

Announced Inspection Report: Independent Healthcare

Service: Beau Ultime Skin & Aesthetics Ltd,
Hamilton

Service Provider: Beau Ultime Skin & Aesthetics
Ltd

15 August 2022

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First published October 2022

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
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	Appendix 1 – Requirements and recommendations	17
	Appendix 2 – About our inspections	19
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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 Beau Ultime Skin & Aesthetics Ltd on Monday 15 August 2022. We received feedback from 10 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector and one observer.

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 Beau Ultime Skin & Aesthetics Ltd, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients were very complimentary about the service and able to make informed decisions about their treatment. A structured method for obtaining patient feedback helped to improve the quality of the service delivered. Clear procedures were in place for managing complaints.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The clinic was clean and well maintained. Patient safety policies, such as safeguarding and whistleblowing were in place. A comprehensive audit programme would help the service structure its approach to identifying and implementing improvements.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service stayed up to date with advances in the sector through their membership of peer and professional groups. A quality improvement process helped to continually evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.	✓✓ Good

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Quality indicator	Summary findings
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.2 - Assessment and management of people experiencing care	Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear and detailed. Patients were well informed about their treatments.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Training and development opportunities were available for staff and discussed in one-to-one meetings. Retaining evidence of checks on all staff with demonstrate safer recruitment.

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 Beau Ultime Skin & Aesthetics Ltd to take after our inspection

This inspection resulted in two requirements and two recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Beau Ultime Skin & 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 Beau Ultime Skin & Aesthetics Ltd 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 complimentary about the service and able to make informed decisions about their treatment. A structured method for obtaining patient feedback helped to improve the quality of the service delivered. Clear procedures were in place for managing complaints.

We saw that after making a booking patients were emailed detailed information about the requested treatments and this was discussed during the consultation process so they could make an informed decision. This information included risks, side effects and expected outcomes of treatment as well as aftercare. Information about treatments and costs were clearly displayed on the service's website and treatment information leaflets were available in the clinic.

Results from our online survey showed that patients felt involved in decisions about their treatment and were confident in the service. Comments included:

- 'The nurse who treated me was very thorough and friendly and explained my treatment in detail and gave me lots of time to ask questions.'
- 'Comprehensive consultation process with plenty opportunity to ask questions.'
- 'I was fully involved.'

The participation policy stated the aim of providing exceptional customer service and detailed how patient feedback would be obtained, reviewed and actioned. Patient feedback was requested after each appointment. Feedback was also received on social media reviews. All comments on social media were positive and the majority of reviews were responded to. All patient feedback was reviewed every 3 months and a process was in place to take action for

improvements. We saw evidence that feedback was shared with staff during team meetings. The clinic had won aesthetic clinic of the year 2021 in the Scottish Beauty Industry Awards 2021, voted for by patients.

A complaints policy detailed the process for managing a complaint and provided information on how a patient can make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. Contact details for patients to make a complaint were available on the website. The service had received no complaints since registration in August 2019.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). A yearly duty of candour report had been produced. The service had not had any instances requiring the need to implement duty of candour principles.

The service also had a chaperone policy and a dignity and respect policy in place. In response to our online survey, all patients said they were treated with dignity and respect and had confidence in the service. Comments included:

- 'The staff were very respectful.'
- 'I was comfortable and well looked after.'

A whistleblowing policy was in place for staff if they wished to raise any concerns about patient safety or other harm. A safeguarding (public protection) policy ensured a clear protocol was in place to respond to any adult or child protection concerns.

What needs to improve

The staff had not completed duty of candour training (recommendation a).

- No requirements.

Recommendation a

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

Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The clinic was clean and well maintained. Patient safety policies, such as safeguarding and whistleblowing were in place. A comprehensive audit programme would help the service structure its approach to identifying and implementing improvements.

The clinic environment was modern, clean and well equipped. Equipment was in good condition and maintenance contracts in place where appropriate. Public and employer liability insurance was in-date and displayed in the service.

Effective measures were in place to reduce the risk of infection. An infection prevention and control policy was in place. Cleaning of the clinic environment and equipment was carried out in between patient appointments, as well as a programme of regular, scheduled deep-cleaning. Completed and up-to-date cleaning schedules were in place, as well as regular audits to check the standard of cleaning in the service. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment (such as disposable aprons, gloves and face masks) and alcohol-based hand gel. Patient comments on the cleanliness of the clinic included:

- 'Very clean environment.'
- 'The shop looks and smells very clean which is reassuring.'
- 'The clinic was spotless clean and very well maintained.'

Effective policies and protocols helped to make sure medicines were managed safely and effectively. The service had two registered prescribers. Patient care records we reviewed showed batch numbers and expiry dates of medicines used during treatment were being recorded, in line with best practice. This would allow tracking if any issues arose with the medications used. Medicines

were stored in a suitable locked pharmacy fridge, and the fridge temperature was monitored to make sure medicines were being stored at the appropriate temperature. A stock control system for medicines and other treatment products ensured all items were within the expiry and best before dates.

Emergency medicines were easily accessible and emergency procedure posters displayed. A complications management folder contained full protocols for the management of aesthetics complications such as, anaphylaxis and vascular occlusion (blockage of a blood vessel).

A fire safety contractor had completed a yearly fire risk assessment and we saw that improvement actions had been taken and weekly fire safety checks were recorded. Fire safety signage was displayed, fire safety equipment was in place and serviced yearly. Electrical equipment had been tested and safety certificates were in place for the gas boiler and fixed electrical installation.

The service was aware that, as a registered independent healthcare service it has a duty to report certain matters to Healthcare Improvement Scotland and had made notifications in the past. A system was in place for recording accidents or incidents.

