

Announced Inspection Report: Independent Healthcare

Service: Sage Aesthetic, Dunecht

Service Provider: Sage Aesthetic Ltd

16 August 2022

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 10 October 2018

Recommendation

We recommend that the service should update its infection control policies to reference national standards

Action taken

We saw that the service had updated its infection control policy to reference national standards.

Recommendation

We recommend that the service should always document in the patient care record the reason why a patient does not receive treatment following an assessment.

Action taken

We were told and saw evidence that the service documents in the patient care record the reason why a patient would not receive treatment following an assessment.

Recommendation

We recommend that the service should document its approach to gathering and using patient feedback.

Action taken

We saw that the services clinical governance's quality assurance policy had been updated to include its approach to gathering and using patient feedback.

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 Sage Aesthetics on Tuesday 16 August 2022. We spoke with a number of staff during the inspection. We received feedback from 11 patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For Sage Aesthetics, 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 were very complimentary about the service and were able to make fully informed decisions about their treatment. Patient feedback was actively sought to help improve the quality of the service provided. A clear and accessible complaints process was in place.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment was clean and well maintained. Clinical governance processes helped the service to provide assurance of safe care and treatment, including risk assessments and an audit programme.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
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 aesthetic journals. A quality improvement plan with appropriate action plans was produced to help evaluate and measure the quality, safety and effectiveness of the service provided.	✓✓ Good

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	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. The service should record GP details and consent to sharing information with their GP if required.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	The service had a recruitment policy. Pre-employment safety checks were in place and the service had a staff induction handbook.

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 Sage Aesthetic Ltd to take after our inspection

This inspection resulted in one recommendation. See Appendix 1 for the recommendation.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

We would like to thank all staff at Sage Aesthetics 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 were very complimentary about the service and were able to make fully informed decisions about their treatment. Patient feedback was actively sought to help improve the quality of the service provided. A clear and accessible complaints process was in place.

The service's informative website included details about the procedure available, including what to expect afterwards and a clear explanation of costs and how to make a complaint. We saw that patients were also given information through email and during the consultation process so they could 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:

- 'Everything was fully explained to me.'
- 'I couldn't be happier with the service I received. Any questions I had were answered fully and comprehensively, the procedure, risks and benefits were clearly explained.'
- 'She makes me feel relaxed and explains everything clearly never makes me feel rushed or awkward or silly for asking any questions.'

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 being treated.

The service had a comprehensive, up-to-date participation policy in place. Patients had the opportunity to provide feedback to the service in a number of ways, including online or in written form. We saw that feedback received was reviewed regularly and acted on, such as employing a receptionist to improve the information given to patient when making initial enquiries.

After treatment, patients were given 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 also available on the service's website.

We noted the service had not received any complaints since its registration in July 2019.

Duty of candour is where healthcare organisations have a responsibility to be honest with patients if something goes wrong. The service had an up-to-date duty of candour policy and we were told it had not had any instances requiring it to implement duty of candour principles.

- No requirements.
- No recommendations.

Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The environment was clean and well maintained. Clinical governance processes helped the service to provide assurance of safe care and treatment, including risk assessments and an audit programme.

The clinic environment and equipment was clean, well maintained and fit for purpose. 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:

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

We saw that the service worked in line with 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. Appropriate cleaning products were 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. Waste transfer notes were kept, in line with guidance.

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

- 'Everything is to the highest standard of cleanliness.'
- 'A warm and welcoming environment leads into a very well maintained clinical environment.'
- 'I love visiting the clinic. Clean and comfortable and very organised.'

All medicines were obtained from an appropriately-registered supplier. 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 and single-use patient equipment was in-date and we saw monthly checks were carried out.

A variety 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.

We saw that basic Disclosure Scotland checks were in place for those aged 16 and above who resided in the premises.

The practitioner had a good understanding of their responsibilities for reporting accidents, incidents and adverse events. The service had comprehensive risk assessments appropriate to the service in place.

- No requirements.
- No recommendations.

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. The service should record GP details and consent to sharing information with their GP if required.

We reviewed five patient care records and found all were comprehensive, including information for patients' GP and emergency contact details. Patients completed COVID-19 wellness screening. During the consultation, the practitioner discussed with the patient during their 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 and consent to have their photograph taken if required.

Patients were given verbal and written aftercare advice after their treatment and were invited for a post-treatment consultation. 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). Records were stored securely in a locked filing cabinet in a locked room, 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:

- 'Any questions or queries are always met with a breadth of knowledge and explained in a way that is understandable.'
- 'I completely trust her expertise and wouldn't allow her anywhere near my face if I didn't.'
- 'She is calm and knowledgeable and takes the time to explain everything and answer all questions, making me relaxed and comfortable, and ensuring communication and explanations at every stage.'

What needs to improve

A service may sometimes need to inform a patient's GP about something relevant to their treatment, such as an adverse reaction to a medicine or a complication. While the service had a process in place where the practitioner would record any concerns in a letter for the patient to take to their GP, their GP details were not documented in patient care records we reviewed. In order to share information, the service needs the patient's consent. The layout of the service's consent form did not allow this patient consent to be recorded (recommendation a).

- No requirements.

Recommendation a

- The service should record GP details and patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records.

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

The service had a recruitment policy. Pre-employment safety checks were in place and the service had a staff induction handbook.

The service employed a receptionist who worked from home. We saw a signed contract and pre-employment safety checks had been carried out before they began working in the service, including references and a Disclosure Scotland background check had been carried out.

A staff induction handbook was given to the employee, which included policies and details of the induction process.

We saw regular reviews and a yearly appraisal had been carried out.

- 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 aesthetic journals. A quality improvement plan with appropriate action plans was produced to help evaluate and measure the quality, safety and effectiveness of the service provided.

The service was made up of two medical doctors, one owned the service and the other managed the service. Both are experienced doctors who are registered with the General Medical Council (GMC). This requires them to register with the GMC every year and to complete a revalidation process every 5 years where they gather evidence of their competency, training and feedback from patients and peers in order to remain on the GMC register.

Both attended relevant training when able. They kept up to date with current practice through online and face-to-face training provided by aesthetic companies.

Both doctors had attended a monthly meeting of the service where they discussed:

- audits
- building maintenance
- finance
- HIS updates
- infection control
- staff
- stock ordering

- training and education, and
- updates from the previous meeting.

We saw that the meeting had a standing agenda and the details of this meeting were recorded. Any actions from the meeting were recorded in the service improvement plan.

The service's quality improvement plan included reviews of patient feedback, as well as the ongoing development of the service. We noted that action plans were produced, where appropriate.

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendation	
a	<p>The service should encourage patients to share their GP details and to give consent to share information with their GP, if required (see page xx).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</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

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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