

# Announced Inspection Report: Independent Healthcare

**Service:** Birmingham Aesthetic Rooms, Coatbridge

**Service Provider:** Birmingham Aesthetic Rooms Ltd

22 September 2021

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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 Birmingham Aesthetic Rooms on Wednesday 22 September 2021. We spoke with one staff member during the inspection. We also received feedback from 23 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 Birmingham Aesthetic Rooms, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	A number of policies and procedures had been introduced to ensure safe delivery of care. The clinic environment was clean and well maintained. Although patients spoke positively about the standard of cleanliness, cleaning schedules should be developed. An audit programme would help the service review key aspects of care and treatment, such as infection prevention and control and medicines management.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	Both practitioners were dedicated to ongoing learning and professional development, and were proactive in staying up to date with the latest information and research in the aesthetics industry. A quality improvement plan should be developed to help improve the quality of the service provided, and ensure the delivery of safe and effective treatments.	✓ Satisfactory

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	All patients received a consultation and assessment before treatment to inform their care plan. However, patient care records should be audited as some were not fully completed or were missing some important information or documentation. Consultations with the prescriber must take place for every episode of treatment.

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

More information about grading can be found on our website at:  
[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

## **What action we expect Birmingham Aesthetic Rooms Ltd to take after our inspection**

This inspection resulted in one requirement and seven 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Birmingham Aesthetic Rooms Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Birmingham Aesthetic Rooms 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**

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**A number of policies and procedures had been introduced to ensure safe delivery of care. The clinic environment was clean and well maintained. Although patients spoke positively about the standard of cleanliness, cleaning schedules should be developed. An audit programme would help the service review key aspects of care and treatment, such as infection prevention and control and medicines management.**

The clinic environment was clean and well maintained. Relevant policies and procedures had been implemented to ensure care was being delivered in line with best practice guidelines. This included policies such as infection prevention and control, health and safety, and medicines management. The service only used single-use equipment to prevent the risk of cross-infection, and had suitable storage for the clinical equipment.

Policies and procedures were in place to ensure safe procurement, storage, prescribing, administration and disposal of medicines. This included a locked medicines fridge and cupboard for safe storage of medicines and recording regular fridge temperatures to ensure medication was stored safely at the correct temperature.

The service had taken measures to reduce the risk of cross contamination and transmission of COVID-19. This included alcohol-based hand rub, adequate supplies of personal protective equipment, such as disposable aprons and gloves, and checking patients' temperature on arrival.

Staff were knowledgeable and experienced in responding to medical emergencies and had appropriate emergency medication and equipment, if required.

The landlord was responsible for the maintenance of the property, including fire safety. We saw completed environmental risk assessments and risk management plans that the service had completed.

An incident book was in place for recording any incidents, learning and action plans. We saw detailed reviews following incidents that had taken place in the service. This included evidence of the practitioners reflecting on the incident, reviewing their training needs and changing practice accordingly. The service was aware of its responsibility to notify Healthcare Improvement Scotland of specific incidents if they take place.

All patients who completed our online survey spoke positively about the environment and safe delivery of care. Some comments included:

- 'Everything is spotless. The front door/entry way, the clinic, chairs, bed everything is cleaned between clients and it is clear to see.'
- 'Very clean and clinical... I'm aware that patient safety is a priority.'
- 'The clinic was extremely clean and I am very happy about the infection control measures that the clinic had put in place.'

### **What needs to improve**

The clinic appeared clean and we were told it was cleaned regularly by staff. However, no cleaning schedules were in place (recommendation a).

Although we saw medication was being safely stored, no process was in place for checking the stock or expiry dates. No audit programme was in place to review the safe delivery and quality of the service. For example, audits could be introduced covering infection prevention and control and medicines management, including checking stock and expiry dates (recommendation b).

We were told the service had stopped screening patients for COVID-19 before their appointments. We discussed with the service the benefit of reintroducing the screening process due to the continued ongoing transmission risk of COVID-19. The service agreed to ensure patients would again be contacted before their appointment to check they have no symptoms.



- No requirements.

#### Recommendation a

- The service should develop a cleaning schedule including details on cleaning tasks and frequency, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately.

#### Recommendation b

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

### Our findings

#### Quality indicator 5.2 - Assessment and management of people experiencing care

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**All patients received a consultation and assessment before treatment to inform their care plan. However, patient care records should be audited as some were not fully completed or were missing some important information or documentation. Consultations with the prescriber must take place for every episode of treatment.**

All patients were seen by the doctor for a consultation before the aesthetics nurse delivered treatment. We were told that patients were given detailed information about the risks and benefits of treatment and saw evidence of this in patient care records. Patients were given a reflective period of time between the consultation and the treatment appointments to allow them time to consider if they wanted to go ahead with treatment.

