

Announced Inspection Report: Independent Healthcare

Service: Riley Aesthetics, Clarkston

Service Provider: Riley Aesthetics Ltd

23 February 2022

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 5 November 2019.

Requirement

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

Action taken

This requirement is not met and is reported in Quality Indicator 5.1 (see requirement 1).

Requirement

The provider must ensure that all healthcare professionals with practicing privileges to work from the service are not included on the adult's list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Action taken

The service had a copy of staff with practicing privileges qualifications, PVG status and all appropriate checks carried out, including a contract with the service provider in place. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 5 November 2019

Recommendation

The service should ensure that information about how to make a complaint about the service is available to patients.

Action taken

The information was available online. The service planned to add this information to patient aftercare leaflets.

Recommendation

The service should develop a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement

Action taken

The service did not have a participation policy (see requirement 2).

Recommendation

The service should develop a programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Action taken

The service did not have a programme of audits in place (see recommendation c).

Recommendation

The service should amend its safeguarding policy to include the process that will be followed if a safeguarding issue is identified.

Action taken

The service had not updated its safeguarding policy (see recommendation e).

Recommendation

The service should develop its consent form to ensure that patients are asked to consent to relevant information about them being shared with other healthcare professionals, as and when appropriate.

Action taken

A comprehensive assessment process had been introduced, which included consent for sharing of information with other health care professionals and for treatments carried out.

Recommendation

The service should develop a quality improvement plan that demonstrates a structured approach to carrying out and recording improvement activities and evaluating the impact of change on the quality of the service.

Action taken

The service had not developed a quality improvement plan (see recommendation h).

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 Riley Aesthetics on Wednesday 23 February 2022. We spoke with the owner who is also the sole practitioner, during the inspection to the 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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Riley 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, safe and helped maintain patient privacy. The service, however, must have appropriate processes and procedures in place to manage risk and ensure a safe environment for patients and staff. An audit programme should be introduced to review the safe delivery and quality of the service.	✓ Satisfactory

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service manager maintained current best practice through ongoing training and development. Good peer networks supported continuous learning. Quality assurance processes and systems should be updated to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. This should include developing 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	Patients had a full consultation. Consent to treatment and photography was gained from patients. Written and verbal aftercare information was provided for all patients. Patient care records we reviewed were well completed. A formal psychological assessment should be carried out and documented for each patient. Consent to treatment should also be gained for every treatment.	

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 Riley Aesthetics Ltd to take after our inspection

This inspection resulted in two requirements and nine 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

Riley Aesthetics Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Riley Aesthetics for their assistance during the inspection.

3 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, safe and helped maintain patient privacy. The service, however, must have appropriate processes and procedures in place to manage risk and ensure a safe environment for patients and staff. An audit programme should be introduced to review the safe delivery and quality of the service.

The clinic area was clean and equipment was fit for purpose. We were told extra cleaning schedules were still in place from the COVID-19 pandemic in line with Health Protection Scotland's national guidance to reduce infection risks. Patient appointments were arranged with gaps between patients so that cleaning could be carried out.

The door to the service was locked in between patients' arrivals and the treatment room door was kept closed between appointments for patients' privacy and dignity.

We saw alcohol-based hand rub in the reception area at the clinic entrance and in the treatment room. A good supply of personal protective equipment was available for staff and patients.

Patients completed a COVID-19 screening questionnaire at their first consultation with the practitioner. Patients were advised not to attend the clinic if they had any of the pre-existing symptoms.

The service had an updated infection prevention and control policy with added information on COVID-19.

The practitioner was aware of the reporting process to Healthcare Improvement Scotland. While no accidents, incident or adverse events had occurred in the service since registration in 2017, the complaints policy advised patients they could complain to Healthcare Improvement Scotland at any time.

Emergency medicines were available in the treatment room to respond to any complication or adverse reactions to treatment, this included Hyaluronidase. Patients could contact the practitioner out of hours if they had any concerns after their treatment.

Patients who responded to our online survey trusted the practitioner and comments included:

- 'Highly professional and friendly service.'
- 'Treatment is discussed in advance, talking about expectation and reality.'
- 'All areas clean and practitioner using PPE appropriately.'

What needs to improve

We saw no evidence of audits taking place to review the safe delivery and quality of the service. 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
- an up-to-date fire risk assessment
- appropriate risk assessments to protect patients and staff, and
- an accident and incident investigation procedure (requirement 1).

Waste transfer notes were not used in the service when disposing of Botulinum Toxin (recommendation a).

While the service appeared clean and suitable cleaning products were being used, no formal cleaning schedule was in place to record cleaning completed (recommendation b).

We saw no evidence of audit activity carried out in the service. A programme of regular audit should be implemented which, as a minimum includes:

- cleaning and maintenance of the care environment
- health and safety
- medicine management, including checking expiry dates of equipment and medicines and fridge temperature, and
- patient care records (recommendation c).

The service had no evidence that it tested portable appliances (recommendation d).

The service's adult support and protection or safeguarding policy did not include the process that would be followed if a safeguarding issue was identified, in line with current guidance (recommendation e).

The service should review its clinical handwash basin provision in line with current guidance. We will follow this up at future inspections.

The service had been offering Polydioxanone (PDO) thread lifts. However, current ventilation guidance from Health Facilities Scotland meant this treatment had been removed.

Requirement 1 – Timescale: immediate

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

Recommendation a

- The service should arrange for a waste transfer note to be used in conjunction with all hazardous waste segregated and disposed of through the EWC code 18-01-08.

Recommendation b

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

Recommendation c

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented.

Recommendation d

- The service should ensure portable electrical equipment is tested by an appropriate electrician or person holding the appropriate skills to do so and be in receipt of a certificate to demonstrate this.

