Announced Inspection Report: Independent Healthcare

Service: Bellissimo Clinic (Glasgow), Glasgow
Service Manager: Bellissimo Clinic Ltd

13 March 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

© Healthcare Improvement Scotland 2019

First published May 2019

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

Healthcare Improvement Scotland Announced Inspection Report
Bellissimo Clinic (Glasgow), Bellissimo Clinic Ltd: 13 March 2019

2
## Contents

1. A summary of our inspection \hspace{2cm} 4

2. What we found during our inspection \hspace{2cm} 7

Appendix 1 – Requirements and recommendations \hspace{2cm} 15
Appendix 2 – About our inspections \hspace{2cm} 18
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 Bellissimo Clinic (Glasgow) on Wednesday 13 March 2019. We spoke with the manager and the company secretary during the inspection. We invited patients who used the service to complete our online survey. The responses we received from people completing the survey were very satisfied with the quality of care and treatment provided. This was our first inspection to this service.

The inspection team was made up of one inspector, with a second inspector observing.

What we found and inspection grades awarded

For Bellissimo Clinic (Glasgow), 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>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
</tbody>
</table>
Key quality indicators inspected (continued)

**Domain 9 – Quality improvement-focused leadership**

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The manager was confident in his approach developing the service. The manager maintained their personal learning and development as part of their role as a surgeon and registration with the General Medical Council (GMC). The service did not have a quality improvement plan.</td>
</tr>
</tbody>
</table>

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>The manager recorded a variety of information about patient care and treatment electronically. Patient care records included past medical history, risks associated with the treatment, planned treatment and aftercare advice.</td>
</tr>
<tr>
<td><strong>Domain 7 – Workforce management and support</strong></td>
<td></td>
</tr>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Appropriate measures were in place to make sure staff were recruited safely. Staff working in the service received suitable training and development opportunities which helped them to carry out their roles effectively.</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 Bellissimo Clinic Ltd to take after our inspection

This inspection resulted in seven recommendations. See Appendix 1 for a full list of the recommendations.

An improvement action plan has been developed by the manager and is available on the Healthcare Improvement Scotland website: [www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_manager_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_manager_or_service.aspx)

Bellissimo Clinic Ltd, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at Bellissimo Clinic (Glasgow) 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

Systems were in place to inform patients about the treatments available. Their feedback was used to evaluate how well patient needs and expectations were met.

The clinic handbook provided treatments and aftercare information as well as how to give feedback or raise a complaint. The service had a complaints policy in place.

Appointments could be booked over the phone or through an electronic booking system where patients could see available appointments. The manager told us that patients found this convenient as they could plan treatments ahead.

Patients were encouraged to give feedback about their care and treatment during their visit, through email, social media or the service’s electronic satisfaction survey. The manager told us the social media page was very active and testimonials we saw there demonstrated that patients were satisfied with the quality of their care and treatment. The satisfaction survey results helped assess strengths and areas for improvement in the service. Patients who completed our survey were also very satisfied with the quality of care and treatments. Comments included:

- ‘...always takes the time to talk to you about the procedure and makes sure you fully understand the service.’
- ‘Complete privacy when treatment carried out. Professional, courteous, polite, knowledgeable, kind and friendly.’
- ‘The partnership between staff is brilliant.’
What needs to improve
While the service gathered patient feedback, it did not have a formal feedback strategy to share the outcomes of its improvement actions with patients (recommendation a).

Patients were given different leaflets and flyers which provided information about the service. However, a single comprehensive leaflet summarising all the clinic information and how to make a complaint could be developed.

- No requirements.

Recommendation a
- We recommend that the service should let patients know how their feedback is used to develop the service.
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

A number of policies and procedures helped staff to minimise risks. Equipment was checked routinely to make sure it was safe to use.

The manager and secretary were responsible for keeping the clinic clean and safe. We saw good systems in place to promote effective infection control in the service. Patient feedback about the standard of cleanliness in the service was very good.

An appropriate contract was in place for clinical waste and sharps disposal. Portable appliance testing (PAT) had been carried out for smaller electrical appliances and the medicines-fridge temperature was monitored and recorded at the start of every clinic day. Staff were trained in the management of anaphylaxis and first aid posters displayed reminded staff of effective emergency interventions. The service also had a first aid and anaphylaxis kit.

The manager had a good understanding of duty of candour and had implemented a policy which helped staff take appropriate action if things went wrong. We spoke to the manager about the management of risks in the service and we were satisfied that potential risks were well managed. We saw risk register which described how risks were managed in the service.

We saw that the service’s system for prescribing and ordering medications was safe and meant the manager could trace the procurement of manufactured medications.

What needs to improve

While we were satisfied that all medications given to patients had been recorded and were not expired, we found expired medication in the fridge. This
is not in line with The Royal Pharmaceutical Society’s Professional guidance on the safe and secure handling of medicines (2018). The medication had expired recently and when we alerted the manager, it was disposed of immediately. The integrity of a product (and therefore its safety or effectiveness) cannot be assured if it is used after its expiry date (recommendation b).

