

Announced Inspection Report: Independent Healthcare

Service: The Expert Clinic, Brightons, Falkirk

Service Provider: Fiona Shanks Aesthetics Limited

8 February 2023

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1 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 29 January 2019.

2 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 The Expert Clinic on Wednesday 8 February 2023. We spoke with the owner/manager (practitioner) and receptionist during the inspection. We received feedback from 39 patients through an online survey we had asked the service to issue for us before the inspection.

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 The Expert Clinic, the following grades have been applied to the key quality indicators inspected.

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	Patients were satisfied with the quality of care and treatment. Patients were fully consulted before a care plan was agreed. Feedback from patients was gathered, reviewed and used to further improve the service. Information about what changes or improvements were made as a result of feedback were regularly published on the service's website. Clear procedures were in place for managing complaints and responding to duty of candour incidents.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The care environment and patient equipment was clean and well maintained. Staff had a good understanding of risk management principles, and were proactive in their approach to ensuring the service was safe. A range of policies and procedures were in place to help deliver safe and effective care. Medicines were managed safely and regular audits helped to review the quality of care provided. However, an annual audit plan would ensure consistency and assist with service delivery and improvements.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance in a variety of ways. Peer networks supported continuous learning. A quality improvement plan helped measure the quality, safety and effectiveness of the service delivered. Staff were encouraged to participate in both reflective and developmental learning.	✓✓ 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	Patients had a full consultation and assessment before treatment, including obtaining consent to treatment and photography. Written and verbal aftercare information

people experiencing care	was provided. Consent to sharing information with other healthcare professionals should be included in all patient care records.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Recruitment, induction and training policies were in place. Staff were encouraged to complete regular role-specific training. All pre-employment checks must be carried out for staff working in the service, and evidence of this kept in staff files.

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

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

What action we expect Fiona Shanks Aesthetics Limited to take after our inspection

This inspection resulted in one requirement and two recommendations. 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

Fiona Shanks Aesthetics Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Expert Clinic for their assistance during the inspection.

3 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

Patients were satisfied with the quality of care and treatment. Patients were fully consulted before a care plan was agreed. Feedback from patients was gathered, reviewed and used to further improve the service. Information about what changes or improvements were made as a result of feedback were regularly published on the service's website. Clear procedures were in place for managing complaints and responding to duty of candour incidents.

The clinic was located in a building adjacent to the practitioner's own home. A locked door entry system was in place with the door to the main entrance and the treatment room locked to ensure patient privacy, dignity and confidentiality. Although the reception area was separate to the treatment room with sufficient space to accommodate more than one person, the service continued to only treat one person at a time.

The service had a detailed and informative website. We were told a high number of enquiries about treatments were generated from the website, social media reviews and recommendations from other people. The website was updated every year with details of feedback received from patients and improvements or changes made as a result. The service also shared social media, verbal and written information about the service generated from other sources on its website.

Facilitated online consultations for review appointments and requests for information were available to patients, if required. All information was made available to patients after they had made enquiries, and further information about treatment options was also provided before patients agreed to any treatments.

The service had a detailed participation policy and patients were encouraged to complete feedback forms on the day of their treatment, give verbal feedback to the practitioner and/or leave reviews on social media. We saw a variety of ways patients left feedback for the service on the day of our inspection. Feedback we saw showed that patients were satisfied with their treatment and the service had met their expectations.

Staff collated all feedback received and used it to evaluate and review the service. This feedback was documented and was included in the service's quality improvement plan to show where improvements had been made as a result of feedback received. Staff were able to view and reference this information when carrying out improvement activity. For example, an additional member of staff had been recruited to facilitate requests for hormone treatments for patients.

Feedback from our online survey showed that patients were pleased with the service and were fully involved in decisions reached about their care. Patients told us that treatment options were discussed and agreed at their initial consultation. They also said they had time to consider the options available to them before they agreed to go ahead with treatment. Comments from our online survey included:

- 'Plenty of time for discussion.'
- 'I was given options as to the amount of treatment I could have and what each outcome would give.'
- 'At the appointment we discuss what I'm looking to achieve in my results and the practitioner always talks about options, cost. I felt well looked after.'

The service had not received any complaints since it was first registered with Healthcare Improvement Scotland in December 2016. We noted the service's complaints policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint. Feedback from our online survey showed that all patients knew they could also complain to Healthcare Improvement Scotland at any time.

A duty of candour policy described how the service would meet its responsibility to be honest with patients when things go wrong. We saw that the service produced a yearly duty of candour report. The service had recorded one instance requiring it to implement duty of candour principles. Information about this, and how this was used to improve how the service was delivered, was available to view in the service and on the service's website.

