Announced Inspection Report: Independent Healthcare

Service: Belvista Medics, Bridge of Weir
Service Provider: Belvista Medics

29 November 2019
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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 Belvista Medics on Friday 29 November 2019. We received feedback from two patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Belvista Medics, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td>Domain 2 – Impact on people experiencing care, carers and families</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>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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improvements are being identified and implemented.

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
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<tr>
<td>The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer group meetings and networking with industry suppliers. The service could benefit from seeking opportunities to benchmark performance against a similar service.</td>
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The following additional quality indicator was inspected against during this inspection.

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Belvista Medics to take after our inspection**

This inspection resulted in two recommendations. See Appendix 1 for a full list of the 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](http://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 Belvista Medics 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

Comprehensive information was available for patients to help them make an informed decision about their treatment. Patient feedback was gathered in a number of ways, and patients were satisfied with the service provided. However, a more formal process for recording and reviewing patient feedback should be introduced.

The service provided comprehensive information on its website about the treatments available. Information leaflets were also available, if required. Information included benefits, risks and potential desired outcomes from treatments. The service provided a printed price list and a clear price guide was also available on its website. Treatment options were discussed during face-to-face consultations and these discussions were recorded in electronic patient care records.

Patient consent for the treatment, taking photographs and for the sharing of information was sought at consultation. The consent forms were detailed and clearly described the options for information sharing, such as with the patient’s GP.

Feedback from patients was gathered in a number of ways. The service had recently implemented a new electronic patient care record system. This system triggered requests for feedback by asking patients to complete an online satisfaction questionnaire. A comments box was also available in reception, and patients were encouraged to email the service or post feedback on social media.
We saw examples of feedback received from patients, all of whom were complimentary about the service. Feedback we received from our own survey showed that patients were extremely satisfied with the information provided and the service given.

While the service had not received any complaints since its registration in December 2017, a clear complaints policy was in place. This was displayed in reception and on the website. The policy included how to contact Healthcare Improvement Scotland and made clear that patients could contact us at any stage.

We saw a duty of candour policy which detailed how the service would meet its professional responsibility to be honest with patients when things go wrong. We noted this had not yet been needed.

**What needs to improve**
Feedback received from patients was informally reviewed and actions taken as needed to improve how the service was delivered. However, the service should review and formalise its process for collecting, reviewing and using patient feedback to improve the service (recommendation a).

- **No requirements.**

**Recommendation a**
- The service should develop and implement a patient engagement strategy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.
**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, tidy and well maintained. Medicines were managed safely in the service. A more structured audit programme would help direct ongoing review of the service, and demonstrate how improvements are being identified and implemented.

We saw the clinical environment was clean and tidy, and a cleaning schedule was completed to ensure regular cleaning of the clinical environment. Single-use equipment and personal protective equipment such as gloves and aprons were readily available to prevent the risk of cross-infection.

We saw a safe system for the procurement, prescribing, storage and administration of medicines. Medicines were stored appropriately in a locked drug refrigerator. We were shown records of stock control and management of expiry dates for emergency medication held in the service. Suitable emergency medications were available for the treatments provided.

The service was able to demonstrate a clear understanding of safeguarding issues and how to appropriately handle any concerns about adults at risk of harm or abuse.

We were shown the service’s risk register, which detailed actions taken to reduce risks identified and completion dates. The service had not had any reported adverse incidents.

We were shown evidence of regular maintenance of the gas, electricity and fire equipment.
Feedback we received from our own survey showed that patients were satisfied with the cleanliness and the general environment.

**What needs to improve**

We found limited evidence of completed audits to review the safe delivery and quality of the service. The audit programme could be further developed to include other areas such as medicine management or the safety and maintenance of the care environment. A more structured audit programme would help the service direct its approach to the ongoing review of care and treatment, and demonstrate how improvements are being identified and implemented (recommendation b).

While the service recorded that cleaning tasks had been completed and monitored the drug refrigerator temperatures, records were not retained and were destroyed every month. The service could consider introducing a system to retain records of checks that take place that provide assurance the service is delivered in a safe environment. We will follow this up at future inspections.

- No requirements.

**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 and reviewed.

**Our findings**

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

The service assessed and managed patients, and recorded consultations and treatments in a clear, orderly and secure manner. Patients could securely access their own electronic patient care record.

We reviewed four electronic patient care records. We saw consistent evidence of patient involvement in consultation, assessment, consent and treatment planning. All records reviewed had annotated photographs that recorded the type, size and position of treatment given. Dates and amount given, batch numbers and expiry dates of medications was also recorded.

Aftercare advice was available in leaflets and on the service’s website. Depending on what treatment had been provided, routine follow-up reviews
were arranged to discuss outcomes and patient satisfaction. Alternatively, patients could request a follow-up review appointment.

If a patient experienced any complications following their treatment, this was usually managed directly by the service. A separate consultation form was used to record the assessment and treatment.

The service’s new electronic patient care record system used a commercially available web-based system that met current general data protection regulation guidance. We were told that patients had secure access to their own online patient care record for information and to share with others, for example their GP, if required.

The electronic patient care records appeared to be consistent in quality and detail. The system recorded which user had made the entry, along with time and date stamps.

A recent audit of patient care records had highlighted some areas for improvement, for example increasing how often written consent was obtained. The service had developed an action plan to address how these improvements would be addressed.

- 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 kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer group meetings and networking with industry suppliers. The service could benefit from seeking opportunities to benchmark performance against a similar service.

The service was provided by an individual practitioner. We saw evidence of their recent revalidation and continued professional development. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the General Medical Council, every 3 years. They were a member of a peer group which provided support to each other, such as providing advice for dealing with complications. Networking within the industry and literature reviews were used to maintain current practice.

The service showed us its quality improvement plan which detailed further, future improvements to how the service will be delivered. The plan included revising the audit programme and reviewing the services provided.

What needs to improve

The service could consider benchmarking its performance against similar service providers. This helps services to consider how they compare to other services and to identify further areas for improvement.

- 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 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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</table>
| Recommendation | a  The service should develop and implement a patient engagement strategy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement (see page 7).  

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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</table>
| 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 and reviewed (see page 9).  

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