The six patient care records we reviewed showed evidence of thorough consultation, assessment and treatment plans. Each patient care record included the patient's medical history, allergy status and any medications they were using. Any changes to their health was reviewed if they received further treatments.

Patients were given verbal aftercare advice at the time of treatment. They were also invited for a follow-up appointment 2 weeks after their treatment. This allowed the service to ensure that they were happy with the results and had not experienced any side effects. The majority of patient care records reviewed had documented that aftercare advice had been given.

All notes recorded were clear, legible and signed appropriately by the practitioner and the patient. Patient care records were stored securely in a locked filing cabinet in the locked clinic room.

### **What needs to improve**

We were told that all patients received an initial consultation with the prescribing doctor before treatment. However, further consultations were only taking place if the patient was receiving a different treatment. Patients must receive a consultation with the prescriber before all treatments, even when it is a treatment they have received previously. This will ensure that the patient's treatment continues to be safe and appropriate (requirement 1).

We found the patient care records reviewed were not always fully completed or had gaps in information. For example, one patient care record did not contain a consent to treatment form. In another patient care record, we found documentation missing including the patient demographic form, the medicine dose given and no record that aftercare advice had been given (recommendation c).

No audits of patient care records were taking place (recommendation d).

Although the service provided verbal aftercare and a follow-up appointment, written aftercare advice should be given to each patient following treatment. This should include possible complications and details of who to contact when the service is closed (recommendation e).

### **Requirement 1 – Timescale: immediate**

- The provider must ensure that all patients receive a face-to-face consultation with the prescriber before any episode of treatment being carried out and this is recorded in the patient care record.

### **Recommendation c**

- The service should ensure all patient care records are fully completed to comply with professional standards from the Nursing and Midwifery Council and General Medical Council about keeping clear and accurate records.

### **Recommendation d**

- The service should carry out regular audits of patient care records.

### **Recommendation e**

- The service should provide written aftercare information to patients following their treatment.

## 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

**Both practitioners were dedicated to ongoing learning and professional development, and were proactive in staying up to date with the latest information and research in the aesthetics industry. A quality improvement plan should be developed to help improve the quality of the service provided, and ensure the delivery of safe and effective treatments.**

The service demonstrated a commitment to continuous professional development and keeping up to date with new evidence in the aesthetics industry. For example, the service was a member of the British Association of Cosmetic Nurses (BACN) who promotes patient safety through providing guidance and support to members.

The service ensured it kept up to date with changes in the aesthetics industry, legislation and best practice through subscribing to journals, forums and networking. The service had regular contact with representatives from the pharmaceutical companies and maintained links with other aesthetic practitioners through social media and through the provider's second aesthetic clinic in England.

Both practitioners had attended a number of courses and online webinars to learn new ways of working and update their skills. They kept up to date with courses such as basic life support, public protection (safeguarding) and infection prevention and control through online training and an NHS role for one of the practitioners.

We saw evidence of a process in place for analysing incidents to identify learning opportunities and improve practice.

The medical practitioner was registered with the General Medical Council (GMC) and the nurse practitioner was registered with the Nursing and Midwifery Council (NMC) and both had revalidated recently. 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 or GMC, every 3 years.

### **What needs to improve**

Although the service was open to new ideas and making changes to improve how the service was delivered, no formal quality improvement plan was in place. This would help to structure and record service improvement processes and outcomes, and enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation f).

The service had no process in place for gathering and reviewing feedback from patients to help make improvements to the service (recommendation g).

- No requirements.

### **Recommendation f**

- The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvement.

### **Recommendation g**

- The service should develop a process for gathering and using patient feedback to influence improvements to the service.

## 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

#### Requirement

- 1** The provider must ensure that all patients receive a face-to-face consultation with the prescriber before any episode of treatment being carried out and this is recorded in the patient care record (see page 10).

Timescale – immediate

*Regulation 3(d)(iv)*

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

#### Recommendations

- a** The service should develop a cleaning schedule including details on cleaning tasks and frequency, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately (see page 9).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

- b** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 9).

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

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

### Recommendations

- c** The service should ensure all patient care records are fully completed to comply with professional standards from the Nursing and Midwifery Council and General Medical Council about keeping clear and accurate records (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.18

- d** The service should carry out regular audits of patient care records (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

- e** The service should provide written aftercare information to patients following their treatment (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 2.9

## Domain 9 – Quality improvement-focused leadership

### Requirements

None

### Recommendations

- f** The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 12).

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

- g** The service should develop a process for gathering and using patient feedback to influence improvements to the service (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

## 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](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.



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](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)

## Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

**Healthcare Improvement Scotland**

Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)



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