Announced Inspection Report: Independent Healthcare

Service: Beautique Aesthetics, Oakley
Service Provider: Beautique Aesthetics

8 April 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
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 Beautique Aesthetics on Monday 8 April 2019. We spoke with the service manager and 21 patients who had used the service completed our online survey. This was our first inspection to this service.

The inspection team was made up of one inspector and an observer.

What we found and inspection grades awarded

For Beautique Aesthetics, 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><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>
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<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>
improvement to help inform service change. Appropriate measures should be put in place to identify and manage risk in the service.

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

| 9.4 - Leadership of improvement and change | The manager maintained current best practice through ongoing training and development. A quality improvement plan should be developed to demonstrate improvements and measure the impact on the service. | ✓ Satisfactory |

The following additional quality indicator was 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>A comprehensive assessment was carried out for all patients. Documentation in patient care records should be streamlined to ensure a consistent system was used for recording patient information.</td>
<td></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 Beautique Aesthetics to take after our inspection**

This inspection resulted in six 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

We would like to thank the service manager for their assistance during the inspection.
2 What we found during our inspection

Impact and outcomes

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 told us they were very satisfied with the care and treatment received and felt fully involved and informed about their treatment options. Whilst a participation policy was in place, collecting and analysing feedback to drive service improvement was at an early stage of development.

The service’s environment helped maintain patients’ privacy and dignity. For example, the treatment room could be locked and windows were adequately screened. Patient care records were stored in lockable filing cabinets in line with the service’s record keeping policy. The service had a chaperone policy.

Consultations and treatments were by appointment only. While the service had no defined ‘cooling off’ period, the service manager told us that patients were encouraged to take time after the consultation to consider their options before receiving treatment. All 21 respondents to our online survey said they were fully informed about the risks and benefits of treatment. They also stated they had received written information to help them reach a decision about their treatment.

The service received informal feedback from patients directly, using text message or social media. A more formal arrangement to collect patient feedback following their treatment was being developed. While no suggestions had been received at the time of our inspection, a suggestion box was available in the clinic for patients.

What needs to improve

Since the service was registered in 2017, nine patients had completed its patient experience questionnaire and the comments had been positive. However, we
saw no evidence that this information had been reviewed or analysed to inform improvement in line with the service’s participation policy (recommendation a).

**Recommendation a**

- We recommend that the service should develop a more robust system for the collection and analysis of patient feedback.
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 received care and treatment in a clean and safe environment. Results from our survey confirmed that patients felt safe and secure in the service. The clinic audit tool required further development to include actions for improvement to help inform service change. Appropriate measures should be put in place to identify and manage risk in the service.

We saw that all areas of the clinic were clean, well maintained and finished to a high standard. Appropriate infection prevention and control measures were in place. Only single use disposable equipment was used in the clinic to prevent the risk of cross infection. The service had a contract for the safe disposal and removal of sharps and clinical waste. An audit of standard infection control precautions to monitor compliance in the service was under development.

We reviewed a sample of patient care records and saw that key information about medical history, prescribed medicines and allergies was documented. Consent forms included reference to sharing information with other healthcare professionals where appropriate. Feedback from our survey confirmed that patients had received information about the risks and benefits of treatments to support and inform their individual treatment plan. Patients also stated they were given clear aftercare instructions and knew who to contact in the event of a complication following their treatment. The service reviewed its policies every year and reviewed this information to comply with changes in legislation. For example, the service had updated its information management policy to include the general data protection regulation. We saw that a duty of candour policy had been developed.

A secure system was in place to record and monitor the procurement, prescribing, storage and administration of medicines. The temperature of the
medical fridge was maintained at a safe level and a record was maintained. Prescription only medicines were in date and clearly labelled for individual patients. The service held a supply of emergency medicines to quickly address any complications or adverse reactions following treatment. The service manager completed advanced life support training every year.

Feedback from our survey showed that patients felt safe and secure when receiving treatment in the clinic. An adult support and protection policy was in place to protect people who may be at risk of harm or abuse.

