

Announced Inspection Report: Independent Healthcare

Service: LF Aesthetics, Hamilton

Service Provider: LF Aesthetics

1 August 2019

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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 three 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 LF Aesthetics on Thursday 1 August 2019. We spoke with the sole director during the inspection. Ten patients completed an online survey we had issued to share their experience of using the service. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For LF Aesthetics, the following grades have been applied to three key quality indicators.

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	The clinic environment maintained patient privacy, dignity and confidentiality. Patients were fully involved and informed about their treatment. Although the service had a participation policy, it did not actively seek patient feedback. Information on how to make a complaint should be given to patients.	✓ Satisfactory
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Satisfactory systems were in place to make sure care was delivered safely and in a clean, well maintained environment. A regular programme of audits should be introduced to help the service make improvements.	✓ 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	The service maintained current best practice through training and development. 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 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 clearly documented in patient care records. Consent should be recorded for taking and sharing patient photographs.

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 LF Aesthetics to take after our inspection

This inspection resulted in six 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 LF Aesthetics 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

The clinic environment maintained patient privacy, dignity and confidentiality. Patients were fully involved and informed about their treatment. Although the service had a participation policy, it did not actively seek patient feedback. Information on how to make a complaint should be given to patients.

The service made sure that patients' privacy and dignity was maintained. To keep the clinic secure, the service operated an appointment only system for all consultations and treatments. Windows were adequately screened and the treatment room was locked when patients were undergoing treatments.

As well as providing verbal information about treatments, patient information leaflets were also available. During consultations, patients were given appropriate treatment options. This included information about their procedure, and the risks and benefits of treatments to help them make an informed decision.

Patients who had completed our online survey were extremely satisfied with privacy arrangements for discussing their treatment, and agreed they had been provided with sufficient information in a format they could understand.

Comments included:

- 'Both verbal and written information was provided.'
- 'I received lots of information, at a level I understood.'

What needs to improve

Although the service had a patient participation policy, and patients were encouraged to give feedback verbally during consultations, we found limited evidence that feedback was actively sought. For example, a post-treatment feedback form was not regularly issued to patients. We discussed with the service the importance of having a structured approach to patient feedback. This should include:

- gathering patient feedback
- analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation a).

The service's complaints policy included contact details for Healthcare Improvement Scotland and information about how to make a complaint to us. The service had not received any complaints. Although patients were encouraged to verbally discuss any complaints with the service during consultations, no clear information was provided on how to make a complaint. For example, there was no complaints leaflet or information displayed in the treatment room or aftercare information provided about how to make a complaint (recommendation b).

- No requirements.

Recommendation a

- The service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Recommendation b

- The service should provide information for patients on how to make a complaint.

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

Satisfactory systems were in place to make sure care was delivered safely and in a clean, well maintained environment. A regular programme of audits should be introduced to help the service make improvements.

Patients were cared for in a clean and safe environment. We saw good compliance with infection prevention and control procedures. Contracts were in place for the maintenance of the premises and the safe disposal of medical sharps, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection).

The service had a system to ensure equipment was maintained including testing of its portable appliances to ensure that they are safe to use. We saw evidence of appropriate fire and gas safety checks for the premises.

We saw a good system for prescribing, storing and administering medicines in the service in line with its medicine management policy. Medicines we looked at were in-date and stored securely in a locked refrigerator. The manager had been trained to deliver adult life support in the event of a medical emergency.

The service had a reliable system for reviewing policies and procedures. Policies, such as for the protection of vulnerable groups, were in place to ensure patients were kept free from harm. The manager displayed a good knowledge of how these policies should be implemented.

While no serious incidents had been reported in the service, a clear system was in place to record and manage accident and incident reporting.

Feedback from our online survey showed that all patients were extremely satisfied with the environment they were treated in and with the cleanliness of the clinic. One patient told us:

- ‘the area in which I am treated is always clean.’

What needs to improve

The infection prevention and control policies and procedures were adequate and the manager was aware of good practice. However, they did not reference Healthcare Improvement Scotland’s *Healthcare Associated Infection (HAI) Standards* (February 2015) or Health Protection Scotland’s *National Infection Prevention and Control Manual* (recommendation c).

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 of the care environment. An audit programme would help the service structure its audit process, and record its findings and improvements made (recommendation d).

- No requirements.

Recommendation c

- The service should update its infection prevention and control policies to reference current legislation and best practice guidance.

Recommendation d

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were clearly documented in patient care records. Consent should be recorded for taking and sharing patient photographs.

We discussed with the service how patients' needs were assessed, and treatment was planned and delivered, in line with patients' individual treatment plans. The five patient care records we reviewed showed that comprehensive 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. Records were kept of each treatment session, including:

- a consent to treatment
- a diagram of the area that had been treated, and
- the dosage and medicine batch numbers.

All patient care records we looked at were legible, signed and stored securely in line with information management protocols and legislation.

Patients were given verbal and written aftercare advice. This included the service's emergency contact details. Patients were invited to attend a free follow-up appointment. This allowed the service to ensure patients were happy with the results and provide any additional treatment or advice.

Feedback from our online survey showed that all patients agreed they had been involved in decisions about their care, and the risks and benefits had been explained to them before the treatment.

What needs to improve

The service did not record consent for taking and sharing patients' photographs (recommendation e).

- No requirements.

Recommendation e

- The service should record consent for taking and sharing photographs in patient care records.

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 maintained current best practice through training and development. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

The service is owned and managed by an experienced healthcare practitioner registered with the Nursing and Midwifery Council (NMC). The service engages in regular continuing professional development. This is managed through the NMC registration and revalidation process, and annual appraisals.

The service kept up to date with changes in legislation and best practice through attending a variety of industry events, training, and subscribing to forums.

What needs to improve

There was no system for reviewing the quality of the service delivered. We saw no evidence of lessons being learned from incidents or audits which would help improve service delivery. Regular reviews of the service will help to ensure the service delivered is of a quality appropriate to meet the needs of patients.

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).

- 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 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
a	<p>The service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (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>
b	<p>The service should provide information for patients on how to make a complaint (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 4.20</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
c	<p>The service should update its infection prevention and control policies to reference current legislation and best practice guidance (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 4.11</p>
d	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (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 4.19</p>
e	<p>The service should record consent for taking and sharing photographs in patient care records (see page 11).</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>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
f	<p>The service should develop and implement a quality improvement plan (see page 12).</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
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net

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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