Announced Inspection Report: Independent Healthcare

Service: Platinum Aesthetics and Beauty Clinic, Bathgate

Service Provider: Platinum Aesthetics and Beauty Clinic

23 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 Platinum Aesthetics and Beauty Clinic on Monday 23 September 2019. We spoke with the manager of the service who was also the sole practitioner in the service. We received eight responses to our online survey issued to patients asking them to share their experience of using the 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 Platinum Aesthetics and Beauty Clinic, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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**Domain 2 – Impact on people experiencing care, carers and families**

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>The service ensured patients were involved in all aspects of their care. They were given tailored information to make informed choices about their treatment. The service actively gathered patient feedback and systems were in place to review and learn from feedback.</td>
<td>✔ ✔ Good</td>
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</table>

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>The service offered treatments in a clean and safe environment. Systems were in place to ensure safety and cleanliness were monitored. Potential risks to patients had been identified and steps put in place to reduce these risks.</td>
<td>✔ ✔ Good</td>
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</table>
Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tbody>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>9.4 - Leadership of improvement and change</td>
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</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
</tr>
</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 Platinum Aesthetics and Beauty Clinic to take after our inspection**

This inspection resulted in three recommendations. See Appendix 1 for a full list of 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 Platinum Aesthetics and Beauty Clinic 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

The service ensured patients were involved in all aspects of their care. They were given tailored information to make informed choices about their treatment. The service actively gathered patient feedback and systems were in place to review and learn from feedback.

Patients were given a general information leaflet that included pricing for all treatments offered by the service. Treatment-specific information was provided at an initial consultation. Information was also available on the service’s social media page where patients could also arrange appointments for consultations, treatments and follow-up visits.

We were told that the service gathered patient feedback in a number of ways. Patients were selected at random to complete a feedback form following treatment. We saw this feedback was all positive. Patients could also leave comments on the service’s social media page.

The service reviewed how many feedback forms were returned and the average satisfaction scores. Action plans would be developed if areas for improvement were identified. While we saw a suggestion box in the reception area, the manager told us that the response rate was low. The service was in the early stages of developing a website to enhance patient participation.

We had eight responses to our online survey. The vast majority were extremely positive about the care they received.

The service had a duty of candour policy in place that was available in the reception area. Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.
The service had a complaints policy that outlined the process for dealing with complaints, including timescales. The policy was available at reception and patients were offered information at their initial consultation. The policy also explained that patients could contact Healthcare Improvement Scotland at any time. At the time of inspection, the service had not received any complaints.

**What needs to improve**

While the service had a clear plan for gathering, reviewing and learning from patient feedback, there was no participation policy to describe how patient feedback was used to drive improvement (recommendation a).

The service could display feedback, and subsequent improvements as a result, in the waiting area.

- No requirements.

**Recommendation a**

- The service should develop a participation policy that describes how patient feedback is gathered and used 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 service offered treatments in a clean and safe environment. Systems were in place to ensure safety and cleanliness were monitored. Potential risks to patients had been identified and steps put in place to reduce these risks.

The service was clean and tidy. All areas were welcoming and in a good state of repair. Patients who responded to our online survey were complimentary about the environment and cleanliness. A secure entry system informed staff when a patient arrived for their appointment. Staff could also access personal alarms if required.

We saw cleaning schedules for each area of the service. The treatment room had separate cleaning equipment, and the walls, floors and surfaces were easy to clean. Patient equipment was clean and in a good state of repair. The service manager was able to describe the process for cleaning patient equipment. The service carried out regular audits to ensure all cleaning schedules were complete.

An infection prevention and control policy was in place that outlined appropriate standard infection control procedures appropriate to the service. We saw personal protective equipment was available, such as aprons and gloves. The service used single-use, disposable equipment for all treatments and suitable cleaning products were available to manage blood and body fluid spillages. The service had a contract in place to manage clinical waste and sharps bins were available.

The service had a medicines management policy. A small stock of botulinum toxin was kept and stock balance sheets were used to ensure they were in date. The service recorded when medications were used and for which patient. The
service manager was the prescriber and obtained their medications either from a specialist aesthetic wholesale pharmacist or an online pharmacy. The service was a member of the Medicines and Healthcare products Regulatory Agency (MHRA) yellow card scheme to ensure it was alerted of any medication safety notices.

The service had a small stock of in-date emergency medications and appropriate emergency equipment. An emergency situation policy was also in place.

The fridge used to store medicines was clean and tidy. Temperatures were monitored regularly and audits were carried out every month to ensure they were within safe limits. Processes were in place to ensure that out-of-date drugs were disposed of safely.

Appropriate systems were in place to manage the safety of the building and equipment.

A risk register was reviewed every 6 months and included slips and falls, record keeping and sharps. An accident and incident book was in place. However, no events had taken place to record.