To protect the health, welfare and safety of patients, Healthcare Improvement Scotland requires providers to undertake background checks on all adults aged 16 and over, living on the premises. This had not been carried out prior to the registration of the clinic. Since our inspection, we received confirmation from the service manager that a basic disclosure has been carried out to comply with best practice.

Fire safety equipment was available in the clinic and a fire risk assessment was in place. Insurance documentation for public liability was up to date. The service had an annual servicing arrangement for the gas heating system and we saw that equipment was in good order.

Two healthcare professionals trained in aesthetic practice work in the clinic under a practice privileges arrangement. While the practitioners were self-employed, they are required to follow the policies and procedures of the service. We reviewed their personal files and saw evidence of Protecting Vulnerable Groups (PVG) records, references and up to date indemnity insurance cover. Annual fitness to practice checks from the Nursing Midwifery Council (NMC) were also carried out.

What needs to improve
The service manager had recently developed a clinic audit tool to monitor compliance with the safe and effective delivery of care for patients. The audit was a simple checklist of the environment, policies and procedures, patient experience and documentation. We saw no evidence to demonstrate how this information was used to drive improvement or service development (recommendation b).

A more structured approach to the audit process is required to help the service to identify and manage risk, monitor compliance with infection control processes and develop action plans for improvement in line with its clinical governance policy (recommendation c).
Recommendation b

- We recommend that the service should further develop its clinic audit tool to include actions for improvement to inform service development.

Recommendation c

- We recommend that the service should put appropriate measures in place to identify and manage risk in the service.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

A comprehensive assessment was carried out for all patients. Documentation in patient care records should be streamlined to ensure a consistent system was used for recording patient information.

We saw from patient care records that a comprehensive assessment and consultation was carried out before treatment. This included taking a full medical history, with details of any health conditions, medications, allergies and previous treatments. Individual treatment plans were developed in partnership with patients. Patients were invited to attend a follow-up review to ensure they were satisfied with the results and to provide any additional treatment or advice. Patient feedback from our online survey showed that all patients agreed they had received sufficient information in a format they could understand.

What needs to improve

The service manager acknowledged that the patient care records completed by the self-employed aesthetic practitioners were only recently being stored in the clinic. We reviewed a random selection of these records and saw that different paperwork was used to record assessment and consultation of patients’ treatment. The service manager planned to review the records to ensure a consistent approach to record keeping for all patients who used the service (recommendation d).

The most recent annual return submitted to us from the service did not include patients who had received treatment from the other practitioners. This meant the service manager had no clear oversight of the number of patients who had attended the clinic for treatment (recommendation e).
Recommendation d

- We recommend that the service should implement a consistent approach to maintaining documentation in patient care records.

Recommendation e

- We recommend that the service should submit a revised annual report to Healthcare Improvement Scotland to clearly show the number of patients and treatments carried out in the service.
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 maintained current best practice through ongoing training and development. A quality improvement plan should be developed to demonstrate improvements and measure the impact on the service.

The service was owned and managed by an experienced nurse practitioner who is registered with the Nursing and Midwifery Council (NMC). The service manager had engaged in regular continual professional development and peer review as part of the NMC registration and revalidation process.

The service manager was a member of several national aesthetics organisations, subscribed to journals and received peer support from other aesthetic practitioners in the industry. This helped the service to keep up to date with changes in the aesthetic industry, legislation and best practice.

What needs to improve

We saw limited evidence of quality assurance systems being used to drive improvement in the service. A quality improvement plan would help structure and record improvement activities and help evaluate the impact of change on the quality of the service (recommendation f).

Recommendation f

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 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.

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<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
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<td>a We recommend that the service should develop a more robust system for the collection and analysis of patient feedback (see page 8).</td>
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<td>Health and Social Care Standards; My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
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<td><strong>Recommendations</strong></td>
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<td>b We recommend that the service should further develop its clinic audit tool to include actions for improvement to inform service development (see page 11).</td>
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<tr>
<td>Health and Social Care Standards; My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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<td>d</td>
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<td>e</td>
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| Domain 9 – Quality improvement-focused leadership |
| Requirements |
| None |
| Recommendation |
| f | We recommend that the service should develop a quality improvement plan (see page 13). |

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: comments.his@nhs.net