Announced Inspection Report: Independent Healthcare

Service: Emma Gabellone Aesthetics, Leven
Service Provider: Emma Gabellone

26 November 2021
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 Emma Gabellone Aesthetics on Friday 26 November 2021. We spoke with the owner (practitioner) during the inspection. We received feedback from eight 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 Emma Gabellone Aesthetics, 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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<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</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>The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. However, quality assurance processes and systems should be further developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. Staff meetings and actions taken should be formally documented.</td>
<td>Unsatisfactory</td>
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The following additional quality indicator was 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>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records contained initial consultation information including treatments and consent to treatment. GP details, consent to sharing information with other healthcare professionals and next of kin or emergency contact details should all be recorded in patient care records. Patients should receive appropriate written aftercare.</td>
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</table>

#### Domain 7 – Workforce management and support

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<th>Quality indicator</th>
<th>Summary findings</th>
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<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>A practicing privileges policy must be developed for staff working in the service. This will ensure all safety checks, contracts and staff training has been completed and is up to date.</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: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

**What action we expect Emma Gabellone to take after our inspection**

This inspection resulted in five requirements and 11 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

Emma Gabellone, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Emma Gabellone Aesthetics 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 service was clean and well maintained. However, the service should have appropriate processes and procedures in place to manage risk and ensure a safe environment for patients and staff. This should include key policies including management of adverse events and duty of candour. An audit programme should be introduced to review the safe delivery and quality of the service.

The clinic area was clean and equipment was fit for purpose. We noted that the correct cleaning products were being used to clean the service. The practitioner told us about the additional cleaning that was introduced in response to the COVID-19 pandemic. Patient appointments were arranged with appropriate gaps between to allow for appropriate cleaning to be carried out.

We saw alcohol-based hand rub was available throughout the service. A good supply of personal protective equipment, such as face masks, aprons and gloves, was also available for staff and patients. Appropriate infection prevention and control signage was displayed in the treatment room.

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

Before attending an appointment, patients completed a COVID-19 screening questionnaire. This included information on the patient’s vaccination status, which may impact on the treatments available to the patient. Patients were advised not to attend the clinic if they had any COVID-19 symptoms.
The service had updated its infection prevention and control policy to include additional information on COVID-19.

The practitioner was aware of the reporting process to Healthcare Improvement Scotland. We noted that no accidents, incident or adverse events had occurred since the service was registered in October 2018.

Although the service had not received any complaints, its complaints policy advised patients they could complain to Healthcare Improvement Scotland at any time.

The service’s medicine management policy was based on best practice guidelines. This included information on administration, storage, procuring and prescribing of medications. Medicines were kept in the service’s medical fridge and temperature checks were carried out and recorded daily. This made sure that medicines were stored at the correct temperature. Where possible, equipment for treatments were single use to minimise the risk of infection.

Emergency medicines were available to respond to any complication or adverse reactions to treatment. Patients could contact the practitioner out of hours if they had any concerns following their treatment.

We saw an up-to-date fire risk assessment.

Feedback from our online survey included the following comments:

- ‘Very friendly and helpful, clinic is very private and it was a nice experience.’
- ‘The clinic is very clean and professional, very modern and lovely to be in.’

**What needs to improve**

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
- appropriate risk assessments to protect patients and staff, and
- an accident and incident investigation procedure (requirement 1).

We noted that bins were available for the disposal of sharps and also for clinical and non-clinical waste. A contract was in place for the safe removal of sharps and other clinical waste from the premises. However, the clinical waste bin
being used to dispose of botulinum toxin was not suitable. There was no evidence that this was being appropriately segregated from other clinical waste and being disposed of correctly, in line with national waste legislation. We also noted waste transfer notes were not being used (requirement 2).

The environment was visibly clean and clutter free. We were told that cleaning was regularly carried out by staff. However, there was no documented evidence to show cleaning was taking place (recommendation a).

All equipment used on patients was single use to minimise the risk of infection. However, the service had purchased items including syringes which were not individually pre-wrapped (recommendation b).

We saw no evidence of audit activity carried out in the service. A programme of regular audit should be implemented which, as a minimum, should include:

- medicine management, including checking expiry dates of single-use equipment and medicines
- patient care records, and
- health and safety (recommendation c).

