Announced Inspection Report: Independent Healthcare

Service: Butterfly Medispa, Glasgow
Service Provider: Butterfly Medispa Ltd

18 September 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 Butterfly Medispa on Wednesday 18 September 2019. We spoke with the provider of the service and staff during the inspection. Nine patients completed an online survey we issued before the inspection, 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 Butterfly Medispa, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<td>5.1 - Safe delivery of care</td>
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</table>
Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | Healthcare professionals maintained current best practice through training and attending events in the aesthetics industry. Regular reviews of the quality of treatment provided and how the service is delivered must be carried out. A quality improvement plan should be developed. | ✔ Satisfactory |

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>
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<tbody>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Clinical assessments were carried out jointly by the nurse practitioner and the prescriber before any treatment requiring prescription medicines was carried out. Consent should be recorded for sharing information. Audits of patient care records should be implemented.</td>
</tr>
</tbody>
</table>

Domain 7 – Workforce management and support

| 7.1 - Staff recruitment, training and development | Staff told us they had opportunities for training and development and annual appraisals were being carried out. While a recruitment policy was in place, the service could not demonstrate that recruitment checks had been carried out |

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 Butterfly Medispa Ltd to take after our inspection

This inspection resulted in three requirements and five 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

Butterfly Medispa Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Butterfly Medispa Ltd 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 felt involved and informed about their care and treatment. The service should develop a formalised approach to gathering and analysing patient feedback, to help drive service improvement.

Patients who responded to our inspection survey told us that the service had provided them with enough information, in a format they could understand. Patients also told us that they were treated with dignity and respect. Comments included:

- ‘I was spoken to face to face and was able to ask questions.’
- ‘Clear and relevant written and verbal processes ensured complete understanding of the procedures.’
- ‘[…] staff all displayed strong personal sensitivity. Made me feel comfortable.’

Consultations were appointment-only and treatment rooms were appropriately screened for privacy. The service manager and prescribing nurse jointly carried out consultations for any treatments that needed prescription medicines.

Patient-centred treatment plans were agreed at consultation appointments, where patients could discuss:

- aftercare
- benefits
- possible risks
- side effects
• their desired outcomes, and
• treatment costs.

We saw a summary of this information in the patient care records we reviewed. Written information was also available for patients to take home and leaflets were available in the reception area.

Staff we spoke with were aware of the service’s complaints policy. While the service had not received any complaints since registration, we saw a complaints log in place. The service also used a combined feedback, comments or complaints form which was available at reception.

The service’s duty of candour policy described how it would meet its professional responsibility as a healthcare organisation to be honest with patients when things go wrong.

What needs to improve
The complaints policy did not include Healthcare Improvement Scotland’s contact details or set out timescales the service would follow to investigate and resolve complaints. The policy was not easily accessible to patients (requirement 1).

While the service informally gathered patient feedback, it did not have a participation policy or any formal methods of gathering feedback (recommendation a).

Requirement 1 – Timescale: by 12 December 2019
- The provider must update its complaints policy and make it more widely available. The policy must include:

  • The timescales by which complaints will be investigated and responded to
  • The full name, address, telephone number and email address for Healthcare Improvement Scotland
  • A statement making clear that patients have a right to complain to Healthcare Improvement Scotland at any time.
**Recommendation a**

- The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback and taking actions to demonstrate that service improvements have been 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.

**Our findings**

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

The environment was clean and well maintained and patients told us they were satisfied with the cleanliness of treatment rooms. The electrical installation must be safely maintained. The service should introduce a program of audit to provide assurance.

The service consisted of two treatment rooms in the basement level of a multi-use building. The environment was clean and equipment was well maintained. The service manager told us that portable appliance testing had recently been carried out and they were waiting for written confirmation of this from the electrician.

We saw that a fire risk assessment had been completed and appropriate fire safety measures were in place, such as fire extinguishers, fire alarms and emergency signage. We also saw evidence that the gas boiler had recently been serviced.

Some treatments involved the use of a class 4 laser and appropriate policies and procedures were in place to help make sure this was done safely.

We saw appropriate measures were in place to reduce the risk of infection. The service had an infection and prevention control policy and staff had a good awareness of infection prevention and control practices. Equipment used was mainly single-use and appropriate arrangements were in place to dispose of sharps and other clinical waste.

A safe system was in place for the procurement, prescribing, storage and administration of medicines. An employee, who was a registered nurse prescribed all medicines the service used. All medicines were stored securely in
a locked cupboard or a medical refrigerator and an emergency kit included emergency medicines and a blood spill management kit.

While the service had not had any incidents or accidents since registration, it kept a log book to record them. Staff also described how clinical complications would be managed.

Patients who completed our survey told us they were extremely satisfied with the cleanliness of the service and the environment in which they were treated. Some of the comments included:

- ‘The treatment room is extremely clean and also restful.’
- ‘The premises are spotless’.
- ‘The clinic was very clean and comfortable’.

**What needs to improve**

We saw no evidence that regular checks were carried out on the premises’ electrical installation, to make sure it was safe (requirement 2).

The service did not have a structured approach to assessing how well it delivered safe care. While a recent one-off patient care record audit had been completed, regular audits were not carried out for key aspects of the service, for example:

- medicines management
- patient care records, or
- the safety and maintenance of the care environment (recommendation b).

No formal process was in place to review policies (recommendation c).

The service had an electric shower in the bathroom that was not used. Infrequently used water outlets may pose a risk of legionella bacteria growth. While its power supply had been switched off at the mains, the service manager agreed to remove the shower or cap off its pipework so that it could not be used.

