

Announced Inspection Report: Independent Healthcare

Service: Dr Nestor's Medical Cosmetic Centre,
Edinburgh

Service Provider: Dr Nestor's Aesthetic Surgery
Ltd

24 September 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 Dr Nestor's Medical Cosmetic Centre on Tuesday 24 September 2019. We spoke with two members of staff and received a response from three patients using our online survey. 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 Dr Nestor's Medical Cosmetic Centre, 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 service had good systems for actively seeking and using patient feedback which has resulted in improvements to the service. Patients felt fully involved in their treatment and their expectations were discussed before treatments.	✓✓ Good
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Good systems were in place to ensure treatments were delivered in a safe, clean and organised environment. Staff were aware of their roles and responsibilities. Medicines were managed safely and regular audits were carried out.	✓✓ Good

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 has strong leadership and a good team working relationship. A strong continuous improvement culture is embedded in the service and staff are encouraged to participate in this process. A quality improvement plan needs to be developed to demonstrate continuous improvement and measure the impact of change.	✓✓ Good

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	Comprehensive assessments are carried out for all patients and each treatment plan is individualised. Patients are encouraged to bring any treatment plans from previous providers for continuity of care.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	The service had a good induction process and training programme for all staff. Protecting Vulnerable Group (PVG) checks should be carried out for all members of staff who have patient contact.

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 Dr Nestor's Aesthetic Surgery Ltd to take after our inspection

This inspection resulted in one requirement and one recommendation. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and 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

Dr Nestor's Aesthetic Surgery Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Dr Nestor's Medical Cosmetic Centre 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 service had good systems for actively seeking and using patient feedback which has resulted in improvements to the service. Patients felt fully involved in their treatment and their expectations were discussed before treatments.

The patient participation policy described how it would influence the service's quality improvement process as well as how patients' views would be gathered. The methods included the use of patient questionnaires, social media and consumer platforms.

Patient questionnaires were given to patients before treatment to clarify their expectations. Treatment options were also explained and discussed with the patient in a face-to-face pre-treatment consultation meeting with a member of staff.

The service gave prospective patients an information leaflet about their treatment and had leaflets available about different treatments offered. The leaflets and information on the service's website highlighted the risks and possible side effects of treatment and an out-of-hours contact for the service.

The service regularly used social media and service evaluation sites, and we saw evidence that patient feedback was regularly recorded and monitored. The senior management team collected and analysed feedback information every week and regularly discussed this with staff. For example, as a result of patient feedback, the service had implemented a new appointment system which included training for staff. Steps had also been taken to ensure that patients' confidentiality was protected. This was achieved by some patients being removed from the service's mailing list and contacting them by text rather than email. New treatments have also been introduced as a result of patient feedback.

Some of the patient comments from the online survey and service review platforms included:

- 'Any concerns that I had were put to rest by the way staff explained everything.'
- 'Everyone was so professional.'
- 'Excellent visit, I would definitely recommend... .'

The service's complaints policy detailed how to complain to Healthcare Improvement Scotland (HIS). The contact details for HIS were also on the provider's website and leaflets. The service kept a complaints log. We saw the log was regularly reviewed and that the complaints process was completed in line with the provider's policy.

- No requirements.
- No recommendations.

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 ensure treatments were delivered in a safe, clean and organised environment. Staff were aware of their roles and responsibilities. Medicines were managed safely and regular audits were carried out.

The service used lasers for treating people and each clinical room was used for a different type of treatment. A standard operating procedure for every treatment was included. The equipment was serviced and maintained. The service had a laser protection advisor and all treatment rooms fully complied with laser protection guidelines.

We saw a good supply of personal protective equipment available and cleaning schedules were up to date. We saw contracts in place for maintenance of the premises and safe disposal of medical sharps and waste. Portable appliance testing had been carried out.

All practitioners in the service were trained in adult life support and had their registrations and qualifications checked every year. The manager showed us the emergency equipment, including a defibrillator. All equipment we saw was in a good state of repair and emergency medication was in date. Each practitioner was required to demonstrate their competence in using the equipment and carrying out the treatments.

Consent forms were fully completed and treatment plans were developed and agreed with the individual patient. Every time a patient visited the service, their initial assessment was reviewed and updated to show the patient consented for further treatment. We saw that consent included any possible risks or side effects of the treatments.

We saw evidence of a comprehensive system in place for ordering, storing and administering medicines. The service carried out a variety of audits to monitor the safety of its systems. This included infection control, the auditing of patient notes and the effectiveness of treatments.

