Announced Inspection Report: Independent Healthcare

Service: I C Beauty Aesthetics, Balcurvie
Service Provider: I C Beauty Aesthetics

12 December 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
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to I C Beauty Aesthetics on Thursday 12 December 2019. We spoke with the service manager during the inspection. We received four responses from patients to our online patient experience survey 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 I C Beauty Aesthetics, the following grades have been applied to the three key quality indicators.

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

| **Domain 5 – Delivery of safe, effective, compassionate and person-centred care** |
| Quality indicator | Summary findings | Grade awarded |
| 5.1 - Safe delivery of care | The environment was clean, safe and helped maintain patient privacy. No audit programme was in place. Patient care records did not document initial face-to-face consultations or consent for sharing patient information. The service did not have a formal process for checking medications. | ✔ Satisfactory |
The following additional quality indicator was inspected against during this inspection.

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The service manager maintained current best practice through ongoing training and development. A quality improvement plan would help demonstrate improvements and measure their impact.</td>
<td>Satisfactory</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 I C Beauty Aesthetics to take after our inspection**

This inspection resulted in one requirement and five recommendations. The requirement is 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 requirement 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

I C Beauty Aesthetics, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at I C Beauty Aesthetics 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

Patients were very satisfied with their care and treatment. Patient feedback was not consistently collected or evaluated to show how it would be used to inform improvements.

Patients were offered a free initial consultation where treatment-specific information was provided. Information was available on the service’s social media page on how patients could arrange appointments for consultations and treatments.

The service’s main source of feedback was through its social media page.

Four patients responded to our online survey. The majority of patients stated they had been given enough information in a format they could understand to allow them to make an informed decision. The majority also said they were treated with dignity and respect in the service. All were extremely positive about the being involved in decisions about their care. Comments included:

- ‘I’m given plenty of information and explanation of treatment.’
- ‘I felt that my procedure was person centred to me.’
- ‘Willing to listen to my requests and with her knowledge she gives me the choices that are best for me.’

While the service had not received any complaints at the time of our inspection, it did have a complaints policy in place.
The service had a duty of candour policy in place. Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.

**What needs to improve**
While the service gathered patient feedback through social media, it did not have a clear process for recording and analysing feedback to inform service improvement. A patient participation policy would help the service set out the different methods of gathering feedback, how results will be analysed and improvements made as a result of feedback (recommendation a).

- No requirements.

**Recommendation a**
- The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrating the impact of change from the improvements made.
**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.

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**Our findings**

**Quality indicator 5.1 - Safe delivery of care**

The environment was clean, safe and helped maintain patient privacy. No audit programme was in place. Patient care records did not document initial face-to-face consultations or consent for sharing patient information. The service did not have a formal process for checking medications.

The service was clean, tidy, well maintained and finished to a high standard. Floors and work surfaces in the treatment area could be easily cleaned. The service manager cleaned treatment area between appointments and at the end of each day. Patients that responded to our online survey told us:

- ‘Room is always spotless and very well maintained.’
- ‘It is a beautiful, clean and relaxing environment.’

The service had an infection prevention and control policy in place. We saw that personal protective equipment, such as disposable aprons and gloves, were available. Single-use equipment was used for all treatments carried out. The service had appropriate sharps and clinical waste bins. A clinical waste contract was also in place.

Appropriate fire safety equipment was in place. A fire risk assessment had also been completed.

The service’s environment helped maintain patients’ privacy and dignity. For example, the treatment room could be locked and windows were adequately screened.

The temperature of the fridge was monitored regularly when the clinic was open. We saw that EpiPens and dermal fillers were in-date.
**What needs to improve**

The service used a monthly checklist to help make sure all medications were used before their expiry date. However, we found an expired medication in the drug fridge. This is not in line with The Royal Pharmaceutical Society’s *Professional guidance on the safe and secure handling of medicines (2018)*. The integrity of a product (and therefore its safety or effectiveness) cannot be assured if it is used after its expiry date. A medication policy would allow the service to document its own procedures for the procurement, storage and administration of medicines (recommendation b).

The service did not carry out any audits to review its safe delivery and quality of care, such as infection control, medication management or patient care record audits. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation c).

- No requirements.

**Recommendation b**
- The service should implement a suitable system to ensure all medications are within their expiry date.

**Recommendation c**
- The service should implement a programme of regular audit to cover key aspects of care and treatment including patient care records, medications and infection prevention and control. Audits should be documented and improvement plans implemented.

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**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

Patient confidentiality was maintained. Patients who had attended for single or returning treatments had been consented in line with current legislation. Initial consultations were not documented in patient care records.

The five patient care records we reviewed were clear and legible. All five patient care records recorded past medical history and listed risks associated with the treatment, such as pregnancy or any previous allergic reactions. We saw evidence of traceability of the medication used to treat patients recorded in patient care records.
Patient care records were stored in a lockable filing cabinet to help maintain patient confidentiality.

**What needs to improve**

All patients received an initial face-to-face consultation where treatment options, costs and their expectations were discussed. However, the initial consultation and aftercare advice given were not documented in patient care records (requirement 1).

All patient care records documented their consent for single treatment or returning treatments. However, patient consent for sharing information with their GP and other medical staff in an emergency was not recorded. A consent policy could help to clearly set out the process the service should follow to record all necessary patient consent (recommendation d).

**Requirement 1 – Timescale: by 12 February 2020**

- The provider must document all consultations in the patient care records.

**Recommendation d**

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records.
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 manager maintained current best practice through ongoing training and development. A quality improvement plan would help demonstrate improvements and measure their impact.

The practitioner owned and managed the service and was registered with the Nursing and Midwifery Council (NMC). They kept up to date with best practice through ongoing training and development.

The service manager was a member of several national aesthetics organisations, subscribed to journals and received peer support from other aesthetic practitioners in the industry. This helped the service stay up to date with changes in the aesthetic industry, legislation and best practice.

What needs to improve

The service did not have a comprehensive quality assurance system or process in place to drive improvement. The development of a quality improvement plan would help structure and record improvement activities and help evaluate the impact of change on the quality of the service (recommendation e).

- No requirements.

Recommendation e

- The service should develop a quality improvement plan that will support and manage the delivery of service improvements.
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.

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>a The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrating the impact of change from the improvements made (see page 8).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td><strong>Requirement</strong></td>
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<tr>
<td>1 The provider must document all consultations in the patient care records (see page 11).</td>
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Timescale: by 12 February 2020

*Regulation 4(2)a*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Recommendations

b The service should implement a suitable system to ensure all medications are within their expiry date (see page 10).

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

c The service should implement a programme of regular audit to cover key aspects of care and treatment including patient care records, medications and infection prevention and control. Audits should be documented and improvement plans implemented (see page 10).

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

d The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records (see page 11).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

e The service should develop a quality improvement plan that will support and manage the delivery of service improvements (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
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
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or email contactpublicinvolvement.his@nhs.net