Announced Inspection Report: Independent Healthcare

**Service:** Etre Beau Facial Aesthetics, Stirling

**Service Provider:** Etre Beau Ltd

20 June 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 Etre Beau Facial Aesthetics on Thursday 20 June 2019. We spoke with a number of staff during the inspection. We received feedback from eight patients through an online survey we had issued. 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 Etre Beau Facial 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>
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<tr>
<td><strong>Quality indicator</strong></td>
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<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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and protection policy should be developed and implemented. Medicines should be used in line with the manufacturer’s and best practice guidance.

### Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The service had a visible and supportive leadership team that was open to new ideas and change. Time and effort was invested in reviewing policies, procedures, systems and processes to identify areas for improvement. This helped to ensure that quality improvement was a core part of service delivery. | ✔️ Good |

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>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>All patients received a comprehensive assessment before any treatment was carried out. Treatments were fully explained and any associated risks discussed. Patients told us they felt fully in control of their care.</td>
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</tbody>
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#### Domain 7 – Workforce management and support

| 7.1 - Staff recruitment, training and development | Appropriate processes were in place to ensure the safe and effective recruitment of staff. Staff had a period of induction, and ongoing training and development took place. |

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

What action we expect Etre Beau Ltd to take after our inspection

This inspection resulted in two recommendations. See Appendix 1 for a full list of the recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

We would like to thank all staff at Etre Beau Facial Aesthetics 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 fully involved in their treatment and the service had a range of ways in which patients could provide feedback about the quality of their experience. The service listened to what patients said and provided treatment following discussion about patients’ expectations.

An initial consultation gave patients an opportunity to fully discuss their expectations about the outcomes of the treatment. Feedback from our online survey included:

- ‘Treatment was fully explained beforehand, written and verbal. Excellent explanation. Fully understood procedure and treatment planned.’
- ‘At the beginning of each appointment I discuss with… the treatment I am looking for and what I want to achieve and she gives me her professional opinion and we reach a consensus.’

All patients who responded to our survey told us that any risks associated with treatments were fully explained. Patients were provided with comprehensive information about charges and treatments.

Patients told us their privacy and dignity was respected, and the service sought regular feedback to ensure patients were happy with the quality of experience. For example, following the move into new premises, patients were asked their opinion and for any suggestions for improvement. Comments were positive and suggestions for the addition of herbal tea and improved parking signage were implemented.
We saw a range of ways for patients to provide input into how the service continued to develop. This included feedback forms and posting online reviews. Each patient received an individual text following treatment asking about their satisfaction with the service. The service recorded all feedback and this was discussed at the monthly team meeting, with any actions to be taken forward agreed.

The service relied on word of mouth from patients and described its approach as ‘sales through service’. The website was being updated to provide a more personalised service.

Appropriate policies and procedures were in place to manage complaints. Information about how to make a complaint was available to patients on the website. The service had not received any complaints. Complaints training was provided to staff as part of their induction process.

**What needs to improve**

Although the service had a patient feedback policy, this could be expanded to include how the gathered information was used and how it informed service improvement.

Any improvements or actions taken as a result of patient feedback could be shared with patients more effectively. For example, while we saw the results from the patient survey about the new premises in Stirling had been shared with patients, responses about any other suggestions made were not shared. We were told the service had discussed including this in a newsletter.

- 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

Patients were cared for in a clean and safe environment with systems and processes in place to maintain safety. Staff were aware of their roles and responsibilities. An audit programme was in place to identify and manage risk in the service. An adult support and protection policy should be developed and implemented. Medicines should be used in line with the manufacturer’s and best practice guidance.

Patients were cared for in a clean and safe environment. All patients who responded to our online survey told us they were extremely satisfied with the environment and the standard of cleanliness.

A range of policies and procedures were in place to help the service deliver care safely. A rolling programme of review made sure all policies and procedures remained up to date and in line with current legislation and best practice guidance. The service had identified ‘control points’ from each policy and procedure, and had developed a resulting audit programme. For example, from the medicines management policy, the service had identified the drug refrigerator must operate at a certain temperature. This had then been included as part of the medicines management audit. We saw evidence of audits being completed, action plans developed and improvements being actioned.

Lasers used in the service were managed safely. Regular input had been provided to the service by an appropriately qualified, named laser protection advisor. ‘Local rules’ are the local arrangements to manage laser safety usually developed by the laser protection advisor. These were in place for the service’s laser. Staff had received ‘core of knowledge’ laser training about the safe use of lasers.
Servicing and maintenance contracts were in place for all clinical and non-clinical equipment to help make sure equipment was safe to use.

