

Announced Inspection Report: Independent Healthcare

Service: Beauty Health Aesthetics, Stirling

Service Provider: Beauty Health Aesthetics Ltd

1 October 2019

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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 three 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 Beauty Health Aesthetics on Tuesday 1 October 2019. We spoke with the service manager. We also received feedback from 24 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 two inspectors.

What we found and inspection grades awarded

For Beauty Health Aesthetics, the following grades have been applied to three key quality indicators.

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 were very satisfied with the service. Feedback from patients was collected using a variety of methods. However, the service should review how it gathers patient feedback to drive improvement. Information about how to make a complaint was easily accessible for patients.	✓✓ Good
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Patients were cared for in a clean, well maintained environment. Good systems were in place to minimise clinical risk and ensure patient safety. Medicines were prescribed and administered safely. The service should develop and expand its audit programme.	✓✓ Good

Key quality indicators inspected		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The service had a visible and supportive leadership team. The service manager was open to new ideas and change. A quality improvement and 5-year corporate plan were in place and will be further developed as work continues to improve the quality of the service provided.	✓✓ Good

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	Comprehensive assessments were carried out before treatment plans were implemented. Patient care records were fully completed. Reviews and ongoing consultations were clearly recorded. Patients felt fully involved and in control of their care.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	A comprehensive practicing privileges agreement was in place. Practitioners received induction, and ongoing training and support. Staff files must contain all the required information to show staff are safe to work 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

What action we expect Beauty Health Aesthetics Ltd to take after our inspection

This inspection resulted in two requirements and five recommendations. The 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

Beauty Health 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 Beauty Health 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

Patients were very satisfied with the service. Feedback from patients was collected using a variety of methods. However, the service should review how it gathers patient feedback to drive improvement. Information about how to make a complaint was easily accessible for patients.

Patients told us they were very satisfied with the service provided. Comments included:

- 'First class and patient centred.'
- 'Very satisfied with this and subsequent treatments.'
- 'Very professional service.'

Patients were given the opportunity to provide feedback about the service in a number of ways. This included:

- a patient feedback card
- an electronic survey sent following an appointment
- through the website or service's social media page, and
- using an annual patient survey.

The manager told us that any suggestions for improvements or changes were discussed at the monthly meeting between the service manager and the practitioners who worked in the service.

A variety of patient information leaflets about treatments offered in the service were available in the reception area. These included costs of treatments. We

also saw examples of the information given to patients following treatment. Patients told us they received sufficient information in a format that was easy to understand and they felt fully involved in their care.

The service's duty of candour policy described how the service would meet its professional responsibility to be honest with patients if things went wrong.

A complaints policy for patients was available in the reception area and clearly detailed that Healthcare Improvement Scotland could be contacted at any time. We saw that the service also had a separate complaints policy for staff that detailed their responsibilities and what should happen with a complaint. At the time of the inspection, the service had not received any complaints. However, the service did have a complaints log which would be used to log any complaints received.

What needs to improve

We discussed with the service how it might review and document its methods for collecting and reviewing patient feedback to allow the service to formalise and direct the way it engages with its patients (recommendation a).

- No requirements.

Recommendation a

- The service should develop and implement a patient engagement strategy to formalise and direct the way it engages with its patients and uses their feedback 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

Patients were cared for in a clean, well maintained environment. Good systems were in place to minimise clinical risk and ensure patient safety. Medicines were prescribed and administered safely. The service should develop and expand its audit programme.

We saw good compliance with infection prevention and control procedures, in line with the service's policy. This included the safe disposal of medical sharps, such as syringes and needles, and clinical waste. Single-use patient equipment was used for clinical procedures to prevent the risk of cross-infection. Cleaning records were maintained for all large items of equipment, and weekly environmental checks were carried out to ensure the clinic area was safe and clean.

The service had a range of policies and procedures to ensure the safety of patients and staff, including health and safety, chaperone and safeguarding policies.

Adequate fire safety arrangements were in place, with weekly tests and annual fire equipment audits. A closed circuit TV system was in place throughout communal areas to protect staff and patients.

A safe system was in place for prescribing and administering medication. Medicines were stored securely and expiry dates were monitored.

Patients' past medical history and potential health risks were identified as part of the initial assessment. Where there were concerns about patients' health, their GP was contacted and additional tests were requested before treatment commenced.

All patients who undertake the weight management programme had to meet strict criteria and provide consent for their GP to be notified they were commencing the programme. We saw that treatments such as bioidentical hormone replacement therapy, which offers a plant-based alternative to traditional hormone replacement therapy, had robust assessment requirements before patients started their treatment. This included having a pelvic ultrasound and regular blood tests.

All but one patient said they were extremely satisfied with the cleanliness in the clinic. Patients told us:

- 'Excellent care and service - always feel as if you are in safe hands.'
- 'It's always immaculate in the clinic.'

While no accidents or incidents had occurred in the service, a system was in place to record and manage accidents and incidents.

We saw the service had carried out an annual environmental audit that covered all areas of the service's environment, such as cleanliness, waste, and slip and trip hazards. A risk assessment had also been carried out reviewing the health and safety of people in the service.

Regular staff meetings showed that any safety issues were discussed and actions agreed and implemented.

What needs to improve

A range of equipment used for procedures was subject to portable appliance testing on a 3-yearly basis to ensure it remained safe to use. The manufacturers/suppliers carried out any servicing and repairs. However, a formal record was not maintained to track the service history of this equipment (recommendation b).

While the service carried out an annual environmental audit, there was no overall audit programme in place to review the safe delivery and quality of the service. An audit programme would help the service structure its approach to this ongoing review, and demonstrate how improvements are being identified and implemented. For example, audits could also be carried out on patient care records and medicine management (recommendation c).

