Announced Inspection Report: Independent Healthcare

**Service:** Empire Beauty Clinic Ltd, Dundee  
**Service Provider:** Empire Beauty Clinic Ltd  

13 September 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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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 Empire Beauty Clinic Ltd on Tuesday 13 September 2022. We spoke with a number of staff during the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors (one of whom was observing.

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 Empire Beauty Clinic Ltd, the following grades have been applied to three key quality indicators inspected.

| Key quality indicators inspected |
|----------------------------------|-------------------------------------------------|
| **Domain 2 – Impact on people experiencing care, carers and families** | |
| **Quality indicator** | **Summary findings** | **Grade awarded** |
| 2.1 - People’s experience of care and the involvement of carers and families | Patients were extremely satisfied with the service provided. Patients were provided with information about treatments before a plan of care was agreed. Although the service sought verbal patient feedback, this was not formally reviewed to show how it would help to continue to improve the quality of the service provided. | ✓ Satisfactory |
### Key quality indicators inspected (continued)

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

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<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>The care environment and patient equipment was clean and well maintained and policies and procedures were in place to maintain a safe environment. The service should develop an audit programme and systems to manage risk within the service. Medication should be prescribed in line with safe medicines management guidance.</td>
<td>Unsatisfactory</td>
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#### Domain 9 – Quality improvement-focused leadership

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<th>Quality indicator</th>
<th>Summary findings</th>
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<td>9.4 - Leadership of improvement and change</td>
<td>The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national groups and training events. A quality improvement plan would help to improve the quality of the service provided, and help make sure the delivery of treatments is safe and effective.</td>
<td>Satisfactory</td>
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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

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<th>Quality indicator</th>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>The service kept patient care records securely. Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. GP details, and next of kin or emergency contact details should all be recorded in patient care records along with consent for sharing information with other healthcare staff.</td>
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</table>
Additional quality indicators inspected (ungraded) (continued)

Domain 7 – Workforce management and support

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<th>Quality indicator</th>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>All electronic staff files were stored securely, and included details of staff training. Relevant Disclosure Scotland Protecting Vulnerable Groups (PVG) checks were carried out on all staff.</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 Empire Beauty Clinic Ltd to take after our inspection**

This inspection resulted in two 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Empire Beauty Clinic 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 Empire Beauty Clinic Ltd for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

This section is where we report 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 extremely satisfied with the service provided. Patients were provided with information about treatments before a plan of care was agreed. Although the service sought verbal patient feedback, this was not formally reviewed to show how it would help to continue to improve the quality of the service provided.

The service’s website provided detailed information on the aesthetic treatments available, and costs. We were told patients also used the service based on recommendations from friends and also from reviews on social media sites. The practitioner provided verbal and written information following any enquiries, including information about treatment options, before patients agreed to any treatments.

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.

The clinic promoted the privacy, dignity and confidentiality of its patients. For example, locks on doors and window blinds in the treatment room helped maintain patient privacy.

Results from our online survey showed that patients felt involved in their treatment and were confident in the service. Comments included:

- ‘Felt extremely comfortable with technician.’
- ‘Always makes sure I’m OK, comfortable, treatment is OK during the session.’
The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when things go wrong).

The service had recently updated its complaints policy. Patients were able to access information on making complaints on the service’s website. The service had not received any complaints since its registration.

**What needs to improve**

The service’s participation policy detailed how feedback and reviews could be left. We saw that reviews from patients were left 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).

The service’s website provided information on aesthetic treatments. However, it should only advertise treatments that the service offers. We will follow this up at future inspections.

- No requirements.

**Recommendation a**

- The service should develop a more robust system for the collection and analysis of patient feedback.
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 care environment and patient equipment was clean and well maintained and policies and procedures were in place to maintain a safe environment. The service should develop an audit programme and systems to manage risk within the service. Medication should be prescribed in line with safe medicines management guidance.

The clinic environment and equipment was clean, well maintained and fit for purpose. All equipment was in good condition, and external contractors regularly tested and maintained the heating systems and electrical appliances. Appropriate fire safety equipment and signage was in place.

Appropriate and up-to-date policies and procedures helped to support the safe delivery of care, including:

- information management
- infection prevention and control,
- medication management, and
- safeguarding (public protection).