The service’s medicines management policy described how medicines were procured, stored, prescribed, administered and discarded.

Arrangements were in place to deal with medical emergencies. This included training for staff, first aid supplies and medicines available that could be used in an emergency, such as adrenaline.

**What needs to improve**
The service had not yet developed an adult support and protection policy and procedure (recommendation a).

The service bought large vials of botulinum toxin and administered from these vials to multiple patients, rather than using smaller dose vials for single patient use. The service also kept solutions of prepared botulinum toxin for more than 24 hours. This is not in line with the manufacturer’s or best practice guidance (recommendation b).

- No requirements.

**Recommendation a**
- The service should develop and implement an adult support and protection policy.

**Recommendation b**
- The service should ensure that medicines are used in line with the manufacturer’s and best practice guidance.

**Our findings**

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

All patients received a comprehensive assessment before any treatment was carried out. Treatments were fully explained and any associated risks discussed. Patients told us they felt fully in control of their care.

We reviewed five patient care records of patients that had been treated at either the Stirling service or the provider’s second service in Glasgow. We saw that, before any treatment, patients received an initial consultation where a
comprehensive assessment was carried out. This included medical history, current physical and mental health, medications and allergies. Patients were asked to consent to treatment, sharing information with their GP, if required, and to having their photograph taken. Consent was obtained for each treatment episode. Records were kept of each treatment and consultation. We found patient care records were legible and up to date.

Patients confirmed they were given verbal and written aftercare advice. Reviews were arranged following treatment where treatment outcomes and patient satisfaction were discussed.

The service maintained the confidentiality of patients’ information by storing any paper files in a locked filing cabinet. The provider had a second service in Glasgow, and files for both services were kept in the Stirling office.

Monthly audits were completed to ensure patient care records were fully completed.

**What needs to improve**

There was very little space in the patient care recording forms to fully document information. The service could introduce progress recording notes into the patient care record to enable more detailed recording of information, when required.

- 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**

Appropriate processes were in place to ensure the safe and effective recruitment of staff. Staff had a period of induction, and ongoing training and development took place.

Safe and effective recruitment policies and procedures were in place. We reviewed three staff files and saw that appropriate references and Protection of
Vulnerable Groups (PVG) checks were in place. Staff qualification certificates were held on file, and job descriptions and contracts were in place. Interview checklists were used and a scoring system was used to support decision making at interview.

An induction programme was in place for all staff. We saw checklists in place to ensure this was completed. Mandatory topics for new staff included fire safety, infection prevention and control, and health and safety. Staff also carried out a 3-month probationary period.

Ongoing professional development opportunities were in place, including education in new procedures and on the use of equipment. Staff certificates were displayed beside equipment they were trained to use. Regular one-to-ones were in place to provide support.

The service had contracted a human resources company to review and further develop the current staffing policies and procedures, including staff support and development. The service planned to implement these in preparation for expanding. It was anticipated this work would be completed before August 2019.

**What needs to improve**
The service retained the Disclosure Scotland Protecting Vulnerable Groups (PVG) certificates in staff files. These should be destroyed in line with data protection or Disclosure Scotland’s guidance.

All staff had an individual training and development plan. However, this did not make clear when training had been completed or personal development objectives had been achieved.

- No requirements.
- No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service had a visible and supportive leadership team that was open to new ideas and change. Time and effort was invested in reviewing policies, procedures, systems and processes to identify areas for improvement. This helped to ensure that quality improvement was a core part of service delivery.

The service had one lead aesthetic nurse who was a member of national groups, such as the Association of Scottish Aesthetic Practitioners, the British Dermatological Nursing Group and the Aesthetics Complications Expert Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. They were also a member of online support forums and attended annual training provided by a drug manufacturer.

The service had reviewed findings from inspections that had taken place in other similar services, and used this information to inform its own policy and procedure development. This made sure the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

The service’s overarching quality improvement programme detailed activities such as:

- staff meetings held every month
- the ongoing review of policies and procedures
- reviewing patient feedback, incidents and complaints
- an audit programme that measured quality in the service, and
- using learning to continually improve the patient experience.
It was clear that quality improvement was a core part of the service’s aims and objectives.

- 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 |
|---------------------------------|-------------------------------------------------|
| **Requirements**                | None                                            |
| **Recommendations**             |                                                 |
| **a**                           | The service should develop and implement an adult support and protection policy (see page 10). |
|                                 | Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20 |
| **b**                           | The service should ensure that medicines are used in line with the manufacturer’s and best practice guidance (see page 10). |
|                                 | Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.24 |
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

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