Announced Inspection Report: Independent Healthcare

Service: Sally Cullen Aesthetics, Glasgow
Service Provider: Sally Cullen Aesthetics

17 July 2019
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www.healthcareimprovementscotland.org

Healthcare Improvement Scotland Announced Inspection Report
Sally Cullen Aesthetics: 17 July 2019
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2 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 Sally Cullen Aesthetics on Wednesday 17 July 2019. We received feedback from four patients through an online survey we had issued after the service displayed our inspection announcement poster. 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 Sally Cullen 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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</tbody>
</table>

<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>Patients felt fully involved in their treatment and could feedback in a variety of ways. The discussed patients’ expectations before treatments. Not all patient feedback was reviewed to help improve the service.</td>
<td>✔ ✔ Good</td>
</tr>
</tbody>
</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 environment was clean and staff were aware of their roles and responsibilities. Best practice and manufacturer’s guidance should be followed for cleaning equipment and storing medicines. An audit programme should be developed and evaluated</td>
<td>Unsatisfactory</td>
</tr>
</tbody>
</table>
implemented for all aspects of care and treatment. 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 kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national groups, conferences and training events. The service should develop a quality improvement plan. | ✔ Satisfactory |

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

### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients received a comprehensive assessment before treatment. Treatments and associated risks were fully explained. Patients told us they felt fully in control of their care. The service should record patients’ consent to photography in their health care record.</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 Sally Cullen Aesthetics to take after our inspection

This inspection resulted in three requirements and five recommendations. The requirements are linked to compliance with the National Health Services

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(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

Sally Cullen Aesthetics, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Sally Cullen Aesthetics for their assistance during the inspection.
3 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 could feedback in a variety of ways. Patients’ expectations were discussed before treatments. Not all patient feedback was reviewed to help improve the service.

Patients could discuss their expectations about the treatments’ outcomes at their first consultation and were given information about the treatments available and costs involved. We reviewed patients’ consent forms and we saw they included the risks and benefits of the proposed treatment. The patients and practitioner had signed all records we reviewed. All patients who responded to our survey told us that risks associated with treatments were fully explained. Comments from patients that completed our online survey included:

- ‘At my first consultation with Sally, she explained everything clearly, concisely and used terminology that I was familiar with so I could understand what would happen with the procedure.’
- ‘Sally always briefs me every time I go even though I feel I know most of it, however things can change so it’s reassuring to know she is so professional and never is complacent.’
- ‘Sally talked me through the procedure and listened to my expectations.’

Patients were given verbal and written aftercare advice from documentation produced by drug manufacturers and the service.
Patients told us in our online survey that their privacy and dignity was respected:

- ‘Sally is extremely professional and has dealt with me with dignity and respect at all times.’
- ‘All my questions about the procedure were answered and wasn’t made to feel stupid or dismissed with any questions asked.’

Information about how to make a complaint was included in patients’ aftercare and a written complaints procedure explained that they could complain to Healthcare Improvement Scotland at any time. The service had not received any complaints.

We saw a range of ways that patients could become involved in the service’s development, including feedback forms, social media and online reviews. Patients received an email after their treatment asking about their experience. The service recorded all its feedback and had also completed a review of feedback from a sample of five patients in July 2019. All the feedback we saw was positive.

**What needs to improve**
The service using a variety of methods to proactively ask patients for feedback. However, it could not demonstrate that it had reviewed or acted on some of the feedback it received (recommendation a).

- No requirements.

**Recommendation a**
- The service should complete a review of all patient feedback received to help drive improvement in the service.
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 was clean and staff were aware of their roles and responsibilities. Best practice and manufacturer’s guidance should be followed for cleaning equipment and storing medicines. An audit programme should be developed and implemented for all aspects of care and treatment. Medicines should be used in line with manufacturer and best practice guidance.

Patients were cared for in a clean environment. All patients we received feedback from said they were extremely satisfied with the cleanliness and maintenance of the service. Some comments we received included:

- ‘The salon is spotless and for me that speaks volumes.’
- ‘The environment is pleasant and welcoming.’
- ‘The environment is always spotless.’

The service provides colonic hydrotherapy treatment. We saw a safe system of work and risk assessments in place. Cleaning schedules were completed for the weekly and monthly cleaning tasks identified for the equipment.

A comprehensive medication management policy and procedure was in place. Medicines were delivered to the practitioner’s home and transported to the service securely. Patient care records documented medicines used, batch numbers and expiry dates. Arrangements were in place to deal with medical emergencies. This included training for staff, first aid supplies and equipment.

A range of policies and procedures were in place to help the service deliver care safely. These had been reviewed in July 2019 and the service planned to review
these every year to keep them in line with current legislation and best practice guidance.