The service had a number of policies in place, for example:

- child protection
- duty of candour
- protecting vulnerable adults, and
- whistleblowing.

The clinic was clean, spacious and well organised. Patients who responded to our survey were very complimentary about the clinic environment and the way their treatments had been carried out. Their comments included:

- 'The clinic is lovely and spacious.'
 - '[...] talked me through all of the procedure and showed great patience when answering my questions.'
- No requirements.
 - No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive assessments are carried out for all patients and each treatment plan is individualised. Patients are encouraged to bring any treatment plans from previous providers for continuity of care.

We reviewed six patient care records. Each showed a clear pathway from comprehensive assessment to treatment, including a full medical history. This included a mental health assessment to ensure that the patient's expectations were realistic, safe and achievable. We saw that all notes were legible and up to date. We also saw that patients who had been referred or chose to attend the service from other clinics were encouraged to bring their previous notes for continuity of care.

- No requirements.
- No recommendations.

Quality indicator 7.1 - Staff recruitment, training and development

The service had a good induction process and training programme for all staff. Protecting Vulnerable Group (PVG) checks should be carried out for all members of staff who have patient contact.

The service had a small team in place and experienced a very low level of staff turnover.

A system was in place to ensure all relevant staff had ongoing checks on their professional registration status. Staff had an appraisal every year and were assessed regularly for any development and training requirements.

The three staff induction files we reviewed were tailored to the needs of the individual's role and job description. Staff received mentoring support and one-to-one training with a senior member of the clinical team. Staff completed mandatory training including information management, health and safety, and basic life support.

What needs to improve

We saw the service did not follow the Scottish Government's guidelines on safer recruitment. We saw one practitioner did not have a Protecting Vulnerable Groups check (PVG) check carried out by the service. We were told this had been checked by their other employer who had supplied their PVG number. We discussed the process the service should follow for carrying out PVG checks in line with the Scottish Government's best practice guidelines (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure that it follows guidelines on safer recruitment. This must include carrying out Protection of Vulnerable Groups checks.
- No recommendations.

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 has strong leadership and a good team working relationship. A strong continuous improvement culture is embedded in the service and staff are encouraged to participate in this process. A quality improvement plan needs to be developed to demonstrate continuous improvement and measure the impact of change.

We were shown a quality management statement that highlighted the service's vision. This was in response to patient feedback, to improve and maintain the high level of service that was reported by patients. The director of the clinic showed a clear vision for the future and how this would be achieved. Part of the vision was fostering and creating a small but very effective team. To help achieve this, the service had organised social events and encouraged all staff to enter charity events.

The service manager was also the main practitioner. Part of their continuing professional development was managed through the General Medical Council (GMC) registration, its revalidation process, and yearly appraisals in the service to ensure fitness to practice. Other professional development activities included attending conferences, maintaining connections with other aesthetic colleagues, and subscriptions to journals to raise awareness of legislation and best evidence-based care for patients.

The service was an active member of a variety of industry specific and national organisations. This included membership of the British Aesthetics Medicine Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. The director of the service also attended regular conferences and training days provided by pharmaceutical companies. This helped the service keep up to date with current product knowledge, techniques and best practice.

Staff we spoke with reported that they felt valued, had contributed to the development of the service and had a very good working relationship with the service manager.

The service also recorded what was going well and how they would maintain that level of service. The service is a member of the Cosmetic Redress Scheme. This is an organisation which can help people who are unhappy with the treatment they have received.

We saw a clinical governance meeting was held every 3 months. Patient care outcomes and the safety of the clinic environment were discussed, and all staff groups presented their proposals for improving the service. A staff team meeting was held every week. We saw the minutes from these regular meetings and noted these were shared with all team members.

What needs to improve

The service's quality management statement outlined how it would carry out any quality improvement work. This would benefit from being expanded into a continuous quality improvement plan to identify areas for improvement and allow the service to demonstrate a culture of continuous improvement and measure the impact of change (recommendation a).

- No requirements.

Recommendation a

- The service should develop a continuous 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 7 – Workforce management and support

Requirement

- 1** The provider must ensure that it follows guidelines on safer recruitment. This must include carrying out Protection of Vulnerable Groups checks (see page 11).

Timescale – immediate

Regulation 9(1)(2)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

None

Domain 9 – Quality improvement-focused leadership

Requirements

None

Domain 9 – Quality improvement-focused leadership (continued)

Recommendation

- a** The service should develop a continuous quality improvement plan (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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.

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

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or email contactpublicinvolvement.his@nhs.net

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