

Announced Inspection Report: Independent Healthcare

Service: Sur Medispa, Uddingston

Service Provider: Sur Medispa Ltd

21 September 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 Sur Medispa on Tuesday 21 September 2021. We spoke with the service manager during the inspection. We received feedback from 15 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to the 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 Sur Medispa, 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	Good systems were in place to manage risks and ensure treatments were delivered in a clean and well maintained environment. Medicines were managed safely and protocols were in place to deal with medical emergencies.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service had a proactive approach to quality improvement and actively sought out new areas to improve. The service manager was an active member of national aesthetic	✓✓ Good

	organisations and provided training in aesthetic techniques to other healthcare professionals.	
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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	A comprehensive clinical assessment was carried out on all patients before any treatment was agreed. All information about assessments, treatment and ongoing care was clearly documented and appropriately stored. Patient care records were regularly audited to check the standard of record keeping was maintained.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Appropriate background and identity checks were carried out as part of recruiting new staff. An induction process was in place and professional development opportunities were provided for staff. The service should ensure it can receive updates from Disclosure Scotland about staff at regular intervals. An annual review process should be implemented for practicing privileges agreements.

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 Sur Medispa Ltd to take after our inspection

This inspection resulted in two recommendations (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

We would like to thank all staff at Sur Medispa 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

Good systems were in place to manage risks and ensure treatments were delivered in a clean and well maintained environment. Medicines were managed safely and protocols were in place to deal with medical emergencies.

Patients were cared for in a clean, safe and well maintained environment. Good systems were in place to achieve this, including cleaning schedules, equipment servicing and maintenance contracts, and regular internal and external checks and audits. Arrangements were in place to deal with medical emergencies, including staff training, first aid supplies and an emergency kit. Regularly maintained fire detection and fighting equipment was also in place, including an evacuation plan and staff were due to go on first aid, fire awareness and basic life support training courses.

We saw evidence of routine checks completed for emergency, fire detection and clinic equipment. Risk assessments and protocols had been developed to manage treatment-related complications.

A process was in place to record and respond to accidents and incidents. However, none had occurred at the time of our inspection. A duty of candour procedure was also in place that set out how the provider would meet its professional responsibility to be honest with patients if something went wrong. No incidents had occurred that triggered the duty of candour procedure.

The service had a proactive approach to protecting the health, safety and welfare of patients. Appropriate risk assessments had been carried out and suitable policies put in place to show how key aspects of the service were

managed. Most policies had recently been updated and others were in the process of being reviewed by an external health and safety company that the service had recently appointed. This helped the service stay up to date with changes in legislation and best practice.

A safe system was in place for the procurement, prescribing, storage, administration and disposal of medicines. Medicines were either kept in locked cupboards or stored under controlled temperature conditions. Fridge temperatures were regularly monitored to ensure medicines were being stored within accepted temperature ranges. The pharmacy refrigerator had a separate digital memory box to alert the service if there had been a power loss. A stock control system was in place to make sure medicines were always in date. We saw patient care records contained evidence of what medicine had been used, the batch number and expiry date.

Measures were in place to reduce the risk of infection for patients, in line with the service's infection prevention and control policy. Further measures had been introduced since the COVID-19 pandemic to ensure that government public health advice was being followed. Single-use personal protective equipment such as gloves, aprons and single-use dressing packs were used to prevent the risk of cross-infection. A contract was in place for the safe disposal of syringes, needles and other clinical waste.

All patients that responded to our survey said they were extremely satisfied with the cleanliness of the clinic and environment in which they were treated. Comments included:

- 'Spotless. Very clean, white and has a feel of a clinical, professional environment.'
- 'The room was cleaned before, during and after my visit.'
- 'The clinic has strict hygiene measures and I have found it to be immaculate on each visit.'

A regular audit programme was in place to make sure key aspects of the service were being delivered safely, such as hand hygiene audits. Audit results were monitored and actions for improvement addressed to make sure practice was delivered in line with the service's policies and procedures. Outcomes from audits were discussed at staff meetings.

- No requirements.
- No recommendations.

Quality indicator 5.2 - Assessment and management of people experiencing care

A comprehensive clinical assessment was carried out on all patients before any treatment was agreed. All information about assessments, treatment and ongoing care was clearly documented and appropriately stored. Patient care records were regularly audited to check the standard of record keeping was maintained.

Treatment plans were discussed and agreed between the patient and practitioner and set out the course and frequency of the patient's treatment. We saw that these also included discussions about the risks and benefits of treatment, side effects and aftercare. Comprehensive notes of each treatment session were kept, including a diagram of the area that had been treated, what medicine had been used and the dosage, batch number and expiry date.

