

Announced Inspection Report: Independent Healthcare

Service: Beautox Clinic Aesthetics, Aberdeen

Service Provider: Beautox Clinic Aesthetics Ltd

12 September 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 Beautox Clinic Aesthetics (Aberdeen) on Monday 12 September 2022. We spoke with one member of staff during the inspection. We received feedback from four 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 Beautox Clinic Aesthetics (Aberdeen), 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 are involved in decisions about their treatment. Feedback is actively encouraged and acted upon. Training will inform staff of their responsibilities under the duty of candour legislation.	✓ Satisfactory
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The clinic was clean, modern and well maintained. Appropriate safety assurance processes were in place.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The service manager kept up to date with advances in aesthetics through membership of professional groups. Further developing the quality improvement process would help measure the impact of change and demonstrate a culture of continuous improvement.	✓ Satisfactory

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Improvements are required in all aspects of recruitment and staff development. The service had identified and was acting on the need for improved safe systems and processes.

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 Beautox Clinic Aesthetics Ltd to take after our inspection

This inspection resulted in two requirements and six 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

Beautox Clinic Aesthetics Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Beautox Clinic Aesthetics (Aberdeen) for their assistance during the inspection.

2 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 are involved in decisions about their treatment. Feedback is actively encouraged and acted upon. Training will inform staff of their responsibilities under the duty of candour legislation.

We saw that patients received sufficient information to make an informed decision about the treatments. Treatment information, including the risks and expected outcomes was included in the consent form sent to patients before appointments and discussed during the face-to-face consultation. Three out of four patients who responded to our survey said they received adequate information and were fully involved in decisions about their care. Comments included:

- 'Very patient at answering every question I have had.'
- 'Everything discussed and explained.'

Results from our online survey showed that all patients felt they had been treated with dignity and respect.

Following an appointment at the service, all patients were sent a request for feedback through its software system. The service manager collated and reviewed this feedback, along with any verbal or emailed feedback received. We saw evidence that feedback was escalated to the director where necessary, such as when a clinical issue was raised. We also saw that feedback was discussed at the monthly staff meeting.

A complaints policy detailed the process for managing a complaint and provided information on how a patient can make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. The

complaints policy was given to patients if requested. We saw an example of a complaint that had been managed in line with the complaints policy. Staff had received training on managing a complaint.

A safeguarding (public protection) policy set out a clear protocol to respond to any adult protection concerns.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. The service had a duty of candour policy in place.

What needs to improve

The service did not have a participation policy that would provide a structured approach to how feedback is obtained, reviewed and acted upon. While feedback was requested, we saw no evidence that the service shared any improvements as a result of comments from patients (recommendation a).

While it had a policy in place, staff had not received training on duty of candour (recommendation b).

The service had not produced and published a yearly duty of candour report. Even where no incidents have required the implementation of the duty of candour procedure, a report is still required (recommendation c).

Patients would have to contact the service to request a copy of the complaints policy as it was not displayed in the clinic or on the website (recommendation d).

- No requirements.

Recommendation a

- The service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement. The policy should include how the service will share improvements made as a result of feedback with patients.

Recommendation b

- The service should ensure staff are trained in the principles of duty of candour.

Recommendation c

- The service should produce and publish the annual duty of candour report.

Recommendation d

- The service should ensure that information about how to make a complaint about the service is available to patients.

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 clinic was clean, modern and well maintained. Appropriate safety assurance processes were in place.

The clinic environment and equipment was modern, clean and well maintained. Maintenance contracts were in place, including for:

- electrical equipment
- fire safety equipment, and
- testing the gas boiler.

An infection prevention and control policy and effective measures were in place to reduce the risk of infection. Feedback from our online survey was positive about patients' experience of using the service. Patients told us the environment was clean. Comments included:

- 'Lovely clean clinic.'
- 'Beautiful clinic, immaculate.'

The service had a clinical governance process in place, which included a risk register, risk assessments and a recording system for any accidents or incidents. A monthly audit was carried out covering topics including infection prevention and control and fire safety in the service. The audit results were discussed at a monthly clinical governance meeting.

Suitable storage for medicines was available, such as a lockable pharmacy refrigerator. The temperature of the refrigerator was monitored and recorded to make sure it stayed in the safe temperature range. No medicines were on the

premises at the time of our inspection. When the clinic is open, suitable arrangement are in place for the safe transportation of medicines to the clinic from the provider's Glasgow clinic. We saw evidence of a stock control system to record medicines being transferred between clinics.

