Announced Inspection Report: Independent Healthcare

Service: Flawless Beauty Ltd, Oakley, Dunfermline
Service Provider: Flawless Beauty Ltd

18 February 2020
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www.healthcareimprovementscotland.org
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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 Flauless Beauty Ltd on Tuesday 18 February 2020. We spoke with a number 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 six patients who had received treatment. This was our first inspection to this service.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Flauless Beauty Ltd, 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>
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<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>
<th><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></th>
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<tr>
<td>Quality indicator</td>
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<td>5.1 - Safe delivery of care</td>
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assessments should be carried out to help assess and manage risks.

### Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | Staff kept up to date with changes in the aesthetics industry, legislation and current best practice through mentoring, participating in peer forums and attending trade conferences. Clear systems and processes should be put in place to monitor, manage and review the quality of care provided in the service. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement. | Unsatisfactory |

The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

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

<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>Patients received an assessment before treatment. However, patient care records must contain more information about each episode of care, particularly for ongoing treatment.</td>
</tr>
</tbody>
</table>

#### Domain 7 – Workforce management and support

| 7.1 - Staff recruitment, training and development | Pre-employment safety checks were not completed for all staff working in the service. A process is also required to check the ongoing professional registration of staff. |

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 Flauless Beauty Ltd to take after our inspection

This inspection resulted in one requirement and 13 recommendations. 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

Flauless Beauty Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Flauless Beauty 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 included and informed when making decisions about their treatment choices. A participation policy should be developed to help gather and use patient feedback to improve how the service is delivered. Information about how to make a complaint should be more accessible to patients.

The service was delivered in a large and airy treatment room. Patients were seen on an appointment-only basis to maintain patient privacy and dignity.

As the service did not have a website, patient information leaflets of different treatment options were provided at consultations. These described the benefits of treatments, while the risks of treatment were documented in the consent to treatment forms. Treatment costs were discussed at consultation or were available on a price list.

As neither of the aesthetic nurse practitioners were prescribers, the service used a named nurse prescriber for patients requiring prescription-only medicines. When required, joint consultations were carried out with patients, a practitioner and the nurse prescriber. We were told that all patients were encouraged to have a cooling-off period after their consultation. This gave them time to make an informed decision about going ahead with treatment.

From our own feedback received, patients told us:

- ‘Always very well looked after at any follow up appointments.’
- ‘Would recommend to any of my friends.’
- ‘I was made to feel relaxed (I was very nervous the first time) and reassured... Before I left the clinic I was told exactly what to expect.’
The service’s complaints policy included timescales for dealing with a complaint. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered in January 2018.

**What needs to improve**

The service’s complaints policy was not displayed or available to patients. The policy should be reviewed to ensure all Healthcare Improvement Scotland’s contact details are up to date (recommendation a).

The service’s only source of feedback from patients was through reviews posted on its social media page. While this information was useful, it was difficult for the service to draw any conclusions that could be used to drive improvement. We also found no evidence that feedback was being recorded. Implementing a patient participation policy that included a structured approach to gathering, analysing and reviewing patient feedback would help the service to continually improve (recommendation b).

The service did not have a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. Staff should be made aware of when and how to enact duty of candour (recommendation c).

Information leaflets given to patients following consultation could be improved to include both the risks and benefits of treatment. This will allow patients to consider their options before consenting to treatment.

- No requirements.

**Recommendation a**

- The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment.

**Recommendation b**

- The service should develop and implement a patient participation policy that includes a structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrate the impact of change from the improvements made.

**Recommendation c**

- The service should develop and implement a duty of candour policy.
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 patients were cared for in was clean and well maintained. An audit programme should be developed to help drive improvements and ensure the continuous safe delivery of care. Risk assessments should be carried out to help assess and manage risks.

The environment was clean and well maintained. An infection prevention and control policy was in place, and the service had introduced appropriate infection prevention and control practices. For example, single use disposable equipment such as syringes, needles and gloves were available for use as required. Appropriate arrangements were in place for the disposal of sharps and clinical waste.

