

Announced Inspection Report: Independent Healthcare

Service: Boo's Aesthetics, Dundee

Service Provider: Boo's Aesthetics Ltd

24 August 2023

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1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Boo's Aesthetics on Thursday 24 August 2023. We spoke with the service owner (sole practitioner) during the inspection. We received feedback from two patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Dundee, Boo's Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Boo's Aesthetics, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The practitioner is a registered nurse and an independent nurse prescriber. The service had clear aims and objectives, which were available for patients to view. A 5-year business plan had also been developed. A system should be in place to ensure the service is meeting the aims and objectives identified in its business plan.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patients were fully informed about treatment options and involved in all decisions about their care. Clear processes and procedures were in place for managing complaints. Medication was in date and reviewed on a regular basis. Although the service carried out some audits, a more structured approach and annual audit programme should be implemented to demonstrate continuous improvement in the service. A participation policy should be developed to ensure the service engages with patients and uses feedback to improve the service. A risk register and a quality improvement plan should be developed.	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service, and that the service was clean and tidy. Information about patients' GP, next of kin or emergency contacts must be documented in patient care records, and sharing information with other healthcare professionals should also be documented.	✓ Satisfactory

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 Assurance Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Boo's Aesthetics Ltd to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in one requirement and eight recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should ensure a system is in place to make sure the aims and objectives identified in its business plan are being met (see page 10).</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>

Implementation and delivery	
Requirements	
None	
Recommendations	
b	<p>The service should develop a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 12).</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>
c	<p>The service should develop a risk register to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
d	<p>The service should develop and implement a system to determine review dates for its policies and procedures with documented evidence of when reviews are undertaken and what changes or updates were subsequently made (see page 15).</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>
e	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 15).</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>
f	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).</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>

Results	
Requirement	
1	<p>The provider must ensure patients' GP, next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
g	<p>The service should ensure patient care records contain appropriate information detailing initial assessments being carried out by the practitioner (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>
h	<p>The service should ensure patient care records contain consent to share information with other healthcare professionals (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

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

Boo's Aesthetics Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Boo's Aesthetics for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The practitioner is a registered nurse and an independent nurse prescriber. The service had clear aims and objectives, which were available for patients to view. A 5-year business plan had also been developed. A system should be in place to ensure the service is meeting the aims and objectives identified in its business plan.

Clear vision and purpose

The service's aims, objectives and mission statement were available for patients to read in the waiting area of the clinic. This included the service's vision of delivering high quality person-centred care with a focus on patient safety and wellbeing. The service also aimed to provide the highest standard of treatment while supporting patients' agreed outcomes.

The service had short-, medium- and long-term goals with three main priorities including:

- ongoing staff training
- developing a quality improvement plan, and
- reviewing the current business plan.

This information was kept in a patient folder as well as information about the service's aims, objectives and mission statement. Patients were encouraged to read this information whilst attending the service.

The owner (practitioner) was an experienced registered nurse and independent nurse prescriber. Although the service currently had a small turnover of patients, it had developed a 5-year business plan. This included information on expanding in size, increasing patient numbers and offering practicing privileges to other clinicians (staff not employed directly by the provider but given permission to work in the service).

What needs to improve

Although the service had a vision of delivering a high quality person-centred service with identified aims, objectives and timeframes, it did not have a process in place to ensure it was meeting the aims and objectives identified in its business plan (recommendation a).

- No requirements.

Recommendation a

- The service should ensure a system is in place to make sure the aims and objectives identified in its business plan are being met.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. Clear processes and procedures were in place for managing complaints. Medication was in date and reviewed on a regular basis. Although the service carried out some audits, a more structured approach and annual audit programme should be implemented to demonstrate continuous improvement in the service. A participation policy should be developed to ensure the service engages with patients and uses feedback to improve the service. A risk register and a quality improvement plan should be developed.

Co-design, co-production (patients, staff and stakeholder engagement)

Although the service did not have a website, there were many returning patients, with new patients using the service based on recommendations from friends and from reviews on social media sites. All consultations were by appointment only.

The initial consultation included a discussion about the patient's desired outcomes, the benefits and risks of treatment, and treatment costs.

Feedback from patients about their overall experience of the service was gathered in several ways. A comments book was available in the waiting area, and patients could provide verbal feedback direct to the practitioner, or could post online reviews, including on the service's social media pages.

A variety of aftercare leaflets were also available which were given to patients after treatment. This allowed patients to make an informed decision about their care and treatment.

What needs to improve

We noted the patient comments book was not being well used. There was no evidence of a participation or patient engagement policy in place. While the various methods used to gather feedback were useful, it was difficult for the service to draw any conclusions that could be used to drive improvement as we found no evidence that feedback was being recorded and analysed. We

discussed with the service the importance of having a structured approach to patient feedback. This should include:

- developing and implementing a participation policy
- recording and analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation b).

■ No requirements.

Recommendation b

- The service should develop a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service had policies and procedures in place to support the safe delivery of person-centred care. These included:

- information management
- complaints
- duty of candour
- emergency arrangements policy, and
- medication.

Policies were reviewed every 2 years and were kept both electronically and in paper copies in an information folder for patients to view in the waiting area.

Arrangements were in place to deal with medical and aesthetic emergencies. This included up-to-date training, first aid supplies and medicines available that could be used in an emergency.

