



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Dermal Clinic, Edinburgh

Service Provider: Dermal Clinic Ltd

29 November 2022

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

© Healthcare Improvement Scotland 2023

First published February 2023

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

Contents

1	Progress since our last inspection	4
<hr/>		
2	A summary of our inspection	5
<hr/>		
3	What we found during our inspection	8
<hr/>		
	Appendix 1 – Requirements and recommendations	16
	Appendix 2 – About our inspections	17
<hr/>		

1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 28 September 2018

Recommendation

The service's participation policy should document its approach to gathering and using patient feedback.

Action taken

The service's participation policy now documented how patient feedback was gathered and used to help continually improve how the service was delivered.

Recommendation

The service should develop an audit plan.

Action taken

An audit plan had now been developed.

Recommendation

The service should retain full records of all staff appointed.

Action taken

The service now retained full records of all staff appointed.

Recommendation

The service should develop a quality improvement plan.

Action taken

The service had now implemented a quality improvement plan as part of its electronic scheduling system. This system was also used to track audits and maintenance checks.

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 Dermal Clinic on Tuesday 29 November 2022. We spoke with a number of staff during the inspection. We also received feedback from four patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of two inspectors.

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 Dermal 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 felt fully involved and informed about their options before they made any decisions about treatments. Patient and staff feedback was gathered and used to improve the patient experience and how the service was delivered. Clear information about how to make a complaint was easily accessible to patients.	✓✓ 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	Good systems were in place to ensure treatments and patient care was delivered in a safe, clean and well organised environment. Medicines were managed safely and regular audits helped to review the safe delivery and quality of care provided.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	There is strong and visible leadership in the service. A good team working relationship helps to encourage staff to offer new ideas and identify areas for improvement. A quality improvement plan helped the service to evaluate performance, identify areas for improvement and take corrective actions when needed.	✓✓ 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	Patient care records were fully completed. A comprehensive record keeping system included a detailed health assessment for each treatment. Patient aftercare information was provided.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Effective recruitment, induction and training processes were in place, and staff had regular one-to-ones and annual appraisals. Staff enjoyed working in the service, and were enthusiastic, motivated and happy with the level of training provided.

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 Dermal Clinic Ltd to take after our inspection

This inspection resulted in one recommendation (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 Dermal 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 felt fully involved and informed about their options before they made any decisions about treatments. Patient and staff feedback was gathered and used to improve the patient experience and how the service was delivered. Clear information about how to make a complaint was easily accessible to patients.

A welcome letter given to all patients explained how the service would gather feedback and how to access its complaints policy. Information about how to make a complaint was included in this letter.

Patient information leaflets were available electronically and in paper copies in the clinic. We were told each consultation aimed to identify the patient's individual concerns and desires, and to consider the best treatment or approach to take, including the option of no treatment. We were told that patients were offered an opportunity of a cooling-off period to ensure there was no pressure to have treatment. All risks and side effects were discussed, as well as costs of treatment, to ensure patients had all the information they needed to decide the most appropriate and effective treatment for them.

The service's complaints policy was accessible to patients. We noted the service had had no complaints in the last year. Staff had been trained in complaints handling.

We saw that patient surveys carried out regularly by the service were extremely positive. For example, a recent patient survey had shown 100% satisfaction. We were told results from surveys were displayed on a video screen in the waiting area. This helped to emphasise the service's focus on patient involvement helping to improve the service. The service had also recently used a mystery

shopper to gather feedback on the patient experience and how the service was delivered. A patient suggestions box was available in the reception area. A suggestions box was also available in the staff room for staff to provide feedback and suggestions for improvement. The service incorporated any improvements identified into its quality improvement plan to ensure they were taken forward and shared with staff.

Patients who completed our online survey told us:

- ‘... always takes time to establish what I want to achieve and then gives advice and guidance on the best treatment to achieve this.’
- ‘Appointment times are always generous to allow plenty time for discussion should it be required and also to allow for general conversation.’
- ‘There is never any pressure to proceed with treatments.’

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. Even where no incidents had occurred requiring the implementation of the duty of candour procedure, a report is still required. A duty of candour policy was in place and a duty of candour report was published by the service.

The service had updated its participation policy since the last inspection in September 2018 to include more information on how patient feedback would be gathered and used to help improve the service. We discussed with the service about further developing its participation process and were told of plans to introduce patient focus groups. We also discussed with the service how it might consider sharing any patient participation work undertaken with other services and peers as part of service improvement.

- 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 and patient care was delivered in a safe, clean and well organised environment. Medicines were managed safely and regular audits helped to review the safe delivery and quality of care provided.

We saw that all areas of the clinic were clean and well maintained with bright spacious treatment areas and calm, peaceful waiting areas. The service’s infection prevention and control policies and procedures were in line with Health Protection Scotland’s national infection prevention and control manual. Other policies such as medicines management and safeguarding (public protection) were also in place and up to date. Toilets, including facilities for people with disabilities, were provided. Cleaning schedules were completed for the treatment rooms and clinical areas, and we found these were clean and well maintained.

Lasers used in the service were managed safely, and designated rooms were used for various treatments. The service had a laser protection advisor and all treatment rooms fully complied with laser protection guidelines. We saw good supplies of personal protective equipment, such as a variety of eye protection wear, for use with lasers. The required local rules and precautions were in place for the safe use of lasers. The equipment was well maintained, with risk assessments and servicing of all laser equipment up to date.

