

Announced Inspection Report: Independent Healthcare

Service: Bella Aesthetics Ltd, Melrose

Service Provider: Bella Aesthetics Ltd

1 November 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 29 November 2019

Recommendation

The service should further develop its participation policy so that it includes timescales for the management of complaints.

Action taken

The participation policy had been developed to include timescales for the management of complaints.

Recommendation

The service should further develop its participation policy to help formalise and direct the way it engages with its patients and uses their feedback to drive improvement.

Action taken

The participation policy was reviewed and amended to inform how the service engaged with patients and used feedback to improve.

Recommendation

The service should develop the combined consultation and treatment patient care record to ensure all discussions with patients are clearly and fully documented.

Action taken

A progress sheet was added to the consultation and treatment forms to record details of discussions and treatment plans.

Recommendation

The service should ensure that before and after photographs are held confidentially on a separate mobile device or digital camera and are not retained on staff member's personal mobile phones.

Action taken

An electronic tablet with password protection and eye recognition had been purchased for this purpose and was kept in a locked filing cabinet.

Recommendation

The service should introduce a clinical supervision arrangement for the practitioner to ensure they are supported and their skills maintained.

Action taken

The service had worked with a colleague to participate in regular clinical supervision.

Recommendation

The service should continue to develop its quality improvement plan to demonstrate continuous improvement and measure the impact of change.

Action taken

The service had developed a detailed quality improvement plan and reviewed it regularly to assess its continuous improvement and measure the impact of change.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Bella Aesthetics Limited on Wednesday 1 November 2023. We spoke with the owner (practitioner) during the inspection. We received feedback from 11 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Melrose, Bella Aesthetics Limited is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Bella Aesthetics Ltd the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The sole practitioner is a registered nurse with the nursing and midwifery council and is an independent prescriber. The service had clear and measurable aims and objectives to deliver high quality, safe care and promote positive outcomes for patients and these were displayed in the clinic. Regular clinical supervision helped ensure best practice and support improvement.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
The service actively sought patient feedback in a variety of ways and used this information to improve. Any changes were evaluated to ensure they were relevant and sustainable. Appropriate safety assurance processes were evident. Clear procedures for managing complaints and a quality improvement plan were in place. An appropriate clinical waste contract was in place. The service had a comprehensive audit programme and all appropriate risks identified and reviewed regularly. Patient care records were detailed and fully completed. All information held by the service was securely stored.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment and equipment were extremely clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Patient care records were fully completed and treatments were detailed.	✓✓ Good

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 Assurance Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Bella Aesthetics Limited to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in no requirements and no recommendations.

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

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The sole practitioner is a registered nurse with the nursing and midwifery council and is an independent prescriber. The service had clear and measurable aims and objectives to deliver high quality, safe care and promote positive outcomes for patients and these were displayed in the clinic. Regular clinical supervision helped ensure best practice and support improvement.

Clear vision and purpose

The service was owned and managed by the practitioner who a registered nurse with the Nursing and Midwifery Council and is the sole independent prescriber for the service. The service aims and objectives were displayed in the clinic and offered 'care that is effective, safe and provides a positive experience'. These aims were clearly set out against how they would be achieved and acknowledged the benefits and value of a service where delivery was:

- equitable
- sustainable, and
- well-led.

The practitioner stated that they wanted to actively listen and spend time with patients to create an open and inclusive culture. The practitioner was clearly committed to achieving the best possible and safest outcome for their patients.

A quality framework was used to measure how the service was performing against specific key performance indicators. Non-clinical indicators included patient retention rates and a growing patient base. Clinical indicators such as patient satisfaction, treatment requests and patient outcomes were recorded. This information was used and acted on to help achieve the service's aim of continuously improving.

The practitioner compared the service against that of similar services to measure and compare performance and identify any areas for improvement. For example, the service was part of a closed forum of similar services and

regularly discussed techniques and outcomes with other owners. They regularly participated in formal, clinical supervision with colleagues. This had helped to provide confidence and assurance in the practitioner's own performance. The service had reviewed findings from inspections of similar services and used this information to inform its own policy and procedure development.

The practitioner told us their longer-term plan to offer a wider range of innovative, evidence-based treatments in response to patient requests. Treatments were appointment-only and a high number of patients were returning customers.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

The service actively sought patient feedback in a variety of ways and used this information to improve. Any changes were evaluated to ensure they were relevant and sustainable. Appropriate safety assurance processes were evident. Clear procedures for managing complaints and a quality improvement plan were in place. An appropriate clinical waste contract was in place. The service had a comprehensive audit programme and all appropriate risks identified and reviewed regularly. Patient care records were detailed and fully completed. All information held by the service was securely stored.

Co-design, co-production (patients, staff and stakeholder engagement)

The service had a comprehensive participation policy in place, which described how it would gather and use patient feedback to continually improve. Patients could provide feedback electronically or in paper format through a confidential suggestion box at the entrance to the treatment room and were invited to talk about any areas they felt could be improved or any concerns they had. We saw that the service actively sought and gathered feedback, using it to inform its improvement plan and activities. We saw the service shared its improvement actions with patients.

The service's improvement plan included examples of actions taken after patient feedback, such as changing from paper-format patient care records to electronic following feedback. Any changes in the service that led to improvements were monitored and evaluated through audit and continual feedback to ensure they were relevant and sustained.

Patients could contact the service through the website, social media platforms or telephone.

We were told that the practitioner limited certain treatments before any holidays. The service had an agreement in place with a colleague, who could take enquiries in their absence to provide continuous support to patients.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The practitioner was a member of The Aesthetic Complications Expert Group (ACE) and British Association of cosmetic Nurses (BACN) as well as local closed forums all which provide guidance, peer support and advice on a variety of care delivery and management. These forums enabled the service to look at best practice and how these lead to better outcomes and use this to influence their own service.

