

Announced Follow-up Inspection Report: Independent Healthcare

Service: Beautox Clinic Aesthetics (Glasgow)

Service Provider: Beautox Clinic Aesthetics Ltd

27 March 2023

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Beutox Clinic Aesthetics (Glasgow) on 5 August 2022. That inspection resulted in five requirements and eight recommendations. As a result of that inspection, Beutox Clinic Aesthetics Ltd produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at:

www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

About our follow-up inspection

We carried out an announced follow-up inspection to Beutox Clinic Aesthetics (Glasgow) on Monday 27 March 2023. The purpose of the inspection was to follow up on the progress the service has made in addressing the five requirements and eight recommendations from the last inspection. This report should be read along with the August 2022 inspection report.

We spoke with the director (practitioner) during the inspection.

The inspection team was made up of one inspector.

Grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades may still change after this inspection due to other regulatory activity.

Key quality indicators inspected	
Domain 2 – Impact on people experiencing care, carers and families	
Quality indicator	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	✓ Satisfactory
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.1 - Safe delivery of care	✓ Satisfactory

Key quality indicators inspected (continued)	
Domain 9 – Quality improvement-focused leadership	
Quality indicator	Grade awarded
9.4 - Leadership of improvement and change	✓ Satisfactory

The grading history for Beautox Clinic Aesthetics (Glasgow) can be found on our website.

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

We found that the provider had addressed all five requirements made at our previous inspection on 5 August 2022, with one requirement now no longer applicable. It had also taken steps to act on most of the recommendations we had made.

What action we expect Beautox Clinic Aesthetics Ltd to take after our inspection

This inspection resulted in three recommendations which remain outstanding. See Appendix 1 for a full list of the 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

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

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 5 August 2022

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

Recommendation

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.

Action taken

A participation policy had now been developed. Patients were being asked for their feedback and the results reviewed and acted on where necessary, as described in the policy. For example, as a result of patient feedback, the service had extended its opening times to include week days, rather than just evenings and weekends. We were told this had received a positive response from patients.

Recommendation

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

Action taken

Staff in the service had now been trained in the principles of duty of candour.

Recommendation

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

Action taken

The service's duty of candour policy states that an annual duty of candour report will be produced and published on its website. However, an annual duty of candour report had not yet been produced. We were told this report would be published on the service's new website which was currently being redesigned (see Appendix 1).

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

Requirement – Timescale: immediate

The provider must implement a stock checking and rotation system and ensure any expired medicines and products are disposed of correctly. All staff should be given training in this system.

Action taken

We were told that all expired medicines and out-of-date products identified at the previous inspection had been disposed of. We found no expired medicines or out-of-date products during this inspection. A stock control system had now been implemented and we saw evidence that stock checks including checking expiry dates had been carried out every 2 weeks since the previous inspection.

This requirement is met.

Requirement – Timescale: immediate

The provider must ensure that a suitable fridge is used to store all temperature-sensitive medication.

Action taken

We saw that all temperature-sensitive medication was now stored in an appropriate pharmacy fridge. There was documented evidence of daily checking of the fridge temperature to make sure medicines were stored at the appropriate temperature. **This requirement is met.**

Requirement – Timescale: immediate

The provider must review its laser safety arrangements to ensure that a laser protection advisor is appointed to write an updated set of local rules including authorised users to enable the service to offer laser treatments. Laser treatments cannot be carried out until this requirement is met.

Action taken

Laser treatments are no longer offered by the service, and the laser machine had been removed from the premises. The service conditions of registration with Healthcare Improvement Scotland have been amended at the provider's request and laser treatments or procedures are no longer permitted in the service. **This requirement is no longer applicable.**

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Recommendation

The service should record patient GP details and consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required.

Action taken

We saw that the electronic appointment booking system had been updated. Patients were now unable to continue with their online booking until the mandatory field of GP details was completed.

When attending for their appointment, patients were required to complete a consent form before receiving treatment. The consent for sharing information with other healthcare professionals was also now a mandatory field to be completed. Treatment would not take place until this form was fully completed.

Recommendation

The service should review and improve the current patient care record auditing process to ensure it sufficiently identifies gaps in patient care records.

Action taken

We saw that regular audits of patient care records were now carried out as part of a general clinical governance audit. However, the audit questions were broad and may still not sufficiently identify gaps in patient care records (see Appendix 1).

Recommendation

The service should register with the Information Commissioner's Office to make sure patient data is handled in a safe and secure way.

Action taken

The service was now registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

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

Requirement – 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.

Action taken

The service had now developed a recruitment policy that included key stages of the recruitment process from advertisement of a vacancy to induction of the new staff member. However, we noted that no new staff members had been employed since the previous inspection. **This requirement is met.**

Requirement – 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.

Action taken

The service's staff training policy stated that annual appraisals will be carried out. We saw evidence that formal appraisals had now been carried out for all staff.

Due to ongoing changes in the service, we saw evidence that more frequent appraisals had been carried out. This meant these changes could be discussed directly with individual staff members. **This requirement is met.**

Recommendation

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

Action taken

Disclosure Scotland Protecting Vulnerable Groups (PVG) background checks had now been carried out for all staff. The service was aware that these checks should be reviewed at least every 3 years.

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

Recommendation

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.

Action taken

We saw that a comprehensive quality improvement procedure had now been developed as well as a quality improvement template to record each quality improvement project in detail such as:

- the scope of the project
- staff involvement, and
- measuring the effect of the changes.

However, there were no examples of completed templates (see Appendix 1).

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	
Recommendation	
a	<p>The service should produce and publish the annual duty of candour report (see page 7).</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> <p>This was previously identified as a recommendation in the August 2022 inspection report for Beautox Clinic Aesthetics (Glasgow).</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendation	
b	<p>The service should review and improve the current patient care record auditing process to ensure it sufficiently identifies gaps in patient care records (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 4.19</p> <p>This was previously identified as a recommendation in the August 2022 inspection report for Beautox Clinic Aesthetics (Glasgow).</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
c	<p>The service should implement its own quality improvement procedure to measure the impact of improvement initiatives on the service and demonstrate a culture of continuous improvement (see page 11).</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> <p>This was previously identified as a recommendation in the August 2022 inspection report for Beautox Clinic Aesthetics (Glasgow).</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

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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