

Announced Inspection Report: Independent Healthcare

Service: NY Skin Clinic, Aberdeen

Service Provider: NY Skin Clinic Ltd

27 June 2022

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1 Progress since registration

What the provider had done to meet the requirements we made our complaint investigation on 16 March 2022

Requirement

The provider must document all consultations in the patient care record.

Action taken

We reviewed 10 patient care records and found that the patient consultation were fully and accurately recorded in all. **This requirement is met.**

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 NY Skin Clinic on Monday 27 June 2022. We spoke with a number of staff during the inspection. We received feedback from 15 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.

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. Although requested, the service did not submit a self-evaluation before the inspection.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For NY 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	Patients felt they were treated with dignity, respect and were fully informed about their treatment options. Patients told us they were happy with the care they received. A clear and accessible complaints process was in place. The results of patient feedback should be shared with patients.	✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
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. Although audits were carried out reviewing some key aspects of care and treatment, a medication audit should be included. Sanitary fittings should be cleaned in line current guidance.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The manager kept up to date with changes in the aesthetics industry, legislation and best practice guidance through membership with national groups and training events. The service should implement a quality improvement plan.	✓ 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		
5.2 - Assessment and management of people experiencing care	Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Patients were fully included and well informed about their treatments. Aftercare information was recorded.	
Domain 7 – Workforce management and support		
7.1 - Staff recruitment, training and development	A recruitment policy was in place. Recruitment checks including references, qualification, professional registration and training had been completed. The service must obtain a PVG for all clinical staff working 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

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 NY Skin Clinic Ltd to take after our inspection

This inspection resulted in two requirements and five 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

NY Skin Clinic, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at NY Skin Clinic 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

Patients felt they were treated with dignity, respect and were fully informed about their treatment options. Patients told us they were happy with the care they received. A clear and accessible complaints process was in place. The results of patient feedback should be shared with patients.

The service's informative website provided information about the procedure available, including what to expect afterwards and a clear explanation of costs. We saw that patients were given information over email and during the consultation process to allow them to make a fully informed decision. Patients had time to consider treatment options and ask questions before agreeing to treatment.

Results from our online survey showed that patients felt involved in their treatment and were confident in the service. Comments included:

- 'At all times I felt in control and knew the outcomes of each step. There was reassurance at each stage of the treatment which was relaxing and took away any worries I had.'
- 'Was asked what I would like to achieve with the treatment. What do I know about it, side effects etc.'
- 'Any query was clarified and explained fully.'

The service made sure that patients' privacy and dignity was maintained. All consultations were appointment-only and only one patient was treated at a time, maintaining confidentiality. The treatment room door was locked when patients were undergoing treatments.

The service had a quality improvement policy, which included a section on service user participation. Patients could provide feedback to the service in different ways, including online or in written form and a QR code was available at reception for providing feedback electronically. We were told that feedback received was reviewed regularly and acted upon.

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. This information was available on the service's website and a complaints form was available in the clinic.

What needs to improve

Improvements or actions taken as a result of patient feedback were not shared with patients. This would help to show how their feedback had been addressed and used to help improve the service. For example, this information could be displayed on the service's website, on social media or on a patient information board in the clinic (recommendation a).

- No requirements

Recommendation a

- The service should share improvements or actions taken as a result of feedback with patients to show how this was being used to improve the quality of care provided and how the service was delivered.

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. Although audits were carried out reviewing some key aspects of care and treatment, a medication audit should be included. Sanitary fittings should be cleaned in line current guidance.

The clinic environment and equipment was clean, well maintained and fit for purpose. A compliant clinical hand wash basin was in place. 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 external contractors regularly tested and maintained the heating systems and electrical appliances. Appropriate fire safety equipment and signage was in place. Appropriate and up-to-date policies and procedures helped to support the safe delivery of care, including those for:

- infection prevention and control
- information management
- medication management, and
- safeguarding (public protection).

We saw that the service followed its infection prevention and control policy. Effective measures were in place to reduce the risk of infection. Cleaning of the clinic environment and equipment was carried out in between patient appointments, as well as a programme of regular deep cleaning three times a week. Appropriate cleaning products were being used. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment such as face masks, gloves and aprons. A suitable waste contract

was in place for the safe disposal of swabs, syringes, needles and other clinical waste and waste transfer notes were kept, in line with guidance.

The service had a good knowledge of management of blood spillages and had blood spillage kits to use.

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

- 'Everything is well presented and extremely clean and tidy.'
- 'Clinic is immaculate.'
- 'Very professional, clean and welcoming clinic.'

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 were in date and we saw that monthly checks were carried out.

A number of processes had been implemented to make sure care was delivered safely. This included an accident book used to record any accidents or incidents that took place and an incident recording and review process. The practitioner had a good understanding of their responsibilities for reporting accidents, incidents and adverse events.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong) and a duty of candour report has been produced and made available on the service's website. The service had not had any instances requiring it to implement duty of candour principles.

What needs to improve

Although a fire risk assessment was in place, the service did not have an effective process in place for risk management. All risks to patients and staff in the service must be effectively managed continuously. Proactive risk management processes must be developed, which include a comprehensive risk register and appropriate risk assessments to protect patients and staff (requirement 1).

The service carried out audits for the care environment and patient care records. However, it did not audit its medication management (recommendation b).

The environment was visibly clean and clutter free. We were told that staff regularly carried out cleaning duties. However, the service did not document evidence to show cleaning was taking place (recommendation c).

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

Requirement 1 – Timescale: by 27 September

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Recommendation b

- The service should introduce an audit on medication management which should be documented and action plans implemented.

Recommendation c

- The service develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.

Recommendation d

- 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.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Patients were fully included and well informed about their treatments. Aftercare information was recorded.

We reviewed 10 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 consent to having their photograph taken and shared for marketing purposes.

Patients were given both verbal and written aftercare advice after their treatment. 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 used electronic records which were stored securely on electronic devices. Access to any electronic information was password-protected to maintain confidentiality of patient information in line with data protection legislation.

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

- 'She explained everything in detail and ensured I felt confident and comfortable with the procedure. I felt I was in very safe hands.'
- 'Great service, talked through whole process. The practitioner was fab.'
- 'Every part of the procedure was explained fully.'

■ No requirements.

■ 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

A recruitment policy was in place. Recruitment checks including references, qualification, professional registration and training had been completed. The service must obtain a PVG for all clinical staff working in the service.

We reviewed staff files of staff who were employed directly by the service. A recruitment policy was in place.

We found that staff had signed contracts and that a recruitment checklist was in place for all employees. We also saw evidence of some pre-employment safety checks carried out before they began working in the service, such as:

- two references
- courses attended
- evidence of training
- Nursing and Midwifery Council (NMC) registration, and
- qualifications.

We saw that an induction checklist was in place for each member of staff employed. We saw that staff had initial written appraisal after 3 months and a written yearly appraisal was in place for those staff who had been employed for over 12 months.

What needs to improve

As part of its process for recruitment, the service was accepting a copy of the practitioner's own PVG certificate, rather than carrying out its own PVG checks (requirement 2).

Requirement 2 – Timescale: by 27 September 2022

- The provider must ensure that Protecting Vulnerable Groups checks are carried out in line with current legislation and best practice guidance to make sure it does not employ any person that is unfit.

- No recommendations.

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 kept up to date with changes in the aesthetics industry, legislation and best practice guidance through membership with national groups and training events. The service should implement a quality improvement plan.

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 and complications forums.

We were told and saw that staff meetings were held every 2 weeks and a variety of agenda items were discussed including best practice, treatments and any issues. A written agenda, minutes and actions identified that were to be taken forward were seen on inspection. We spoke with three members of staff who were positive about service and the leadership and culture in the service. They all felt that the service manager listened to and acted on their ideas and suggestions for improvement.

What needs to improve

The service had some assurance systems, such as audits and reviewing and acting on patient feedback and complaints. However, it did not have a quality improvement plan in place. 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 e).

- No requirements.

Recommendation e

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

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 share improvements or actions taken as a result of feedback with patients to show how this was being used to improve the quality of care provided and how the service was delivered (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.6

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

Requirement

- 1** The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 11).

Timescale – immediate

Regulation 13(2)(a)

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

Recommendations	
b	<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 11).</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>
c	<p>The service develop cleaning schedules for the general environment and patient equipment in line with best practice guidance (see page 11).</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>
d	<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 11).</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>

Domain 7 – Workforce management and support	
Requirement	
2	<p>The provider must ensure that Protecting Vulnerable Groups checks are carried out in line with current legislation and best practice guidance to make sure it does not employ any person that is unfit (see page 14).</p> <p>Timescale – by 27 September 2022</p> <p><i>Regulation 8a</i></p> <p><i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
e	<p>The service should develop and implement a quality improvement plan (see page 17).</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:

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Gyle Square
1 South Gyle Crescent
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EH12 9EB

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You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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or email his.contactpublicinvolvement@nhs.scot

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