practicing privileges arrangements including suitable background checks for Protecting Vulnerable Groups (PVG), references, professional registration and health checks.

We were told the nurse practitioner had completed a number of treatment-specific courses. They continued to practice nursing within the NHS and engaged in continuing professional development, for example they received annual update training in infection prevention and control, and basic life support. The nurse practitioner had support from, and could share learning with, the nurse prescriber who also provided an independent healthcare service.

Feedback from our online survey showed that patients felt confident that staff had the right knowledge and skills to administer treatments. Comments included:

- ‘... very informative and I felt very comfortable with her carrying out my treatment.’
 - ‘... discussed in great detail about the treatment and I had a lot of confidence in her.’
-
- 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 service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national organisations and attendance at training events. A quality improvement plan should be developed to help improve the quality of the service provided, and ensure the delivery of safe and effective treatments.

The nurse practitioner was experienced and demonstrated current knowledge about aesthetics, the associated risks and newer treatments. They were passionate about the aesthetics field and kept up to date with changes in the industry, legislation and best practice guidance through membership with a national group and various training events. The nurse practitioner was a member of the Aesthetics Complications Expert (ACE) group who provide guidance on preventing complications in cosmetic treatments.

The nurse practitioner had recently revalidated with the Nursing and Midwifery Council. This is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the Nursing and Midwifery Council, every 3 years.

What needs to improve

Although the service obtained informal patient feedback through social media, no formal process was in place for gathering and reviewing feedback to help make improvements to the service (recommendation c).

A quality improvement plan would help the service identify specific improvements and actions to be taken to help develop and improve the service, measure the impact of change and demonstrate a culture of continuous improvement (recommendation d).

- No requirements.

Recommendation c

- The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service.

Recommendation d

- 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

Requirement

- 1** The provider must ensure all patient care records are signed by the treating practitioner to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records (see page 10).

Timescale – immediate

Regulation 4(2)(a)

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

Recommendations

- a** The service should continue to develop its programme of audits to include infection prevention and control and medicine management to ensure safe delivery of care. Audits should be documented and improvement action plans implemented (see page 8).

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

- b** The service should complete an environmental risk assessment to ensure the safety of patients and those working in 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 4.11

| Domain 9 – Quality improvement-focused leadership | |
|---|---|
| Requirements | |
| None | |
| Recommendations | |
| c | <p>The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service (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 4.8</p> |
| d | <p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org