While the service had a system in place to record accidents and incidents there was no formal template to ensure the risks and actions could be recorded in a consistent way, (recommendation c).

The service’s risk assessment was basic and more detail could help improve its risk and management audits. Sharps bins did not have identification numbers to confirm their suitability. We will follow this up at future inspections.

- No requirements.

**Recommendation b**

- We recommend that the service should implement a suitable system to ensure all medications and any items which are required to administer medications are within their expiry date.

**Recommendation c**

- We recommend that the service should implement a Health and Safety Executive compliant accident and incident book to ensure information is recorded in a more robust way.

### Our findings

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

The manager recorded a variety of information about patient care and treatment electronically. Patient care records included past medical history, risks associated with the treatment, planned treatment and aftercare advice.

Patients could discuss possible treatments at a free consultation and could choose to be treated immediately afterwards or reflect on the information and arrange another time. Patients were given a price list, a business card with clinic contact details and written information about specific treatments and aftercare.
Patient feedback we received confirmed treatments and risks were explained to them. One patient told us:

- ‘Risks are always explained to me even though I’ve been several times and know what the risks already are, they never fail to make sure you are fully aware of what may happen after procedures.’

**What needs to improve**

While patients signed a consent form to say they understood their treatment, they were not told that their information may be shared with their GP in the event of a concern (recommendation d).

- No requirements.

**Recommendation d**

- We recommend that the service should develop the policies and procedures for recording patient consent.

---

**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**

Appropriate measures were in place to make sure staff were recruited safely. Staff working in the service received suitable training and development opportunities which helped them to carry out their roles effectively.

A basic staff handbook provided individual information about roles and responsibilities, learning and development opportunities to support patient confidentiality. Staff employed in the clinic were able to describe their roles, responsibilities and how they minimised potential risks in the service.

We saw certificates of training that staff had completed which confirmed the secretary and the manager attended aesthetic training and conferences. The secretary planned to complete a first aid course as part of their agreed learning objectives.
The secretary told us they felt valued and respected and had developed their own leadership skills after having responsibility for developing and reviewing the service’s social media site and website.

**What needs to improve**
Other than the manager, the service did not employ staff when it registered with HIS and did not need a recruitment policy. However, the service had since employed a secretary and should have implemented a recruitment and induction policy. While some basic recruitment and induction information was recorded, it was not detailed enough (recommendation e).

Staff supervision was not formally recorded to demonstrate how they were supported at work. We saw a very brief annual appraisal. However, more detail should be recorded to highlight the employee’s strengths, support provided and any areas for development (recommendation f).

While we were told the manager and secretary met regularly to discuss learning, development and service improvement, these were not recorded.

- No requirements.

**Recommendation e**
- We recommend that the service should develop and implement an appropriate staff recruitment and induction policy.

**Recommendation f**
- We recommend that the service should develop a system whereby staff supervision and appraisal can be recorded in more detail.
**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 manager was confident in his approach developing the service. The manager maintained their personal learning and development as part of their role as a surgeon and registration with the General Medical Council (GMC). The service did not have a quality improvement plan.

We saw a variety of certificates from training that the manager had attended. The secretary confirmed that the manager shared learning with them to help increase their knowledge and skills if they were unable to attend training. We were told that the manager and secretary planned service improvements, reviewed patient outcomes and patient satisfaction at monthly meetings. For example, the service had improved its lighting and started to play background music as a result of patient comments.

The manager asked another registered clinic manager for advice when they felt a second opinion would benefit the patient.

**What needs to improve**

The service did not have an overall quality assurance system or improvement plan in place. We advised of the benefits of continuous assessment and auditing (recommendation g).

The manager did not have a formal record of their own supervision or learning and development. This record would provide more information about personal learning and changes in practice. We will follow this up at future inspections.

- No requirements.
**Recommendation g**

- We recommend that the service should develop 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 manager 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>
</thead>
<tbody>
<tr>
<td>Recommendations</td>
<td>We recommend that the service should let patients know how their feedback is used to develop the service (see page 8).</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>
**Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)**

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
</table>
| **b** We recommend that the service should implement a suitable system to ensure all medications and any items which are required to administer 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 4.14 |
| **c** We recommend that the service should implement a Health and Safety Executive compliant accident and incident book to ensure information is recorded in a more robust way (see page 10).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14 |
| **d** We recommend that the service should develop the policies and procedures for recording patient consent (see page 11).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14 |

**Domain 7 – Workforce management and support**

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
</table>
| **e** We recommend that the service should develop and implement an appropriate staff recruitment and induction policy (see page 12).  

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** We recommend that the service should develop a system whereby staff supervision and appraisal can be recorded in more detail (see page 12).  

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14 |
## Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>g We recommend that the service should develop a quality improvement plan (see page 14).</td>
</tr>
</tbody>
</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](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: comments.his@nhs.net
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 contactpublicinvolvement.his@nhs.net

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