

Announced Inspection Report: Independent Healthcare

Service: Beautique Aesthetics, Comrie,
Dunfermline

Service Provider: Beautique Aesthetics Skin Clinic
Limited

22 June 2023

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 8 April 2019

Recommendation

We recommend that the service should develop a more robust system for the collection and analysis of patient feedback.

Action taken

A participation policy was in place which sets out how the service would gather and regularly review patient feedback. The service also audited this information yearly and reviewed how feedback enhanced service improvements.

Recommendation

We recommend that the service should further develop its clinic audit tool to include actions for improvement to inform service development.

Action taken

A quality improvement plan and an audit tool was in place to review service delivery and improvements.

Recommendation

We recommend that the service should put appropriate measures in place to identify and manage risk in the service.

Action taken

A risk register was in place and risks were audited monthly, including environmental risks. Risk assessments were also carried out for all patients and this information was documented in patient care records.

Recommendation

We recommend that the service should submit a revised annual report to Healthcare Improvement Scotland to clearly show the number of patients and treatments carried out in the service.

Action taken

Annual returns documentation was submitted to Healthcare Improvement Scotland every year, with appropriate information as requested. The service also completed and submitted an extremely detailed self-evaluation.

Recommendation

We recommend that the service should develop a quality improvement plan.

Action taken

A quality improvement plan with identified areas for improvement and examples of improvements already carried out was in place. Additional areas identified for future improvement in the next year were also included in the quality improvement plan.

2 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 Beautique Aesthetics on Thursday 22 June 2023. We spoke with the service manager (sole practitioner) during the inspection. We received feedback from 19 patients from an online survey we had asked the service to issue for 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. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For Beautique Aesthetics, the following grades have been applied to the 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 satisfied with their quality of care and treatment. Patients were fully consulted before a plan of care was agreed. Feedback was gathered, reviewed and used to improve the service. Patients could easily access information about how to make a complaint.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The care environment and patient equipment was clean and well maintained. Policies and procedures helped maintain a safe environment. A comprehensive audit programme was in place. Medicines were disposed of in line with the manufacturer's and best practice guidance. Medicines should be used in line with current guidelines.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. Peer networks supported continuous learning. A quality improvement plan helped the service to identify outcomes and measure the quality of the service delivered. The service benchmarked itself against similar services.	✓✓✓ Exceptional

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	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Patients had a full consultation and assessment before treatment. Consent to treatment, photography and sharing information with other healthcare professionals was obtained before treatment. Patient care records were complete. Written and verbal aftercare information was provided.

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

More information about grading can be found on our website at:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

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

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Beautique Aesthetics Skin Clinic Limited to take after our inspection

This inspection resulted in one recommendation. See Appendix 1 for the recommendation.

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

We would like to thank all staff at Beautique Aesthetics for their assistance during the inspection.

3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Patients were satisfied with their quality of care and treatment. Patients were fully consulted before a plan of care was agreed. Feedback was gathered, reviewed and used to improve the service. Patients could easily access information about how to make a complaint.

The clinic was a purpose-built unit in the practitioner's large and spacious garden area. Signs for the clinic indicated the location of the clinic from the main road. The treatment room was easily accessible with a dedicated entrance which promoted privacy, dignity and confidentiality of its patients. Measures were in place to help maintain patient privacy, such as blinds on treatment room windows, as well as locks on the treatment door and main door. Patients could relax in a small waiting area before their treatment.

While the service did not have an official website, it had many returning patients with new patients finding the service from social media reviews and recommendations. The service used a tablet computer to share all information for current and prospective patients electronically. The tablet was password-protected and only the practitioner could access it. This information was made available to patients after enquiries and information about treatment options was shared before patients agreed to any treatments.

In line with the service's participation policy, patients were encouraged to complete electronic feedback forms, give verbal feedback to the practitioner or leave reviews on social media. We saw patient feedback the service had gathered on the day of our inspection, which showed that patients were satisfied with their treatment and the service had met their expectations. The practitioner reviewed all feedback received and used it informally to evaluate and review the service. This feedback was documented and included in the

service's quality improvement plan to indicate where improvements had been made from the feedback. The practitioner was able to view all this information and reference it when carrying out improvement actions. We saw improvements had been made after patient feedback, such as the dedicated signage to indicate the location of the clinic from the main road. Improvements made after feedback were shared with patients in the aftercare information and electronic survey the service sent out.