The service’s medicines management policy described how it prescribes, procures, stores and administers medicines given to patients as part of their treatment. Drugs were kept in a secure cupboard or fridge. Batch numbers and expiry dates of medicines used were recorded in patient care records.

Staff we spoke with had an understanding of safeguarding responsibilities and were able to tell us about the safeguarding policy and who they would contact if they had concerns about the safety of an adult using the service.

The landlord was responsible for the servicing and maintenance of the building. This included fixed electrical safety and fire safety. During the inspection, we found that portable appliance testing was overdue. However, the service provided evidence that this had been addressed following the inspection.
Patients told us:

- ‘It is clear that hand hygiene and infection control procedures were always followed.’
- ‘They are extremely clean and professional.’

**What needs to improve**

We found no evidence of audits taking place to review the safe delivery and quality of the service. An audit programme would help the service demonstrate how improvements are being identified and implemented. For example, audits could be carried out on:

- the safety and maintenance of the care environment
- medicine management, and
- patient care records to ensure they are fully and accurately completed.

This would help the service to drive improvement and provide assurance of the quality of care (recommendation d).

The service did not have any evidence of systems and processes to identify, manage and record risks. A risk assessment process and a record of risks identified would allow the service to prioritise improvement actions to be taken to reduce risk (recommendation e).

The service’s medicine management policy did not detail what stock medication was held for emergency use, and how and when it should be used. The policy should also state that prescriptions issued by the prescriber should include how much and where the medicine should be administered. This would ensure safe delivery of medicines and a record of the prescriber’s instructions (recommendation f).

The service did not have cleaning schedules to provide assurance that cleaning was being completed regularly to the expected standard (recommendation g).

Although the service had not had any accidents or incidents, a process should be in place, such as a log book, for recording incidents (recommendation h).

■ No requirements.
Recommendation d

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

Recommendation e

- The service should develop a risk assessment which includes relevant hazards and actions to minimise potential risks.

Recommendation f

- The service should review its medicine management policy to include stock medication held for emergency use and to ensure prescriptions include administration instructions.

Recommendation g

- The service should develop cleaning schedules and should include details on cleaning products, processes and records of completion of cleaning.

Recommendation h

- The service should introduce a system to record and monitor any accidents or incidents in the service.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients received an assessment before treatment. However, patient care records must contain more information about each episode of care, particularly for ongoing treatment.

We reviewed four patient care records which showed that assessments and consultations had been completed before treatment to make sure they were fully aware of their choices. This included taking a full medical history, with details of any health conditions, prescribed medications, allergies, any previous aesthetic procedures and pregnancy.

Patients were given verbal and written aftercare advice. We saw aftercare leaflets included the service’s contact details for advice and follow up. Out of hours, patients were advised to attend on-call GP services or the nearest emergency department.
Follow-up appointments allowed the service to check that patients were happy with the results of their treatments and had not experienced any side-effects. These were recorded when required in the patient care records we reviewed.

Patient care records were kept secure in a locked filing cabinet in the clinic.

**What needs to improve**
We found variable completion with the patient care records we reviewed. Although all records showed that a patient’s medical history had been taken at their initial consultation, there was no evidence if the history was checked during return visits. Some records did not have diagrams or pictures to indicate where the treatment had been administered. Improved patient care record templates would allow the service to provide a more comprehensive record of discussions and treatments (recommendation i).

Consent forms were not always signed by the patient and consent was not documented for return visits. Consent should also be gained before a service treats patients, shares information with other healthcare professionals, or takes patient photographs (recommendation j).

■ No requirements.

**Recommendation i**
■ The service should review all patient care record templates to ensure discussions and records of treatment for initial and ongoing treatment can be clearly documented in the patient care record.

