Announced Inspection Report: Independent Healthcare

Service: Beyond Medispa, Edinburgh
Service Provider: Beyond Medispa Limited

23 July 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 Beyond Medispa on Tuesday 23 July 2019. We spoke with a number of staff during the inspection. Before the inspection, we asked the service to display a poster asking patients to provide us with feedback on the service. Four patients completed our online survey to share their experience of using this service. 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 Beyond Medispa, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality indicator</td>
<td>Summary findings</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Patients were satisfied with the care they received and were kept informed and involved in the decisions about their care. The service did not provide information about how it gathered and used patient feedback. Patients were not given information about how to make a complaint.</td>
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</tbody>
</table>
### Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Patients were cared for in a clean environment. Lasers were not being used in accordance with legislation, policies and procedures. A regular programme of audits should be introduced to help the service make improvements.</td>
<td>Unsatisfactory</td>
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</table>

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
<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 provider had recently changed the service manager to help drive improvements. We saw some evidence of more robust processes being implemented. The service should develop and implement a quality improvement strategy to guide improvement and prioritise change.</td>
<td>✔ Satisfactory</td>
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</table>

The following additional quality indicators were 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>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive consultations and assessments were carried out before treatment and were clearly documented in patient care records. Electronic and paper record templates should be reviewed and improved.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 7 – Workforce management and support</th>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Staff felt supported and were given training and opportunities to develop. Recruitment and practicing privileges processes were not sufficiently evidenced.</td>
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</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

**What action we expect Beyond Medispa Limited to take after our inspection**

This inspection resulted in one requirement and six recommendations. The requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Beyond Medispa Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Beyond Medispa for their assistance during the inspection.
2  What we found during our inspection

Outcomes and impact

Domain 2 – Impact on people experiencing care, carers and families
High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients were satisfied with the care they received and were kept informed and involved in the decisions about their care. The service did not provide information about how it gathered and used patient feedback. Patients were not given information about how to make a complaint.

We saw verbal feedback from patients being collected after their treatment. Management staff told us they planned to introduce an electronic feedback system. The system will send email or texts to patients to request feedback following their treatment.

Patients were given adequate information to make informed decisions about the treatments available verbally and through information leaflets. Information about risks and benefits was also available in the consent forms. The service’s website was informative about the treatments. The service had a price list of the treatments available for patients to take away.

We saw patients were given a logbook of treatments they had received to take away with them. This helps the patient remember exactly what they have had done.

Four patients responded to our online survey. Comments about the service were positive and included:

- ‘Time was taken to explain treatments, what might be achieved and any potential side effects.’
- ‘Information was provided, questions I had were answered satisfactorily and convincingly.’
- ‘Very good booking system and follow up texts and emails for forthcoming appointments.’
We reviewed a complaint the service had received and saw that it was resolved in line with its policy.

**What needs to improve**
The service did not have a participation policy in place to describe how it gathered patient feedback to help improve (recommendation a).

Although, the service had a complaint policy in place, it was not made available to patients (recommendation b).

The service’s website did not include the treatment costs.

- No requirements.

**Recommendation a**
- The service should develop and implement a patient participation policy.

**Recommendation b**
- The service should ensure that information about how to make a complaint about the service is available to patients.
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

Patients were cared for in a clean environment. Lasers were not being used in accordance with legislation, policies and procedures. A regular programme of audits should be introduced to help the service make improvements.

We saw the service was clean, well maintained and compliant with standard infection control precautions, such as single-use disposable equipment to prevent the risk of cross-infection. Clinical waste was managed appropriately.

We saw the service had emergency medication and suitable equipment for its procedures. Medicines were stored securely in a locked cupboard or in the fridge at the correct temperature.

A patient who responded to our online survey told us:

- ‘Professional, clean, clear, helpful service, kept up to date with regular contact.’

What needs to improve

The laser protection supervisor had left the service and had not yet been replaced. We saw evidence the service had used the laser to carry out a patch test outside of the identified laser control area. This demonstrated a lack of understanding of laser safety and application of the policies and procedures (requirement 1).

We found no evidence of completed audits to review the safe delivery and quality of the service, such as medicine management or the safety and maintenance of the care environment. We also noted that the service relied on
its electronic forms’ mandatory fields to make sure patient care records were completed. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation c).

