

Announced Follow-up Inspection Report: Independent Healthcare

Service: The Aesthetic Clinic by Fiona Sutherland,
Stirling

Service Provider: The Aesthetic Clinic by Fiona
Sutherland Ltd

30 May 2023

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected The Aesthetic Clinic by Fiona Sutherland on 29 June 2022. That inspection resulted in two requirements and 11 recommendations. As a result of that inspection, The Aesthetic Clinic by Fiona Sutherland Ltd 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 The Aesthetic Clinic by Fiona Sutherland on Tuesday 30 May 2023. The purpose of the inspection was to follow up on the progress the service has made in addressing the two requirements and 11 recommendations from the last inspection. This report should be read along with the June 2022 inspection report.

We spoke with the owner (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
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Key quality indicators inspected (continued)	
Domain 9 – Quality improvement-focused leadership	
Quality indicator	Grade awarded
9.4 - Leadership of improvement and change	✓ Satisfactory

The grading history for The Aesthetic Clinic by Fiona Sutherland 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 the two requirements made at our previous inspection on 29 June 2022. It had also taken steps to act on the majority of the recommendations we had made.

What action we expect The Aesthetic Clinic by Fiona Sutherland Ltd to take after our inspection

This inspection resulted in one recommendation which remains outstanding (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 The Aesthetic Clinic by Fiona Sutherland 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 29 June 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 develop a more structured approach for recording and evaluating patient feedback, and using the outcomes to improve the service.

Action taken

We were told that patients now received a link to an electronic survey asking them about their experience of the service. The service collated all feedback received, audited this every month, and then used it to evaluate and review the service and make any changes or improvements. For example, following feedback from patients, the service was considering changing its opening times.

Recommendation

The service should develop and implement a duty of candour policy.

Action taken

A duty of candour policy was now in place, and a duty of candour annual report was available on the service's website.

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 develop effective systems that demonstrate the proactive management of risks to patients and staff.

Action taken

We saw a range of risk assessments were now in place, and the service had introduced an incident and accident log book. The service's risk register included adult safeguarding (public protection), fire safety, complaints, health and safety, risks for treatments provided and consultations. A separate risk assessment guide for patients, which included information on treatments, consent, out of hours, dignity, confidentiality and chaperoning, had also been implemented. We saw all risk assessments were reviewed regularly and action plans developed when needed. **This requirement is met.**

Recommendation

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.

Action taken

We saw that botulinum toxin was now stored appropriately to comply with medicines legislation, the manufacturer's instructions and best practice guidance. We were told that any opened bottles of botulinum toxin were now discarded immediately after treatment. The medicines management policy had been updated to include storage, administration and disposal of botulinum toxin.

Recommendation

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

Action taken

We saw a programme of audits had now been developed, including medicine management, patient care records, and infection prevention and control audits. We saw evidence of completed audits which were reviewed monthly and action plans developed, when needed.

Recommendation

The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.

Action taken

Cleaning schedules had now been developed and implemented. These included a monthly deep clean log, an infection protection and control audit tool for decontaminating (cleaning) equipment, a hand hygiene audit tool and a daily checklist for cleaning for all areas of the clinic.

Recommendation

The service should introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance.

Action taken

We noted the service's policies and procedures had been added to the service's audit programme to ensure these were reviewed and updated regularly, and any action taken as needed. The policies we reviewed had been updated and a review date added to each policy.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Recommendation

The service should register with the Information Commissioner's Office.

Action taken

The service was now registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure it handled confidential patient information safely and securely.

Recommendation

The service should ensure consent to share information with other healthcare professionals in case of an emergency is documented in patient care records.

Action taken

We saw that consent to share information with other healthcare professionals had now been added to patients' electronic care records.

Recommendation

The service should ensure that all patient care records are fully completed to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records.

Action taken

We reviewed five patient care records and all contained the date, time and signature of the practitioner at consultation.

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

Requirement – Timescale: by 30 September 2022

The provider must implement a suitable system of regularly reviewing the quality of the service.

Action taken

We saw evidence of quality assurance systems for reviewing the quality of care and treatment provided in the service had now been introduced. This included reviewing patient feedback and introducing a programme of audits to help to make sure the quality of the service delivered met patient needs. This enabled the service to demonstrate a culture of continuous quality improvement. **This requirement is met.**

Recommendation

The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Action taken

A quality improvement plan, which included both short-term and long-term actions, had now been introduced. The plan included details of how the service intended to continually develop, as well as documenting any improvements made, along with action plans where appropriate.

Recommendation

The service should have a written record of clinical supervision for professional staff.

Action taken

The practitioner continued to keep up to date with best practice through ongoing training and development, and attending training events. This ensured the service was aware of changes in the aesthetics industry, legislation and best practice guidance. They also continued to engage in the Nursing and Midwifery Council (NMC) revalidation process. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC, every 3 years. The practitioner told us that, following the previous inspection in June 2022, they had contacted an aesthetics mentor for peer-support and clinical supervision. However, no meeting had yet taken place and a written record of clinical supervision was not available (see Appendix 1).

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 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
a	<p>The service should have a written record of clinical supervision for professional staff (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p> <p>This was previously identified as a recommendation in the June 2022 inspection report for The Aesthetic Clinic by Fiona Sutherland.</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: 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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