Announced Inspection Report: Independent Healthcare

Service: CC Estetica, Coatbridge
Service Provider: Cat Costa Aesthetics Limited

26 April 2022
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www.healthcareimprovementscotland.org
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1  A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against 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 CC Estetica on Tuesday 26 April 2022. We spoke with the manager (practitioner) during the inspection. We also received feedback from four patients through an online survey we had asked the service to issue us before the inspection. 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 CC Estetica, 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>Domain 2 – Impact on people experiencing care, carers and families</td>
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<tr>
<td>Quality indicator</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>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<td>5.1 - Safe delivery of care</td>
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were carried out reviewing key aspects of care and treatment, these should be streamlined to help focus quality assurance activity where it is most needed to drive improvement.

**Domain 9 – Quality improvement-focused leadership**

| 9.4 - Leadership of improvement and change | The service kept up to date with current best practice through training and development. A quality improvement plan should be developed to help evaluate and measure the quality, safety and effectiveness of the service provided. | ✓ Satisfactory |

The following additional quality indicator was 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>
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<tbody>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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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 Cat Costa Aesthetics Limited to take after our inspection

This inspection resulted in three 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 CC Estetica 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 they were treated with dignity and respect, and were fully involved and informed about their treatment options. Patients told us they were happy with the care they received. Although feedback was actively sought from patients and used to improve the service, the results of patient feedback should be shared with patients.

The service made sure that patients’ privacy and dignity was maintained. All consultations were appointment-only and only one patient was treated at a time, maintaining confidentiality. Windows were adequately screened and the treatment room door was locked when patients were undergoing treatments.

The service provided information to patients about treatments, the benefits and risks of treatments and treatment costs verbally, on social media and through its website. A pricelist for treatments was also available in the treatment room.

The service’s complaints policy was available in the treatment room and on the service’s website. This stated that patients could complain to Healthcare Improvement Scotland at any point and included our contact details. We noted the service had not received any complaints since registration in December 2021.

The service used a variety of methods to gather feedback in line with its participation policy. This included online social media, text and email options. We saw evidence that patient feedback was regularly recorded and monitored. We saw recent examples where improvements had been made following patient feedback, such as introducing extra treatments.
All patients who completed our online survey agreed they had been treated with dignity and respect, and had been provided with information in a format they could understand.

**What needs to improve**

Improvements or actions taken as a result of patient feedback were not shared with patients. This would help to show how their feedback had been addressed and used to help improve the service. For example, this information could be displayed on the service’s website, on social media or on a patient information board in the clinic (recommendation a).

- No requirements.

**Recommendation a**

- The service should share improvements or actions taken as a result of feedback with patients to show how this was being used to improve the quality of care provided and how the service was delivered.
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, including the safe management of medicines, and infection prevention and control practices. Although audits were carried out reviewing key aspects of care and treatment, these should be streamlined to help focus quality assurance activity where it is most needed to drive improvement.

All areas of the clinic were clean and equipment was in good working order. We saw good compliance with infection prevention and control procedures. This included the safe disposal of clinical waste, medical sharps such as syringes and needles, and single-use patient equipment (used to prevent the risk of cross-infection). A good supply of personal protective equipment was available such as disposable gloves and aprons. We saw evidence of appropriate fire and electrical safety checks for the premises.

Feedback from our online survey showed that patients were satisfied with the cleanliness of the environment. Comments included:

- ‘Room was clean, organised and spacious.’
- ‘Very clean and well maintained.’

A safe system was in place for the procurement, prescribing, storage and administration of medicines, in line with the service’s medication policy. Medicines we looked at were in-date and stored securely in a locked medical refrigerator. A system was in place to monitor the temperature of the fridge to make sure medicines were being stored at the correct temperature. Information documented in patient care records included the batch number and expiry dates of any medicines used. This would allow tracking if any issues arose with
the medications used. A first aid kit and emergency medication was available along with documented protocols in the case of an emergency complication. Staff had been trained to deliver basic adult life support in the event of a medical emergency. The service was aware of the need to notify Healthcare Improvement Scotland of any medicine-related adverse events.