The identified laser control area was being used to store some other equipment when it was not in use. The service could benefit from reviewing its equipment storage arrangements making the laser control area more readily available for use.

**Requirement 1 – Timescale: immediate**

- The provider must review its laser safety arrangements to ensure that:
  - the laser is used only in an identified laser controlled area
  - a laser protection supervisor is appointed, and
  - all laser operators have read, understood and signed the local rules and must adhere to them.

**Recommendation c**

- The service should develop a programme of audits to cover key aspects of care, treatment and record keeping. Audits should be documented and improvement action plans implemented and reviewed.

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

**Comprehensive consultations and assessments were carried out before treatment and were clearly documented in patient care records. Electronic and paper record templates should be reviewed and improved.**

Patient care records were securely stored using an electronic system and patients had signed all three we had reviewed. The risks and benefits of their treatments were included in the signed consent form. We also saw recorded evidence of:

- assessment
- consent
- consultation, and
- treatment planning.
What needs to improve

We noted the service was using both paper and electronic based records. Since the introduction of the electronic system, staff had continued to use the paper forms for treatment-specific records. These paper forms looked incomplete as staff did not copy all information from the electronic system to the paper form. Moving to one system for patient care records would ensure that all staff record patient care information in one place (recommendation d).

Recommendation d

■ The service should consider moving to one system for patient care records with revised forms.

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

Staff felt supported and were given training and opportunities to develop. Recruitment and practicing privileges processes were not sufficiently evidenced.

We saw evidence of personal development plans and staff one-to-one meetings that had been carried out.

Staff told us they felt supported and were given training and opportunities to develop. They felt able to make suggestions and would be listened to. When asked, staff would recommend working for the service to a friend.

What needs to improve

The service had a recruitment process in place. However, we saw evidence in staff files that inconsistent processes had been completed, for example different numbers of references recorded.

The service manager told us that references had been obtained for a practitioner with practicing privileges (staff not employed directly by the provider but given permission to work in the service). However, we saw no evidence of telephone references or notes of an interview in the staff file we reviewed. The same checks and evidence should be recorded by the service as
for other practitioners with practicing privileges in the service who are self-employed (recommendation e).

We saw that staff files were kept alongside the service’s policies and procedures. Individual staff files could be stored securely and confidentially.

- No requirements.

**Recommendation e**

- The service should review, develop and follow its recruitment and practicing privileges policy.
**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 provider had recently changed the service manager to help drive improvements. We saw some evidence of more robust processes being implemented. The service should develop and implement a quality improvement strategy to guide improvement and prioritise change.

The provider recently appointed a new service manager. We saw evidence of improved processes being developed, such as the plans to introduce a patient feedback process.

Staff told us they felt suggestions they made about possible improvements to the service were listened to and implemented where appropriate.

The provider had arranged a mystery shopper to help assess the service’s performance. This resulted in some changes to the service provision.

**What needs to improve**

The service did not have a quality improvement plan. This would help it focus on areas for improvement and the process of recording any improvement, actions taken and reviewing outcomes (recommendation f).

The service could provide better evidence of meetings, action plans and reviews if these were documented in the records.

■ No requirements.

**Recommendation f**

■ The service should develop and implement a quality improvement plan.
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>None</th>
</tr>
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<tbody>
<tr>
<td>Recommendations</td>
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</table>

- a The service should develop and implement a patient participation policy (see page 8).

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

- b The service should ensure that information about how to make a complaint about the service is available to patients (see page 8).

  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirement

1. The provider must review its laser safety arrangements to ensure that:
   - the laser is used only in an identified laser controlled area
   - a laser protection supervisor is appointed, and
   - all laser operators have read, understood and signed the local rules and must adhere to them (see page 10).

   **Timescale** – immediate

   *Regulation 3(d)(v)*
   
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendations

- **c** The service should develop a programme of audits to cover key aspects of care, treatment and record keeping. Audits should be documented and improvement action plans implemented and reviewed (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 consider moving to one system for patient care records with revised forms (see page 11).

  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support Statement 4.11.
### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>The service should review, develop and follow its recruitment and practicing privileges policy (see page 12).</td>
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</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

### Domain 9 – Quality improvement-focused leadership

<table>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>f</td>
<td>The service should develop and implement a quality improvement plan (see page 13).</td>
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</table>

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

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
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