Recommendation e

- The service should amend its safeguarding policy to include the process that will be followed if a safeguarding issue is identified.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a full consultation. Consent to treatment and photography was gained from patients. Written and verbal aftercare information was provided for all patients. Patient care records we reviewed were well completed. A formal psychological assessment should be carried out and documented for each patient. Consent to treatment should also be gained for every treatment.

The service used social media and phone calls for patients to book appointments with the practitioner. Patient care records were in paper format and kept in a locked cupboard in the service. The manager-practitioner was the only person able to access the notes.

We reviewed five patient care records. All patient care records had full details of patient's past medical history and allergies. An initial consultation was documented for all patients with outcomes and proposed treatment plans. This included a discussion with each patient to establish and achieve realistic expectations and agree the most suitable options available to them. Patients told us they received good advice and information before, during and after their treatment. We were advised treatment costs were discussed during the initial consultation. Treatments cost leaflets were also available for patients to view and take away on the day of the initial assessment.

We saw that all patients had consent forms completed for treatments, which included details of the risks and benefits. Consent was also obtained for sharing photographs. Patients and practitioner signatures were noted on the majority of documentation. A record of treatment and batch numbers including expiry dates for medicines used were also attached to patient notes.

Patients were given verbal and written advice after their treatments, including information about contacting the practitioner out of hours. We were told patients were advised and given the opportunity to book a follow-up appointment, using the social media app or over the telephone.

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

- 'Certificates visible and had conversations about background.'
- 'Highly professional and knowledgeable.'
- 'The practitioner is highly trained and has worked as a nurse for a long time. I fully trust she is experienced and very knowledgeable.'

What needs to improve

Not all patient care records we reviewed had patient and practitioner signatures for consent, including for new treatments when returning to the service (recommendation f).

- No requirements.

Recommendation f

- The service should make sure all patients consent and sign to every treatment carried out in the service.

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 manager maintained current best practice through ongoing training and development. Good peer networks supported continuous learning. Quality assurance processes and systems should be updated to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. This should include developing a quality improvement plan. Staff meetings and action plans should be formally documented.

The manager is the sole practitioner of the service and is a registered nurse with the Nursing and Midwifery Council (NMC). The practitioner-manager maintained their professional development through mandatory revalidation with the NMC in a variety of ways, including maintaining and developing current clinical skills in a health care setting. Revalidation 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 NMC, every 3 years.

This also includes attending regular training and conferences in the aesthetic industry to keep up to date with best practice and delivery of treatments in line with evidence-based research. The practitioner had recently carried out a comparison clinical audit involving 30 patients. This audit involved the use of two different kinds of Botulinum Toxin and resulted in a change of practice. The practitioner kept the documented evidence for this audit.

Comments from our online survey included:

- 'I always feel safe in the practitioner's ability.'
- 'Practitioner is a highly trained individual with a nursing background.'
- 'Highly professional and knowledgeable.'

What needs to improve

We were told that the service used social media as well as verbal feedback from patients about their experiences to inform service improvement. However, the service did not have a participation policy in place. A formal method for collecting and evaluating patient feedback would help the service identify improvements and measure their impact. The service also had no over-arching quality assurance structures in place and no system for reviewing the quality of the service being delivered. We saw no evidence of lessons learned from complaints, incidents or audits which would help improve service delivery. Regular review of the service will help make sure the service delivered is of a quality appropriate to meet the needs of patients (requirement 2).

The service granted practicing privileges to a clinician. We were told that the manager informally met regularly with this clinician to address any issues in the service, discuss best practice and identify areas for improvement. However, the service had no record of these meetings (recommendation g).

The service did not have a formal quality improvement plan in place. A quality improvement plan would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would enable the service to clearly demonstrate a culture of continuous quality improvement (recommendation h).

Apart from those for infection prevention and control and COVID-19, the service's policies were outdated and had no imminent review planned. We saw no evidence of a system to review or update policies when legislation changed. Policies should be reviewed and updated regularly (recommendation i).

Requirement 2 – Timescale: by 23 April 2022

- The provider must implement a suitable system of regularly reviewing the quality of the service.

Recommendation g

- The service should formally record the minutes of meetings. These should include a documented action plan highlighting those responsible for the actions.

Recommendation h

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Recommendation i

- The service should introduce a system for regularly reviewing its policies and procedures or when changes occur to ensure they are in line with current legislation and reflect the service provided.

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 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

This was previously identified as a requirement in the 5 November 2019 inspection report for Riley Aesthetics.

Recommendations

- a** The service should arrange for a waste transfer note to be used in conjunction with all hazardous waste segregated and disposed of through the EWC code 18-01-08 (see page 11).

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

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

- b** The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

- c** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented (see page 11).

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

- d** The service should ensure portable electrical equipment is tested by an appropriate electrician or person holding the appropriate skills to do so and be in receipt of a certificate to demonstrate this (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

- e** The service should amend its safeguarding policy to include the process that will be followed if a safeguarding issue is identified (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 2.14.

- f** The service should make sure all patients consent and sign to every treatment carried out in the service (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 2.14

Domain 9 – Quality improvement-focused leadership

Requirement

- 2** The provider must implement a suitable system of regularly reviewing the quality of the service (see page 15).

Timescale – by 23 April 2022

Regulation 13(2)(b)

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

Recommendations

- g** The service should formally record the minutes of meetings. These should include a documented action plan highlighting those responsible for the actions (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

- h** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and 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

- i** The service should introduce a system for regularly reviewing its policies and procedures or when changes occur to ensure they are in line with current legislation and reflect the service provided (see page 16).

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

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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