Cleaning of the clinic environment and equipment was carried out in between patient appointments, and we were told that an external contractor also carried out a weekly deep clean of the service.

A waste contract was in place for the safe disposal of syringes, needles and other clinical waste and waste transfer notes were kept, in line with guidance.
The service had a good supply of personal protective equipment to help reduce the risk of cross-contamination, such as face masks, gloves and aprons.

All patients who responded to our survey agreed the environment was clean and in a good state of repair. Comments included:

- ‘Clean but comfortable.’
- ‘Clean, tidy, spacious, warm private room for treatment, and modern décor.’

A system was in place to record the temperature of the clinical fridge to check that medicines were stored at the correct temperature. All medicines and single-use patient equipment was in-date.

There were suitable systems and processes in place for the safe use of intense pulse light therapy (IPL). A laser protection advisor was in place to make sure the service followed laser safety guidance. The most recent report found the service was fully compliant. Staff using the machine staff had completed appropriate laser safety training. ‘Local rules’ were displayed, which are the local arrangements to manage laser safety usually developed by the laser protection advisor. The service had a nominated laser protection supervisor in place.

**What needs to improve**

A fire risk assessment and IPL risk assessment was in place. However, the service did not have an effective process in place for risk management. All risks to patients and staff in the service must be effectively managed continuously. Proactive risk management processes must be developed, which include a comprehensive risk register and appropriate risk assessments to protect patients and staff (requirement 1).

The service did not use any prescription-only medicines, such as Botulinum toxin and the practitioner was not a nurse prescriber. The service had a contract with a nurse prescriber to prescribe medication in the event of an emergency. However, some medication stored on the premises had individual names recorded on their labels and it was not clear how this medication would be prescribed to another patient (requirement 2).
While a cleaning was carried out, we saw no evidence of a regular audit schedule of the activities being followed in the service. A programme of regular audits should be implemented which, as a minimum, includes:

- medicine management, including checking expiry dates of single-use equipment and medicines
- patient care records, and
- infection control (recommendation b).

The environment was visibly clean and clutter free and we were told that staff regularly carried out cleaning. While we saw a checklist in place for cleaning, it only recorded when cleaning was completed daily. The checklist did not detail what was cleaned or with what cleaning product or referenced any cleaning policy (recommendation c).

While the service was clean, we did not see any evidence that clinical hand wash basins were being cleaned with 1000ppm chlorine solution in line with national guidance (recommendation d).

All medication we saw was in date. However, the service had no formal process in place to check and record expiry dates of medication (recommendation e).

**Requirement 1 – Timescale: immediate**
- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

**Requirement 2 – Timescale: immediate**
- The provider must ensure that as an independent clinic, any stock of medication that they hold, must be able to be prescribed to individual patients.

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

**Recommendation c**
- The service should develop a cleaning checklist for the general environment and patient equipment in line with best practice guidance.
Recommendation d

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks.

Recommendation e

- The service should implement a medication checklist.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

The service kept patient care records securely. Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. GP details, and next of kin or emergency contact details should all be recorded in patient care records along with consent for sharing information with other healthcare staff.

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 and aftercare information. They also received medical and consultation forms to be complete and returned before their appointment so that they could be reviewed.

Patient feedback from our survey was very positive about their experience of using the service. All respondents told us they felt involved in decisions about their care. They also told us they were informed about the risks and benefits before going ahead with treatment. Comments included:

- ‘Had consult before treatment commenced, all my questions were answered fully.’
- ‘Appointment ran on time, not rushed, pleasant.’

Patient care records were stored on a password-protected electronic database. We looked at five electronic patient care records and saw evidence that patients were fully informed before they consented to treatment.
We reviewed five electronic patient care records and saw evidence of consultations for all treatments, including:

- the patient’s medical history
- medication
- previous aesthetic treatments
- treatment options, and
- risks and benefits of treatment.

Patients were asked to consent to treatment and consent to have their photograph taken and shared for marketing purposes. Patients were given written aftercare advice after their treatment.

The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights). The service used electronic records which were stored securely an electronic devices. Access to any electronic information was password-protected to maintain confidentiality of patient information in line with data protection legislation.

