Announced Inspection Report: Independent Healthcare

Service: Beaufox Clinic Aesthetics (Glasgow)
Service Provider: Beaufox Clinic Aesthetics Ltd

5 August 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 Beautox Clinic Aesthetics (Glasgow) on Friday 5 August 2022. We received feedback from nine 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 two inspectors.

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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Beautox Clinic Aesthetics (Glasgow), 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>
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<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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</table>
The clinic was clean and modern. A robust system for medicines management would help make sure stock was effectively rotated.

The service manager kept up to date with advances in aesthetics through membership of professional groups. Further developing the quality improvement process would help measure the impact of change and demonstrate a culture of continuous improvement.

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. Patient records should be appropriately audited.

Improvements are required in all aspects of recruitment and staff development. The service had identified and was acting on the need for improved safe systems and processes.

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
Further information about the Quality Framework can also be found on our website at:

What action we expect Beautox Clinic Aesthetics Ltd to take after our inspection

This inspection resulted in five requirements and eight 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

Beautox Clinic Aesthetics Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Beautox Clinic Aesthetics (Glasgow) 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 are involved in decisions about their treatment. Feedback is actively encouraged and acted upon. Training will inform staff of their responsibilities under the duty of candour legislation.

We saw that patients received sufficient information to make an informed decision about the treatments. Treatment information, including the risks and expected outcomes was included in the consent form sent to patients before appointments and discussed during the face-to-face consultation. Almost all patients who responded to our survey said they received adequate information and were fully involved in decisions about their care. Comments included:

- ‘I was able to ask as many questions as I could regarding my procedure and every single one was answered along with deciding which treatment I wanted.’
- ‘... always gave me his recommendations and took on board my suggestions.’

Results from our online survey showed that all patients felt they had been treated with dignity and respect.

Following an appointment at the service, all patients were sent a request for feedback through its software system. The service manager collated and reviewed this feedback, along with any verbal or emailed feedback received. We saw evidence that feedback was escalated to the director where necessary, for example when a clinical issue was raised. We also saw that feedback was discussed at the monthly staff meeting.

A complaints policy detailed the process for managing a complaint and provided information on how a patient can make a complaint to the service or directly to
Healthcare Improvement Scotland at any stage of the complaints process. The complaints policy was given to patients if requested and was displayed in the clinic reception. We saw an example of a complaint that had been managed in line with the complaints policy. Staff had received training on managing a complaint.

A safeguarding (public protection) policy set out a clear protocol to respond to any adult protection concerns.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. The service had a duty of candour policy in place.

**What needs to improve**
The service did not have a participation policy that would provide a structured approach to how feedback is obtained, reviewed and acted upon. While feedback was requested, we saw no evidence that the service shared any improvements as a result of comments from patients (recommendation a).

While it had a policy in place, staff had not received training on duty of candour (recommendation b).

The service had not produced and published a yearly duty of candour report. Even when no incidents requiring the implementation of the duty of candour procedure, a report is still required (recommendation c).

- No requirements.

**Recommendation a**
- The service should develop a and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement The policy should include how the service will share improvements made as a result of feedback with patients.

**Recommendation b**
- The service should ensure staff are trained in the principles of duty of candour.

**Recommendation c**
- The service should produce and publish the annual duty of candour report.
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 clinic was clean and modern. A robust system for medicines management would help make sure stock was effectively rotated. Hand hygiene facilities would allow the service to use all treatment rooms.

The clinic environment was modern, clean and well maintained. Maintenance contracts were in place, including for:

- electrical equipment
- fire safety equipment
- testing the gas boiler, and
- the ventilation system.

An infection prevention and control policy and effective measures were in place to reduce the risk of infection. Feedback from our online survey was positive about patients’ experience of using the service. Patients told us the environment was clean. Comments included:

- ‘Very clean and welcoming environment.’
- ‘Very clean and professional clinic.’

The service had a clinical governance process in place, which included a risk register, risk assessments and a recording system for any accidents or incidents. A monthly audit was carried out covering topics, including infection prevention and control and fire safety in the service. The audit results were discussed at a monthly clinical governance meeting.
What needs to improve
We saw medicines and clinical products that had expired, such as:

- dermal fillers and threads for thread lift procedure
- disinfectant wipes
- lidocaine, saline and eye drops
- personal protective equipment (gloves)
- skin disinfection products, and
- syringes, needles and sterile dressing packs.

We saw other treatment products, such as for skin care that had which were past the ‘best before’ dates (requirement 1).

