Announced Inspection Report: Independent Healthcare

**Service:** The Cosmetix Clinic, Paisley  
**Service Provider:** The Cosmetix Clinic Limited

23 March 2022
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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 The Cosmetix Clinic on Wednesday 23 March 2022. We spoke with service manager and staff during the inspection. We also received feedback from nine patients through an online survey we had asked the service to issue us before the inspection.

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 The Cosmetix Clinic, 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 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Good systems were in place to ensure patient care was delivered safely. An audit programme helped to identify and manage risk in the service. Botulinum toxin should be used in line with the manufacturer’s and best practice guidance.</td>
<td>✔️ Good</td>
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</table>
### 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>Staff told us that leadership was supportive and open to new ideas. A quality improvement plan helped the service identify how it could further improve, and the service could show how it was open and receptive to making improvements. Staff meetings and actions taken should be formally documented.</td>
<td>✓ Satisfactory</td>
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### Additional quality indicators inspected (ungraded)

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

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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive assessments and aftercare reviews were carried out for all patients. Patient care records were up to date, legible and securely stored. Patients’ addresses and consent for sharing information with other healthcare staff in the event of an emergency should be recorded.</td>
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#### Domain 7 – Workforce management and support

<table>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Suitable and safe recruitment practices were in place. However, proof of identity should be obtained before staff start work in the service. Although staff had opportunities for training and development, a formal induction plan should be developed. Staff appraisals must be carried out for all staff members.</td>
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</table>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

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

What action we expect The Cosmetix Clinic Limited to take after our inspection

This inspection resulted in one requirement and five 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

The Cosmetix Clinic Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Cosmetix Clinic 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**

Good systems were in place to ensure patient care was delivered safely. An audit programme helped to identify and manage risk in the service. Botulinum toxin should be used in line with the manufacturer’s and best practice guidance.

We saw that all areas of the clinic were clean and equipment was in good working order. We saw that housekeeping staff were using appropriate chlorine-based cleaning products for sanitary fixtures and fittings, and colour coded equipment. Weekly cleaning schedules were completed and kept up to date. We saw that audits of cleaning schedules were also carried out.

An infection prevention and control policy was in place and we saw good compliance with infection prevention and control procedures. This included the safe disposal of medical sharps, such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of personal protective equipment available (disposable gloves and aprons).

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 emergency 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 about any medicine-related adverse events.

We saw equipment maintenance contracts were in place and regular servicing was carried out, such as portable appliance testing (for electrical appliances and equipment to ensure they are safe to use). Fire safety checks were carried out regularly and the service manager had recently updated the fire risk assessment. Accident reporting procedures were clear and a log book was in place to record and monitor accidents and incidents. While no accidents or incidents had been recorded since the service registered in June 2018, the manager was aware of the need to report certain incidents to Healthcare Improvement Scotland, and under health and safety legislation.

An audit programme monitored the safe delivery and quality of care. Audits included hand hygiene, patient care records and medicine management. Areas for improvement were documented as part of the audit process.

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

- ‘The clinic is impeccably clean.’
- ‘The clinic is very clean and professional.’

**What needs to improve**

The service used stored single patient use botulinum toxin for up to 2 weeks for the follow-up appointment. This is not in line with the manufacturer’s guidance which requires botulinum toxin to be administered within 24 hours after preparation (recommendation a).

A number of policies were in place which were easily accessible for staff. The service manager was responsible for reviewing and updating the service’s policies every year. However, no system was in place to ensure that all staff had read and understood each policy and any updates. We discussed with the service how this could be improved, for example by implementing a system to ensure that all staff have read and understood the service’s policies and procedures. We will follow this up at a future inspection.

- No requirements.

**Recommendation a**

- The service should ensure botulinum toxin is used in line with the manufacturer’s and best practice guidance, and update its medicines management policy to accurately reflect the processes in place.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive assessments and aftercare reviews were carried out for all patients. Patient care records were up to date, legible and securely stored. Patients’ addresses and consent for sharing information with other healthcare staff in the event of an emergency should be recorded.

We reviewed five electronic patient care records. We saw that comprehensive assessments and consultations were carried out for all new and returning patients. This included a medical history, any health conditions, medications, previous treatments and any areas which would highlight any risks associated with the treatment, such as pregnancy or any previous allergic reactions. Records were kept of each treatment session, including a diagram of the treated area. Each time a patient visited, their initial assessment was reviewed and updated and the patient was consented for further treatment. Patients were given a period of time to consider their treatment options after the consultation.

Verbal and written aftercare advice was given. This included the service’s emergency contact details, and the medicine dosage and batch numbers for the patient’s reference. Patients were invited to attend a free follow-up appointment. This allowed the service to ensure patients were happy with their results, discuss any additional treatment or provide further advice.

All patient care records that we looked at were up to date, legible and signed. Staff had completed updated data protection training and we saw data protection principles were followed. For example, patient information was held securely to prevent unauthorised access, in password-protected computers.