Staff were trained to deal with medical emergencies, and the service had appropriate emergency equipment in place.

Servicing and maintenance contracts were in place for all clinical and non-clinical equipment, and electrical, fire and gas safety appliances. We saw evidence of regular servicing of this equipment. An electronic schedule detailed all service checks and maintenance records that the service carried out.

We saw a medicines management audit had recently been completed which showed medicines were stored and prescribed correctly. All medicines were stored in either locked cupboards or a medical fridge. An electronic schedule highlighted which audits were due to be carried out week to week, such as audits reviewing the patient experience and patient care records. Results from audits were regularly shared with the wider team.

Policies and procedures were kept up to date and revised versions shared with staff. A system was in place to ensure all staff read and signed the policies when there were changes or updates.

We saw health and safety risk assessments had been carried out, as well as individual risk assessments for treatments. We noted separate action plans for each risk assessment showing that appropriate actions had been taken against risks identified.

Patients who responded to our survey were very complimentary about the clinic environment and the way their treatments had been carried out. Comments included:

- ‘... beautifully decorated and always spotlessly clean.’
 - ‘Spotlessly clean, professional and friendly service.’
-
- No requirements.
 - No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were fully completed. A comprehensive record keeping system included a detailed health assessment for each treatment. Patient aftercare information was provided.

Procedures were in place to make sure that patient information was held securely and was password protected to prevent unauthorised access. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights).

Four electronic patient care records were reviewed as part of the inspection. These covered a variety of treatments and were all fully completed. For each record reviewed, there was evidence of consultation, assessment and consent. This included the risks and benefits of each of the treatments offered.

Detailed written aftercare instructions were provided which included the service’s emergency contact details if patients had any concerns or questions.

- No requirements.
- No recommendations.

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

Effective recruitment, induction and training processes were in place, and staff had regular one-to-ones and annual appraisals. Staff enjoyed working in the service, and were enthusiastic, motivated and happy with the level of training provided.

Safe and effective recruitment policies and procedures were in place. We were told job descriptions had recently been reviewed and redesigned as part of a continuous improvement initiative. Checklists ensured all recruitment requirements were met before any new staff member started work. These were also applied for granting practicing privileges (staff not employed directly by the provider but given permission to work in the service). A practicing privileges policy was in place. An induction process welcomed and orientated new staff to the service.

We reviewed four staff files and saw evidence of effective recruitment, induction, training and development systems in place. This included a Protecting Vulnerable Groups (PVG) recording system to ensure PVG updates for staff were kept up to date.

Staff we spoke with said they had the necessary knowledge and skills for their role. They had undergone initial training as part of their role, as well as refresher courses. We were told that staff had regular one-to-one meetings and appraisals where they were given the opportunity to discuss their training needs and career progression. There was evidence of good communication between all levels of staff in the service.

We were told that opportunities for career development were recognised. A recent staff promotion in the team had resulted in improved communication between the team and its patients.

What needs to improve

We found the service had retained original Disclosure Scotland certificates following completed PVG scheme checks in staff files. This is not in line with current legislation. These certificates should be destroyed and a system introduced to record Disclosure Scotland identification numbers for all staff (recommendation a).

- No requirements.

Recommendation a

- The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) certificates in line with current legislation and implement a system to record Disclosure Scotland identification numbers for all staff.

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

There is strong and visible leadership in the service. A good team working relationship helps to encourage staff to offer new ideas and identify areas for improvement. A quality improvement plan helped the service to evaluate performance, identify areas for improvement and take corrective actions when needed.

The service management team was made up of two directors and the service manager. The service manager held weekly meetings with staff, and this was often repeated in small groups to ensure all staff were included. We were told that management meetings were held every week where the service's performance and staff updates were discussed as well as progress on projects. We saw agendas and minutes of meetings between staff.

Staff we spoke with told us they felt valued, had contributed to the development of the service and had a very good working relationship with the service manager. Staff told us they were informed about any changes either verbally at the earliest opportunity, as well as through the service's private messaging platform and virtual calendar.

Staff told us they feel involved in the service and knew who to approach with any concerns. They told us that leadership was approachable, and they were supported to identify opportunities for improvement and take ownership of improvement projects. For example, the toilet cleaning schedule had been reviewed and updated, and the changes evaluated, as a result of a suggestion from a staff member.

The service's quality improvement plan helped to structure and record service improvement processes and outcomes and demonstrated a culture of continuous improvement. This was held within the service's electronic scheduling system which timetabled the actions and outcomes of improvement work. This was then reviewed at staff and management meetings.

The service manager is a member of the Nursing and Midwifery Council and an honorary member of the British Association of Cosmetic Nurses. The service is also a member of the Cosmetic Redress Scheme (an organisation that aims to help both practitioners and consumers to raise standards and legislative compliance).

What needs to improve

We were told the service regularly reviewed published inspection reports on Healthcare Improvement Scotland's website to see if any good practice, or further improvements or lessons learned, could be introduced into the service. Although there was evidence of involvement with wider professional organisations, we discussed introducing a more formal benchmarking process to help identify any gaps and improve the service's own performance.

- 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 7 – Workforce management and support	
Requirements	
None	
Recommendation	
a	The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) certificates in line with current legislation and implement a system to record Disclosure Scotland identification numbers for all staff (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

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.ihtregulation@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

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org