

Announced Follow-up Inspection Report: Independent Healthcare

Service: LG Medical Aesthetics, Stirling

Service Provider: Leona Gilhooley

20 October 2023

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected LG Medical Aesthetics on 31 August 2022. That inspection resulted in two requirements and six recommendations. As a result of that inspection, Leona Gilhooley produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

About our follow-up inspection

We carried out an announced follow-up inspection to LG Medical Aesthetics on Friday 20 October 2023. The purpose of the inspection was to follow up on the progress the service has made in addressing the two requirements and six recommendations from the last inspection. This report should be read along with the August 2022 inspection report.

We spoke with the owner/manager (practitioner) during the inspection.

The inspection team was made up of one inspector.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

Key quality indicators inspected	
Domain 2 – Impact on people experiencing care, carers and families	
Quality indicator	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	✓ Satisfactory
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.1 - Safe delivery of care	✓ Satisfactory

Key quality indicators inspected (continued)	
Domain 9 – Quality improvement-focused leadership	
9.4 - Leadership of improvement and change	✓ Satisfactory

The grading history for LG Medical Aesthetics can be found on our website.

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

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

We found that the provider had complied with all the requirements made at our previous inspection. It had also taken steps to act on all of the recommendations we had made.

What action we expect Leona Gilhooley to take after our inspection

This inspection resulted in no further requirements and recommendations.

We would like to thank all staff at LG Medical Aesthetics for their assistance during the inspection.

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 31 August 2022

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

Recommendation

The service should ensure that information on how to make a complaint is accessible to patients.

Action taken

Information on how to make a complaint about the service was now available on the service's website.

Recommendation

The service should consider developing the participation policy to include structured methods to obtain and action patient feedback to drive improvement of the service.

Action taken

The participation policy had now been developed to include how the service obtained structured feedback, and how this would be reviewed and actioned. Patients were now sent a link to an online review website where they were asked to answer questions such as:

- 'Would you like any other treatments that LG Medical Aesthetics does not currently offer?'
- 'Is there anything that could be improved about the service?'

All feedback received was reviewed every 3 months and any suggestions or actions added to the service's quality improvement plan. Although no negative feedback had been received, the manager (practitioner) told us if any improvements were made as a result of patient feedback, this would be shared on the service's social media pages.

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

Requirement – Timescale: immediate

The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with appropriate national waste legislation.

Action taken

The clinical waste contract had now been updated to ensure that all clinical waste, including sharps waste, was disposed of in line with national waste legislation. The manager (practitioner) was aware of the requirement to keep waste transfer notes for the appropriate period of time. **This requirement is met.**

Requirement – Timescale: immediate

The provider must carry out a risk assessment on the sink in the treatment room to mitigate any risk associated with using non-compliant clinical wash hand basins and ensure an appropriate cleaning product is used.

Action taken

A risk assessment for the continued use of the non-compliant clinical hand wash basin and taps had been completed. This included appropriate control measures and action to be taken to minimise any risk, such as using the correct cleaning product. The risk assessment stated that the clinical hand wash basin and taps would be replaced with compliant fittings when a future refurbishment was undertaken. **This requirement is met.**

Recommendation

The service should develop audits to cover key aspects of care and treatment such as patient care records and the clinic environment. Audits and associated action plans should be documented and actions added to the quality improvement plan.

Action taken

Following the last inspection, the service had developed a patient care record audit tool which was completed every 6 months. However, the service had recently changed its patient care record software system. The manager (practitioner) showed us weekly audits of patient care records generated on the new system. Auditing of medicines management was carried out using a combination of the software system and the service's own checklists. Cleaning schedules and checklists for the cleanliness and condition of the environment were completed at the end of each treatment session.

Recommendation

The service should develop safe operating procedures for all treatments.

Action taken

The service had now developed safe operating procedures for the treatments it provided. They described the step-by-step treatment process undertaken for vitamin injections, anti-wrinkle injections and dermal fillers.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Recommendation

The service should ensure that all relevant information is recorded in the patient care record to ensure safe delivery of care.

Action taken

The new patient care record software system had mandatory fields that had to be completed such as patient address, next of kin and GP. This ensured that essential patient information was documented in the patient care records. We reviewed three patient care records and found all were fully completed. The system also identified if additional documents were missing, such as a patient's before and after photographs or a consent form.

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

Recommendation

The service should document improvement activities to further demonstrate a culture of continuous improvement of the service.

Action taken

The service's quality improvement plan detailed improvement actions such as those from past inspections and audit results. We saw the plan was regularly reviewed and the improvement activities updated with current progress. There was also documented evidence of the service considering changes to the service using a recognised quality improvement method.

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.

This inspection resulted in no requirements and no recommendations.

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: 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.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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