The five patient care records we reviewed showed that comprehensive consultations and assessments had been carried out before treatment started. Each record included:

- a personal record, with the patient's individual details including a full medical history, details of any health conditions, allergies, medications and previous treatments
- the patient's GP details and consent to share information about their healthcare with them if needed
- an assessment of the patient's suitability for treatment
- a treatment plan (including costs), and
- a consent form that included consent to photography as well as treatment.

Patient care records were all electronic and stored securely to maintain patient confidentiality and comply with general data protection regulations. The provider was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Patient care record audits were carried out every year to identify if any improvements to record keeping were needed.

- No requirements.
- No recommendations.

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

Appropriate background and identity checks were carried out as part of recruiting new staff. An induction process was in place and professional development opportunities were provided for staff. The service should ensure it can receive updates from Disclosure Scotland about staff at regular intervals. An annual review process should be implemented for practicing privileges agreements.

Suitable professional indemnity insurance was in place for staff working in the service.

From staff files we reviewed, we saw that recruitment checks for new staff included qualification checks, verifying identity and professional registration status, seeking references and arranging Disclosure Scotland Protecting Vulnerable Groups (PVG) background checks. An induction checklist was kept for all new staff to make sure they were properly introduced to the service. An employee handbook had been developed to keep all information in one easily accessible place. A contract was in place with an external human resources company, who was helping to develop the current staffing policies and procedures and provide an independent auditing service.

The service manager was a registered nurse and independent nurse prescriber. A process was in place for regularly checking the professional registration status of registered nurses employed by the service. Registered nurses also completed a Nursing and Midwifery Council (NMC) revalidation process every 3 years. Revalidation is where registered nurses and midwives are required to demonstrate to the NMC that they remain fit to practice.

A GP provided treatments from the service on a self-employed basis. The provider had a practicing privileges policy in place and a signed agreement with the GP, formally granting privileges for them to practice from the service. This outlined the responsibilities and expectations on both parties. Appropriate background checks had been carried out as part of this process, including seeking proof of medical indemnity insurance, references, General Medical Council (GMC) registration status and PVG status.

Professional development opportunities were made available to staff and a new staff appraisal system was due to be introduced.

What needs to improve

No process was in place for regularly reviewing the practicing privileges agreement with the GP and ensuring that they remained safe to practice from the service (recommendation a).

As well as the PVG scheme informing an employer whether an individual is barred from working with protected adults and/or children, it provides a point in time check of an individual's criminal convictions history. While the provider had carried out Disclosure Scotland PVG checks on staff at recruitment, no system was in place to check staff's ongoing PVG status. A system should be introduced to obtain a PVG update for staff at regular intervals (recommendation b).

- No requirements.

Recommendation a

- The service should introduce an annual review process for practicing privileges agreements to ensure that self-employed healthcare professionals remain safe to work in the service.

Recommendation b

- The service should introduce a process of obtaining 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.

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 had a proactive approach to quality improvement and actively sought out new areas to improve. The service manager was an active member of national aesthetic organisations and provided training in aesthetic techniques to other healthcare professionals.

The service had a visible and proactive leader that was open to new ideas and ways to improve. Policies and processes were regularly reviewed and updated to ensure that quality improvement was at the heart of how the service was delivered.

Patient feedback was collated and reviewed every month and used along with audit results to continually improve the service provided. Regular staff meetings were held to discuss operational issues, for example patient feedback, policy updates and audit results.

The service's quality improvement plan set out how the service ensured the quality of care provided was regularly monitored and assured. The service used a recognised quality improvement approach to identify improvements and demonstrate positive changes made as a result. We saw several examples of how the service had used this approach to make improvements, for example:

- improving hand hygiene during the COVID-19 pandemic
- raising staff awareness of needlestick injury
- improving staff communication, and
- introducing an emergency trolley.

The service manager was an active member of the Aesthetics Complication Expert (ACE) Group which provides comprehensive expert guidance when dealing with aesthetic complications. They also provided training on behalf of an aesthetic pharmaceutical company to other healthcare professionals in the industry. This helped the service keep up to date with changes in the industry and best practice.

Formal partnerships were in place with other experienced aesthetics practitioners nearby. This helped all parties to share good practice, provide aftercare for patients during periods of annual leave, and share learning about treatment procedures or complications on a peer support basis.

- 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 7 – Workforce management and support	
Requirements	
None	
Recommendations	
a	<p>The service should introduce an annual review process for practicing privileges agreements to ensure that self-employed healthcare professionals remain safe to work in the service (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>
b	<p>The service should introduce a process of obtaining 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 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</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
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Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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