We saw no evidence of a programme of regular review to make sure policies and procedures were kept up to date, such as if legislation changed. With the exception of the infection prevention and control policy, all policies were out of date and had no imminent review date (recommendation d).

We also noted a number of key policies were not in place, including the management of adverse events and duty of candour. Duty of candour shows how the service would meet its professional responsibilities to be honest with patients if things went wrong (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 arrange for all hazardous waste produced by the service to be segregated and disposed of safely in line with national waste legislation. A waste transfer note must also be used each time waste is collected from the service.
Recommendation a
■ The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.

Recommendation b
■ The service should ensure all single-use items purchased are individually pre-wrapped to minimise the risk of infection.

Recommendation c
■ 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 d
■ The service should introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance.

Recommendation e
■ The service should ensure that all key policies are in place, including the management of adverse events and duty of candour.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records contained initial consultation information including treatments and consent to treatment. GP details, consent to sharing information with other healthcare professionals and next of kin or emergency contact details should all be recorded in patient care records. Patients should receive appropriate written aftercare.

Patient notes were primarily paper documents which were kept in a locked cupboard in the service. The practitioner was the only person able to access the notes.

We reviewed five patient care records and saw that these contained information about the patient’s initial consultation, including outcomes and proposed treatment plans. We were told treatment costs were discussed during the initial consultation.
We saw that all patients had consent to treatment forms completed, which included details of the risks and benefits of treatment. Consent was also obtained for sharing photographs. Patients’ and practitioner signatures were noted on the majority of documentation reviewed. A record of treatment and medication batch numbers including expiry dates for medicines used were also included in the patient care records.

Patients were given verbal advice after their treatments, including information about contacting the practitioner out of hours if required. We were told patients were given the opportunity to book a follow-up appointment, if they wished. This allowed the service to check that patients were happy with the results of their treatments and were not experiencing any side-effects.

Patients appeared very satisfied with the service and the treatments they had received. Comments from our online survey included:

- ‘Lots of options given, explanations given and time to ask questions was very reassuring.’
- ‘Welcoming and professional.’

**What needs to improve**

From the patient care records we reviewed, we found minimal or no background information was recorded such as patient’s date of birth, past medical history, psychological assessment, allergies and reactions (requirement 3).

We also noted that none of the patient care records included patient’s GP and next of kin or emergency contact details. We noted that consent to share information with their GP, if required, was also not documented (recommendation f).

We noted that not all of the patient care records had been dated, timed or signed by the practitioner (recommendation g).

Patients only received verbal aftercare information. We were told that aftercare information leaflets were no longer given to patients to take home with them (recommendation h).
Requirement 3 – Timescale: immediate

- The provider must record all necessary information about patients including past medical history, psychological assessment, allergies and reactions in patient care records.

Recommendation f

- The service should ensure contact details for patients’ next of kin and GP, as well as consent to share information with other healthcare professionals in case of an emergency, is documented in the patient care records.

Recommendation g

- The service should ensure all entries in patient care records are dated, timed and signed to comply with professional standards about keeping clear and accurate records.

Recommendation h

- The service should re-introduce written aftercare information to patients following their treatments. This would enable patients to refer to, and follow, any specific instructions following treatments.

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 must be developed for staff working in the service. This will ensure all safety checks, contracts and staff training has been completed and is up to date.

No staff were employed in the service. However, a nurse prescriber was granted practicing privileges (staff not employed directly by the provider but given permission to work in the service). Although the practitioner delivered the treatments, they were not a certified nurse prescriber. Therefore, an agreement was in place with a prescriber who provided this element of the service. We were told the practitioner and nurse prescriber met regularly, though informally, to address any issues that may occur in the service and to discuss best practice and identify areas for improvement.
What needs to improve

There was no evidence of a practicing privileges policy. We noted a practicing privileges contract between the service and the nurse prescriber. However, this was out of date. There was also no evidence of pre-employment safety checks carried out (requirement 4).

