

Announced Inspection Report: Independent Healthcare

Service: Smooth Dimensions Limited, Edinburgh

Service Provider: Smooth Dimensions Limited

6 October 2021

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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 Smooth Dimensions Limited on Wednesday 6 October 2021. We spoke with the manager (practitioner) and nurse prescriber during the inspection. We also received feedback from 23 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 comprehensive self-evaluation.

What we found and inspection grades awarded

For Smooth Dimensions Limited, 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 and equipment was clean and well maintained. Policies and procedures were in place to manage risks, and ensure care and treatment was being delivered in line with best practice guidelines. A regular programme of audits should be introduced to help the service review key aspects of care and treatment, such as infection prevention and control and medicines management.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	We saw that the service had visible and supportive leadership. The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national organisations and attendance at training events. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.	✓ 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	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Clinical assessments were carried out with patients before a treatment plan was agreed. Patient care records must be signed by the nurse practitioner. Consent to share information should always be sought.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Suitable recruitment and induction practices were in place. Staff had opportunities for training and development. Staff appraisals must be carried out for all staff members. A system should be introduced to obtain Protecting Vulnerable Groups (PVG) updates for staff at regular intervals.

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 Smooth Dimensions Limited to take after our inspection

This inspection resulted in two requirements and six 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

Smooth Dimensions Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Smooth Dimensions Limited for their assistance during the inspection.

2 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 and equipment was clean and well maintained. Policies and procedures were in place to manage risks, and ensure care and treatment was being delivered in line with best practice guidelines. A regular programme of audits should be introduced to help the service review key aspects of care and treatment, such as infection prevention and control and medicines management.

We saw that all areas of the clinic were clean and equipment was in good working order. We saw good compliance with infection prevention and control procedures. This included the safe disposal of medical sharps, such as syringes and needles, and clinical waste. Single-use patient equipment was used to prevent the risk of cross-infection. We saw a good supply of personal protective equipment available, such as disposable gloves and aprons. We found that there were suitable daily and weekly cleaning schedules to ensure areas were cleaned appropriately. We reviewed a sample of these and found them to be up to date and complete.

The service had a safe system for prescribing, procuring, storing and administering medicines in line with the service's medicine management policy. Medicines we looked at were in date and stored securely in a locked refrigerator. Fridge temperatures were checked and recorded every day to make sure medicines were kept in line with manufacturer's guidelines. Patient care records we reviewed documented batch numbers and expiry dates of medicines used during treatment. This would allow tracking if medications had any issues. A first aid kit and emergency medication was available in the clinic along with emergency protocols in the case of an emergency complication. Staff

had been trained to deliver basic adult life support in the event of a medical emergency.

We saw maintenance contracts in place and regular servicing was carried out, such as portable appliance testing (for electrical appliances and equipment to ensure they are safe to use).

While the service had an accident and incident book, we were told there had been no incidents to date.

Feedback from our online survey showed that all patients were satisfied with the cleanliness of the environment they were treated in. Comments included:

- 'Excellent facilities and environment.'
- 'Very clean and comfortable.'

What needs to improve

The service used preserved saline and stored single patient use botulinum toxin for up to 2 weeks for the follow-up appointment. This is not in line with the manufacturer's guidance which requires preservative free saline and botulinum toxin to be administered within 24 hours after preparation (recommendation a).

We found no evidence of audits taking place to review the safe delivery and quality of the service. For example, audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation b).

- No requirements.

Recommendation a

- The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

Recommendation b

- 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.

Quality indicator 5.2 - Assessment and management of people experiencing care

Clinical assessments were carried out with patients before a treatment plan was agreed. Patient care records must be signed by the nurse practitioner. Consent to share information should always be sought.

The five patient care records we reviewed showed that assessments and consultations were carried out before treatment started. These included taking a full medical history, with details of any health conditions, medications, allergies and previous treatments. We saw evidence of treatment plans being developed and agreed with patients. Records were kept of each treatment session, including a diagram of the area that had been treated. Dosage and medicine batch numbers were also recorded for each treatment, allowing tracking if medications had any issues. Risks and benefits of the treatment were explained and a consent to treatment form completed for all new and returning patients. A cooling-off period gave patients time to consider their recommended treatment options.

Patients were given verbal and written aftercare advice which included the service's emergency contact details. Patients were invited to attend a free follow-up appointment if required. This allowed the service to ensure patients were happy with the results and had not experienced any side-effects.

Feedback from our online survey showed that all patients felt they had been involved in decisions about their care and provided with sufficient information in a format they could understand. All stated that the treatment procedure, risks and benefits and expected outcome had been explained to them before the treatments. Comments included:

- 'Every detail was explained step by step and I was asked if I fully understood.'
- 'Treatment and risks were explained.'
- 'I was given options and explained the outcomes.'