**Recommendation j**
■ The service should document patient consent to treatment, photography and sharing information with other healthcare professionals in the patient care record for each episode of care.
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

Pre-employment safety checks were not completed for all staff working in the service. A process is also required to check the ongoing professional registration of staff.

The service was staffed by the two owners/nursing practitioners and one nurse prescriber who had practicing privileges (staff not employed directly by the provider but given permission to work in the service).

What needs to improve
The service could not evidence that it had followed safe recruitment guidelines for those working in the service, including those with practicing privileges (requirement 1).

We found no system was in place to make sure that staff are subject to ongoing professional registration checks (recommendation k).

Requirement 1 – Timescale: immediate
- The provider must ensure that all staff, including those with practicing privileges, working in a registered healthcare service have appropriate recruitment safety checks in place.

Recommendation k
- The service should ensure that a system is in place to make sure that staff are subject to ongoing professional registration checks.
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

Staff kept up to date with changes in the aesthetics industry, legislation and current best practice through mentoring, participating in peer forums and attending trade conferences. Clear systems and processes should be put in place to monitor, manage and review the quality of care provided in the service. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

The service was owned and delivered by two nursing practitioners registered with the Nursing and Midwifery Council (NMC). The service engages in regular continuing professional development. This is managed through the NMC registration and revalidation process, and annual appraisals. 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 NMC every 3 years.

We saw evidence of skills training sessions provided by an external mentor. We were told that staff participated in social media aesthetic forums and attended trade conferences. This helped them to keep up to date with changes in the aesthetics industry, legislation and current best practice.

What needs to improve

We saw little evidence to show that clear systems and processes were in place to monitor, manage and review the quality of care provided in the service. We saw no evidence of lessons learned from incidents or audits which would help improve service delivery. Regular reviews of the service will help to ensure the service delivered is of a quality appropriate to meet the needs of patients. The service should develop, a quality improvement plan. This would help to structure and record the service’s improvement processes and outcomes, and
allow the service to demonstrate a continuous improvement cycle and measure the impact of any changes implemented (recommendation l).

We were told that the manager, staff and the prescriber with practicing privileges regularly met informally to discuss the service. Meetings between staff should be formalised and minuted (recommendation m).

- No requirements.

**Recommendation l**
- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

**Recommendation m**
- The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions. Minutes should be shared with all staff.
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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<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
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<tbody>
<tr>
<td><strong>Requirement</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>a The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment (see page 8).</td>
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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 4.20

| b The service should develop and implement a patient participation policy that includes a structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrate the impact of change from the improvements made (see page 8). |

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

| c The service should develop and implement a duty of candour policy (see page 8). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Recommendations</th>
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</table>
| None        | d The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 11).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
|             | e The service should develop a risk assessment which includes relevant hazards and actions to minimise potential risks (see page 11).  
Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17 |
|             | f The service should review its medicine management policy to include stock medication held for emergency use and to ensure prescriptions include administration instructions (see page 11).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14 |
|             | g The service should develop cleaning schedules and should include details on cleaning products, processes and records of completion of cleaning (see page 11).  
Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22 |
|             | h The service should introduce a system to record and monitor any accidents or incidents in the service (see page 11).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14 |
|             | i The service should review all patient care record templates to ensure discussions and records of treatment for initial and ongoing treatment can be clearly documented in the patient care record (see page 12).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27 |
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

**j** The service should document patient consent to treatment, photography and sharing information with other healthcare professionals in the patient care record for each episode of care (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

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### Domain 7 – Workforce management and support

#### Requirement

**1** The provider must ensure that all staff, including those with practicing privileges, working in a registered healthcare service have appropriate recruitment safety checks in place (see page 13).

Timescale – immediate

*Regulation 8*

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

#### Recommendation

**k** The service should ensure that a system is in place to make sure that staff are subject to ongoing professional registration checks (see page 13).

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

### Requirement

None

### Recommendations

<table>
<thead>
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<tr>
<td>l</td>
<td>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).</td>
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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