Feedback from our online survey showed that all patients felt they had been involved in decisions about their care. All stated that the treatment procedure, risks and benefits and expected outcome had been explained to them before the treatments. Comments included:

- ‘I always feel that at every appointment I’ve attended I am able to tell the staff exactly the results I want to achieve.’
- ‘The consultation is always thorough.’
- ‘Always fully informed before treatment.’
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, and patient addresses were inconsistently documented in patient care records (recommendation b).

- 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, and ensure patient addresses are included 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

Suitable and safe recruitment practices were in place. However, proof of identity should be obtained before staff start work in the service. Although staff had opportunities for training and development, a formal induction plan should be developed. Staff appraisals must be carried out for all staff members.

We reviewed five staff files, including three for staff members granted practicing privileges (staff not employed by the provider but given permission to work in the service). We saw a practicing privileges policy and evidence of individual practicing privileges arrangements. We also saw that pre-employment checks had been completed before staff were permitted to work in the service. This included:

- indemnity insurance
- qualifications
- Protecting Vulnerable Groups (PVG) checks
- professional registration, and
- references.
Staff completed a 3-month probationary period, and met regularly with the service manager during this time. Staff we spoke with had a good understanding of their role and responsibilities.

Staff spoke favourably about the opportunities available to attend additional training and events to support their continuous professional and personal development. We noted that staff were provided with opportunities to carry out continued education. This included postgraduate courses in cosmetic medicine.

A mandatory training programme ensured staff maintained their skills and knowledge in a number of areas, including public protection (safeguarding), infection prevention and control, and fire safety. The service used internal and external training and education materials to keep staff up to date with relevant practice.

**What needs to improve**

Staff did not receive an annual appraisal. Regular review of staff performance must take place (requirement 1).

From the staff records we reviewed, we saw that not every new member of staff had supplied proof of identity (recommendation c).

The service manager described the induction process to help new staff gain an effective understanding of their new role. This included a period of shadowing, training and supervision. However, a formal role specific documented induction package was not completed (recommendation d).

**Requirement 1 – Timescale: by 13 October 2022**

- The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated.

**Recommendation c**

- The service should obtain proof of identity for new members of staff.

**Recommendation d**

- The service should develop a formal role-specific documented induction package for new members of staff to make sure they have the appropriate support to gain the knowledge and skills required for their role.
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

Staff told us that leadership was supportive and open to new ideas. A quality improvement plan helped the service identify how it could further improve, and the service could show how it was open and receptive to making improvements. Staff meetings and actions taken should be formally documented.

The service manager carried out daily walkrounds of the clinic. This included checking equipment, compliance with policies and procedures, and observing staff behaviour. Any issues or staff non-compliance were discussed at the time and dealt with immediately.

A daily staff huddle took place with all staff where any issues relating to staffing, infection prevention and control, and the running of the clinic were discussed. This meant that staff were regularly kept up to date with any changes or ongoing issues.

Staff we spoke with were complimentary about the service manager and how they were approachable and responsive. They told us they were able to discuss any concerns or raise areas for improvement in the service.

We saw evidence that the service had recently introduced a quality improvement plan. This helped to improve the quality of the service provided, and ensure the delivery of safe and effective treatments. Any resulting action plans were informed by learning from patient feedback, staff meetings and audits.

The service manager told us they regularly reflected on patient feedback received and used that to drive improvement. For example, the service had altered opening times to give patients greater flexibility when booking an
appointment, and the new electronic patient care record system allowed the service to access patient information more efficiently so that more time could be spent with patients.

The service is a member of a variety of industry specific and national organisations. This included the British Association of Cosmetic Nurses and the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. The service also subscribed to forums, and attended regular conferences and training days provided by pharmaceutical companies. This helped the service keep up to date with current product knowledge, techniques and best practice.

From staff files, we saw that all registered nurses the service employed had their Nursing and Midwifery Council (NMC) registration checked and completed revalidation, if required. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers to their professional body, such as the NMC, every 3 years.

What needs to improve
The service manager told us that informal staff meetings take place. However, minutes from the meetings were not taken (recommendation e).

- No requirements.

**Recommendation e**
- The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions. Minutes from staff meetings should be shared with all staff.
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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<thead>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>a. <strong>The service should ensure botulinum toxin is used in line with the manufacturer’s and best practice guidance, and update its medicines management policy to accurately reflect the processes in place (see page 8).</strong></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

| b. **The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required, and ensure patient addresses are included in patient care records (see page 10).** |

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 7 – Workforce management and support

## Requirement

1. The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated (see page 11).

   Timescale – by 13 October 2022

   *Regulation 12(c)(i)*

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

## Recommendations

**c** The service should obtain proof of identity for new members of staff (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

**d** The service should develop a formal role-specific documented induction package for new members of staff to make sure they have the appropriate support to gain the knowledge and skills required for their role (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

# Domain 9 – Quality improvement-focused leadership

## Requirements

None

## Recommendation

**e** The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions. Minutes from staff meetings should be shared with all staff (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
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:

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Gyle Square
1 South Gyle Crescent
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EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot