Announced Inspection Report: Independent Healthcare

Service: Bellissimo Clinic (Uphall), Uphall
Service Provider: Bellissimo Clinic Ltd

11 October 2019
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First published December 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 Bellissimo Clinic (Uphall) on Friday 11 October 2019. We spoke with one member of staff during the inspection. Before the inspection, we asked the service to display a poster asking patients to provide us with feedback on the service. We received feedback from a number of patients who had received treatment. 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 Bellissimo Clinic (Uphall), 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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</tbody>
</table>
Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The service manager demonstrated that they were committed to the improvement and development of the service. We also saw that they maintained their own learning and development. | ✔️ Good |

The following additional quality indicators were 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>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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<tr>
<th>Domain 7 – Workforce management and support</th>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
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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 one requirement and three 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

Bellissimo Clinic 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 Bellissimo Clinic (Uphall) 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 service and treatments available. Feedback was gathered, reviewed and patients were told about resulting improvement actions.

The service had a general information leaflet and a newly-developed website. The information about treatments on the website included:

- a clear pricing menu
- a description
- aftercare, and
- potential risks.

Patients could ask the service to print this information so they could take it home and general clinic information was also available. Patients who booked appointments through the website were sent an electronic appointment confirmation and a reminder. The service manager told us that patients found this convenient as they could plan their own treatment.

The service had a participation policy in place. Patients were encouraged to give feedback about their care and treatment in a variety of ways, including:

- social media
- a suggestion box in the reception area, and
- returning patient questionnaires.
We saw that the service had a ‘you asked, we listened’ document in a patient information folder kept in the clinic’s reception area. A yearly newsletter shared details of service developments with patients. The service manager told us that patient feedback was reviewed at the service’s staff meeting held every 3 months and any planned improvements agreed. We saw evidence of these meetings.

We saw positive reviews on the service’s social media page. Feedback from our online survey was also positive and comments included:

- ‘Informative.’
- ‘Each step of the procedure is fully explained….’
- ‘They explained everything to me about the fillers before I agreed to have it.’

The clinic had a complaints policy in place and we saw information regarding this in the patient information folder and on the website. This information included the contact details for Healthcare Improvement Scotland (HIS).

- 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

Treatments were carried out in a safe and clean environment. Systems and policies were in place to monitor the care environment and identify areas of improvement.

Clinical areas in the service could be easily cleaned. We saw that the service was clean, tidy and patients who completed our online survey were complimentary about the environment and cleanliness. We saw evidence of appropriate infection prevention and control measures, including:

- cleaning schedules
- protective equipment, and
- single-use equipment.

The service had a clinical waste contract in place and we saw appropriate clinical waste and sharps bins in use.

A medicines management policy was in place and we spoke with the staff member who was the service’s prescriber. We saw fridges for the transportation and storage of Botulinum Toxin and systems to monitor and record the fridge temperatures. Processes were in place to trace medications’:

- administration
- prescribing, and
- procurement.
Botulinum toxin was used for individual patients and disposed of appropriately. Emergency medications we saw were in-date.

The clinic had a fire risk assessment, a fire detection system and equipment, such as fire extinguishers. We saw evidence of portable appliance testing.

We saw a copy of a risk register that included actions taken to reduce the impact of identified risks. We saw evidence of audits for:

- equipment
- infection prevention and control, and
- medication.

The service had an accident and incident book and the staff member we spoke with was aware of the requirement to notify HIS of accidents and incidents. We saw the service completed a complications log which was discussed at the 3-monthly staff meeting. The service had a duty of candour policy in place.

**What needs to improve**

The treatment room in the clinic was used six times a year. While this meant the wash hand basin was classed as an ‘infrequently used outlet’, we saw no evidence of a programme of water flushing to reduce the risk of infection (requirement 1).

The staff member we spoke with was aware of their duty to escalate any adult protection concerns. However, the service did not have a safeguarding policy in place (recommendation a).

The service’s risk register was not routinely reviewed. This meant that actions put in place to reduce the risk were not evaluated for effectiveness (recommendation b).

**Requirement 1 – Timescale: immediate**

- The provider must introduce a programme of water flushing for less-frequently-used water outlets to reduce the risk of infection.

