



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Beeches Aesthetics, Lanark

Service Provider: Beeches Aesthetics

26 January 2023

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

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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 Beeches Aesthetics on Thursday 26 January 2023. We spoke with the service manager and prescriber during the inspection. We telephoned four patients after the inspection who had received treatment at the clinic. 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 satisfactory self-evaluation.

What we found and inspection grades awarded

For Beeches Aesthetics, 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	Patient information was available for all treatments carried out. Patient feedback was reviewed regularly to inform improvements in the quality of care. The complaints policy should be made more easily available to patients.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The service environment and equipment were clean and well maintained. A range of policies and procedures were in place to help the service deliver care safely to their patients. A full programme of audits should be developed and documented.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with current best practice through training and development. A formal quality improvement plan should be developed. Meetings between the partners should be recorded.	✓ Satisfactory

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		
5.2 - Assessment and management of people experiencing care	Patients were fully assessed and a consent process was in place before any treatment took place. The consent process included sharing with patients' GPs and other healthcare professionals. Consultations should be documented and held in the service.	
Domain 7 – Workforce management and support		
7.1 - Staff recruitment, training and development	The service was run as a partnership of two Nursing and Midwifery Council-registered nurses. One was a practitioner responsible for all treatments and the other was responsible for prescribing. Both partners had maintained their fitness to practice.	

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 Beeches Aesthetics to take after our inspection

This inspection resulted in one requirement and 11 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 requirement 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

Beeches Aesthetics, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Beeches Aesthetics 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

Patient information was available for all treatments carried out. Patient feedback was reviewed regularly to inform improvements in the quality of care. The complaints policy should be made more easily available to patients.

Consultations and treatments in the service were appointment-only. Controlled access to the treatment rooms and screened windows helped maintain patient privacy and dignity.

The consultations with patients included the prescriber. The service provided information to patients about all treatments, benefits and risks of treatments on information leaflets displayed within the service. A price list leaflet was available at reception and an out-of-hours contact for the service was provided to all patients.

Patients were given a cooling-off period of 5–7 days to consider treatments options and ask further questions before agreeing to treatment. This helped to make sure patients had realistic expectations of the proposed treatment. There was a lot of aftercare leaflets and information, including a record of the patients' treatments

The service had a participation policy in place that set out how it would involve patients in their treatment and how feedback would be used to improve the service. Patients were asked to complete feedback questionnaires after treatments either on the day of treatment or at a later date using details provided by the practitioner. Comments we saw included:

- 'I felt my consultation was very good and that I was listened to.'
- 'My experience was really enjoyable and I was involved in my care options.'
- 'It was a very clean clinic.'

We were told that patients could also give feedback on social media and face-to-face.

The service did not use the Healthcare Improvement Scotland online survey but provided contact details of patients who had agreed to be contacted by Healthcare Improvement Scotland. Patients stated they had been treated with dignity and respect, and they had been provided with information in a format they could understand. Comments included:

- 'Treated very well. All my questions were answered.'
- 'Treated with dignity. Didn't try to push other treatments.'

What needs to improve

While we were told the service had a duty of candour policy in place, it was unable to produce it during our inspection (recommendation a).

Completed duty of candour training was not recorded (recommendation b).

While we saw some patient feedback, we were told that not all feedback received was recorded (recommendation c).

- No requirements.

Recommendation a

- The service should develop and implement a duty of candour policy.

Recommendation b

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

Recommendation c

- The service should record and review all feedback received, including from social media, and use this to drive improvement.

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 service environment and equipment were clean and well maintained. A range of policies and procedures were in place to help the service deliver care safely to their patients. A full programme of audits should be developed and documented.

The environment and clinical areas were clean and well maintained. All equipment was in a good state of repair. Single-use equipment was used for clinical procedures to prevent the risk of cross-infection. We saw a good supply of personal protective equipment available, such as face masks, disposable gloves and aprons. This was stored safely and located close to the point of care.

We saw maintenance contracts were in place and regular servicing was carried out, such as portable appliance testing (to make sure electrical appliances and equipment are safe to use). Fire safety checks were carried out regularly and the service manager had recently updated the fire risk assessment. We were told that the fire extinguishers would be replaced at the next fire safety check, due the week of our inspection.

A safe system was in place for the procurement, prescribing and storage of medicines. The service was run as a partnership with a Nursing and Midwifery Council-registered nurse carrying out the treatments. Another Nursing and Midwifery Council-registered nurse prescribed medicines for some treatments and was present during those treatments in line with current legislation. Medicines we looked at were in-date and stored securely in a locked refrigerator. Fridge temperatures were checked and recorded daily to make sure medicines were stored at the correct temperature.

A range of policies were in place and regularly reviewed to support the safe operation of the service.

The service had an incident register book in place and no incidents had been reported. The service manager was aware that incidents were required to be reported to Healthcare Improvement Scotland.

Patients who completed our survey over the telephone gave positive feedback about the service. Comments included:

- 'It was very clean and professional looking.'
- 'Very hygienic.'

What needs to improve

The service had an audit policy in place. However, it did not keep a record of audits carried out (recommendation d).

The service did not maintain a register of all risk assessments carried out (recommendation e).

While the service displayed a cleaning schedule, it did not state the different areas and equipment to be cleaned, such as sanitary-ware. The schedule also did not state which cleaning products should be used (recommendation f).