**What needs to improve**

The patient care record did not have space to record the contact details for the patient’s next of kin, emergency contact or GP (recommendation f).

From the patient care records we reviewed, we found no evidence of patients consenting to sharing information with other healthcare professionals in the case of an emergency (recommendation g).

■ No requirements.

**Recommendation f**

■ The service should ensure patients’ GP and next of kin/emergency contact details are recorded in the patient care record in case of an emergency.

**Recommendation g**

■ The service should ensure that consent to share information with other healthcare professionals in case of an emergency is documented in patient care records.
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

All electronic staff files were stored securely, and included details of staff training. Relevant Disclosure Scotland Protecting Vulnerable Groups (PVG) checks were carried out on all staff.

All appropriate recruitment checks including Protecting Vulnerable Groups (PVG) were in place, in line with the service’s practicing and privileges policy. The emergency prescriber was registered with the Nursing and Midwifery Council (NMC) and had completed all mandatory training as part of their professional registration.

We found that signed contracts and practicing privileges checklist were in place for the emergency prescriber and we saw evidence of some pre-employment safety checks carried out before they began working in the service, such as:

- courses attended
- evidence of accredited online training completion
- NMC registration
- qualifications, and
- two references.

We saw that an induction checklist was fully completed for the emergency nurse prescriber granted practicing privileges.

- No requirements.
- No recommendations.
Vision and leadership

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

Domain 9 – Quality improvement-focused leadership

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

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national groups and training events. A quality improvement plan would help to improve the quality of the service provided, and help make sure the delivery of treatments is safe and effective.

The service was managed by a nurse registered with the Nursing and Midwifery Council (NMC) and a member of aesthetics forums.

The practitioner kept up to date with clinical practice through ongoing training and development, as well as attending training events. This made sure the service kept up to date with changes in the aesthetics industry, legislation and current guidance. Update training in infection prevention and control and basic life support was carried out every year. They were also aware of their NMC revalidation requirements.

What needs to improve

We were told the practitioner had made various improvements to the service. However, this was not recorded and the service did not have a quality improvement plan to help structure and record any improvements made. A formal quality improvement plan would allow the service to measure the impact of change and demonstrate a culture of continuous improvement. The improvement plan should be informed from audits, risk assessments, education and patient feedback (recommendation h).

We were told of a peer group where the practitioner and other aesthetics practitioners met every 3 months to share learning and discuss updates in current practice. However, minutes of this were not recorded. We will follow this up at future inspections.
No requirements.

**Recommendation h**

- The service should develop and implement a quality improvement plan which should be informed from audits and risk assessments and patient feedback to formalise and direct the way it drives and measures improvements.
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.

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<th>Domain 2 – Impact on people experiencing care, carers and families</th>
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<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
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<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>a The service should develop a more robust system for the collection and analysis of patient feedback (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

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<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>1 The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 11).</td>
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Timescale – immediate

*Regulation 13(2)(a)*

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

#### Requirements

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<td><strong>2</strong></td>
<td>The provider must ensure that as an independent clinic, any stock of medication that they hold, must be able to be prescribed to individual patients (see page 11).</td>
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**Timescale** – immediate

*Regulation 3 (d)(iv)*

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

#### Recommendations

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<td><strong>b</strong></td>
<td>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented (see page 11).</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

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<tr>
<td><strong>c</strong></td>
<td>The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance (see page 11).</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 4.11

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<td><strong>d</strong></td>
<td>The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks (see page 12).</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 4.11

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<td><strong>e</strong></td>
<td>The service should implement a medication checklist (see page 12).</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 4.11

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<td><strong>f</strong></td>
<td>The service should ensure patients’ GP and next of kin/emergency contact details are recorded in the patient care record in case of an emergency (see page 13).</td>
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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 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
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<tr>
<th>Recommendations</th>
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<tr>
<td><strong>g</strong> The service should ensure that consent to share information with other healthcare professionals in case of an emergency is documented in patient care records (see page 13).</td>
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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

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<tr>
<td>None</td>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tr>
<td><strong>h</strong> The service should develop and implement a quality improvement plan which should be informed from audits and risk assessments and patient feedback to formalise and direct the way it drives and measures improvements (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
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
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