Some medicines were stored in a suitable, locked pharmacy fridge and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. However, other medicines were stored in a domestic fridge with a broken thermometer (requirement 2).

The service had a room equipped for providing laser treatments. This room did not have a clinical hand wash basin installed. We were told that the room had not been used at the time of our inspection. We will follow this up at future inspections. While local rules were in place for the use of lasers, they had expired. One named authorised user noted in the local rules was no longer employed at the service (requirement 3).

While most equipment inspected was clean and intact, two patient treatment beds were damaged and could not be effectively cleaned as a result. We will follow this up at future inspections.

Requirement 1 – Timescale: immediate
- The provider must implement a stock checking and rotation system and ensure any expired medicines and products are disposed of correctly. All staff should be given training in this system.

Requirement 2 – Timescale: immediate
- The provider must ensure that a suitable fridge is used to store all temperature-sensitive medication.
Requirement 3 – Timescale: immediate

- The provider must review its laser safety arrangements to ensure that a laser protection advisor is appointed to write an updated set of local rules including authorised users to enable the service to offer laser treatments. Laser treatments cannot be carried out until this requirement is met.

- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

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. Patient records should be appropriately audited.

We reviewed four electronic patient care records. Records were stored on a password-protected system and the ability to access full medical records was limited to the care provider who had good knowledge of confidentiality and data protection guidelines. All patients were provided with an assessment form to complete, which requested details of their past medical history, medication and any current concerns. We were told patients had to submit this before their consultation appointment, when this would be discussed and a plan of treatment agreed. We saw that these full assessments were retained on a separate tablet and an abbreviated version was available on the main system.

The electronic system had functions which helped accurately track patient care. It generated appointments, including reviews and provided information about costs. The electronic system also registered all consultations and treatments. Consent to treatment, including for patients to have their photograph taken as well as the risks and benefits of the treatment were included in the consent information. We saw that a consent and review of medical information was carried out for new treatments.

We were told patients were given verbal aftercare advice and we saw that the electronic system recorded that this aftercare advice had been sent to patients. This included the service’s emergency contact details. If required, patients were invited to attend follow-up appointments to review treatment and address any concerns.

Feedback from our online survey showed that the majority of patients were happy with the aftercare advice provided.
What needs to improve

The service did not record the name or contact details of the patients GP or ask patients consent for sharing relevant information with the patient’s GP and other healthcare professionals in an emergency, if required (recommendation d).

Of the four patient care records we reviewed, two did not have the patient’s date of birth recorded. While audits of patient care records were included in the monthly clinical audit, these were not used effectively as a tool to identify areas for improvement. The electronic system in place may have capacity to deliver reports to support the process (recommendation e).

The service was not registered with The Information Commissioner’s Office, this is essential when handling electronic patient data (recommendation f).

On reviewing the patient care records, we found patient care was documented on two electronic systems. The ongoing treatment notes and the medication prescription details were documented separately on an electronic tablet that only the doctor administering the treatment used. This system of separating consultation and treatment meant reviewing a full patient care journey was fragmented. Consideration could be given to establishing one point of access for the complete patient record.

- No requirements

Recommendation d
- The service should record patient GP details and consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required.

Recommendation e
- The service should review and improve the current patient care record auditing process to ensure it sufficiently identifies gaps in patient care records.

Recommendation f
- The service should register with the Information Commissioner’s Office to make sure patient data is handled in a safe and secure way.
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

Improvements are required in all aspects of recruitment and staff development. The service had identified and was acting on the need for improved safe systems and processes.

We looked at three staff files which were limited and contained contracts and basic identification. The service had three staff it employed, though recruitment had pre-dated registration with Healthcare Improvement Scotland. The provider had identified that robust systems of recruitment were required and had contracted a business consultancy to develop human resource policies and procedures.

The service had invested in staff training. We saw records of training staff had completed on healthcare-related topics, such as infection prevention and control. In-house training had also been given on day-to-day service processes, such as complaints management.

What needs to improve

Improvements had been planned in staff recruitment, training and development. We were shown action plans in place to address issues identified. However, the service did not have a framework in place to make sure its recruitment was safer or for staff development at the time of our inspection (requirement 4).

Staff had been interviewed and their feedback was being used to develop job descriptions and the yearly appraisal system. However, during our inspection we found that regular performance reviews and yearly appraisals had not been carried out (requirement 5).

