Announced Inspection Report: Independent Healthcare

Service: Crystal Clear Aesthetics, Clydebank
Service Provider: Crystal Clear Aesthetics Limited

21 April 2022
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 his.contactpublicinvolvement@nhs.scot
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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 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 Crystal Clear Aesthetics on Thursday 21 April 2022. We spoke with the manager of the service during the inspection. We received feedback from two patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a limited self-evaluation.

What we found and inspection grades awarded

For Crystal Clear Aesthetics, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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</table>
was not being disposed of correctly. A medicines management policy would help provide a structured approach to ensure medicines are managed safely. An audit programme should be introduced to review the safe delivery and quality of the service.

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. A quality improvement plan should be developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. Communication between staff members should be improved.

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 were well informed about their treatments, and detailed consultations and assessments took place before treatment. Consent for sharing information with other healthcare staff, and patients’ next of kin details, should be recorded in patient care records.</td>
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Domain 7 – Workforce management and support

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<td>7.1 - Staff recruitment, training and development</td>
<td>The service employed one practitioner and had a prescriber working under practicing privileges. A recruitment policy must be developed and appropriate background safety checks carried out on staff before they start working in the service.</td>
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</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)

Further information about the Quality Framework can also be found on our website at: [https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

**What action we expect Crystal Clear Aesthetics Limited to take after our inspection**

This inspection resulted in five requirements and 10 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Crystal Clear Aesthetics Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Crystal Clear 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 were provided with information about their treatments. Following its own participation strategy would help the service collect and use feedback to improve. Patients must be told they can complain to Healthcare Improvement Scotland at any stage.

Patients were automatically sent information about treatments when making an appointment on the online booking system. This included costs, and helped them to make an informed decision. During the face-to-face appointment, patients could discuss their treatments further with the practitioner. Both patients who responded to our online survey said they were well informed and felt involved in decisions about their treatment and care. The service had a dignity and respect policy and both patients said they were treated with dignity and respect.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). A protection of vulnerable adults policy covering public protection (safeguarding) issues was also in place. The manager had undertaken training in both duty of candour and safeguarding and was clear on their duties.

The service’s complaints policy detailed how it would manage any complaints received. Details of how to make a complaint were available on the service’s website. We noted that the service had not received any complaints since registration in November 2019.
What needs to improve

The service’s complaints policy did not make clear that patients could contact Healthcare Improvement Scotland at any stage of the complaints process. The full contact details of Healthcare Improvement Scotland must also be provided. Information about how to make a complaint must be readily accessible to patients (requirement 1).

The service’s participation policy detailed how it would gather, record and then evaluate patient feedback to inform improvements. However, the service did not follow its own policy as it did not actively gather any patient feedback. We saw only limited informal feedback received from patients on social media. It was not clear how this information was then being analysed and used to drive improvements in the service. A more formal method for collecting and evaluating patient feedback would help the service to identify any required improvements and measure the impact of any changes made on the service (recommendation a).

Requirement 1 – Timescale: by 14 July 2022

- The provider must update patient information to make it clear to complainants that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.

Recommendation a

- The service should implement its participation policy to direct the way it engages with its patients and uses their feedback 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 environment was modern, clean and well maintained. Clinical waste was not being disposed of correctly. A medicines management policy would help provide a structured approach to ensure medicines are managed safely. An audit programme should be introduced to review the safe delivery and quality of the service.

The clinic environment was modern, clean, well equipped and fit for purpose. Equipment, such as the treatment couch, was in good condition. One patient commented:

- ‘... clinic is very clean.’

Effective measures were in place to reduce the risk of infection. Cleaning of the clinic environment and equipment was carried out in between patient appointments, as well as a programme of regular, scheduled, deep cleaning. Completed and up-to-date cleaning schedules were in place. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment, such as disposable aprons, gloves and face masks, and alcohol-based hand gel.

Patient care records we reviewed showed batch numbers and expiry dates of medicines used during treatment were being recorded, in line with best practice. This would allow tracking if any issues arose with the medications used. Emergency medicines were easily accessible and the practitioner regularly checked them to make sure they remained in date. Non-refrigerated medicines were stored in a locked cabinet. The temperature of the medicines fridge was monitored to make sure medicines were being stored at the correct temperatures. The service used an independent nurse prescriber under a
practicing privileges arrangement (staff not employed directly by the provider but given permission to work in the service).

No accidents or incidents had taken place but a system for recording these was in place.

We saw that policies were reviewed and updated every 3 years, or sooner, if appropriate.

**What needs to improve**

The service did not have a structured process to manage risk. All risks to patients and staff must be effectively managed. This includes developing a register of risk assessments that will be regularly reviewed and updated with appropriate processes in place to help manage any risks identified (requirement 2).

It is a legal requirement that any clinical waste producer segregates, packages and disposes of all waste in line with current national waste legislation. Whilst a clinical waste contract was in place for the removal and disposal of clinical waste, this was not being carried out correctly for botulinum toxin. For example, an incorrect waste sharps box was being used. As this medicine is categorised as hazardous under waste legislation, using the wrong sharps box would mean the clinical waste was not disposed of correctly (incinerated) (requirement 3).

There was no structured approach for the safe management of medicines. For example, at the time of the inspection, the service had not developed a medicine management policy. This should include information on how the service will safely administer, store, procure and prescribe medications. We also noted the fridge used to store prescription-only medicines (such as botulinum toxin) in the treatment room was not lockable (requirement 4).

Regular electrical safety checks were not being carried out on the portable electrical equipment used in the clinic. This is needed to ensure electrical appliances and equipment are continually safe to use (recommendation b).

The service’s infection prevention and control policy covered only a limited number of standard infection control precautions, such as hand hygiene and the management of sharps. There was no information about other standard infection control precautions, such as the safe management of the environment or personal protective equipment (recommendation c).

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 structure its approach to this ongoing review, and demonstrate how improvements are
being identified and implemented. Audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment (recommendation d).

**Requirement 2 – Timescale: by 14 July 2022**
- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

**Requirement 3 – Timescale: immediate**
- The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with appropriate national waste legislation.

**Requirement 4 – Timescale: by 8 September 2022**
- The provider must implement a medicine management policy that describes how medicines will be procured, prescribed, ordered, delivered, stored, administered and disposed of in the service.

**Recommendation b**
- The service should establish a system to ensure electrical equipment is safe and maintained.

**Recommendation c**
- The service should update its infection prevention and control policy to include reference to all relevant standard infection control precautions.

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

**Our findings**

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

Patients were well informed about their treatments, and detailed consultations and assessments took place before treatment. Consent for sharing information with other healthcare staff, and patients’ next of kin details, should be recorded in patient care records.
After making an online booking, patients received a pre-appointment email that included treatment-specific information, such as details of the procedures, including risks and benefits. They also received medical and consultation forms which they were required to complete and return so that they could be reviewed before their appointment. Patients commented:

- ‘(The practitioner) was very informative.’
- ‘Discussions before all treatments.’

Patient care records were stored on a password-protected electronic database. We looked at three electronic patient care records and saw evidence that patients were fully informed before they consented to treatment. The records included a documented consultation included past medical history, regular medications, allergies and previous aesthetic treatments. Details of treatments, including any medicines used, and before and after photographs, were also recorded.

Patients who required a prescription medicine for their treatment, such as botulinum toxin, had a face-to-face consultation with the independent nurse prescriber before attending for their treatment appointment. All information about the prescription consultation was included in the patient care record.

All patients were provided with aftercare information, an emergency contact telephone number and offered a review appointment to check they were satisfied with the results of their treatment. The practitioner had been trained in aesthetic emergency interventions and could also contact the Complications in Medical Aesthetic Collaborative (CMAC). This group supports aesthetic clinicians with the management of any complications from aesthetic treatments.

**What needs to improve**
The service’s consent form did not allow for the recording of patients’ consent for their medical information to be shared with their GP, if and when appropriate (recommendation e).

Next of kin information was not recorded in the patient care records (recommendation f).

The service was not registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) to ensure safe storage of confidential patient information (recommendation g).
No requirements.

**Recommendation e**
- The service should ensure patients are aware that information will be shared with other healthcare professionals as required and that this is documented in the patient care record.

**Recommendation f**
- The service should ensure patients’ next of kin contact details are recorded in the patient care record in case of an emergency.

**Recommendation g**
- The service should register with the Information Commissioner’s Office.

**Domain 7 – Workforce management and support**
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

**Our findings**

**Quality indicator 7.1 - Staff recruitment, training and development**

The service employed one practitioner and had a prescriber working under practicing privileges. A recruitment policy must be developed and appropriate background safety checks carried out on staff before they start working in the service.

The service used an independent nurse prescriber who worked under practicing privileges (staff not employed directly by the provider but given permission to work in the service).

Certificates were displayed of aesthetics training the manager had completed to keep their knowledge and skills up to date. We also saw evidence of the manager’s attendance at industry-specific conferences.