The service had a number of policies to help deliver care safely. This included a public protection (safeguarding) policy which provided clear guidance for staff should they have concerns about a patient. A duty of candour policy provided information for staff about how to manage situations where something had gone wrong with patient treatment or care. We noted the service had not had any instances requiring it to implement duty of candour principles. While the service had not had any incidents or accidents since registration, a log book was kept to record these.

Regular and frequent audits were carried out, including hand hygiene, management of medicines and patient feedback. We saw examples of these audits and corresponding action plans.

**What needs to improve**

We discussed the benefits of the service streamlining the number and type of audits used. This could help focus quality assurance activity where it is most needed to drive improvement, without becoming too burdensome for the service. We will follow this up at a future inspection.

- No requirements.
- No recommendations.

<table>
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<th>Our findings</th>
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<td>Quality indicator 5.2 - Assessment and management of people experiencing care</td>
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Patients were fully assessed before any treatments. Patient care records were up to date, legible and securely stored. Consent should be recorded for sharing information with patients’ GPs and other healthcare professionals in an emergency.

The five electronic patient care records we reviewed were clear and accurate, and showed that comprehensive assessments were carried out before treatment. This included a medical history, previous treatments and any areas which would highlight any risks associated with the treatment such as pregnancy or any previous allergic reactions. Consent to treatment, including
having their photograph taken, and any risks and benefits associated with the treatment were explained. A new consent form was completed for each new treatment.

We were told patients were given verbal and written aftercare advice to make sure they understood how to prevent infection and help with healing after their treatment. This included the service’s emergency contact details. Patients were invited to attend a follow-up appointment, if required. This allowed the service to ensure patients were happy with the results and provide any additional treatment or advice.

Monthly audits were completed to ensure patient care records were fully completed. The audit covered completion of patient documentation and included initial consultation and patient consent. We saw results from the last audit showed good compliance with the completion of patient documentation.

Patient care records were stored on a password-protected electronic system. Appropriate procedures were in place to make sure that information was held securely to prevent unauthorised access. The practitioner had carried out training in updated general data protection regulations.

The service was registered with the Information Commissioner’s Office (ICO) (an independent authority for data protection and privacy rights) to ensure the safe storage of confidential patient information.

Feedback from our online survey showed that all patients felt they had been involved in decisions about their care, and provided with sufficient information in a format they could understand. All stated that the treatment procedure, risks and benefits and expected outcome had been explained to them before the treatments. One patient commented:

- ‘Discussed treatment including possible side effects and results.’

What needs to improve
The service did not record consent for sharing relevant information with the patient’s GP and other healthcare professionals in an emergency, if required, (recommendation b).

Patient care records did not document if aftercare given to patients was verbal or written. The type of aftercare provided should be documented in the patient care record to enable more detailed recording of patient care. We will follow this up at a future inspection.
- No requirements.

**Recommendation b**
- The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required.
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 current best practice through training and development. A quality improvement plan should be developed to help evaluate and measure the quality, safety and effectiveness of the service provided.

The service kept up to date with changes in the aesthetics industry, legislation and best practice through subscribing to forums and attending a variety of conferences and training days provided by pharmaceutical companies.

The service had informal partnerships with other experienced aesthetic practitioners. These partnerships helped to provide peer support, advice and best practice and an opportunity to discuss any treatments, procedures or complications.

The service is owned and managed by an advanced nurse practitioner registered with the Nursing and Midwifery Council (NMC). The practitioner engaged in regular continuing professional development through the NMC registration and revalidation process, and annual appraisals. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC, every 3 years.

The practitioner told us they had reviewed findings from inspections that had taken place in other similar services, and used learning from this information to inform and develop the service’s policies and procedures.
What needs to improve
Although the service had good assurance systems such as audits, reviewing and acting on patient feedback, and complaints, there was no overarching quality assurance system or improvement plan. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation c).

■ No requirements.

Recommendation c
■ 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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
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</table>
| a | The service should share improvements or actions taken as a result of feedback with patients to show how this was being used to improve the quality of care provided and how the service was delivered (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.6 |

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
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</table>
| b | The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required (see page 12).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 |
# Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
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<tr>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tr>
<td>c The service should develop and implement a quality improvement plan (see page 14).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

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: his.ihcregulation@nhs.scot
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