

# Announced Inspection Report: Independent Healthcare

**Service:** Skin Clinic 360, Alloa

**Service Provider:** Skin Clinic 360 Limited

14 July 2022

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## 1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

### About our inspection

We carried out an announced inspection to Skin Clinic 360 on Thursday 14 July 2022. We spoke with the sole practitioner (manager) during the inspection. We received feedback from 71 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

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

### What we found and inspection grades awarded

For Skin Clinic 360, 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 informed decisions about their treatment. A structured method for obtaining patient feedback would help the service to use this to improve the quality of the service delivered. Clear procedures were in place for managing complaints and responding to duty of candour incidents.	✓✓ Good

Key quality indicators inspected (continued)		
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 modern, clean and well maintained. A risk management system helped to provide assurance of safe care and treatment, including regular risk assessments and a comprehensive audit programme.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The manager was an experienced nurse and aesthetics practitioner. They stayed up to date with advances in the sector through their membership of peer and professional groups. A quality improvement process helped to continually evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.	✓✓ Good

The following additional quality indicator was 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 and detailed. Patients were well informed about their treatments.

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](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](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

### **What action we expect Skin Clinic 360 Limited to take after our inspection**

This inspection resulted in three recommendations. See Appendix 1 for a full list of the 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](http://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 Skin Clinic 360 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

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**Patients were very complimentary about the service and were able to make informed decisions about their treatment. A structured method for obtaining patient feedback would help the service to use this to improve the quality of the service delivered. Clear procedures were in place for managing complaints and responding to duty of candour incidents.**

We saw that patients were emailed detailed information about the treatments provided in the service, and this was discussed during the consultation process to enable them to make an informed decision. This information included risks, side effects and expected outcomes of treatment, and aftercare.

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

- 'I was fully in the driving seat in making decisions about my treatment with advice, support and guidance...'
- 'Always discussed best options and listened to what my preferences were.'

A complaints policy detailed the process for managing a complaint and provided information on how a patient can make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. This information was emailed to all patients. The complaints policy was also given to patients if requested and was displayed in the clinic. The service had received no complaints since registration in February 2020.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). An annual duty of candour report was published on the service's social media. The

service had not had any instances requiring the need to implement duty of candour principles.

The service's participation policy described how patient feedback would be obtained, reviewed and actioned where appropriate. A suggestions box was available in the clinic and feedback was also received on social media reviews and directly to the service either verbally, by email or text message. We saw evidence that all feedback was reviewed and responded to. The service had not received any negative feedback since registration.

A safeguarding (public protection) policy ensured a clear protocol was in place to respond to any adult protection concerns.

The service also had a dignity and respect policy. In response to our online survey, all patients said they were treated with dignity and respect and were confident in the service. Comments included:

- 'Provided care and compassion throughout consultation maintaining complete dignity at all times.'
- 'Friendly, respectful and discreet.'

### **What needs to improve**

Treatment costs were shown on the service's social media and we were told costs were discussed during the consultation. However, this was not recorded in the patient care record (recommendation a).

The service had identified that a more structured way of obtaining feedback was required, such as developing a survey to send to patients. However, at the time of inspection, this had not yet been implemented (recommendation b).

- No requirements.

### **Recommendation a**

- The service should document the costs of the proposed treatment in the patient care record.

### **Recommendation b**

- The service should develop and implement a structured approach to gathering and analysing patient feedback to help improve the service and to demonstrate the impact of change from the improvements made.



## 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

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**The environment was modern, clean and well maintained. A risk management system helped to provide assurance of safe care and treatment, including regular risk assessments and a comprehensive audit programme.**

The clinic environment was modern, clean, well equipped and fit for purpose.

Effective measures were in place to reduce the risk of infection. Cleaning of the clinic environment and equipment was carried out in between appointments. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment such as face masks, gloves and aprons. Additional measures had been introduced to safely manage the risks associated with COVID-19, such as pre-screening assessments and well-spaced appointments.

Equipment, such as the treatment couch, was in good condition. Contracts were in place for the regular servicing and maintenance of fire safety and electrical equipment.

Effective policies and protocols helped to make sure medicines were managed safely and effectively. The practitioner is a registered non-medical prescriber. Patient care records we reviewed showed batch numbers and expiry dates of medicines used during treatment were being recorded, in line with best practice. This would allow tracking if any issues arose with the medications used. Medicines were stored in a suitable locked pharmacy fridge, and the fridge temperature was monitored to make sure medicines were being stored at the appropriate temperature. Other treatment products and supplies were kept in locked cupboards.