The service was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland. A clear system was in place to record and manage accident and incident reporting and we were told that the service kept up to date with research and good practice through mutual support of professional colleagues in similar services.

The practitioner was proactive in developing and implementing policies to help make sure that patients had a safe experience in the service. These were regularly reviewed and discussed with similar services in closed forums. Policies were reviewed and updated every two years or as required to ensure they remained relevant to the service and aligned to national guidance. Key policies included those for:

- emergency arrangements
- infection prevention and control
- medication management
- patient privacy and dignity, and
- safeguarding of adults.

Infection prevention and control measures were in place to reduce the risk of infection. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. We saw completed and up-to-date cleaning schedules in place. All equipment used, including personal protective equipment (such as aprons and gloves) were single-use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A contract was in place for the disposal of sharps and other clinical waste.

An emergency policy was in place and the service had an emergency drug supply and first aid kit stored securely for aesthetic emergencies, such as a vascular occlusion (blockage of a blood vessel). We saw that the emergency supplies and the first aid kit were regularly checked using a checklist. During our inspection, we saw fully completed checklists of the service's emergency drugs stock. As a member of aesthetic professional organisations, the service could access additional support with aesthetic complications if needed.

Maintenance contracts for fire safety equipment, boiler and portable appliance testing were up to date. A current fire risk assessment was in place. Electrical fixed wiring testing had been carried out.

The service's complaints policy was available in the treatment room and on its website. It stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. At the time of our inspection, the service had not received any complaints since registration in January 2018.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). Its most recent duty of candour report was displayed on the website. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

Patient consultations for treatment were always carried out face-to-face. A comprehensive assessment included past medical history, as well as risks, benefits and possible side effects of treatment. Patients were offered follow-up appointments for treatment, allowing the option of a cooling-off period. On the day of treatment, clients reviewed a consent form which the patient and practitioner signed. Patient Care Records were stored on a password protected system with eye recognition and the service was registered with the ICO (Information Commissioners Office).

Post-treatment aftercare instructions were provided for patients at the consultation stage and after treatment. We saw that patients were given the service's contact details, including an out-of-hours contact in case of any complications. Comments from our patient survey included:

- 'I was kept informed of what to expect at every stage of the procedure.'
- 'Very respectful. Wanted to and actively listened to my concerns. Didn't feel rushed.'
- 'Very professional.'
- 'I am listened to, feel safe and cared for.'

- No requirements
- No recommendations.

Planning for quality

The service's clinical governance process included risk assessments which were reviewed regularly. Appropriate risk assessments were in place to effectively manage risk in the service, including those for:

- fire risk
- lone working
- sharps injuries, and
- slips, trips and falls.

The service completed monthly audits, such as those for:

- emergency and first aid kit
- medicines (including ordering, storage and prescriptions)
- patient care records
- safe disposal or collection of waste, and
- safe management of equipment.

We saw that all results from audits were documented and actions taken if appropriate. Audit results were also reflected in the quality improvement plan. The quality improvement plan was regularly reviewed and updated. One example was the flooring in the service that had been replaced with a non-slip and easy to clean material which had received positive feedback from patients.

- No requirements.
- No recommendations.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment and equipment were extremely clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Patient care records were fully completed and treatments were detailed.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

The clinic was situated in a quiet area and offered plenty of parking. The clinic was very clean and in an excellent state of repair. There was a yearly programme in place to review and upgrade the paintwork to keep the environment fresh.

Daily cleaning schedules were fully completed and up to date. The correct cleaning products were used in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings.

Feedback from our online survey was very positive about the experience patients had at the service. All patients agreed they had been treated with dignity and respect. They told us they liked the surroundings, enjoyed the privacy and were happy with the facilities and equipment in the service. Comments included:

- 'Spotless in every way. Inviting and welcoming as well as providing privacy.'
- 'Beautiful immaculate clinic in beautiful surroundings.'
- 'Exceptional care and treatment.'
- 'Great consultation. All was made very clear and my expectations met.'
- 'Very kind and respectful about my issues.'

- ‘All treatment options discussed and advised that I could go away and think about it. Very passionate.’

We saw very good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for 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 alcohol-based hand rub, and appropriate personal protective equipment such as disposable gloves and aprons were available. Where appropriate, single-use items were used.

Current certificates of training were displayed in the clinic that provided evidence of continued professional learning in the field of aesthetics.

We reviewed three electronic patient care records and saw evidence of comprehensive record keeping, including detailed patient notes of good quality. All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment to treatments provided, with detailed evidence of areas treated. Each individual dosage for each area was also clearly stated on the patient care record, along with the amount of diluent used. Costs of treatment were detailed so the patient knew exactly what they were paying. All advice on specific aftercare was given with each treatment and evidenced in all patient care records we looked at. Patient information included taking a full medical history, with details of any:

- any areas which would highlight any risks associated with the treatment (such as pregnancy, any previous allergic reactions and diet)
- health conditions
- medications, and
- previous treatments.

Patient psychological assessments to look for signs of body dysmorphia (a mental health condition where a person spends a lot of time worrying about flaws in their appearance) and needle phobia had been carried out. Patients’ GP and next-of-kin details, consent to share information with their GP and other relevant staff in the event of an emergency and having their photograph taken were all documented. Records were kept of each treatment session, with skin assessments, diagrams and photographs of the treated area helping to inform the overall plan of care. Dosage, medicine batch numbers and expiry dates were also recorded for each treatment. This would allow tracking if any issues arose with the medications used.

- No requirements.
- No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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