

Announced Inspection Report: Independent Healthcare

Service: Replenish Beauty, Edinburgh

Service Provider: Replenish Beauty

28 January 2020

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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 three 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 Replenish Beauty on Tuesday 28 January 2020. We spoke with one member of staff. We telephoned five patients after the inspection who had received treatment at the clinic. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Replenish Beauty, the following grades have been applied to three key quality indicators.

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 feedback was gathered through social media, patient questionnaires and speaking with patients. The service had developed its feedback methods to make sure it captured the whole patient experience, as part of the services participation and feedback systems.	✓✓ Good
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Care delivery was regularly monitored. All areas of care delivery were in line with best practice guidelines. Realistic and effective treatments are delivered in partnership with each patient in the service. We saw that environmental risks were managed through audits	✓✓ Good

	and that any clinical risks were discussed with the patients.	
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service has a very clear vision for the development of the treatments it provides and the best way to evaluate this. It is their intention to be a small service with a limited amount of patients. This is important as it allows the manager the time to provide person centered care and for patients to contribute to their treatment processes. The service has identified some areas for improvement which they will include in a recommended quality improvement plan.	✓✓ Good

The following additional quality indicator was inspected against during this inspection.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.2 - Assessment and management of people experiencing care	Comprehensive record keeping was in place for consultations, assessments and treatments provided.	

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 Replenish Beauty to take after our inspection

This inspection resulted in one recommendation (see Appendix 1).

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

Replenish Beauty, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at Replenish Beauty for their assistance during the inspection.

2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Patient feedback was gathered through social media, and speaking with patients. The service had developed its feedback methods to make sure it captured the whole patient experience, as part of the services participation and feedback systems.

The service extensively used social media. We saw evidence that patient feedback from social media was regularly recorded and monitored. We looked at the social media feedback and saw that the people who had contributed were very positive about the service. In particular they were was a great deal of satisfaction expressed about the results of the treatments. The service manager also told us they recorded any text messages received outside the normal feedback system. We saw examples of these texts during the inspection. Patient's views were recorded in the patients care record files and included any concerns, treatment expectations and compliments about previous treatment episodes.

As a single practitioner the manager of the service stated that as they deal with every individual patient and treatment, they are in a position where they can assess, plan, carry out the treatment in partnership with the patient. This also means that they can in discussion with the patient carry out a thorough evaluation. The patients that we spoke with supported this.

Long appointment times allowed patients the opportunity to ask questions, reflect on the available treatment options and any alternatives. Patients we spoke with appreciated the longer appointment times and did not feel rushed into making a decision. The patients we spoke with were very complimentary about the service they received. Comments included:

- 'Plenty of time, never rushes. Does a great consultation before any work commences.'
- 'Absolutely fantastic been going for a while now. There are long appointment times. They are very thorough. Goes in depth longer than anybody else.'

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. Staff had completed duty of candour training and the service had a very comprehensive duty of candour policy in place.

We saw the service's complaints policy displayed prominently in the treatment room. It included the correct details for Healthcare Improvement Scotland. The service has not received any formal complaints.

- 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

Care delivery was regularly monitored. All areas of care delivery were in line with best practice guidelines. Realistic and effective treatments are delivered in partnership with each patient in the service. We saw that environmental risks were managed through audits and that any clinical risks were discussed with the patients.

The clinic was very clean and well organised. We saw contracts in place for maintenance of the premises, and the safe disposal of medical sharps and clinical waste. Portable appliance testing had been carried out.

All practitioners working in the service were trained in adult life support and had their registrations and qualifications checked every year. The manager showed us the medical emergency equipment, including a kit for dealing with allergic reactions. All equipment we saw was in a good state of repair and emergency medication was in-date.

Comprehensive policies had been implemented, including:

- child protection
- duty of candour (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong)
- protecting vulnerable adults, and
- whistleblowing.

