

Announced Inspection Report: Independent Healthcare

Service: Soul Love Aesthetics, Cowdenbeath

Service Provider: Delia Parrish

19 November 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 Soul Love Aesthetics on Friday 19 November 2021. 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. Although requested, the service did not submit a self-evaluation.

What we found and inspection grades awarded

For Soul Love Aesthetics, the following grades have been applied to the key quality indicators.

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 is clean and safe environment with systems and processes in place to maintain safety. A programme of regular audits should be developed to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.	✓ Satisfactory
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 groups and training events.	✓ Satisfactory

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

Additional quality indicators inspected (ungraded)	
Quality indicator	Summary findings
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.2 - Assessment and management of people experiencing care	Patients receive an assessment before treatment is carried out. Treatments were fully explained and associated risks discussed. Emergency contact details were recorded in the patient care record. The service should record patients' consent to share information with their GPs.

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 Delia Parrish to take after our inspection

This inspection resulted in four 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

We would like to thank all staff at Soul Love Aesthetics 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 is clean and safe environment with systems and processes in place to maintain safety. A programme of regular audits should be developed to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

The service had appropriate policies in place and reviewed them regularly. These included:

- duty of candour
- infection prevention and control
- consent
- medication policy
- privacy and dignity, and
- safeguarding.

Patients completed COVID-19 screening questionnaires before their appointments. Any patient suspecting they had symptoms of COVID-19 were advised not to attend the appointment. Other precautionary measures in place included:

- alcohol-based hand rub
- temperature checks on arrival, and
- use of protective personal equipment.

The clinic environment was clean and well equipped. Effective measures were in place to reduce the risk of infection, such as enhanced cleaning and restricted access to the premises. Cleaning the clinic environment and equipment was carried out between patients, along with a thorough daily and weekly clean. We saw completed cleaning checklist and evidence that the clinical handwash sink was cleaned with a 1000ppm chlorine solution in line with guidance. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment, including:

- aprons
- fluid-resistant face masks
- gloves, and
- single-use items, such as syringes and needles.

A waste contract was in place for the safe disposal of syringes, needles and other clinical waste. Equipment, such as the treatment couch was in good condition. Stock cupboards were well organised and not overfilled with surplus stock or equipment. We saw that contracts were in place for the regular servicing of the building and maintenance of electrical equipment, including portable appliance testing.

All patients who responded to our online survey told us they were extremely satisfied with the environment and the standard of cleanliness. Some comments included:

- 'Spotless and welcoming.'
- 'Clean and hygienic. Professional atmosphere'
- 'Everything is clean and sterile. COVID[-19] guidelines were also followed.'
- 'Very clean facilities, witnessed good hand hygiene and [personal protective equipment] PPE at all times.'

We saw a safe system for the procurement, prescribing, storage and administration of medicines. The pharmacy wholesaler was registered with The Medicines and Healthcare Products Regulatory Agency (MHRA). All medicines were stored securely in a locked cupboard or a drug refrigerator.

Arrangements were in place to deal with medical emergencies. This included training, first aid supplies and having medicines available that could be used in an emergency, such as adrenaline.

While the service had not had any incidents or accidents since registration in April 2019, a log book was available to record these.

What needs to improve

The service had a fire risk assessment and COVID-19 risk assessment in place. However, we did not see a structured process for completing risk assessments or managing risk in the service generally (recommendation a).

While the service carried out an infection control audit, we saw that it did not carry out other audits. A structured programme of regular audits should be introduced for key areas, such as medication and patient care records (recommendation b).

Although medications were in-date and we were told that the service regularly checked medication stored, we did not see a formal mechanism to record this (recommendation c)

The service had introduced a duty of candour policy this year (2021) and was aware of the need to produce a yearly duty of candour report. We will follow this up at future inspections.

- No requirements.

Recommendation a

- The service should put appropriate measures in place to identify and manage risk in the service.

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.

Recommendation c

- The service should implement a medication checklist.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients receive an assessment before treatment is carried out. Treatments were fully explained and associated risks discussed. Emergency contact details were recorded in the patient care record. The service should record patients' consent to share information with their GPs.

Patients' medical history, medications and allergies were documented in the five patient care records we reviewed. The practitioner gave patients information about risks and benefits before treatment started and this was also documented in the patient care record. Patients were asked to consent to treatment and we saw that the practitioner and patients had signed these records. Although the service did not record GP details in the patient care records reviewed, we saw a revised form which included GP details, which the service intended to use in the future.

Following treatment, patients were provided with verbal and written aftercare information, including the practitioner's emergency contact details. We found this documented in the patient care records we reviewed.

Patient care records were in paper format and were stored securely in a locked filing cupboard. A review appointment was offered if required to make sure that patients were satisfied with the outcome of their treatment.

All patients who responded to our survey agreed they been involved in decisions about their care and treatment, and had been given time to reflect on their treatment option before consenting to the treatment. Comments included:

- 'She explained the outcome of the treatment and the possible side effects.'
- 'Listened carefully to my needs and concerns.'
- 'Always explained how treatments would work, how long they'd last etc.'
- 'Explained well before hand and mentioned any risks etc with treatments and explained before and after care.'

What needs to improve

Consent to share information with their GP was not recorded in patient care records we reviewed (recommendation d).

- No requirements.

Recommendation d

- The service should record consent to share information with the service user's GP in the patient care record.

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 groups and training events.

The service was owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC), who is also a member of several forums. We saw examples where patient feedback had been used to improve the service.

The practitioner kept up to date with best practice through ongoing training and development, attending a number of training events and subscribing to an aesthetics journal. This made sure the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. Update training in infection prevention and control and basic life support was carried out every year. They also engaged in the NMC revalidation process.

What needs to improve

A quality improvement plan was in place that detailed realistic and achievable outcomes to help improve the quality of the service provided. However, this was not informed by audits and risk assessments as the service did not carry these out. Results of audits and risk assessments would help inform the service's quality improvement plan. We will follow this up at future inspections.

We were told of a peer group where the practitioner and another aesthetics practitioner met every 3 months to share learning and discuss updates in current practice. However, minutes of this were not recorded. We will follow this up at future inspections.

- 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	
Recommendations	
a	The service should put appropriate measures in place to identify and manage risk in the service (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
c	The service should implement a medication checklist (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

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

- d** The service should record consent to share information with the service user's GP in the patient care record (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

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

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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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or email his.contactpublicinvolvement@nhs.scot

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