- No requirements.

Recommendation d

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

Recommendation e

- The service should develop and implement a risk register to help manage any risks in the service.

Recommendation f

- The service should develop cleaning schedules and should include details of cleaning products, processes and records of completion of cleaning.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients were fully assessed and a consent process was in place before any treatment took place. The consent process included sharing with patients' GPs and other healthcare professionals. Consultations should be documented and held in the service.

We saw evidence of initial assessments which formed part of the consent documentations. The assessments included:

- allergies
- medical history
- medications, and
- previous treatments.

We saw that consent was obtained for image sharing. Consent was also obtained for each treatment session.

Patients were given leaflets for each treatment which described the treatments and risks associated with them. The consultations included a visual face plan and explained costs.

The patient records were in paper format and held in a locked filing cabinet. We saw that patients' GP and emergency contact details were recorded where patients consented to giving this information. The service documented the aftercare given to patients. We saw examples of the aftercare information given to patients for each treatment.

We were told that patient care record audits were carried out regularly. We looked at five examples of patient care records. These demonstrated the comprehensive initial assessments and details of the treatments given, including batch numbers and expiry dates.

What needs to improve

We saw evidence of consultation notes, costs and face plans. However, these notes were not available for all treatments for all patients, as the service sometimes gave the face plan documents to the patients without keeping copies (requirement 1).

Patient care record entries were not always signed and dated (recommendation g).

The service used digital photographs of patients' facial treatments. However, it was not registered with the Information Commissioner's Office (ICO), (an independent authority for data protection and privacy rights) (recommendation h).

Patient care record audits were not always documented (recommendation i).

Requirement 1 – Timescale: immediate

- The service must ensure that patient care records contain evidence of all relevant clinical decision making, clinical observations and therapeutic interventions.

Recommendation g

- The service should ensure all entries in patient records are signed and dated by the person making the entries.

Recommendation h

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

Recommendation i

- The service should develop a programme of patient care record audits. Audits should be documented and improvement action plans implemented.

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 was run as a partnership of two Nursing and Midwifery Council-registered nurses. One was a practitioner responsible for all treatments and the other was responsible for prescribing. Both partners had maintained their fitness to practice.

The service did not employ any staff directly or with practicing privileges (staff not employed directly by the provider but given permission to work in the service). From their professional records, we saw that the practitioner and prescriber kept up to date with training and continuous professional development. Both roles in the service were clear. Both partners had completed their revalidation with the Nursing and Midwifery Council (NMC). We saw evidence of professional qualifications and Disclosure Scotland checks. We also saw evidence of ongoing training through online training platforms, such as for infection control and prevention.

The service had a policy in place for the management of complications. The policy was in line with guidance from the Aesthetic Complications Expert group. We were told the practitioner and prescriber were members of this group, as well as the British College of Aesthetic Medicine and Complications in Medical Aesthetic Collaborative group.

- No requirements.
- No recommendations.

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 current best practice through training and development. A formal quality improvement plan should be developed. Meetings between the partners should be recorded.

The service was owned by two partners registered with the NMC. The practitioners engaged in regular continuing professional development, managed through the NMC registration and revalidation process. Revalidation is where nurses have to meet the requirements of their professional registration through submitting evidence of their competency, training and development to their professional body, the NMC every 3 years. The partners completed training and were part of peer groups, such as the Aesthetics Complications Expert group. They had also completed product training from the suppliers of the aesthetics products used in the service.

The practitioner and prescriber told us they regularly met to discuss patient feedback, audits and other ways in which they could improve the service. Feedback was encouraged from a variety of places, such as:

- face-to-face discussions with patients during and after treatments
- feedback forms given to patients after treatments, and
- social media.

We saw evidence of improvements made, such as restricting access to the treatment area so that no-one could accidentally enter during treatments. The service manager also told us they planned to build a website for patients and to implement a system of electronic patient records management.

What needs to improve

While we saw evidence of some improvement activities in the service, no formal quality improvement plan was in place. This would help to structure and record the service's improvement processes and outcomes (recommendation j).

There were no records of meetings between the partners were not recorded. Formally documenting these meetings, for example with meeting minutes and recording the decisions taken could be added to the service's quality improvement plan (recommendation k).

- No requirements.

Recommendation j

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

Recommendation k

- The service should formally record the minutes of management meetings. These should include any actions taken and those responsible for the actions.

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	The service should develop and implement 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
b	The service should ensure staff are trained in the principles of duty of candour (see page 8). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14
c	The service should record and review all feedback received, including from social media, and use this to drive improvement (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

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

Requirement

- 1** The service must ensure that patient care records contain evidence of all relevant clinical decision making, clinical observations and therapeutic interventions (see page 12).

Timescale – immediate

Regulation 4

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

Recommendations

- d** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (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 develop and implement a risk register to help manage any risks in the service (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

- f** The service should develop cleaning schedules and should include details of cleaning products, processes and records of completion of cleaning (see page 10).

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

- g** The service should ensure all entries in patient records are signed and dated by the person making the entries (see page 12).

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

- h** The service should register with the Information Commissioner's Office (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- i** The service should develop a programme of patient care record audits. Audits should be documented and improvement action plans implemented (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

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendations

- j** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).

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

- k** The service should formally record the minutes of management meetings. These should include any actions taken and those responsible for the actions (see page 15).

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

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.
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