Maintenance contracts for fire safety equipment, the boiler and fire detection systems were up to date. Electrical and fire safety checks were monitored regularly. The service had a clinical waste contract in place.

A clear system was in place to record and manage accident and incident reporting. The practitioner was able to describe how adverse events and

incidents should be reported appropriately, including to Healthcare Improvement Scotland. We noted no incidents or accidents had been reported since the service registered with Healthcare Improvement Scotland in July 2021.

Information about how to make a complaint was clearly displayed in the waiting area. This included details on how to contact Healthcare Improvement Scotland. There had been no complaints since the service was registered with Healthcare Improvement Scotland.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The practitioner fully understood their duty of candour responsibilities and the service's duty of candour report was displayed in the waiting area. The service had a safeguarding (public protection) policy and the practitioner had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations. Patient care records were stored in a lockable cabinet to help maintain patients' confidentiality.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer support. The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed through the Nursing and Midwifery Council (NMC) registration and revalidation process, and yearly appraisals. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC, every 3 years. They also kept up to date with appropriate training, such as for adult support and protection, equality and diversity, and infection control.

We saw evidence of the practitioner's personal and professional development displayed in the service. We also saw evidence of completed online NHSScotland modules.

The practitioner had peer support from another service and was part of several online aesthetic practitioners groups. These provided information on complications and adverse reactions from aesthetic treatments in the UK and Ireland.

- No requirements.
- No recommendations.

Planning for quality

We saw a number of risk assessments had been carried out which included:

- fire
- COVID 19
- patients' past medical history, including allergies and reactions to medicines
- medicine management, and
- Health and Safety Executive risks (Control of Substances Hazardous to Health (COSHH)).

We saw evidence of some audits carried out by the service on a regular basis. This included infection prevention and control, medicine management, and health and safety.

We saw evidence that the practitioner had made changes to the format of patient care records to help them gather additional information required as part of their role. This ensured ease of use of documentation with vital information being easily accessible at a glance.

The service had a contingency plan in place to ensure patients could access aesthetic treatments from peers and aesthetic colleagues should the service cease to operate.

What needs to improve

The service used the Health and Safety Executive guidance to document its risk assessments. However, there was no evidence of a risk register being kept by the service. This would help the service to mitigate risk and ensure the safe health and welfare of patients attending the service (recommendation c).

We saw evidence the service had reviewed and updated the majority of its policies in response to changes in national guidance and best practice. However, there was no clear process in place to determine review dates (recommendation d).

Although some audit activity was carried out, no formal audit programme was in place to determine when audits would take place. The range of audits carried out could also be extended to include patient care records and patient feedback (recommendation e).

A formal quality improvement plan would help the service to structure and record its improvement processes. This could include outcomes identified from audits, complaints, accidents and incidents, patient feedback, and education and training events (recommendation f).

- No requirements.

Recommendation c

- The service should develop a risk register to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service.

Recommendation d

- The service should develop and implement a system to determine review dates for its policies and procedures with documented evidence of when reviews are undertaken and what changes or updates were subsequently made.

Recommendation e

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

Recommendation f

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

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment was clean and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service, and that the service was clean and tidy. Information about patients' GP, next of kin or emergency contacts must be documented in patient care records, and sharing information with other healthcare professionals should also be documented.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

We saw the clinic was clean and tidy, of a high standard and well maintained. Cleaning schedules were in place, and were fully completed and up to date. All equipment for procedures was single use to prevent the risk of cross-infection.

The medical fridge was clean and in good working order. A temperature recording log book was used to record fridge temperatures every day. This made sure medicines were being stored at the correct temperature. The log book was fully completed and up to date. We noted no medication was being stored in the service on the day of our inspection. We saw a safe system for the procurement and prescribing of medicines.

Patients who responded to our online survey were extremely satisfied with the care and treatment they had received from the service. Comments included:

- 'I would recommended this clinic to anyone looking for aesthetic treatment.'
- 'This is an extremely inviting clinician that has evident knowledge in her field. I felt confident, informed and relaxed whilst getting my procedure and would highly recommend to others.'

- ‘I was fully informed of my treatment options and cost and given time to decide what treatment was best for me.’
- ‘All treatments were explained throughout and plenty time to discuss and make decisions.’
- ‘She allowed me time to ask questions about my treatment.’
- ‘Discussions included what would my desired outcome be and the best way to achieve this.’

We were told patients were seen face to face in the service to carry out initial assessments. The five patient care records we reviewed were legible, accurate and up to date. Patient consent to treatment was noted on all records reviewed, and the practitioner had signed and dated their entries. Medicine batch numbers and expiry dates were also noted.

What needs to improve

While patients had consented to treatments, there was no evidence of their GP, next of kin or emergency contact details noted in the patient care records (requirement 1).

Of the five patient care records we reviewed, we saw no documented evidence of:

- consultation or initial assessment being carried out (recommendation g), or
- consent to share information with other healthcare professionals in the event of an emergency situation (recommendation h).

Requirement 1 – Timescale: immediate

- The provider must ensure patients’ GP, next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented.

Recommendation g

- The service should ensure patient care records contain appropriate information detailing initial assessments being carried out by the practitioner.

Recommendation h

- The service should ensure patient care records contain consent to share information with other healthcare professionals.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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