Respondents to our online survey stated they were pleased with the service and were fully involved in decisions about their care. Patients told us that treatment options were discussed and agreed at their initial consultation. They also said they had time to consider the options available to them before agreeing to treatment. Comments from our survey included:

- 'Through thorough consultation at the start of any treatment I have had the opportunity to discuss exactly what I am hoping to achieve from my treatment.'
- 'We always discuss and agree on what treatments have to be carried out.'
- 'The practitioner talked me through my treatment and the best way to look after my skin with products.'

The service's complaints policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint. Feedback from our online survey showed that all patients knew they could also complain to Healthcare Improvement Scotland at any time.

A duty of candour policy described how the service would meet its responsibility to be honest with patients when things go wrong. We saw that the service produced a yearly duty of candour report. The service had not recorded any instances requiring it to implement duty of candour principles since its registration with Healthcare Improvement Scotland in December 2017.

- No requirements.
- No recommendations.

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. Policies and procedures helped maintain a safe environment. A comprehensive audit programme was in place. Medicines were disposed of in line with the manufacturer's and best practice guidance. Medicines should be used in line with current guidelines.

We saw good systems in place to make sure the environment was clean and safe, including:

- completed cleaning schedules
- equipment servicing and maintenance contracts, and
- regular internal checks, such as fridge-temperature monitoring.

The service worked in line with Health Protection Scotland's national guidance to reduce infection risks for patients, in line with its infection prevention and control policy. All equipment used, including personal protective equipment, was single-use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to promote good hand hygiene. A contract was in place for the safe disposal of sharps and other clinical waste.

Patients who responded to our online survey were very satisfied with the standard of cleanliness. Comments included:

- 'Beautifully clean and professional.'
- 'The clinic is immaculately clean, comfortable and well organised.'
- 'Immaculate room with clearly well maintained resources and material.'

The practitioner was responsible for building maintenance, fire safety equipment and building security. The service had completed a fire risk assessment. Fire exit signs were in place above the treatment room door to tell patients what route to take out of the service in an emergency.

The medical fridge had a built-in thermometer which was checked on days the treatment room was used for delivering treatments to patients. The service was able to demonstrate the medical refrigerator was serviced on yearly, which included calibrating the thermometer. A daily temperature log was also kept to make sure medicines that needed to be refrigerated were stored at a safe temperature. Other non-refrigerated medicines, such as dermal fillers were stored appropriately. A small stock of emergency medicines were available in the treatment room to respond to any complications or adverse reactions to treatment.

The service's medicine management policy was based on best practice guidelines. This included information on administration, storage, procuring and prescribing of medications. The practitioner was solely responsible for the safe procurement, prescribing, storage and administration of medicines.

Patients could contact the practitioner out of hours if they had any concerns following their treatment.

Appropriate insurance cover was in place.

The service had a system in place for documenting accidents, incidents and for reporting notifiable incidents or adverse events to the relevant regulatory authorities. No accidents, incidents or adverse events had occurred in the service since it was registered with Healthcare Improvement Scotland. Patients told us they trusted the practitioner and were confident they had the skills and knowledge to deliver high quality care.

We saw that the service regularly carried out a comprehensive programme of audits, including audits for:

- cleaning and maintenance of the care environment
- health and safety (risk register), and
- medicines management, including checking expiry dates of equipment and medicines and fridge temperatures.

Appropriate bins were available for the disposal of sharps, clinical and non-clinical waste. We saw that a contract was in place for the safe removal of sharps and other clinical waste from the premises.

What needs to improve

The service implemented and worked in line with its medicines management policy. However, the use of bacteriostatic saline to reconstitute the Botulinum toxin was not in line with current guidance. When using a medicine off-license, prescribers must be satisfied that there is suitable evidence and or experience to support the efficacy and safety for the indication. Any prescribing decision must be in the best interest of patients (recommendation a).