What needs to improve

The nurse practitioner's signature was not recorded in three of the five patient care records we reviewed (requirement 1).

The patient consultation document did not record patient consent for sharing information with their GP and other medical staff in an emergency, if required (recommendation c).

Requirement 1 – Timescale: immediate

- The provider must ensure all patient care records are signed by the treating practitioner to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records.

Recommendation c

- The service should record 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

Suitable recruitment and induction practices were in place. Staff had opportunities for training and development. Staff appraisals must be carried out for all staff members. A system should be introduced to obtain Protecting Vulnerable Groups (PVG) updates for staff at regular intervals.

The service employed one registered nurse prescriber. Safe recruitment practices were in place and all pre-employment checks were up to date. We saw that a contract of employment was in place and references, proof of identity, professional registration and Disclosure Scotland background checks were completed in line with the service's recruitment policy and registration requirements. Staff had clear roles, responsibilities and accountabilities.

The manager described an appropriate induction process to help new staff gain an effective understanding of their new role. This included a period of shadowing, training and supervision. The manager monitored completion of training to ensure that staff were up to date and had the necessary knowledge and skills to do their role.

A mandatory training programme ensured staff maintained their skills and knowledge in a number of areas, including public protection (safeguarding), infection prevention and control, and information management. The service used internal and external training and education materials to keep staff up to date with relevant practice.

The nurse prescriber had a good understanding of their role and told us they felt the manager valued them and supported them to develop their skills. They told us they could speak to the manager at any time.

What needs to improve

Staff did not receive an annual appraisal. Regular review of staff performance must take place (requirement 2).

As well as the Protecting Vulnerable Groups (PVG) scheme informing an employer whether an individual is barred from working with protected adults and/or children, the certificate provides a point in time check of an individual's criminal convictions history. A system should be introduced to obtain a PVG update for staff at regular intervals (recommendation d).

We saw evidence that staff received good opportunities for ongoing training and development. However, the service had not developed a formal yearly training plan for staff (recommendation e).

Systems were in place to ensure policies and procedures were updated on a regular basis. Updated policies and any changes in practice or improvements were discussed with the nurse prescriber during informal catch-up meetings. We discussed with the service how these meetings could be developed further if regular, formal staff support and supervision meetings were held. We will follow this up at future inspections.

Requirement 2 – Timescale: by 6 April 2022

- The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated.

Recommendation d

- The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

Recommendation e

- The service should develop a yearly training plan.

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

We saw that the service had visible and supportive leadership. The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national organisations and attendance at training events. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

The nurse prescriber told us that the manager was very approachable, supportive and was open to new ideas and change.

The manager told us they regularly reflected on patient feedback received and used that to drive improvement. For example, an electronic patient booking and care record system had been introduced giving patients greater flexibility when booking appointments, and extra treatments had been added.

The service kept up to date with changes in the aesthetics industry, legislation and best practice through subscribing to forums and journals and attending a variety of conferences and training days provided by pharmaceutical companies.

The service is a member of a variety of industry-specific and national organisations. This included the British Association of Cosmetic Nurses (BACN) and Aesthetic Complications Expert (ACE) Group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions.

We saw that staff had their Nursing and Midwifery Council (NMC) registration checked. Both the manager and nurse prescriber engaged in regular continuing professional development and had completed their revalidation. This is managed through the NMC registration and revalidation process, and annual

appraisals. 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.

The manager had recently completed a wellbeing health training course. This will allow the service to continually improve the experience of patients using the service.

What needs to improve

Good assurance systems in place included staff meetings, and reviewing and acting on patient feedback and complaints. However, the service did not have an overall quality assurance system or improvement plan. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation f).

Informal weekly catch-up meetings between the nurse prescriber and the manager were in place. Discussions about patient feedback, medicine management and staff training needs took place at these meetings. These meetings could be developed further, for example by introducing regular formal staff meetings. A summary of discussions and any actions arising from staff meetings should be recorded to ensure better accountability. We will follow this up at future inspections.

- No requirements.

Recommendation f

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

Requirement

- 1** The provider must ensure all patient care records are signed by the treating practitioner to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records (see page 10).

Timescale – immediate

Regulation 4(2)(a)

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

Recommendations

- a** The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place (see page 8).

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

- b** 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 8).

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

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

Recommendations

- c** The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records (see page 10).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

Domain 7 – Workforce management and support

Requirement

- 2** The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated (see page 11).

Timescale – by 6 April 2022

Regulation 12(c)(i)

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

Recommendations

- d** The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

- e** The service should develop a yearly training plan (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
f	<p>The service should develop and implement a 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
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EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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