

Announced Inspection Report: Independent Healthcare

Service: The Skin Studio, Edinburgh

Service Provider: Leona Dorward

25 May 2023

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First published July 2023

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 14 June 2019

Recommendation

The service should develop a more robust system for the collection and analysis of patient feedback.

Action taken

This recommendation is reported in Quality Indicator 2.1 (see recommendation a).

Recommendation

The service should update its infection control policies to include reference to blood spillages.

Action taken

The service's infection control policy had been amended to cover the procedure to follow in the event of a blood spillage.

Recommendation

The service should implement a clinical audit tool and record improvement actions to inform service development.

Action taken

This recommendation is reported in Quality Indicator 5.1 (see recommendation b).

Recommendation

The service should develop a quality improvement plan.

Action taken

The service had developed and implemented a quality improvement plan.

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 Skin Studio on Thursday 25 May 2023. We spoke with the service manager (practitioner) during the inspection. We received feedback from 18 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 Skin Studio, 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 very satisfied with their care and treatment. Clear procedures were in place for managing complaints and responding to duty of candour incidents. Patient feedback should be formally evaluated and used to inform improvements.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The care environment and patient equipment was clean and policies and procedures helped to maintain a safe environment. Patients told us they trusted staff to deliver safe care and treatment. An audit system should be implemented and regular audits carried out.	✓ Satisfactory
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 through its membership with national groups and training events. The service should develop a quality assurance system.	✓ Satisfactory

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	Patients had a consultation and a thorough assessment before any treatment took place. Patients told us they felt well informed about the risks, benefits and aftercare arrangements before they agreed to go ahead with treatment. Patient care records should be fully completed and audited regularly.

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 Leona Dorward to take after our inspection

This inspection resulted in five 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 The Skin Studio 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 very satisfied with their care and treatment. Clear procedures were in place for managing complaints and responding to duty of candour incidents. Patient feedback should be formally evaluated and used to inform improvements.

The clinic was a small, personal service with many regularly-returning patients. All consultations were appointment-only and only one patient was treated at a time to help maintain confidentiality.

All patients received a face-to-face consultation and completed a consultation and consent form before they received treatment. This included information about their procedure and any pre-treatment instructions.

During consultations, we were told that patients were given appropriate treatment options, as well as information about the risks and benefits of proposed treatments. Patients were given time to consider treatment options and ask questions before agreeing to treatment. All new patients had to come back for a second appointment for any treatment. This helped make sure patients had time to consider if they wished to proceed with the proposed treatment.

We saw aftercare leaflets that were given to patients at the end of their treatment. These included aftercare instructions, out-of-hours contact details in case of any possible complications and included the service's complaints procedure.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our

contact details. At the time of our inspection, the service had not received any complaints in the previous 12 months.

The service's patient participation policy described how it would gather and use patient feedback. We were told that the majority of the feedback to the service was verbal and all feedback we reviewed on social media pages was very positive.

Feedback from our online survey showed that patients were very pleased with the service and very satisfied with the advice and information received before treatment. They also told us they had been fully informed about the risks and benefits of their treatments. Patients also stated they had been fully involved in decisions reached about their care. Comments from our online survey included:

- 'Standards of professionalism are the highest I've experienced at any type of similar service.'
- 'Explained in depth all possible outcomes including complication risk and side effects. She took adequate time and made sure that I understood before going ahead.'
- 'Always explains procedures in full prior to carrying them out - she is honest about the benefits and risks ensuring I am able to make informed choices about my treatments.'

A duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong) was in place. A yearly duty of candour report was available in the service.

What needs to improve

While the service had a participation policy in place, it did not contain enough detail in relation to collecting, documenting and analysing patient feedback (recommendation a).

- No requirements.

Recommendation a

- The service should further develop and implement its participation policy in relation to how it reviews, records and analyses patient feedback.

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 policies and procedures helped to maintain a safe environment. Patients told us they trusted staff to deliver safe care and treatment. An audit system should be implemented and regular audits carried out.

The clinic environment was clean and equipment was in a good state of repair. We saw servicing and maintenance contracts for fire safety and all portable electrical equipment. Public and practitioner liability insurance was in-date. A waste contract was in place for the safe management of clinical waste, including sharps.

Staff followed Health Protection Scotland guidance to reduce infection risks for patients, in line with the service's infection prevention and control policy. Personal protective equipment, such as disposable gloves, aprons and medical devices (such as needles and syringes) were single-use to prevent cross-infection. The equipment we saw was in-date.

The service had a fridge thermometer and temperature log in place to make sure medicines were stored at the correct temperature. The fridge used to store medicines was clean and tidy.

Staff had fully completed and signed daily cleaning schedules we reviewed. The service manager was able to describe the process for cleaning patient equipment. The service carried out audits to help make sure all areas were clean, in line with its infection prevention and control policy.

We received very positive feedback from patients who responded to our online survey. They said the clinic environment was always very clean and welcoming. Comments included:

- 'Very clean and hygienic environment.'
- 'I find the premises welcoming and very, very clean as a clinical environment should.'
- 'The treatment room is always very clean and tidy with soothing music played.'