Checks were carried out at the end of each day to ensure the fridge, filing cabinet and treatment door were all locked. Compliance was also audited.

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a full consultation that included risks, benefits and possible complications of treatment that allowed them to give informed consent. Appropriate aftercare was given and follow-up appointments offered.

A face-to-face consultation was carried out for all new patients. It was also offered to all patients before any new treatments to discuss patients’ expectations, risks, benefits and any possible complications. A full medical history was also taken. Patients were recommended to have a ‘cooling-off’ period of 7–14 days to allow time for them to consider their options.

A basic assessment of mental health and wellbeing could be carried out if required. If any concerns arose following the first consultation, a second
appointment would be offered. Treatment would not be carried out if any concerns remained.

Patients who received repeat treatments, and had no changes in their medical history, were not required to attend consultation appointments. This was recorded in the patient care record.

Consent was obtained at the treatment appointment using treatment-specific consent forms. The service had a consent policy that explained that patient information may be shared with other healthcare professionals as required, such as in an emergency. We were told that treatment would not be carried out if the service manager had any concerns about a patient’s ability to give informed consent.

We reviewed five patient care records and saw that all of them were organised. They included a record of the initial consultation, signed consent and a treatment record. Treatment records were accurate, legible, dated, signed and included injection sites and stickers, or written information about the products used. This ensured effective tracking of products in case of complications. We were told that any complications would be recorded in the patient care record. We saw that Aesthetics Complications Expert (ACE) complication management guidelines were available.

Patient care records were in paper form and stored in a lockable filing cabinet kept in the locked treatment room. Photographs were taken before and after treatment with the patient’s consent. These were stored on an encrypted tablet that only the service manager had access to. We saw a certificate that confirmed that the service had registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights). The service also had a general data protection requirements policy in place. The service audited patient care records every month.

Patients were provided with aftercare information specific to their treatment. This included information about products used and emergency contact information. All new patients were given a follow-up appointment approximately 2 weeks after treatment. Patients could be seen sooner if required. Although returning patients were also offered follow-up appointments, these were not always taken.
What needs to improve
The service’s general data protection regulation (GDPR) policy should include information on the retention period for patient information and the destruction method of this information (recommendation b).

■ No requirements.

Recommendation b
■ The service should add a retention period and destruction method for patient information including care records to its general data protection regulation policy.
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 had taken a proactive approach to ensure the standard of care provided was monitored and maintained. Processes were in place to help them identify future developments.

The manager was the sole practitioner for the service. However, two non-regulated practitioners rented space in the service. While these practitioners were self-employed, the manager involved them in the day-to-day running of the service. Basic staff files were held that included emergency contact details, public liability insurance details and rental agreements. They would alert each other when absent from work or running late for appointments to ensure patients were kept informed.

The manager was a Nursing and Midwifery Council (NMC) registered nurse and we saw evidence of revalidation in November 2018. We were told that LearnPro was used to ensure mandatory and statutory NHS training was up to date. We saw a number of up-to-date certificates from aesthetic training courses.

The manager was also a member of the Association of Scottish Aesthetic Practitioners, an organisation that promotes the development of aesthetic medicine through education and communication. They were also a member of the Aesthetics Complications Expert (ACE) group (a group of practitioners who regularly report on any difficulties encountered and the potential solutions). The manager is a member of the Scottish Government Cosmetic Interventions Group, who are working towards further legislation to safeguard the public and improve standards within the industry. They were also an active member of the Healthcare Improvement Scotland independent healthcare support group. The manager told us they receive informal clinical supervision from other aesthetic practitioners through a closed messenger group.
We saw the service had a development plan that had been aligned to the domains of Healthcare Improvement Scotland’s Quality of Care Framework. The plan set out what the service had already achieved and what the service would like to focus on in the future. It included the need for the service to formalise its current clinical supervision arrangements and additional audits the service should be carrying out. We also saw a quality improvement plan designed to develop and maintain standards within the service.

**Area for improvement**
While we saw staff files contained basic information, such as rental agreements, the service did not have a policy that covered the working arrangements of the self-employed staff (recommendation c).

■ No requirements.

**Recommendation c**
■ The service should develop a policy that describes and supports the working arrangements of the self-employed 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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<tbody>
<tr>
<td><strong>Requirements</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
<td>a The service should develop a participation policy that describes how patient feedback is gathered and used to drive improvement (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 4.8

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<td><strong>Requirements</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
<td>b The service should add a retention period and destruction method for patient information including care records to its General Data Protection Regulation policy (see page 12).</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 4.11
## Domain 9 – Quality improvement-focused leadership

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| c The service should develop a policy that describes and supports the working arrangements of the self-employed staff (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.23
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: hcis.ihcregulation@nhs.net