- No requirements.
- No recommendations.

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

Improvements are required in all aspects of recruitment and staff development. The service had identified and was acting on the need for improved safe systems and processes.

The same employees staff the provider's three Beautox Clinic Aesthetics Ltd services. We looked at three staff files during the inspection of Beautox Aesthetics Clinic (Glasgow), which were limited and contained contracts and basic identification. The service had three staff it employed, though recruitment had pre-dated registration with Healthcare Improvement Scotland. The provider had identified that robust systems of recruitment were required and had contracted a business consultancy to develop human resource policies and procedures.

The service had invested in staff training. We saw records of training staff had completed on topics such as infection prevention and control, fire safety, first aid, health and safety, and information governance. In-house training had also been given on day-to-day service processes, such as complaints management.

One member of staff told us that the provider was very accommodating in allowing staff to complete training that they consider to be beneficial to their personal development and their role within the service.

What needs to improve

Improvements had been planned in staff recruitment, training and development. We were shown action plans in place to address issues identified. However, the service did not have a framework in place to make sure its recruitment was safe or for staff development at the time of our inspection (requirement 1).

Staff had been interviewed and their feedback was being used to develop job descriptions and the yearly appraisal system. However, during our inspection we found that regular performance reviews and yearly appraisals had not been carried out (requirement 2).

We were not provided with evidence that all staff employed had been checked under the Protecting Vulnerable Groups (PVG) Scheme from Disclosure Scotland. The PVG scheme helps make sure people who are unsuitable to work with children and protected adults cannot do regulated work with these vulnerable groups (recommendation e).

Requirement 1 – Timescale: by 30 December 2022

- The provider must develop and implement a recruitment policy, including for those with practicing privileges, and ensure that it follows guidelines on safer recruitment.

Requirement 2 – Timescale: by 30 December 2022

- The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals.

Recommendation e

- The service should introduce a system to obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) for all staff. This will ensure that staff are safe to work in the service.

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 manager kept up to date with advances in aesthetics through membership of professional groups. Further developing the quality improvement process would help measure the impact of change and demonstrate a culture of continuous improvement.

The service manager was an experienced surgeon. They used their membership of professional groups to keep up to date with changes in best practice and legislation. The service was also a member of the Association of Scottish Aesthetic Practitioners which promotes the advancement of aesthetic medicine through education and communication. The service manager attended industry conferences to keep up to date with best practice and learning and is registered on a continued professional development programme with a UK aesthetics manufacturer and education provider.

Should any complications arise following treatment, the service was a member of the Aesthetic Complications Expert (ACE) group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions.

We saw minutes of monthly team meetings discussing agenda items, such as new treatments, patient feedback, training and audits. We were told that two online chat room groups were available for staff for administration and clinical discussions.

A business analyst company had been instructed to perform an audit of the service. We saw that this had been carried out recently and included aspects of the service, such as customer satisfaction, systems and policies. The audit also included speaking with staff to obtain their experience of working in the service. The audit included an action plan which the service planned to implement.

What needs to improve

While an independent audit had been carried out and an improvement a plan made, it did not include improvements that staff had made. For example, from the monthly audits and after a review of patient feedback (recommendation f).

- No requirements.

Recommendation f

- The service should further develop the quality improvement plan to measure the impact of improvement initiatives on the service and demonstrate a culture of continuous improvement.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
a	<p>The service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement. The policy should include how the service will share improvements made as a result of feedback with patients (see page 8).</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>
b	<p>The service should ensure staff are trained in the principles of duty of candour (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</p>
c	<p>The service should produce and publish the annual duty of candour report (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</p>

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

Recommendations

- d** The service should ensure that information about how to make a complaint about the service is available to patients (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

Domain 7 – Workforce management and support

Requirements

- 1** The provider must develop and implement a recruitment policy, including for those with practicing privileges, and ensure that it follows guidelines on safer recruitment (see page 12).

Timescale – by 30 December 2022

Regulation 8

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

- 2** The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals (see page 12).

Timescale – by 30 December 2022

Regulation 12(c)(i)

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

Recommendation

- e** The service should introduce a system to obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) for all staff. This will ensure that staff are safe to work in 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 4.24

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
f	<p>The service should further develop the quality improvement plan to measure the impact of improvement initiatives on the service and demonstrate a culture of continuous improvement (see page 14).</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>

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
Aberdeen
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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