Announced Inspection Report: Independent Healthcare

**Service:** Perfection & Co (Scotland) Limited, Dundee

**Service Provider:** Perfection & Co (Scotland) Limited

29 March 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.contactpublicinvolve@nhs.scot
Contents

1  A summary of our inspection  4

2  What we found during our inspection  7

Appendix 1 – Requirements and recommendations  15
Appendix 2 – About our inspections  17
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 Perfection & Co (Scotland) Limited on Tuesday 29 March 2022. We spoke with a number of staff 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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Perfection & Co (Scotland) Limited, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>The clinic area was clean, well maintained and equipment was fit for purpose. Policies were in place to maintain a safe environment and were regularly reviewed. Audits were in place. The service should develop systems to manage risk within the service. The service should implement an appropriate assurance system for medication.</td>
<td>✓ Satisfactory</td>
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## Key quality indicators inspected (continued)

### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The practitioner kept up to date with changes in the aesthetics industry, legislation and best practice guidance through membership with national groups and training events. The service’s quality improvement plan should be more detailed.</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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Emergency contact details and consent to share information with the patient’s GP was recorded in the patient care record. While pre-treatment information was sent to patients, the outcome of face-to-face consultations was not always recorded in the patient record.</td>
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### Domain 7 – Workforce management and support

<table>
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<th>Quality indicator</th>
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<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>A practicing privileges policy was in place. Recruitment checks, including references, qualifications, professional registration and training had been completed. The service must obtain a PVG for all staff working in the service.</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:

What action we expect Perfection & Co (Scotland) Limited to take after our inspection

This inspection resulted in three requirements and three 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

Perfection & Co (Scotland) 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 Perfection & Co (Scotland) Limited for their assistance during the inspection.
2 What we found during our inspection

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 area was clean, well maintained and equipment was fit for purpose. Policies were in place to maintain a safe environment and were regularly reviewed. Audits were in place. The service should develop systems to manage risk within the service. The service should implement an appropriate assurance system for medication.

The service had appropriate, up-to-date policies in place to support safe care. The policies were regularly reviewed and included:

- consent and consultation
- duty of candour
- medication
- privacy and dignity, and
- safeguarding.

The clinic area was clean, well maintained and equipment was fit for purpose. The correct cleaning products were used to clean the service. The infection prevention and control policy was in line with best practice guidance. Patient appointments were arranged with appropriate gaps between to allow for appropriate cleaning to be carried out and at the end of the day.
To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment available, including:

- aprons
- fluid-resistant face masks
- gloves, and
- single-use items, such as syringes and needles.

The door to the service was locked in between patients and the treatment room door appropriately closed in between appointments for privacy and dignity.

A contract was in place for disposal of clinical waste. Waste transfer notes were kept, in line with guidance. Equipment, such as the treatment couch was in good condition. Stock cupboards were well organised and not overfilled with surplus stock or equipment.

A programme of environmental and clinical audits were carried out to make sure the safe delivery of care was monitored and reviewed. Audits included infection control, hand hygiene and records audit. These audits showed the service had good compliance and oversight of practice and procedures.

Patient feedback from our survey was very positive about their experience of using the service. Some comments included:

- ‘Clinic room was very clean and organised, along with the rest of the shop. [the practitioner] showed me her opening up everything which was reassuring.’
- ‘Spotless environment.’
- ‘From the minute I arrived, until I left, I felt a high level of professionalism and organisation.’

We saw a safe system for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked cupboard or a drug refrigerator and were in-date.

Arrangements in place to deal with medical emergencies included training and first aid supplies. In-date medicines were available that could be used in an emergency, such as adrenaline.

A fire risk assessment was in place, which was reviewed every year.
The practitioner was aware of the reporting process to Healthcare Improvement Scotland. No accidents, incident or adverse events had occurred since the service was registered in October 2018.

**What needs to improve**

The service did not have an effective process 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
- appropriate risk assessments to protect patients and staff, and
- an accident and incident investigation procedure (requirement 1).

The service had two cleaning checklists in place - one to be completed twice a week and the other monthly. The checklist for cleaning twice a week was not fully completed. The service also did not have a medication checklist in place or carry out medication audits (recommendation a).

We found that the service was not using single-use mops to clean the floor (recommendation b).

While the service carried out audit, it did not carry out a medication audit. We will follow this up at future inspections.

**Requirement 1 – Timescale: immediate**

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

**Recommendation a**

- The service should implement appropriate assurance systems for medication, including medication checklist and audit.

**Recommendation b**

- The service should ensure that single-use mop heads are used for cleaning.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Emergency contact details and consent to share information with the patient’s GP was recorded in the patient care record. While pre-treatment information was sent to patients, the outcome of face-to-face consultations was not always recorded in the patient record. Consent was recorded for treatment.

