

Announced Inspection Report: Independent Healthcare

Service: Bespoke Beauty Aesthetics, Dalkeith

Service Provider: Bespoke Beauty Aesthetics Limited

21 March 2022

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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 Bespoke Beauty Aesthetics on Monday 21 March 2022. We spoke with the aesthetic practitioner. We received feedback from 14 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. The service submitted a limited self-evaluation.

What we found and inspection grades awarded

For Bespoke Beauty Aesthetics, 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	The environment was clean and well maintained. Patient equipment was in a good state of repair. A risk register of all risk assessments carried out must be developed. The service's audit programme should be further developed.	✓ Satisfactory
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. The service had recently won a	✓✓ Good

	number of awards, and the practitioner is continuing to improve their knowledge and skills through further education. A quality improvement plan should be developed, as well as a more structured approach to reviewing patient feedback.	
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The following additional quality indicators were 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	Patient care records included appropriate information following consultations and assessments from both the prescriber and practitioner. Consent to treatment and to share information was recorded. Audits of patient records should be carried out. Although electronic patient care records were stored securely, the service should be registered with the Information Commissioner's Office.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	The service employed one part-time staff member and had a prescriber working under practicing privileges. Recruitment and practicing privileges policies must be developed, and appropriate background safety checks carried out on staff before they start working in the service.

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 Bespoke Beauty Aesthetics Limited to take after our inspection

This inspection resulted in two requirements and eight 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

Bespoke Beauty Aesthetics Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Bespoke Beauty 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 environment was clean and well maintained. Patient equipment was in a good state of repair. A risk register of all risk assessments carried out must be developed. The service's audit programme should be further developed.

The environment was clean and well maintained. All equipment was in a good state of repair. A good supply of single-use patient equipment was available and was stored appropriately, such as syringes. Single-use patient equipment helps to reduce the risk of cross-infection.

The service followed COVID 19 guidance, helping to reduce the risk of transmission of the virus. An adequate supply of personal protective equipment was available, including aprons, gloves and face masks. Alcohol-based hand rub was available at the reception area and in the consultation room.

All medicines were ordered using registered suppliers and ordered specifically for the individual patient. Medicines were stored appropriately and we saw that regular temperature checks were carried out on the dedicated clinical fridge. This made sure medicines were being stored at the correct temperature. All medicines and single-use patient equipment was in date. All patient care records contained details of the batch number and expiry date of the medicines used.

Testing of electrical equipment had recently been carried out. There was appropriate fire signage and fire equipment in the clinic.

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

- 'A beautiful clean shop.'
- 'Gorgeous clean environment felt very safe.'
- 'Clinic was absolutely spotless.'

What needs to improve

Although we saw risk assessments had been carried out for infection prevention and control, and accidents and incidents, there was limited documented evidence of risk management. All risks to patients and staff must be effectively managed. This includes developing a register of risk assessments that will be regularly reviewed and updated with appropriate processes in place to help manage any risks identified (requirement 1).

We were told that audits took place and we saw different documents detailing what these audits would cover and how often they would take place. However, we saw no evidence that any audits had been carried out, or any action plans developed as a result of any audits. For example, the service's cleaning schedule detailed how and when cleaning would take place and what products would be used, but there was no checklist attached to this to show that any cleaning had taken place (recommendation a).

The service did not have a duty of candour policy. This is where healthcare organisations have a professional responsibility to be open and honest in the event of an accident or incident (recommendation b).

Requirement 1 – Timescale: immediate

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Recommendation a

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

Recommendation b

- The service should develop a duty of candour policy.

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records included appropriate information following consultations and assessments from both the prescriber and practitioner. Consent to treatment and to share information was recorded. Audits of patient records should be carried out. Although electronic patient care records were stored securely, the service should be registered with the Information Commissioner's Office.

We reviewed four electronic patient care records and found these included information on patients' past medical history, such as regular medications, allergies and previous aesthetic treatments. Patients' GPs and next of kin contact details were also recorded.

Each record detailed what had been discussed during the patient consultation before their treatment. This included what the patient was expecting and what the practitioner had discussed was achievable for each patient.

Consent to treatment was detailed, and included the risks and benefits of treatment. All consent forms were clearly signed and dated by both the patient and the practitioner.

Patient care records were stored on a secure database.

The practitioner used a prescriber working under practicing privileges to prescribe prescription-only medicines, such as anti-wrinkle injections. These face-to-face patient reviews were carried out every week when both the prescriber and the practitioner were present to review those patients who required prescription-only medicines. We saw the prescriber's assessments were documented appropriately in the patient care records.

All patients who responded to our online survey had a positive experience in the service. Comments included:

- 'Felt like I was in safe hands and very comfortable.'
- 'I was completely happy with all information given to me before my treatment.'
- 'I was nervous but was really reassured and given as much time as I needed.'