Emergency medicines were easily accessible and the practitioner regularly checked them to make sure they remained in date. A complications management folder contained protocols for emergencies such as cardiac arrest, anaphylaxis and vascular occlusion (blockage of a blood vessel).

A number of processes had been implemented to ensure the safe delivery of care. This included a clinical governance policy, regular risk assessments, and an incident recording and review process. A comprehensive programme of audits was carried out that included infection prevention and control, patient care records, health and safety, and fire safety.

Feedback from our online survey was positive about patients' experience of using the service. Patients told us the environment was clean. Comments included:

- 'Clean, professional establishment that is maintained to the highest standard.'
  - 'The facilities are of great standard. Very clean and lovely environment.'
- 
- No requirements.
  - No recommendations.

## Our findings

### Quality indicator 5.2 - Assessment and management of people experiencing care

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**Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear and detailed. Patients were well informed about their treatments.**

After making a booking, patients received a pre-appointment email that included treatment-specific information, such as details of the procedures, risks and benefits, and forms for them to complete such as medical history and consent. This information was reviewed by the practitioner, and then discussed with the patient during their appointment and documented in the electronic patient care record.

The practitioner carried out a full assessment with patients before any treatment took place. Patients were fully informed to make sure they had realistic expectations of their proposed treatment plan. Treatment would not proceed if patients had unrealistic expectations, if the treatment was unnecessary or if a clinical risk was indicated.

New patients had a face-to-face consultation before attending for their treatment appointment giving them time to consider the information they had received.

Patients who responded to our online survey said:

- 'I was given a fully comprehensive consultation before choosing my treatment...on treatment day, she talked me through everything again and discussed after care.'
- 'Fully informed before, during and after.'
- '...always takes the time to discuss all treatments thoroughly with me...'

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's office (an independent authority for data protection and privacy rights).

We looked at three electronic patient care records and saw that patients were fully informed before they consented to treatment. The records included a documented consultation and fully completed forms such as medical history, including medical conditions, medications and allergies, psychological assessments and COVID-19 wellness. Contact details for patients' next of kin and GP, and consent for sharing information with other healthcare professionals, if required, was also documented. Details of treatments, including any medicines used, and before and after photographs, were also recorded. Patients were asked to update their medical history if relevant at every appointment.

All patients were provided with verbal and written aftercare information, instructions of what to do in an emergency and were offered a review appointment to check they were satisfied with the results of their treatment. Patients who responded to our online survey said:

- 'The best steps for aftercare and always on hand after the appointment via messages.'
- 'Aftercare was explained in full. And she was available for any questions I might have had.'

■ 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 manager was an experienced nurse and aesthetics practitioner. They stayed up to date with advances in the sector through their membership of peer and professional groups. A quality improvement process helped to continually evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.**

The manager was an experienced nurse and aesthetics practitioner. They used their membership of peer and professional groups to keep up to date with changes in best practice and legislation. They also had access to educational resources and subscribed to industry journals.

Should any complications arise following treatment, the service was a member of the Aesthetic Complications Expert (ACE) group, the Complications in Medical Aesthetic Collaborative (CMAC) and the British Association of Cosmetic Nurses (BACN). These groups for practitioners provide guidance and support to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and tacking corrective actions. A quality improvement plan, which included both short term and long term actions, helped the service to demonstrate a culture of continuous improvement.

#### What needs to improve

The manager was a member of a peer group of other aesthetic clinics who provide support and advice to each other, as well as the opportunity to reflect on their practice. However, we noted that interactions with the group, such as evidence of reviews of their practice, were not documented (recommendation c).

- No requirements.

#### **Recommendation c**

- The service should formally record evidence of peer reviews and other learning opportunities to demonstrate and direct the way it measures improvement.

## Appendix 1 – Requirements and recommendations

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

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

Domain 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
<b>a</b>	<p>The service should document the costs of the proposed treatment in the patient care record (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.18</p>
<b>b</b>	<p>The service should develop and implement a structured approach to gathering and analysing patient feedback to help improve the service and to demonstrate the impact of change from the improvements made (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
<b>c</b>	<p>The service should formally record evidence of peer reviews and other learning opportunities to demonstrate and direct the way it measures improvement (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

## Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

### Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

### During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

### After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://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](http://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](mailto:his.ihcregulation@nhs.scot)

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or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

## Healthcare Improvement Scotland

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

0131 623 4300

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

0141 225 6999

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)