Suitable cleaning products and a blood spill management kit were available to manage blood and body fluid spillages. While the service had not experienced any accidents or incidents, a system was in place to record these and any subsequent actions that would be taken.

We saw evidence of a yearly infection control audit. If any actions were highlighted in the audit, we were told an action plan would be commenced. This covered areas, such as:

- decontamination
- hand hygiene
- personal protective equipment
- prevention of possible blood-borne virus exposure
- the treatment room – layout and cleaning, and
- waste management.

The service had a safe administration of medicine policy and a safe system in place for prescribing, storing and administering medicines. All medicines were stored securely in a locked refrigerator or cupboard. Cupboards were clean, well-organised and not overstocked.

The service manager was the prescriber and obtained their medications from a specialist aesthetic wholesale pharmacist or an online pharmacy. The medicines we saw were in-date. The clinic did not hold a regular stock of any medications and ordered medication for all individual patients in advance.

Medication batch numbers were documented in patient care records to allow the service to respond to any medicine alerts or adverse events.

An emergency medicine kit was available to allow the service to quickly deal with any medical emergencies, such as a complication or adverse reaction from treatment.

The service manager discussed the system for managing risk in the service. The service reviewed and updated all its policies every year.

What needs to improve

While the service completed a yearly infection control audit, a formalised audit system was not in place to regularly audit other aspects of the service. Audits should include areas, such as medicines and patient care records, as well as other environmental audits (recommendation b).

The service did not hold a regular stock of non-prescription and prescription-only medicines. Medicines were ordered in advance of appointments and stored in the treatment room. Emergency medicines were also stored in the clinic. However, documented stock balance checks and expiry date checks were not carried out (recommendation c).

- No requirements.

Recommendation b

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented, and improvement implemented as required.

Recommendation c

- The service should ensure a regular stock check of medicines is carried out and including expiry date checks.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a consultation and a thorough assessment before any treatment took place. Patients told us they felt well informed about the risks, benefits and aftercare arrangements before they agreed to go ahead with treatment. Patient care records should be fully completed and audited regularly.

In the five patient care records we reviewed, we saw a record of the initial consultation and an assessment of each patient's past medical history. Next-of-kin details were completed in all patient care records. We saw that consent-to-

treatment forms included the risks and benefits of treatments. Consent was also gained for taking photographs and sharing patient information with other healthcare professionals if required. Consent forms were signed in all patient care records we reviewed.

Patients were provided with aftercare information specific to their treatment. This included information about products used and emergency contact information. All new patients were given a follow-up appointment approximately 2 weeks after treatment. Patients could be seen sooner if required. While returning patients were also offered follow-up appointments, they did not always book these.

Patients told us they felt well informed and received a lot of information about treatment options, risks, benefits and aftercare arrangements before going ahead with treatment. Some comments we received from patients included:

- ‘Very knowledgeable and extremely skillful.’
- ‘Comprehensive discussion before and after treatment.’
- ‘Always provides accurate and thorough information regarding treatment procedure and process.’

Electronic patient care records were stored securely with password-controlled access. Previous paper records were held in a secure cabinet and kept in line with the service’s data management policy. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights).

What needs to improve

The five patient care records we reviewed all contained a face-to-face consultation, treatment plan and consent forms had been signed. However, the patient care record did not include documented evidence of discussions around cost of treatment (recommendation d).

- No requirements.

Recommendation d

- The service should ensure patient care records are fully completed.

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 through its membership with national groups and training events. The service should develop a quality assurance system.

The service was owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). The nurse practitioner was also a member of aesthetic forums, such as the BACN (British Association of Cosmetic Nurses) and aesthetic complication forums.

The practitioner kept up to date with best practice through ongoing online training and development, as well as attending training events. This made sure the service was aware of changes in the aesthetics industry, legislation and best practice guidance. They also engaged in the 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 service had implemented a quality improvement plan. We saw improvements made to the service and tasks that were still ongoing. For example, patients and the service manager had said that manually booking appointments for patients had become difficult and time consuming as the service became busier. To address this, the service manager had researched an online booking system, which the service planned to implement soon.

What needs to improve

While the service had a quality improvement plan in place, a quality assurance system should be implemented to include, as a minimum, information such as patient feedback and audit results. The quality assurance system should include

any actions taken to measure the impact of any changes carried out (recommendation e).

- No requirements

Recommendation e

- The service should develop a formal overarching quality assurance system to further develop and formalise the way it drives improvement.

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

Recommendation

- a** The service should further develop and implement its participation policy in relation to how it reviews, records and analyses patient feedback (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

Requirements

None

Recommendations

- b** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented, and improvement implemented as required (see page 12).

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

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

- c** The service should ensure a regular stock check of medicines is carried out and including expiry date checks (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- d** The service should ensure patient care records are fully completed (see page 13).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 4.11

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

- e** The service should develop a formal overarching quality assurance system to further develop and formalise the way it drives improvement (see page 15).

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.

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

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