What needs to improve

Although the service had produced a document detailing how and when patient care records would be audited, no audits had yet taken place. This would help to confirm that records were being fully and accurately completed (recommendation c).

The service was not registered with the Information Commissioner's Office (ICO) (an independent authority for data protection and privacy rights) to ensure safe storage of confidential patient information (recommendation d).

- No requirements.

Recommendation c

- The service should ensure that patient care records are audited regularly.

Recommendation d

- The service should register with the Information Commissioner's Office.

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

The service employed one part-time staff member and had a prescriber working under practicing privileges. Recruitment and practicing privileges policies must be developed, and appropriate background safety checks carried out on staff before they start working in the service.

The service employed a part-time receptionist to support the service. The practitioner worked with a prescriber who worked under practicing privileges (staff not employed directly by the provider but given permission to work in the service).

We were told that the practitioner was planning to recruit additional staff in the near future. As a result, a staff handbook had been developed covering the service's policies and procedures, and an induction programme for new staff.

What needs to improve

The service did not have a recruitment policy or a practicing privileges policy. We saw no evidence of any of the necessary background safety checks having been carried out on the prescriber, or a Disclosure Scotland basic disclosure check on the employed staff member. Formal recruitment processes for new employees or staff working under practicing privileges would ensure that appropriately qualified staff were recruited safely. Recruitment checks should include references, qualifications, and Disclosure Scotland basic disclosure or Protecting Vulnerable Groups (PVG) checks, as appropriate (requirement 2).

We saw no process in place to ensure annual checks were carried out on staff working under practicing privileges. This should include checks on insurances, professional registration and ensuring staff are annually appraised (recommendation e).

Each staff member should have a staff file where relevant background safety checks and qualifications are kept (recommendation f).

Requirement 2 – Timescale: by 16 June 2022

- The provider must develop a recruitment policy and practicing privileges policy to ensure any new staff working in the service, including staff working under practicing privileges, are safely recruited.

Recommendation e

- The service should ensure that annual checks are carried out on staff, including those working under practicing privileges.

Recommendation f

- The service should ensure that staff have a file containing all relevant documentation including appropriate background safety checks, qualifications and insurances, where appropriate.

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. The service had recently won a number of awards, and the practitioner is continuing to improve their knowledge and skills through further education. A quality improvement plan should be developed, as well as a more structured approach to reviewing patient feedback.

The practitioner is a registered nurse with the Nursing and Midwifery Council (NMC). This requires them to register with the NMC every year and to complete a revalidation process every 3 years where they gather evidence of their competency, training and feedback from patients and peers in order to remain a registered nurse practitioner.

The practitioner was a member of a number of forums, for example the British Association for Cosmetic Nurses (BACN) and Complications in Medical Aesthetic Collaborative (CMAC). This helped to make sure they kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

We were told the practitioner was currently studying a postgraduate qualification to become an independent prescriber. The service's prescriber was providing supervisory support to the practitioner while they studied. The practitioner then intends to complete a masters degree in aesthetic research. We were told the practitioner had recently completed a 6-month training course on facial anatomy. This would allow the service to develop additional skills to expand the aesthetic treatments on offer.

We were told that the service had recently been awarded a clinic of excellence award from a national aesthetic organisation. As a result, the practitioner had been invited to a number of aesthetic conferences and training sessions.

We saw that the service had won a Scottish Business Award for Best Aesthetics in 2021.

What needs to improve

The service did not have a quality improvement plan. This would help to identify specific improvements and actions to be taken to help develop and improve the service, measure the impact of change and demonstrate a culture of continuous improvement (recommendation g).

Patients could feedback about their experience using online review websites. We were told that patient feedback had resulted in the service switching to electronic patient care records after patients highlighted their preference to complete documents online before their appointment. However, we saw no documented evidence that any patient feedback received 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 h).

- No requirements.

Recommendation g

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

Recommendation h

- The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve 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 develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 8).

Timescale – immediate

Regulation 13(2)(a)

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

Recommendations

- a** The service should further develop its programme of regular clinical audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 8).

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

- b** The service should develop a duty of candour policy (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

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

Recommendations

- c** The service should ensure that patient care records are audited regularly (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 should register with the Information Commissioner's Office (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 7 – Workforce management and support

Requirement

- 2** The provider must develop a recruitment policy and practicing privileges policy to ensure any new staff working in the service, including staff working under practicing privileges, are safely recruited (see page 11).

Timescale – by 16 June 2022

Regulation 12(c)

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

Recommendations

- e** The service should ensure that annual checks are carried out on staff, including those working under practicing privileges (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

- f** The service should ensure that staff have a file containing all relevant documentation including appropriate background safety checks, qualifications and insurances, where appropriate (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendations	
g	<p>The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement (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 4.19</p>
h	<p>The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service (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 4.8</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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