In the five patient care records we reviewed, we saw documented evidence of patient medical history, medications and allergies. We saw that patients receiving anti-wrinkle treatment had a face-to-face consultation which was recorded in the patient care record. Patients were asked to consent to each treatment and we saw that the practitioner and patients had signed these patient care records.

It is good practice for services to share information about prescribed treatments and medical devices administered with the patient’s GP. Patients’ GP details and consent to share information with GP were recorded in patient care records we reviewed. Emergency contact details were also recorded.

Following treatment, patients were given verbal and written aftercare information, including the emergency contact details of the practitioner. We found this documented in the patient care records we reviewed.

Patient care records were in electronic format and tablets were used which were password-protected and could be stored securely. A review appointment was offered if required to make sure that patients were satisfied with the outcome of their treatment.

All patients who responded to our survey agreed they been involved in decisions about their care and treatment. They also told us they had been given time to reflect on their treatment option before consenting to the treatment. Comments included:

- ‘Informative pre-consultation. Included price of treatment, information relating to the procedure, benefits and side effects also mentioned.’
- ‘The consultation was thorough, and I was able to make an informed choice based on the information provided.’
What needs to improve
We found that patients attending for dermal fillers had received pre-treatment information. However, the outcome of the face-to-face consultation was not recorded in the patient care record (requirement 2).

Requirement 2 – Timescale: immediate
- The provider must document all consultations in the patient care records.
- No recommendations.

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

A practicing privileges policy was in place. Recruitment checks, including references, qualifications, professional registration and training had been completed. The service must obtain a PVG for all staff working in the service.

We reviewed staff files of staff granted practicing privileges to work in the service (staff not employed directly by the provider but given permission to work in the service). The service had a practicing privileges policy in place.

Signed contracts and practicing privileges checklist were in place for all employees and we saw evidence of some pre-employment safety checks carried out before they began working in the service, such as:

- two references
- courses attended
- evidence of mandatory online training completed
- Nursing and Midwifery Council (NMC) registration, and
- qualifications.

We saw that an induction checklist was fully completed for each member of staff granted practicing privileges. Yearly appraisals had been completed for staff working in the service for over 12 months.
Every 4 months, the service manager audited the patient care records, infection control and emergency procedures practice of staff granted practicing privileges.

**What needs to improve**

As part of its process for granting practicing privileges, the service accepted a copy of the practitioner’s own Protecting Vulnerable Groups (PVG) certificate, rather than carrying out its own PVG checks (requirement 3).

**Requirement 3 – Timescale: by 29 June 2022**

- The provider must carry out pre-employment checks, including obtaining references and Protecting Vulnerable Groups checks in line with current legislation and best practice guidance to make sure it does not employ any person that is unfit.

- 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 practitioner kept up to date with changes in the aesthetics industry, legislation and best practice guidance through membership with national groups and training events. The service’s quality improvement plan should be more detailed.

The service was owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC) owner who is also a member of several forums.

A range of methods were used to gather patient feedback and this was regularly reviewed and evaluated. We were told the service had not received any negative feedback, or complaints, since the service registered in June 2019.

The practitioner kept up to date with best practice through ongoing training and development and attending a number of training events. This helped the service keep up to date with changes in the aesthetics industry, legislation and best practice guidance.

The service had a formal quality improvement plan in place.

We were told of a peer group where the practitioner and another aesthetics practitioners met every 3 months to share learning and discuss updates in current practice.

What needs to improve

The service improvement plan lacked sufficient detail to help structure and record service improvement processes and outcomes. More detail would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation c).
We were told of a peer group where the practitioner and another aesthetics practitioner met every 3 months to share learning and discuss updates in current practice. However, minutes of these meetings were not recorded. We will follow this up at future inspections.

- No requirements.

**Recommendation c**

- The service should continue to develop its quality improvement plan, which should be informed from audits and risk assessments and patient feedback 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.

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

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<th>Requirements</th>
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<tr>
<td><strong>1</strong></td>
<td>The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 9).</td>
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<tr>
<td>Timescale – immediate</td>
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<tr>
<td>*Regulation 4(2)*</td>
<td>*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*</td>
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<td><strong>2</strong></td>
<td>The provider must document all consultations in the patient care records (see page 11).</td>
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<tr>
<td><strong>a</strong></td>
<td>The service should implement appropriate assurance systems for medication, including medication checklist and audit (see page 9).</td>
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<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
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### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

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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

### Domain 7 – Workforce management and support

<table>
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Timescale – by 29 June 2022

Regulation 8(a)

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

<table>
<thead>
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<th>Recommendations</th>
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<tbody>
<tr>
<td>None</td>
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### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
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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](mailto:his.ihcregulation@nhs.scot)