Both the complaints and duty of candour policies were available in a patient information folder in the reception area and also on the service's website.

- 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

The care environment and patient equipment was clean and well maintained. Staff had a good understanding of risk management principles, and were proactive in their approach to ensuring the service was safe. A range of policies and procedures were in place to help deliver safe and effective care. Medicines were managed safely and regular audits helped to review the quality of care provided. However, an annual audit plan would ensure consistency and assist with service delivery and improvements.

Patients were cared for in a clean and safe environment. Good systems were in place to achieve this, including completing cleaning schedules, servicing and maintenance contracts for equipment, and regular internal checks and audits.

The service had a proactive approach to protecting the health, safety and wellbeing of patients and staff, and followed Health Protection Scotland's national guidance to reduce infection risks for patients, in line with its infection prevention and control policy.

All equipment used, including personal protective equipment, such as aprons and gloves, was single-use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A contract was in place for the safe disposal of sharps, such as needles and syringes, and other clinical waste.

Patients who responded to our online survey were very satisfied with the standard of cleanliness. Comments included:

- 'Highest level of cleanliness and very professionally run.'
- 'Facilities are first class, beautiful environment cleanliness is outstanding.'

- 'Clean and tidy clinic. Equipment used was kept safely and securely until administered.'

The practitioner was responsible for building maintenance, fire safety equipment and building security. The service had completed a fire risk assessment and fire exit signs were displayed.

The medical fridge had a built-in thermometer which was checked on days the treatment room was used for patient appointments. A daily temperature log was kept to make sure temperature-sensitive medicines were stored at a safe temperature. Other non-refrigerated products such as dermal fillers, were stored appropriately. A small stock of emergency medicines was available in the treatment room to respond to complications or adverse reactions to treatment.

The practitioner was responsible for the safe procurement, prescribing, storage and administration of medicines. The medicines management policy contained information to demonstrate the safe administration, prescribing, procuring and storage of medicine.

Staff had a good understanding of how risk management principles applied across all aspects of the service. Appropriate risk assessments had been carried out and suitable policies put in place to show how key aspects of the service would be managed. Risk assessments were collated into a risk register which was regularly reviewed and updated with appropriate processes in place to help manage any risks identified.

We reviewed records for an incident investigation for an adverse event that had recently taken place in the service. Detailed information had been recorded in the incident book and patient care records. Individual risk assessments had been carried out to identify if further actions could be taken and each follow-up treatment was documented. The service was a member of the Aesthetic Complications Expert (ACE) Group, and had invited an expert to see if any further learning could be identified as a result of this incident. This helped to show the service had a transparent, focused and comprehensive approach to managing incidents.

Arrangements were in place to deal with emergencies. This included staff training on how to deal with medical emergencies, first aid supplies and equipment for treating allergic reactions, fire equipment and evacuation drills. A defibrillator and oxygen was available in the service.

A range of audits was carried out which included:

- cleaning and maintenance of the care environment
- health and safety (risk register), and
- medicines management, including checking expiry dates of equipment and medicines and fridge temperatures.

The service mapped its own medicines governance procedures against Healthcare Improvement Scotland's medicines governance audit tool. This helped the service to identify any gaps where improvements could be made to its existing procedures. The service used the medicines governance audit tool when it audited its own medicines management practice.

What needs to improve

Although the service carried out a range of audits on a regular basis, there was no evidence of an annual audit plan or programme in place (recommendation a).

- No requirements.

Recommendation a

- The service should review its current processes and introduce a formal detailed annual audit programme.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a full consultation and assessment before treatment, including obtaining consent to treatment and photography. Written and verbal aftercare information was provided. Consent to sharing information with other healthcare professionals should be included in all patient care records.

Patients booked appointments over the telephone or through social media requests. We reviewed five electronic patient care records and saw that outcomes from initial consultations and proposed treatment plans were documented. A full assessment of patients' medical history was carried out before they received any treatment. This included gathering information about any pre-existing medical conditions, including allergies and prescribed medicines. They also contained detailed discussions and conversations with

patients about setting realistic outcomes and expectations. A basic psychological assessment was also carried out before treatment was agreed.

The electronic record keeping system was password-protected and access to the system was restricted to key staff members. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Patients' consent to treatment and taking photographs was documented in all patient care records we reviewed. A record of the treatment delivered, including batch numbers and expiry dates for medications used was clearly recorded. Aftercare arrangements and future follow-up appointments were also documented.

Patients told us they received good advice and information before, during and after their treatment. They also told us they could take time to consider the options available to them before they agreed to go ahead with treatment.