**What needs to improve**
Although the service had a practicing privileges policy, the service only had an informal working arrangement with the nurse prescriber and another aesthetics practitioner. No formal practicing privileges agreements were in place. We also saw no evidence that necessary background safety checks such as qualifications,
references, Protecting Vulnerable Groups (PVG) checks, insurance and the status of professional registration had been carried out before they started work in the service (requirement 5).

We also saw no process in place to ensure that staff working under practicing privileges remained appropriately qualified and insured. Ongoing annual checks should include insurance renewals, mandatory and statutory training, professional registration and ensuring staff are receiving personal development reviews and are annually appraised (recommendation h).

**Requirement 5 – Timescale: by 14 July 2022**
- The provider must develop a recruitment policy to ensure any staff working in the service, including staff working under practicing privileges, are safely recruited.

**Recommendation h**
- The service should ensure that all relevant annual checks are carried out on each individual healthcare worker who is working under practicing privileges.
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. A quality improvement plan should be developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. Communication between staff members should be improved.

The service was owned and managed by a nurse practitioner registered with the Nursing and Midwifery Council (NMC). They kept up to date with legislation and best practice through their professional regulatory revalidation process, reflective learning and attending aesthetics industry training events. Revalidation means they are required to register with the NMC every year and complete a revalidation process every 3 years where they gather evidence of their competency, training and feedback from patients and peers in order to remain a registered nurse practitioner. They also used the guidance and peer support provided by the Complications in Medical Aesthetic Collaborative (CMAC).

What needs to improve

No quality assurance system or process was in place for reviewing the quality of the care and treatment provided. For example, outcomes from audits, patient feedback, any learning from accidents, incidents and complaints should be fed into a quality improvement plan and used to drive improvement (recommendation i).

Only one nurse worked in the clinic at any given time and there was no formal way of communication to share information and keep staff up to date with day-to-day activities in the service. A programme of staff meetings would provide a more formal approach to communication and ensure staff could contribute to discussions and the wider development of the service (recommendation j).
No requirements.

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

**Recommendation j**
- The service should introduce a programme of regular staff meetings and a record of discussions and decisions reached at these meetings should be kept.
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

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td><strong>1</strong> The provider must update patient information to make it clear to complainants they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process (see page 8).</td>
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**Timescale** – by 14 July 2022

*Regulation 15(6)(a)*

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

<table>
<thead>
<tr>
<th>Recommendation</th>
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<tr>
<td><strong>a</strong> The service should implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).</td>
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</table>

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

#### Requirements

<table>
<thead>
<tr>
<th></th>
<th>The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 11).</th>
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<tr>
<td>2</td>
<td>Timescale – by 14 July 2022</td>
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</table>
|   | *Regulation 13(2)(a)*  
  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*                                                  |
|   | The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with appropriate national waste legislation (see page 11). |
| 3 | Timescale – immediate                                                                                                                                                                |
|   | *Regulation 3(d)(iii)*  
  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*                                                  |
|   | The provider must implement a medicine management policy that describes how medicines will be procured, prescribed, ordered, delivered, stored, administered and disposed of in the service (see page 11). |
| 4 | Timescale – by 8 September 2022                                                                                                                                                        |
|   | *Regulation 3(d)(iv)*  
  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*                                                  |

#### Recommendations

| b  | The service should establish a system to ensure electrical equipment is safe and maintained (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 |
| c  | The service should update its infection prevention and control policy to include reference to all relevant standard infection control precautions (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 |
Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Recommendations

d The service should develop a programme of 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 ensure patients are aware that information will be shared with other healthcare professionals as required and that this is documented in the patient care record (see page 13).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

f The service should ensure patients’ next of kin contact details are recorded in the patient care record in case of an emergency (see page 13).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

g The service should register with the Information Commissioner’s Office (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Domain 7 – Workforce management and support

Requirement

5 The provider must develop a recruitment policy to ensure any staff working in the service, including staff working under practicing privileges, are safely recruited (see page 14).

Timescale – by 14 July 2022

Regulation 12(a)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
### Domain 7 – Workforce management and support (continued)

<table>
<thead>
<tr>
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<tr>
<td><strong>h</strong> The service should ensure that all relevant annual checks are carried out on each individual healthcare worker who is working under practicing privileges (see page 14).</td>
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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

<table>
<thead>
<tr>
<th>Requirements</th>
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<tbody>
<tr>
<td>None</td>
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<tr>
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<tbody>
<tr>
<td><strong>i</strong> The service should develop and implement a quality assurance system and a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).</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

| **j** The service should introduce a programme of regular staff meetings and a record of discussions and decisions reached at these meetings should be kept (see page 16). |

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: his.ihcregulation@nhs.scot