**Recommendation a**

- The service should develop a safeguarding policy to formalise its process for escalating people at risk.
**Recommendation b**

- The service should review the risk register at its 3-monthly staff meetings to ensure that the effectiveness of actions introduced to reduce risk can be evaluated.

**Our findings**

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

The service’s electronic patient care records include a comprehensive initial consultation and a summary of the treatment carried out, including aftercare.

Patient care records were electronic. The service used an encrypted tablet computer to access care records and these were backed-up securely online.

The service had a consent policy and consent forms highlighted that patient information may be shared with other health professionals in an emergency.

Patients discussed their expectations of treatment, risks and benefits and had a full medical assessment with some psychological questioning at a free consultation. After the consultation, patients could have a ‘cooling-off period’ or choose to be treated immediately. Verbal and written aftercare information for the treatments received were given. Patients were also given the service’s contact details, including emergency contact details and advice.

The four patient care records we reviewed were generally well completed, including notes about the initial consultation and a signed consent form. We saw a record of the treatment carried out, including pre-and post-treatment photographs of the injection sites. The medicine used was recorded along with its batch number. We saw evidence of complications and management recorded in patient care records.

While post-treatment reviews were not routinely offered, the staff member we spoke with told us they could be contacted at any time for advice. Patients with complications did not need to book a review appointment, they would be seen at the start or end of opening times.

The service audited its patient care records to make sure consent forms were signed and products with batch numbers were recorded.

- 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

The service had a safe recruitment policy in place. We saw evidence of staff development that the provider supported.

We saw a policy in place that detailed how the service would manage recruitment.

Apart from the staff member we spoke with, only one other member of staff was employed in the service, their role described as ‘front of house’. We saw that their staff file included information, such as their roles and responsibilities and a protecting vulnerable group scheme (PVG) membership certificate. We were told that staff members in the service carried out each other’s appraisal and personal development plan. We saw evidence of a recent appraisal and personal development plan in the staff file we reviewed that highlighted future training and learning. The staff member we spoke with told us that the service paid training costs.

What needs to improve
While the service’s employed staff member had evidence of PVG membership, a scheme update had not been obtained for this post (recommendation c).

Recommendation c

- The service should introduce a system to obtain a Disclosure Scotland Protecting Vulnerable Group (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work 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 service manager demonstrated that they were committed to the improvement and development of the service. We also saw that they maintained their own learning and development.

Staff at the provider’s other service had told us they felt valued and respected and had developed their own leadership skills. The service manager was confident in their ability to identify and lead on service improvement and development. They told us they were motivated to improve and develop the service to make sure patients received care in line with current best practice. The service’s quality improvement plan described actions to support its improvement and development, including:

- audit
- patient feedback
- risk management, and
- training.

From minutes, we saw that audits and service improvement were discussed at a staff meeting held every 3 months. Recent improvements include the service’s new website and a newly-introduced yearly newsletter for patients.

The service manager is a General Medical Council (GMC)-registered surgeon who maintained their clinical knowledge through regular NHS revalidation and computer-based learning. We saw the service manager’s aesthetic training certificates and they told us they were a member of Aesthetic Complications Expert (ACE) group. We saw evidence of a planned clinical supervision and
appraisal arrangement between the service manager and another aesthetic practitioner.

- 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>Requirement</th>
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<tbody>
<tr>
<td><strong>1</strong> The provider must introduce a programme of water flushing for less-frequently-used water outlets to reduce the risk of infection (see page 10).</td>
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<tr>
<td>Timescale – immediate</td>
</tr>
<tr>
<td><strong>Regulation 10(1)</strong></td>
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<tr>
<td><strong>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</strong></td>
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<table>
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<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>a</strong> The service should develop a safeguarding policy to formalise its process for escalating people at risk (see page 10).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20</td>
</tr>
<tr>
<td><strong>b</strong> The service should review the risk register at its 3-monthly staff meetings to ensure that the effectiveness of actions introduced to reduce risk can be evaluated (see page 11).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</td>
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### Domain 7 – Workforce management and support

<table>
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<tr>
<th>Requirements</th>
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</thead>
<tbody>
<tr>
<td>None</td>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tr>
<td><strong>c</strong> The service should introduce a system to obtain a Disclosure Scotland Protecting Vulnerable Group (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 12).</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 4.24
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