Patients were satisfied with the quality of care and treatment they received from the service. Comments from our online survey included:

- 'I had every confidence that the staff were trained to the highest standard, polite, knowledgeable, friendly and very competent.'
- 'I have been attending this clinic for over 5 years and the practitioner's attention to detail is fabulous. She will always advise what the outcome of the treatment will be and it looks amazing every time.'
- 'The practitioner is very knowledgeable and explains treatments and expected results.'

Patients were given verbal and written advice after their treatments. The practitioner could be contacted out of hours if patients had any concerns after their treatment.

We saw evidence that the practitioner reviewed five patient care records each month to monitor the standard of record keeping.

What needs to improve

Not all patients care records we reviewed contained documented evidence of patients agreeing to the sharing of information with other healthcare professionals in the event of an emergency (recommendation b).

- No requirements.

Recommendation b

- The service should make sure patients' consent to share information with their GP or other healthcare professionals is consistently recorded.

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

Recruitment, induction and training policies were in place. Staff were encouraged to complete regular role-specific training. All pre-employment checks must be carried out for staff working in the service, and evidence of this kept in staff files.

The service was owned and managed by a sole practitioner. The service had one full-time permanent member of staff who provided administrative support and had worked in the service for several years. We saw the post holder had a signed contract of employment. Detailed recruitment, induction and practicing privileges policies were also in place.

We saw a practicing privileges agreement in place with a dentist who was also an independent prescriber in the service (staff not employed directly by the provider but given permission to work in the service). The staff file for this individual showed that background safety checks, for example Protecting Vulnerable Groups (PVG), had been carried out for their substantive post as a dentist. The service had carried out checks for indemnity insurance, qualifications and fitness to practice.

Patients who responded to our online survey stated that the service from staff was efficient, polite and courteous.

Ongoing professional development opportunities were available, including education in new processes and treatments. Staff told us they had regular supervision, were supported with their roles in the service, and were encouraged to identify personal and professional development objectives.

What needs to improve

The service had carried out the majority of safety checks for staff employed and for staff who were being granted practicing privileges. However, it was evident from reviewing staff files that not all the required information had been requested, received or documented. There was no evidence of the provider requesting or holding the details for an up-to-date PVG check for the staff member with practicing privileges. It was noted the appraisal within their staff file was from their substantive NHS post. There was also no occupational health check or history for the permanent member of staff working in the service (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff.

- 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 kept up to date with changes in the aesthetics industry, legislation and best practice guidance in a variety of ways. Peer networks supported continuous learning. A quality improvement plan helped measure the quality, safety and effectiveness of the service delivered. Staff were encouraged to participate in both reflective and developmental learning.

The manager (practitioner) of the service is a registered nurse with the Nursing and Midwifery Council (NMC) and completed mandatory revalidation with the NMC. 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 had completed a fellowship in advanced facial aesthetic treatments and attended regular training and conferences in the aesthetic industry to help continue their professional development. This helps them keep up to date with best practice and delivery of treatments in line with evidence-based research.

The service's approach to quality improvement was comprehensive and evident throughout all aspects of the service. We saw evidence of quality assurance systems to review the quality of care and treatment provided. Formal and informal reviews of patient feedback and outcomes from audits helped make sure the quality of the service delivered met patient needs. A quality improvement plan helped to inform continuous quality improvement activities and described how the service was committed to continuous improvement. For example, the service had invested in a new web designer to enhance the website to include interactive aspects for users.

Staff told us that the service manager was visible and approachable and that they were encouraged to participate in team meetings and service decisions identifying areas where they thought improvements could take place.

We saw evidence of monthly staff meetings taking place. These included discussions on improvement ideas, service issues, treatments and staff training. The service's business plan was reviewed every year as part of the staff meetings highlighting actions for the incoming year. The most recent meeting identified areas including investing in a new web design company to introduce interactive aspects to the current website for patients, identifying key performance indicators for the service in line with its improvement strategy and mitigating financial risks to the service.

We saw evidence the service continued to identify strategic objectives and key processes to help achieve the service's aim of continuous improvement. We saw evidence of improvements being tracked from year to year.

- 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 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
a	<p>The service should review its current processes and introduce a formal detailed annual audit programme (see page 13).</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>
b	<p>The service should make sure patients' consent to share information with their GP or other healthcare professionals is consistently recorded (see page 15).</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 7 – Workforce management and support

Requirement

- 1** The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff (see page 16).

Timescale – immediate

Regulation 8(1)

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

Recommendations

None

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: his.ihcregulation@nhs.scot

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