**What needs to improve**
The service had a safe system of work that detailed how to clean the equipment used for colonic hydrotherapy. However, the products used to clean the equipment were not in line with the requirements of Health Protection Scotland’s national infection prevention and control manual. This procedure presents a risk of cross-contamination of body fluids to the equipment and environment and these should be cleaned using a chlorine releasing detergent and disinfectant (requirement 1).

While disposable paper couch roll was available, we saw that bath towels, sheets and pillow cases were used to cover treatment couches in the treatment rooms. We were told that these were taken home to be laundered in a domestic washing machine (requirement 2).

The treatment couch in one treatment room was damaged. This made it difficult to clean effectively (requirement 3).

The service showed us some completed audits, such as patient experience and monitoring tank cleaning for colonic hydrotherapy. However, these did not fully audit key aspects of care and treatment, including infection prevention and control (recommendation b).

Botulinum toxin vials were for single patient use and then kept for up to 2 weeks. This was not in line with the manufacturer’s guidance or best practice (recommendation c).

**Requirement 1 – Timescale: Immediate**
- The provider must ensure that all linen is laundered in line with Health Protection Scotland’s national infection prevention and control manual. This will reduce the risk of cross-infection.

**Requirement 2 – Timescale: Immediate**
- The provider must ensure that the equipment and environment used to provide colonic hydrotherapy treatment is cleaned in line with Health Protection Scotland’s national infection prevention and control manual. This will reduce the risk of cross-infection.
Requirement 3 – Timescale: Immediate
■ The provider must ensure that all equipment used is free from damage and can be effectively cleaned. This will reduce the risk of cross-infection.

Recommendation b
■ 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 c
■ The service should ensure botulinum toxin is used in line with the manufacturers and best practice guidance.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients received a comprehensive assessment before treatment. Treatments and associated risks were fully explained. Patients told us they felt fully in control of their care. The service should record patients’ consent to photography in their health care record.

Patient care records were legible and up to date. We reviewed five patient care records and saw that a comprehensive assessment was carried out at a consultation they attended before any treatment. This included the documentation of a full medical history, current medications and physical health of the patient.

Patients were asked to consent to each treatment episode and also for sharing information with their GP. The service kept records of every treatment and consultation.

Patients confirmed they were given verbal and written aftercare advice. After treatments, reviews were arranged to discuss outcomes and patient satisfaction.

The service stored paper files in a locked filing cabinet to help keep patient information confidential.
What needs to improve
A condition of the service’s indemnity insurance provider was to record patient’s consent to before-and-after photography. This was not consistently recorded in all of the patient care records (recommendation d).

The service used drug manufacturers’ patient health care records and its own paperwork. It had started to develop its own patient health care records to help consistently record all treatments provided.

Patient care record forms had very little space to fully document discussions that had taken place with the patient during each appointment. The service could introduce a section to the patient care record to allow more detailed recording of information.

■ No requirements.

Recommendation d
■ The service should obtain and record consent to photography in the patient’s health care record.
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 kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national groups, conferences and training events. The service should develop a quality improvement plan.

The service was provided by one aesthetic nurse who was a member of national groups, such as Association of Scottish Aesthetic Practitioners (ASAP) and Aesthetics Complications Expert Group (ACE). This group of practitioners regularly report on any difficulties encountered and the potential solutions and provides learning opportunities and support for its members. The lead nurse also completed ongoing training as part of their Nursing and Midwifery Council (NMC) registration and attends aesthetic conferences and training events. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

The service had formed partnerships with other aesthetic practitioners in the area to help discuss treatment, procedures or complications and provide peer support and best practice guidance when needed.

What needs to improve
The service did not have a formal quality improvement plan to help structure and record its improvement processes and outcomes identified from accidents, audits, education, incidents, patient feedback and training events (recommendation e).

■ No requirements.
Recommendation e

- The service should develop and implement a quality improvement plan.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Domain 2 – Impact on people experiencing care, carers and families

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<thead>
<tr>
<th>Requirements</th>
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<tr>
<td>None</td>
<td>a. The service should complete a review of all patient feedback received to help drive improvement in the service (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

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

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Timescale – immediate

*Regulation 3(d)(i)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
2 The provider must ensure that the equipment and environment used to provide colonic hydrotherapy treatment is cleaned in line with Health Protection Scotland’s national infection prevention and control manual. This will reduce the risk of cross-infection (see page 10).

Timescale – immediate

*Regulation 3(d)(i)*
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

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<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
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<tr>
<td><strong>Recommendations</strong></td>
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<tr>
<td>e The service should develop and implement a quality improvement plan (see page 14).</td>
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<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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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