Announced Inspection Report: Independent Healthcare

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

16 January 2020
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First published March 2020

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www.healthcareimprovementscotland.org
# Contents

1  Progress since our last inspection  
   4

2  A summary of our inspection  
   6

3  What we found during our inspection  
   9

Appendix 1 – Requirements and recommendations  
   17
Appendix 2 – About our inspections  
   18
1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 23 July 2019

Requirement
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.

Action taken
This is reported under Quality Indicator 5.1. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 23 July 2019

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

Action taken
A participation policy had been developed and implemented. This recommendation is met.

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

Action taken
Information about how to make a complaint was on display at reception. This recommendation is met.

Recommendation
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.

Action taken
A programme of audit activity had been developed. However, at the time of our inspection, the service had not yet completed any audits. This recommendation is not met and is reported in Quality indicator 5.1 (see recommendation a).
**Recommendation**  
*The service should consider moving to one system for patient care records with revised forms.*

**Action taken**  
The service had moved to a full electronic patient care record. Only one treatment form that could not be created on the electronic system could now be uploaded to make sure patient care records were stored together in one place. **This recommendation is met.**

**Recommendation**  
*The service should review, develop and follow its recruitment and practicing privileges policy.*

**Action taken**  
The service had introduced processes and systems to help make sure it recruited staff safely. This included for staff members granted practicing privileges in the service. **This recommendation is met.**

**Recommendation**  
*The service should develop and implement a quality improvement plan.*

**Action taken**  
The service had developed and implemented a quality improvement action plan. **This recommendation is met.**
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 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 Thursday 16 January 2020. This was a follow up to our previous inspection on Tuesday 23 July 2019. We spoke with a number of staff during our inspection. We did not receive feedback from any patients after the service displayed our inspection announcement poster.

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>
</tr>
</thead>
<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>
</tr>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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</table>
developed to help the service make improvements. However, at the time of inspection, the service had not yet carried out any audits.

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

9.4 - Leadership of improvement and change

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>The service had reviewed and improved its electronic patient care record system to make sure all information about previous treatments was now readily available. Comprehensive consultations and assessments carried out before treatment were clearly documented.</td>
</tr>
</tbody>
</table>

The service had a visible and supportive leadership team, with the service manager open to new ideas and change. We saw evidence of a positive shift in the culture of the service since our last inspection. Quality assurance systems and processes had been developed and implemented to prioritise and drive improvement. A quality improvement plan had been implemented and was continuously reviewed to help improve the quality of the service provided. ✔️ Good

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>7.1 - Staff recruitment, training and development</td>
<td>Staff felt supported, and were given training and opportunities to develop. A structured approach was taken to staff recruitment. Staff files were stored appropriately and contained records of recruitment, appraisal and development.</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

**What action we expect Beyond Medispa Limited 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 Beyond Medispa 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

The majority of patient feedback the service received was positive about the treatments and care delivered. We saw how the service gathered and used patient feedback to inform change. Information about how to make a complaint had been made available to patients and more methods were being progressed to make this information easier for patients to find.

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 provided information about the treatments available and some of their benefits. Patient feedback we saw showed that patients felt the service was:

- informative and inclusive
- professional and friendly
- recommendable to friends and family, and
- safe.

We saw staff interacting with patients with dignity and respect.

Since our last inspection, the service had introduced a patient participation policy. We were shown how the appointment system now automatically sent a feedback request text to every patient the day after their treatment. The service had a good rate of return from the text surveys. We were told how patients were contacted and saw some example emails used to inform them of the changes made as a result of their feedback. Patients could also give verbal feedback at the end of their appointment. We were shown how the service collated feedback and documented any actions taken, such as informing staff of
changes to practice that would improve patient satisfaction. Issues identified and actions to be taken from analysing feedback were incorporated into the service’s quality improvement plan.

A duty of candour policy was in place and staff were aware of the policy. This is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. We were told there had been no cause to use this policy at the time of our inspection.

Since our last inspection, we saw information was now available at the reception desk informing patients how to make a complaint to the service or Healthcare Improvement Scotland. The service manager told us they were progressing work to include complaints information on the service’s website and in its patient information leaflets. No complaints had been received since our last inspection.

**What needs to improve**

The service did not record conversations staff had with patients when they were not fully satisfied the treatment had met their expectations. Recording this information could help staff to better understand and manage patient expectations and help the service measure satisfaction rates. We will follow this up at future inspections.

- 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

Patients were cared for in a clean environment. Safe working practices had been introduced to reduce the risks to patients and staff. A regular programme of audits had been developed to help the service make improvements. However, at the time of inspection, the service had not yet carried out any audits.

Since our last inspection, the service had made significant improvements in its safe delivery of care. An audit programme had been developed and we saw the audit tools that it planned to use were in line with good practice. We were told the service manager was now carrying out regular informal checks on safe service delivery and had identified issues to be addressed. For example, roles and responsibilities of the service’s staff and the external cleaning company had been clarified.

The service was clean and well maintained. We saw staff complied with standard infection control precautions, such as using single-use equipment and personal protective equipment, such as aprons and gloves, to prevent the risk of cross-infection. Clinical waste was managed appropriately. The service was improving its equipment storage arrangements to promote easier cleaning and better staff access to supplies.

Since our last inspection, an appropriately trained laser protection supervisor had been appointed. The laser safety arrangements were in place for all treatment rooms. We saw that a number of staff had now been trained in how to safely manage the laser equipment to prevent the service having to rely on a single staff member.
We saw the service had emergency medication and suitable equipment for procedures carried out in the service. Medicines were stored securely in a locked cupboard or in the fridge at the correct temperature.

We were shown the service’s risk register, which included review dates for its risk assessments. Information about risks and actions to be taken to mitigate against them were shared with staff.

**What needs to improve**

While we recognise the progress made by the service in developing an audit programme and associated audit tools, the service had not yet completed any audits at the time of our inspection. Carrying out the audits in the audit programme would help further improve and assure the service that it is delivering care safely (recommendation a).

- No requirements.

**Recommendation a**

- The service should continue to implement its programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

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**Our findings**

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

The service had reviewed and improved its electronic patient care record system to make sure all information about previous treatments was now readily available. Comprehensive consultations and assessments carried out before treatment were clearly documented.

Since our last inspection, the service had reviewed and improved the process for storing electronic patient care records to include records previously kept on separate paper documents. Patient care records were securely stored using this electronic system.
We reviewed four patient care records. The risks and benefits of patients’ treatments were included in the signed consent forms. Each patient care record had documented evidence of:

- assessment
- consent
- consultation, and
- treatment planning.

■ 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**

Staff felt supported, and were given training and opportunities to develop. A structured approach was taken to staff recruitment. Staff files were stored appropriately and contained records of recruitment, appraisal and development.

Staff files we reviewed all had a clear structure providing evidence of recruitment checks including references, Protecting Vulnerable Groups (PVG), professional registration and qualification checks. Practitioners with practicing privileges (staff not employed directly by the provider but given permission to work in the service) were included in the safe recruitment process.

A personalised induction plan was created for each member of staff to make sure they met the service’s competency framework requirements. As part of staff induction, the assistant manager mentored and observed new staff carrying out treatments. Staff had regular one-to-one meetings to discuss professional and business progress. Since our last inspection, staff files were now being stored securely and confidentially.
Staff told us they felt supported, and were given training and opportunities to develop. They felt able to make suggestions about any changes to how the service was provided. When asked, staff told us they would recommend working for the service to a friend.

We saw a system was in place to check the ongoing professional and revalidation status of staff.

The service had clear roles, responsibilities and lines of reporting for different staff groups.

**What needs to improve**

The service could consider how it shares and uses both positive and negative feedback received from patients with individual practitioners as part of their ongoing staff review and development.

- No requirements.
- No recommendations.
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 had a visible and supportive leadership team, with the service manager open to new ideas and change. We saw evidence of a positive shift in the culture of the service since our last inspection. Quality assurance systems and processes had been developed and implemented to prioritise and drive improvement. A quality improvement plan had been implemented and was continuously reviewed to help improve the quality of the service provided.

Since our last inspection, we found considerable improvements in how the service was being led and managed. Staff were now being better supported to ensure the safer delivery of care for patients. A quality improvement plan had been developed and implemented, which included actions taken and review dates. Since the last inspection, the service had:

- implemented a participation policy to detail how it gathers and uses patient feedback to improve the service
- implemented safe laser working practices and an education programme for staff
- implemented improvements to the electronic patient care record system
- implemented safer recruitment processes
- increased support to new and existing staff, which included reflective learning and
- developed a programme of audit.

The service manager engaged with the wider provider group of services for peer support. The leadership team also sought specialist external advice and knowledge where appropriate to improve the service. Staff told us they were kept up to date with current practice through the provider’s wider group of
services, as well as through online forums, social media peer groups and product representatives.

We saw a more structured approach was in place for staff professional development and business improvement. Staff told us they felt the service was more organised and they were part of the decision-making process. Regular staff meetings were held which included safety and governance discussions. Minutes were shared with all staff through email and the staff noticeboard.

**What needs to improve**
As the service continues to gather information and data from its quality assurance activities, this will help to inform and drive improvement in the service. The provider and service could then work together to develop a process to use the information and data to benchmark itself against the wider provider group of services, as well as similar services.

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td>Recommendation</td>
<td>a The service should continue to implement its programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (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 4.19

This was previously identified as a recommendation in the July 2019 inspection report for Beyond Medispa (Edinburgh).
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