The practitioner did complete a risk assessment for every patient receiving this treatment and included information in the consent documentation for patients to consider before treatment. The practitioner had also carried out a short survey for all patients who received this treatment. The results of this survey indicated that patients preferred (and agreed) to the use of the off-license medication when receiving treatments.

Recommendation a

- The service should ensure Botulinum toxin is used in line with the manufacturers 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

Patients had a full consultation and assessment before treatment. Consent to treatment, photography and sharing information with other healthcare professionals was obtained before treatment. Patient care records were complete. Written and verbal aftercare information was provided.

Patients booked appointments over the telephone or in-person. We reviewed five patient care records and saw that outcomes from patients' initial consultation and their proposed treatment plan were documented. A full assessment of patients' medical history was carried out before they received any treatment. This included gathering information about:

- allergies
- basic psychological assessment
- pre-existing medical conditions, and
- prescribed medicines.

Patient care records documented detailed discussions and conversations with patients, setting realistic outcomes and expectations. The practitioner was able

to assess patients' suitability for aesthetic treatments and agree the most suitable options available to them.

The five patient care records we reviewed were fully completed and included patient consent to share information with other healthcare professionals if required.

The practitioner used electronic software to store patient care records. The electronic record-keeping system was password-protected and access to the system was restricted to key staff members. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Patient consent to treatment and taking photographs was documented in all patient care records we reviewed. A record of the treatment delivered, including batch numbers and expiry dates for medications used was clearly recorded. Aftercare arrangements and future follow-up appointments were also documented.

Patients told us they received good advice and information before, during and after their treatment. They also told us they could take time to consider the options available to them before they agreed to go ahead with the treatment.

Patients were satisfied with the quality of care and treatment they received from the service. Comments from our online survey included:

- 'With many years of nursing experience and professional development I have every confidence in the treatments being carried out at this clinic.'
- 'The practitioner has an excellent knowledge and understanding of any treatments I have received. I have total trust in her and confidence in her abilities and wouldn't go anywhere else.'
- 'I had 100% confidence in the practitioner to administer my treatment.'

Patients were given verbal advice after their treatments. They also received this information in electronic format after treatments. The practitioner could be contacted out of hours if patients had any concerns after their treatment.

We saw evidence that the practitioner reviewed five patient care records each month as part of the service's audit programme.

- 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. Peer networks supported continuous learning. A quality improvement plan helped the service to identify outcomes and measure the quality of the service delivered. The service benchmarked itself against similar services.

The manager is the sole practitioner of the service and is a registered nurse with the Nursing and Midwifery Council (NMC). They continued their professional development as part of their mandatory revalidation with the NMC in a variety of ways. 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. We saw that this included maintaining and developing current clinical skills in a healthcare setting. They also attended 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.

We saw evidence the practitioner was a member of the Complication in Medical Aesthetic Collaborative (CMAC), The Aesthetics Complications Expert Group (ACE) and the British Association of Cosmetic Nurses (BACN).

The practitioner was a member of many aesthetic social media sites and groups. The practitioner had carried out external audits, teaching and passing on information received at conferences and teaching events to their peer groups. The practitioner's peers had also audited Beautique Aesthetics, allowing it to be benchmark against similar services in the surrounding areas.

We saw evidence of quality assurance systems for reviewing the quality of care and treatment provided in the service. Formal and informal reviews of patient

feedback and the outcome from audits carried out helped make sure the quality of the service delivered met patient needs. A quality improvement plan helped inform the service's continuous quality improvement activities.

The service used social media, electronic and verbal feedback from patients and their experiences using the service to inform service improvement. We saw that the service shared updates on improvements based on patient feedback using a 'you said, we did' format on social media.

- No requirements.
- No recommendations.

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	
None	
Recommendation	
a	<p>The service should ensure Botulinum toxin is used in line with the manufacturers and best practice guidance and update its medicines management policy to accurately reflect the processes in place (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11.</p>

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.



Before

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.



During

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

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.



After

More information about our approach can be found on our website:

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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