We saw that policies were regularly updated. The manager displayed a very good knowledge of how these policies should be implemented.

The practitioners in the service had received training and information in the updated data protection regulations. We saw that all files were stored safely in paper and electronic formats.

The service's infection control policy referred to hospital acquired infection standards and the national infection prevention and control manual. We saw a good supply of protective personal equipment available and cleaning rotas were up to date.

We saw evidence of a comprehensive system in place for ordering, storing and administering medicines.

The service carried out a variety of audits to help make sure the safety of all of its systems was monitored. The audits included hand hygiene, management of medicines, adverse events and an audit of procedures being correctly followed.

The service showed that it had a clear focus on auditing environmental risks and clinical risks. This was done through audits and in the case of clinical risks through explaining all the risks associated with a particular treatment.

We saw that the service manager completed audits of the treatments carried out. This included patients' levels of satisfaction with the effectiveness of treatments as well as any complications or results which were not expected.

Healthcare Improvement Scotland's notifications guidance is a list of specific events and circumstances which services are required to report to Healthcare Improvement Scotland. While the service had not had to submit any notifications, the service manager was aware of when and how to do it.

The patients we spoke with praised the environment, stating that they found it to be very clean and spacious. They also praised the availability and accessibility of the service manager. Some quotes included:

- 'One hundred per cent safe. The aftercare is great, any concerns that I had were dealt with very quickly.'
- 'Information is good. [The service] is very safe, comfortable and professional.'

■ No requirements.

■ No recommendations.

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive record keeping was in place for consultations, assessments and treatments provided.

The eight patient care records we reviewed showed that comprehensive consultations and assessments were carried out before treatment. These included taking a full medical history. Risks and benefits of the treatment were explained and a consent form completed. We saw that treatment plans were developed and agreed with the individual.

Records of each treatment session were kept. Every time a patient visited, their initial assessment was reviewed and updated and the patient consented for further treatment.

Each patient's care record showed a clear pathway from assessment to treatments provided and that advice on aftercare was given. We saw that consent included any risks or side effects and that patients were given the opportunity for a cooling-off period if this was required.

Patients were given verbal and written aftercare advice.

- 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

Quality improvement was included in all parts of the service. The effectiveness of treatments was continually monitored through patient retention rates and the lack of complications arising from the treatments administered. Patient satisfaction was in discussions with patients.

Patient feedback was collected and used along with audit results to continually improve the service provided. The service is owned and managed by an experienced medical practitioner who is registered with the General Medical Council (GMC). The service engaged in regular continuing professional development. This is managed through the GMC registration and revalidation process, as well as yearly appraisals. Other professional development activities included attending industry events, maintaining connections with NHS aesthetic colleagues and subscriptions to journals to raise awareness of the best evidence-based care for patients.

The service manager told us that it had formal partnerships in place with other aesthetics practitioners. These partnerships helped to provide peer support, advice and best practice when needed, as well as to discuss any treatment procedures or complications.

The service had a very clear vision for the evaluation and development of its treatments, which had led to some improvements in the procedures' effectiveness. For example, it had reviewed treatment outcomes and refined the processes, including injecting less medication into some areas to produce better results for patients. The service manager told us they would comprehensively research patient results and feedback before providing any procedure, technique or medication that was new to the aesthetics market. The service manager had a very clear vision for the future as the service would remain very small with a limited amount of patients. The service manager

reported that they had reached 'saturation point' and would carefully consider taking on any new patients. We discussed the areas for development that had been included in the service's self-evaluation document.

What needs to improve

The service would benefit from developing a more formal continuous quality improvement plan which would help to show how effective any changes or improvements have been (recommendation a).

- No requirements.

Recommendation a

- The service should develop and implement a continuous 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 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendations	
a	<p>The service should develop and implement a continuous quality improvement plan (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: hcis.ihcregulation@nhs.net

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email contactpublicinvolvement.his@nhs.net

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