A system was in place to ensure emergency medications were current. However, the overall system for stock management of medicines was ad hoc. We were told the service was planning to implement a full medication stock

management process through the continued development of its electronic clinic management system. We will follow this up at future inspections.

- No requirements.

Recommendation b

- The service should ensure that the service history for all equipment is retained and accessible.

Recommendation c

- 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.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive assessments were carried out before treatment plans were implemented. Patient care records were fully completed. Reviews and ongoing consultations were clearly recorded. Patients felt fully involved and in control of their care.

We reviewed five patient care records. The service had implemented an electronic clinic management system. This included assessment, progress notes and photographs of patients. Some information such as pre-consultation assessments and monitoring charts remained in paper format. The service was planning to upload this information onto the system so all patient information would be available electronically. We saw consultations, medication and management of care, progress and outcomes were well documented.

We saw that patients were asked to record their goals and expectations as part of the consultation process. These were discussed and agreed before treatment commenced.

There was a detailed process for ensuring patients provided consent to treatment, information sharing and photographs. Patients told us they were fully informed about their treatment, including the benefits and risks.

We saw that the weight management programme was working within clear current practice guidelines. Patient charts documented regular reviews of weight, body mass index (BMI) and body measurements.

All practitioners used the electronic clinical management system, which was password protected and backed up. Confidential paper information was securely stored.

What needs to improve

Aftercare advice for the bioidentical hormone replacement therapy was given verbally. The service should provide written aftercare information for patients to refer to following treatment (recommendation d).

- No requirements.

Recommendation d

- The service should provide written aftercare information. This would enable patients to be better informed about their care.

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

A comprehensive practicing privileges agreement was in place. Practitioners received induction, and ongoing training and support. Staff files must contain all the required information to show staff are safe to work in the service.

The service engaged three practitioners through a practicing privileges agreement (staff not employed directly by the provider but given permission to work in the service). The practicing privileges agreement was comprehensive and detailed clear roles, responsibilities and accountabilities. The service had also recently interviewed for a modern apprentice to carry out administration duties in the service.

We checked the staff files of the three practitioners who worked in the service. Professional registration checks had been carried out at the time of appointment for all three practitioners.

We saw evidence to show that the practitioners were given an induction into the service, and had ongoing training, one-to-one mentoring and ongoing

support from the service manager. This ensured they had the appropriate skills and knowledge to carry out their role.

What needs to improve

While we saw a checklist of what should have been in the practitioners' staff files, we noted that not all files contained all the required documents. This included identity checks of individuals, references, immunisation history, or confirmation and acceptance letters. One file had an out-of-date indemnity insurance schedule (requirement 1).

Part of a safe recruitment process is ensuring appropriate checks are carried out on potential employees to ensure they are fit to work with vulnerable adults. The service's recruitment policy states that practitioners should be enrolled in the Protecting Vulnerable Groups (PVG) scheme. All files contained a copy of a PVG certificate provided by the practitioner before commencing their appointments. However, it is important that the service itself enrolls the practitioners and any other staff in the PVG scheme rather than taking copies of their certificates (requirement 2).

The service manager told us they checked the professional registration of staff every year. However, this was not recorded (recommendation e).

We saw evidence of a considerable amount of training carried out by the service manager and the practitioners. The service could consider developing a training plan to align staff training with the service's 5-year corporate plan.

Requirement 1 – Timescale: immediate

- The provider must ensure that all relevant pre-employment checks are undertaken and recorded at the time of appointment.

Requirement 2 – Timescale: immediate

- The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults' and children's list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Recommendation e

- The service should ensure that a system is in place to record all ongoing professional registration checks of practitioners working 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 had a visible and supportive leadership team. The service manager was open to new ideas and change. A quality improvement and 5-year corporate plan were in place and will be further developed as work continues to improve the quality of the service provided.

The service manager is a member of a number of professional organisations and networks. This allows them to keep up to date with best practice and guidance, and to develop their knowledge, skills and experience to improve the service. The service manager also worked in another service one day a week and shared learning and experiences across both services.

The service has won a number of industry awards for the service it provides.

We saw evidence of monthly meetings held between the service manager and the practitioners. A number of issues were discussed including training and the development of the service. Agendas, action notes and evidence of actions taken were all documented. The practitioners told us they felt they were a team, were well supported by the service manager and were given the opportunity to contribute to improving the service.

The service manager had recently engaged the services of a business development consultant to help develop the service further, in line with its 5-year corporate plan, which looked at the future direction of the service.

The service had started to carry out audits to look at ways to further develop the service. For example, a patient attendance audit had been carried out to review attendance patterns.

What needs to improve

The service's quality improvement plan detailed the improvements which the service wished to make. The service will continue to update this plan as work continues to develop the service further in line with its 5-year corporate plan.

- No requirements.
- No recommendations.

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** The service should develop and implement a patient engagement strategy to formalise and direct the way it engages with its patients and uses their feedback 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 4.6

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

Requirements

None

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

Recommendations

- b** The service should ensure that the service history for all equipment is retained and accessible (see page 11).
- Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22
- c** 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 11).
- 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 provide written aftercare information. This would enable patients to be better informed about their care (see page 12).
- 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 7 – Workforce management and support

Requirements

- 1** The provider must ensure that all relevant pre-employment checks are undertaken and recorded at the time of appointment (see page 13).
- Timescale – immediate
- Regulation 8(1)*
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Domain 7 – Workforce management and support (continued)

Requirements

- 2** The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults' and children's list in the Protection of Vulnerable Groups (Scotland) Act 2007 (see page 13).

Timescale – immediate

Regulation 9(2)

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

Recommendation

- e** The service should ensure that a system is in place to record all ongoing professional registration checks of practitioners working in the service (see page 13).

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

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: hcis.ihtregulation@nhs.net

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