We were not provided with evidence that all staff employed had been checked under the Protecting Vulnerable Groups (PVG) Scheme from Disclosure Scotland. The PVG scheme helps make sure people who are unsuitable to work with children and protected adults cannot do regulated work with these vulnerable groups (recommendation g).
Requirement 4 – Timescale: by 30 December 2022

- The provider must develop and implement a recruitment policy, including for those with practicing privileges, and ensure that it follows guidelines on safer recruitment.

Requirement 5 – Timescale: by 30 December 2022

- The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals.

Recommendation g

- The service should introduce a system to obtain a Disclosure Scotland PVG for all staff. This will ensure that staff are safe to work in the service.
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 manager kept up to date with advances in aesthetics through membership of professional groups. Further developing the quality improvement process would help measure the impact of change and demonstrate a culture of continuous improvement.

The service manager was an experienced surgeon. They used their membership of professional groups to keep up to date with changes in best practice and legislation. The service was also a member of the Association of Scottish Aesthetic Practitioners which promotes the advancement of aesthetic medicine through education and communication. The service manager attended industry conferences to keep up to date with best practice and learning and is registered on a continued professional development programme with a UK aesthetics manufacturer and education provider.

Should any complications arise following treatment, the service was a member of the Aesthetic Complications Expert (ACE) group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions.

We saw minutes of monthly team meetings discussing agenda items, such as new treatments, patient feedback, training and audits. We were told that two online chat room groups were available for staff for administration and clinical discussions.

A business analyst company had been instructed to perform an audit of the service. We saw that this had been carried out recently and included aspects of the service, such as customer satisfaction, systems and policies. The audit also included speaking with staff to obtain their experience of working in the service. The audit included an action plan which the service planned to implement.
What needs to improve
While an independent audit had been carried out and an improvement a plan made, it did not include improvements that staff had made. For example, from the monthly audits and after a review of patient feedback (recommendation h).

- No requirements.

Recommendation h
- The service should further develop the quality improvement plan to measure the impact of improvement initiatives on the service and demonstrate a culture of continuous improvement.
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>
<th>None</th>
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<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>a</strong></td>
<td>The service should develop a and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement. The policy should include how the service will share improvements made as a result of feedback with patients (see page 8).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
</tr>
<tr>
<td><strong>b</strong></td>
<td>The service should ensure staff are trained in the principles of duty of candour (see page 8).</td>
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<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</td>
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<tr>
<td><strong>c</strong></td>
<td>The service should produce and publish the annual duty of candour report (see page 8).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</td>
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### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirements</th>
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</table>
| **1**  The provider must implement a stock checking and rotation system and ensure any expired medicines and products are disposed of correctly. All staff should be given training in this system (see page 10).  

Timescale – immediate  

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

| **2**  The provider must ensure that a suitable fridge is used to store all temperature-sensitive medication (see page 10).  

Timescale – immediate  

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

| **3**  The provider must review its laser safety arrangements to ensure that a laser protection advisor is appointed to write an updated set of local rules including authorised users to enable the service to offer laser treatments. Laser treatments cannot be carried out until this requirement is met (see page 10).  

Timescale – immediate  

*Regulation 3(d)(v)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

<table>
<thead>
<tr>
<th>d</th>
<th>The service should record patient GP details and consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required (see page 12).</th>
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<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</td>
</tr>
<tr>
<td>e</td>
<td>The service should review and improve the current patient care record auditing process to ensure it sufficiently identifies gaps in patient care records (see page 12).</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td>f</td>
<td>The service should register with the Information Commissioner’s Office to make sure patient data is handled in a safe and secure way (see page 12).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.18</td>
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</table>
## Domain 7 – Workforce management and support

### Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
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<tbody>
<tr>
<td>4</td>
<td>The provider must develop and implement a recruitment policy, including for those with practicing privileges, and ensure that it follows guidelines on safer recruitment (see page 13). Timescale – by 30 December 2022</td>
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*Regulation 8*
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

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<th>Requirement</th>
<th>Description</th>
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<tr>
<td>5</td>
<td>The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals (see page 13). Timescale – by 30 December 2022</td>
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*Regulation 12(c)(i)*
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendation

<table>
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<tr>
<th>Recommendation</th>
<th>Description</th>
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<tr>
<td>g</td>
<td>The service should introduce a system to obtain a Disclosure Scotland PVG for all staff. This will ensure that staff are safe to work in the service (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</td>
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### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
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<tr>
<th>Recommendation</th>
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</table>
| **The service should further develop the quality improvement plan to measure the impact of improvement initiatives on the service and demonstrate a culture of continuous improvement (see page 15).**  

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
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot