Announced Inspection Report: Independent Healthcare

Service: Bella Aesthetics Limited, Melrose
Service Provider: Bella Aesthetics Limited

29 November 2019
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 contactpublicinvolvement.his@nhs.net
## Contents

1 A summary of our inspection 4

2 What we found during our inspection 7

Appendix 1 – Requirements and recommendations 15
Appendix 2 – About our inspections 17
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 Bella Aesthetics Limited on Friday 29 November 2019. We spoke with the owner/manager (sole practitioner) during the inspection. We also received feedback from eight patients through an online survey we had asked the service to issue for us before the inspection. 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 Bella Aesthetics Limited, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
</tbody>
</table>

| **Domain 5 – Delivery of safe, effective, compassionate and person-centred care** |
| **Quality indicator** | **Summary findings** | **Grade awarded** |
| 5.1 - Safe delivery of care | Policies and processes were in place to make sure treatments were carried out safely. Medicines were transported and managed safely. Audits and risk assessments were carried out to monitor the quality and safety of the service. | ✓✓ Good |
### Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>9.4 - Leadership of improvement and change</td>
</tr>
</tbody>
</table>

The following additional quality indicator was inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
</tr>
</tbody>
</table>

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Bella Aesthetics Limited to take after our inspection

This inspection resulted in six 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 Bella Aesthetics Limited 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

Information was provided for patients to help them make an informed choice about treatments. Feedback was gathered from patients, and patients were happy with the service provided. However, a more formal process for recording and reviewing patient feedback should be developed to help the service to continually improve.

As the service did not currently have a website, its social media page listed the treatments offered along with a pricing guide. Patients could also book appointments through this page. The service had also produced a general patient information leaflet that listed treatments and prices. Further information about the risks, benefits and expectations from treatments were discussed with patients during their consultation. Although the service had its own treatment information leaflets, it usually gave prospective patients pre-printed treatment information sheets developed by the Aesthetics Complications Expert (ACE) Group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions.

The service’s participation policy detailed how it gathered patient feedback and managed patient complaints. The service’s main source of feedback was through reviews on its social media page. A patient information sheet about how to give feedback and how to make a complaint was given to every patient along with a feedback form. This information sheet also contained contact details for Healthcare Improvement Scotland. We were told the service planned to use an online survey in the future to improve the way it gathered patient feedback.
As a result of feedback received from patients, the practitioner now used simpler language rather than medical terminology during consultations and treatments to help with patients’ understanding and awareness.

We saw a number of completed patient feedback forms as well as the reviews posted on the service’s social media page. All feedback received was positive. Responses to our online survey were also complimentary:

- ‘... highly professional and the service I received was excellent.’
- ‘Everything that was being done was explained fully including any side effects/possible problems associated with the procedure.’

We noted the service had not received any complaints since its registration in January 2018.

The service had a duty of candour policy. This aims to make sure healthcare organisations respond appropriately to any unintended or unexpected incidents that occur in the service.

What needs to improve

Although the service’s participation policy included information about how complaints were managed, this did not include timescales for responding to and managing complaints (recommendation a).

Feedback received from patients was informally reviewed and actions taken as needed to improve how the service was delivered. However, the service should review its process for collecting, reviewing and using patient feedback to improve the service (recommendation b).

- No requirements.

Recommendation a

- The service should further develop its participation policy so that it includes timescales for the management of complaints.

Recommendation b

- The service should further develop its participation policy to help formalise and direct the way it engages with its patients and uses their feedback to drive improvement.
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

Policies and processes were in place to make sure treatments were carried out safely. Medicines were transported and managed safely. Audits and risk assessments were carried out to monitor the quality and safety of the service.

As a mobile practitioner, treatments were currently provided in patients’ own homes. Appropriate lone working arrangements were in place to ensure both the practitioner and patients were protected from any risks that may arise.

The service had an infection prevention and control policy and had put into practice appropriate standard infection control precautions to ensure the safe delivery of treatments in patients’ homes. Appropriate arrangements were in place to transport and then dispose of single-use needles, syringes and other clinical waste. We saw other single use equipment, including disposable aprons and gloves, was used when providing treatments to reduce the risk of cross-infection.

The manager, who owned and operated the service, was also the prescriber for the service. A medications management policy was in place. The service did not currently hold a stock of anti-wrinkle medications, as these were only prescribed for individual patients. Medications were not kept for future treatments and were disposed of appropriately. The service kept a log of prescription medications. Information recorded included the batch number and expiry date of the product used, and for which patients’ treatments they had been used.

The service and prescriber were registered with the Medicines and Healthcare products Regulatory Agency (MHRA). This ensured they were notified of any drug safety alerts. We saw that temperature critical medications were stored in
a clinical fridge. The fridge temperature was constantly monitored and recorded to make sure medicines were stored at a safe temperature. These medications were transported to patients’ homes in a portable fridge with a digital temperature display. We saw the service held an appropriate stock of in-date emergency medications.

The service currently carried out audits of fridge temperature recording, expiry dates of medications and waste management collection. We saw a basic risk register that included risk assessments covering lone working, needlestick injury, and slips and trips. We were told the risk register would be reviewed every year or if there was an incident. While the service had not had any incidents or accidents since registration, a log book was kept to record these.

Healthcare Improvement Scotland’s notifications guidance is a list of specific events and circumstances which services are required to report to Healthcare Improvement Scotland. The service was aware of the notification process and had used it appropriately.

The service had a safeguarding policy that included the contact details of local services should it need to escalate concerns about the safety of a patient.

Some comments we received from patients in our online survey included:

- ‘... felt reassured’
- ‘I felt I was in safe hands.’

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a full consultation, and gave consent to treatment and photography, and sharing their information when required. Patient care records were audited regularly. However, all discussions with patients should be clearly and fully documented.

New patients were given a free consultation which was carried out in their own home. During the consultation, the patient’s expectations of treatment were explored, and the risks and benefits of treatment discussed. Patients’ past
medical history including allergies and any medications were recorded. The price of the treatment was also discussed as part of the consultation.

Returning patients were reviewed to see if there had been any changes since their last consultation. The service would carry out a mental health and wellbeing assessment, if required. A cooling-off period was encouraged for all patients to allow them to make an informed decision about going ahead with treatment.

The service used a combined consultation and treatment patient care record for both new and returning patients. We reviewed four patient care records and found that entries were legible, dated and signed. Injection sites and the amount injected were documented in patient care records. Labels from the products used were also placed in the patient care records which detailed the batch number and expiry date. This would allow the tracking of medicines should there be a problem with the product.

We saw completed consent forms in the patient care records we reviewed. This included consent to share patient information with other healthcare professionals in an emergency and consent for photographs to be taken.

We were told that patients were given both verbal and written aftercare advice. This included both the service’s and other telephone numbers to contact in an emergency.

All patients received a telephone call from the service the day after their treatment to check they were happy with the results and were not experiencing any side-effects. Patients who had received anti-wrinkle injections were offered a 2-week follow-up appointment to review the effectiveness of the treatment and to assess if top-up injections may be required. We were told that any complications following a treatment would be recorded in the patient care record.

The service had a combined patient record and general data protection and regulation policy. This included the retention period and destruction method for patient care records. Patient care records were in paper form and were stored securely in a locked filling cabinet at the provider’s home address. Any photographs taken were deleted when no longer required. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights). Only the relevant patient care records were taken to patients’ homes and these were transported in a secure numerical password-protected case. We were told this case was with the practitioner at all times. The service carried out audits of patient care records to
make sure all parts of the care record were fully completed. This included patient consent and if the details of the product used had been recorded.

**What needs to improve**
The patient care records we reviewed did not provide much detail of what had been discussed or agreed with the patient during their consultation. A full summary of the information discussed during consultations, including aftercare information provided, should be recorded in the patient care record (recommendation c).

We were told that photographs were taken and stored on the practitioner’s personal mobile phone. Although the phone was password protected, there are risks that personal information, such as photographs, may be inadvertently accessed or shared (recommendation d).

- No requirements.

**Recommendation c**
- The service should develop the combined consultation and treatment patient care record to ensure all discussions with patients are clearly and fully documented.

**Recommendation d**
- The service should ensure that before and after photographs are held confidentially on a separate mobile device or digital camera and are not retained on staff member’s personal mobile phones.
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

Treatments were carried out by a registered and appropriately trained practitioner, who maintained their own learning and development. A quality improvement plan was in the early stages of development. This will help the service demonstrate improvements and ensure the delivery of safe and effective treatments.

The service’s practitioner was an experienced nurse practitioner registered with the Nursing and Midwifery Council who also worked in the NHS. They underwent a revalidation process where they were required to send evidence of their competency, training and feedback from patients and peers to the Nursing and Midwifery Council every 3 years. They completed training and education through online learning in their NHS post. We saw certificates for aesthetic training courses the practitioner had also attended.

The practitioner was a member of the Aesthetics Complications Expert (ACE) Group. This helped the service keep up to date with changes in the aesthetics industry, legislation and best practice guidance.

The service has notified Healthcare Improvement Scotland of its intention to move to a fixed premises to deliver the service in the future. We were also told a website would be developed to enhance the information available to prospective patients about the service and treatments offered.

We saw the service was at the early stages of developing a quality improvement plan, focusing on patient experience and clinical effectiveness. The plan describes how the service will use audit results, outcomes from risk management processes and patient feedback to improve the safety and quality of the service provided.
What needs to improve
The practitioner was currently working on their own and, although they had support from aesthetic colleagues, they had no formal clinical supervision to support and help them to further develop their practice (recommendation e).

The service’s quality improvement plan will need to be further developed as the service changes from a mobile service to being delivered from fixed premises (recommendation f).

- No requirements.

Recommendation e
- The service should introduce a clinical supervision arrangement for the practitioner to ensure they are supported and their skills maintained.

Recommendation f
- The service should continue to develop its quality improvement plan to demonstrate continuous improvement and measure the impact of change.
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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>a The service should further develop its participation policy so that it includes timescales for the management of complaints (see page 8).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</td>
</tr>
<tr>
<td></td>
<td>b The service should further develop its participation policy to help formalise and direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
</tr>
</tbody>
</table>

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

| Requirements | None |

Healthcare Improvement Scotland Announced Inspection Report
Bella Aesthetics Limited: 29 November 2019
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

**c** The service should develop the combined consultation and treatment patient care record to ensure all discussions with patients are clearly and fully documented (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 that before and after photographs are held confidentially on a separate mobile device or digital camera and are not retained on staff member’s personal mobile phones (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.18

### Domain 9 – Quality improvement-focused leadership

#### Requirements

None

#### Recommendations

**e** The service should introduce a clinical supervision arrangement for the practitioner to ensure they are supported and their skills maintained (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

**f** The service should continue to develop its quality improvement plan to demonstrate continuous improvement and measure the impact of change (see page 14).

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.

**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.

**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](http://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.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://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