Requirement 4 – Timescale: immediate

- The provider must develop and implement a practicing privileges policy for staff working in the service. This should set out the appropriate pre-employment safety checks in place and clearly identify individual responsibilities and accountabilities.

- 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. However, quality assurance processes and systems should be further developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. Staff meetings and actions taken should be formally documented.

The practitioner is a registered nurse with the Nursing and Midwifery Council (NMC). They maintain continuing professional development in order to complete mandatory revalidation with the NMC in a variety of ways. This included attending regular training and conferences in the aesthetic industry to keep up to date with best practice and delivery of treatments in line with evidence-based research. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the NMC, every 3 years.

Comments from our survey included:

- ‘Team are amazing, always very knowledgeable and helpful.’
- ‘Qualifications visible in clinic on wall which was very reassuring.’

What needs to improve

We saw no overarching quality assurance structures in place, and no system for reviewing the quality of the service being delivered. We saw no evidence of actual or potential lessons learned from complaints, incidents or audits which would help improve how the service was delivered. Regular review of the service will help make sure the service delivered is of a quality appropriate to meet the needs of patients (requirement 5).
Meetings between the practitioner and nurse prescriber should be formalised. An agenda and detailed minutes should be recorded and action plans developed where improvement actions are identified (recommendation i).

Patients could use social media or provide verbal feedback following their treatment. However, we saw no documented evidence that patient feedback was reviewed and considered in a formalised manner. Feedback can be used to improve the quality of care provided and how the service is delivered (recommendation j).

The service did not have a formal quality improvement plan. This would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would enable the service to clearly demonstrate a culture of continuous quality improvement (recommendation k).

**Requirement 5 – Timescale: by 26 March 2022**

- The provider must implement a suitable system of regularly reviewing the quality of the service.

**Recommendation i**

- The service should formally record the minutes of meetings. These should include a documented action plan highlighting those responsible for the actions to ensure better reliability and accountability.

**Recommendation j**

- The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service.

**Recommendation k**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures 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 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
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<tr>
<td>1</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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<td>Timescale – immediate</td>
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| | *Regulation 13(2)(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| 2 | The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of safely in line with national waste legislation. A waste transfer note must also be used each time waste is collected from the service (see page 9). |
| | Timescale – immediate |
| | *Regulation 3(d)(iii)*  
*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)

### Requirements

| 3 | The provider must record all necessary information about patients including past medical history, psychological assessment, allergies and reactions in patient care records (see page 12). |

**Timescale – immediate**

*Regulation 4(3)(c)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

| a | The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance (see page 10). |

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 ensure all single-use items purchased are individually pre-wrapped to minimise the risk of infection (see page 10). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

| c | 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 10). |

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

| d | The service must introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance (see page 10). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

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| **e** | The service should ensure that all key policies are in place, including the management of adverse events and duty of candour (see page 10).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| **f** | The service should ensure contact details for patients’ next of kin and GP, as well as consent to share information with other healthcare professionals in case of an emergency, is documented in the patient care records (see page 12).  
Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 |
| **g** | The service should ensure all entries in patient care records are dated, timed and signed to comply with professional standards about keeping clear and accurate records (see page 12).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| **h** | The service should re-introduce written aftercare information to patients following their treatments. This would enable patients to refer to, and follow, any specific instructions following treatments (see page 12).  
Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9 |
### Domain 7 – Workforce management and support

**Requirement**

4  The provider must develop and implement a practicing privileges policy for staff working in the service. This should set out the appropriate pre-employment safety checks in place and clearly identify individual responsibilities and accountabilities (see page 13).

Timescale – immediate

*Regulation 8(1)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

**Recommendations**

None

### Domain 9 – Quality improvement-focused leadership

**Requirement**

5  The provider must implement a suitable system of regularly reviewing the quality of the service (see page 15).

Timescale – 26 March 2022

*Regulation 13*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

**Recommendations**

i  The service should formally record the minutes of meetings. These should include a documented action plan highlighting those responsible for the actions to ensure better reliability and accountability (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
## Domain 9 – Quality improvement-focused leadership (continued)

<table>
<thead>
<tr>
<th>Recommendations</th>
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| **j** | The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service (see page 15).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8 |
| **k** | The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures 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