**Requirement 2 – Timescale: immediate**

- The provider must arrange for a suitably competent Electrician to carry out a fixed electrical installation check on the premises’ and thereafter ensure the electrical installation is appropriately maintained in line with relevant legislation.
Recommendation b

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

Recommendation c

- The service should implement a clear review system for all policies and procedures, to ensure that current legislation and best practice is always being followed.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Clinical assessments were carried out jointly by the nurse practitioner and the prescriber before any treatment requiring prescription medicines was carried out. Consent should be recorded for sharing information. Audits of patient care records should be implemented.

The nurse practitioner and the prescriber jointly carried out clinical assessments before any treatments requiring prescription medicines.

The five patient care records we reviewed were clear, legible and most were fully completed. The records showed appropriate assessments before a patient’s first treatment. This included:

- allergies
- health conditions
- medical history
- medicine dosage and batch numbers

Patients and the practitioner had signed patients’ consent to treatment in the care records we reviewed. A diagram of the facial area highlighting the areas treated was also included. Patient care records were in paper format and stored in a lockable cabinet to help maintain patient confidentiality.

Aftercare advice was given to patients in a leaflet or form along with a business card with the phone number and email address of who to contact for advice. Patients could make contact with the service at any time and a follow-up appointment was always offered.
What needs to improve
Staff told us they discussed the cost of treatment with patients during consultations. We were also told they gave aftercare advice at consultation stage and again after treatment, giving aftercare leaflets and advice sheets to follow this up. However, patient care records did not document what information was given. We discussed the benefits of recording this type information, to fully inform patients about all aspects of their treatment.

■ 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 told us they had opportunities for training and development and annual appraisals were being carried out. While a recruitment policy was in place, the service could not demonstrate that recruitment checks had been carried out.

The service manager was a registered nurse and employed another registered nurse, a laser technician and a marketing manager. Suitable professional indemnity insurance was in place for the named staff working in the service.

Practising privileges had been given to one other registered nurse and appropriate references had been sought before they were allowed to work from the service. A formal practising privileges agreement was in place between the service and nurse, setting out the expectations and responsibilities.

Staff told us that training and development opportunities were available and we saw that staff appraisals were being carried out yearly. The registered nurses also completed a Nursing and Midwifery Council (NMC) revalidation process every 3 years.

What needs to improve
Most staff had transferred from a previous aesthetics business at the same premises. This meant we saw no evidence that appropriate recruitment checks

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had been carried out before employment. The service’s recruitment policy also
did not describe its recruitment process in enough detail. For example, it did not
state that PVG checks would be carried out before staff were employed in the
service (requirement 3).

The service manager told us they were awaiting the outcome of retrospective
Protecting Vulnerable Groups (PVG) applications for all staff working from the
service. However, the service did not have a system in place for carrying out
ongoing checks on the PVG status of its staff (recommendation d).

**Requirement 3 – Timescale: by 31 January 2020**

- The provider must implement effective systems that demonstrate the
  safe recruitment of staff. Adopting the Scottish Governments National
  Guidance ‘Safer Recruitment Through Better Recruitment’ will help
  the service demonstrate how they meet their legal obligations relating
to recruiting staff.

**Recommendation d**

- The service should implement a system for carrying out regular
  ongoing PVG checks on staff.
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

Healthcare professionals maintained current best practice through training and attending events in the aesthetics industry. Regular reviews of the quality of treatment provided and how the service is delivered must be carried out. A quality improvement plan should be developed.

Staff described good working relationships with each other. Regular meetings were held and a notebook kept where staff could record their suggestions for improvement and training requests.

The service manager and registered nurse were members of several national aesthetics organisations, subscribed to aesthetic industry journals and received peer support from other aesthetic practitioners. They maintained their professional skills and development through attending regular conferences and training days organised by pharmaceutical companies and aesthetic forums. This allowed the service to keep up to date with changes in the aesthetics industry, legislation and best practice.

The service manager told us they planned to complete a prescribing qualification to allow them to prescribe medicines.

What needs to improve

We found some evidence to demonstrate how the quality of care provided in the service was monitored and assured. However, a quality improvement plan would help the service structure and record its improvement processes and outcomes and allow it to demonstrate a continuous improvement cycle (recommendation e).
Recommendation e

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives improvement and measures the impact of changes implemented.
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>Requirement</th>
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| 1 | The provider must update its complaints policy and make it more widely available. The policy must include:

  - The timescales by which complaints will be investigated and responded to
  - The full name, address, telephone number and email address for Healthcare Improvement Scotland
  - A statement making clear that patients have a right to complain to Healthcare Scotland at any time (see page 8).

Timescale – by 12 December 2019

*Regulation 15*
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

<table>
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<th>Recommendations</th>
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| a | The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback and taking actions to demonstrate that service improvements have been made (see page 9).

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

**Requirement**

2. The provider must arrange for a suitably competent Electrician to carry out a fixed electrical installation check on the premises’ and thereafter ensure the electrical installation is appropriately maintained in line with relevant legislation (see page 10).

Timescale – immediate

*Regulation 10(2)(b)*

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

**Recommendations**

b. The service should develop a programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (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

c. The service should implement a clear review system for all policies and procedures, to ensure that current legislation and best practice is always being followed (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

Domain 7 – Workforce management and support

**Requirement**

3. The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff (see page 14).

Timescale – by 31 January 2020

*Regulation 8*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Domain 7 – Workforce management and support (continued)

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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>
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<th>Requirements</th>
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<th>Recommendation</th>
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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 4.19
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