A number of processes had been implemented for the safe delivery of care. This included a clinical governance policy and risk assessments were in place to effectively reduce any risks as far as possible.

Patients who responded to our survey felt safe and had confidence in the service. Comments included:

- 'Extremely professional and well organised.'
- 'The clinic and staff were professional.'
- 'I felt in very safe hands during my time in the clinic.'

What needs to improve

It is a legal requirement that any clinical waste producer segregates, packages and disposes of all waste in line with current national waste legislation. While a clinical waste contract was in place for the removal and disposal of clinical waste, this was not carried out correctly for Botulinum toxin. For example, an incorrect waste sharps box was being used. As this medicine is categorised as hazardous under waste legislation, using the wrong sharps box would mean the clinical waste was not disposed of correctly (requirement 1).

While some checks took place on safety equipment, emergency medicines and cleaning, a more comprehensive audit programme would help the service

structure its approach. It would also allow the service to demonstrate how improvements are identified and implemented. Audits could be carried out on patient care records and the safety and maintenance of the care environment (recommendation b).

Requirement 1 – Timescale: immediate

- The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with appropriate national waste legislation.

Recommendation b

- The service should develop more audits to cover key aspects of care and treatment such as patient care records and the clinic environment. Audits and associated action plans should be documented and actions added to the quality improvement plan.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear and detailed. Patients were well informed about their treatments.

A full assessment and consultation was carried out with patients before any treatment took place. Patients were fully informed to make sure they had realistic expectations of their proposed treatment plan. Treatment would not proceed if patients had unrealistic expectations, if the treatment was unnecessary or if a clinical risk was indicated.

New patients had a face-to-face consultation before attending for their treatment appointment giving them a cooling-off period and time to consider the information they had received.

We looked at three electronic patient care records and saw that patients were fully informed before they consented to treatment. All patients said they received adequate information on the procedure, risks and benefits and expected outcome. Consent also included sharing of information with other health professional and the taking and storing of digital images, complying with their consent policy.

The service had recently identified that the electronic patient record system had no place to record patients' next of kin and GP details. We saw that the system had been amended and this information had been recorded at the time of our inspection.

Details of treatments, including any medicines used, as well as 'before and after' photographs were also recorded. Patients were asked to update their medical history if relevant at every appointment.

All patients were provided with verbal and written aftercare information, instructions of what to do in an emergency and were offered a review appointment to check they were satisfied with the results of their treatment.

Patients who responded to our online survey said:

- 'I had a cooling-off period to ensure I was happy to attend for treatment which I appreciated as I didn't feel pressured.'
- 'I had a consultation prior to my treatment where I was given all the information and time to consider my treatment options.'

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

- No requirements.
- No recommendations.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Training and development opportunities were available for staff and discussed in one-to-one meetings. Retaining evidence of checks on all staff with demonstrate safer recruitment.

Policies were in place for recruitment, training and granting practicing privileges (staff not employed directly by the provider but given permission to work in the service).

We reviewed the staff file of one employed staff member who had been safely recruited. The staff file showed that all relevant pre-employment checks were completed before starting working in the service. This included two references, a risk-based Disclosure Scotland background check and a fitness to practice check for healthcare practitioners. We also saw an employment contracts, records of qualifications and training certificates and a continual professional development plan. We saw evidence that the staff member had been provided with a clear role description, including responsibilities and accountabilities.

Induction training was provided and staff had opportunities for ongoing training and development. One-to-one meetings held every 3 months included monitoring of personal development plans and training opportunities. We saw evidence of another one-to-one meeting as well as the regular 3-monthly meeting to discuss a major change in the service, to reassure staff and provide details of future plans.

We saw that staff risk assessments had been carried out where required.

Patients who provided feedback to the service had confidence in the staff:

- ‘Cohesive team, professional, friendly.’
- ‘The staff were extremely knowledgeable, friendly, professional and highly skilled performing my treatment.’

What needs to improve

We reviewed a file of a staff member working in the service under a practicing privileges agreement. The file included a practicing privileges agreement between the staff member and the service and a copy of the medical indemnity insurance. However, we saw no evidence that all necessary background checks had been carried out before they started work in the service, such as:

- checking qualifications
- Protecting Vulnerable Groups (PVG)
- references, and
- the status of professional registration (requirement 2).

Requirement 2 – Timescale: by 10 November 2022

- The provider must ensure that there is evidence that staff working under practicing privileges were safely recruited.
- 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 stayed up to date with advances in the sector through their membership of peer and professional groups. A quality improvement process helped to continually evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.

The service's management team used membership of peer and professional groups to keep up to date with changes in best practice and legislation. The team also had access to educational resources and subscribed to industry journals.

Should any complications arise following treatment, the service was a member of The Aesthetics Complication Expert Group (ACE) and the British Association of Cosmetic Nurses (BACN). These groups for practitioners provide guidance and support to help prevent complications in cosmetic treatments. The service had a professional relationship with another HIS registered clinic that provided support with complications if required.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. A quality improvement plan, which included short term and long term actions and helped the service to demonstrate a culture of continuous improvement.

We saw documented evidence of quality improvement being discussed at clinical governance and staff meetings. For example, a discussion about a treatment that did not provide the expected results and suggestions had been made to improve the outcome of the patient.

The monthly staff meetings kept staff informed. While staff under practicing privileges agreements did not attend due to other commitments, they had been

emailed minutes of the meeting. Online chat groups were also available for communication between the team.

- 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 ensure staff are trained in the principles of duty of candour (see page 8).

Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.4

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

Requirement

- 1** The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with appropriate national waste legislation (see page 11).

Timescale – immediate

Regulation 3(d)(iii)

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

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

Recommendation

- b** The service should develop more audits to cover key aspects of care and treatment such as patient care records and the clinic environment. Audits and associated action plans should be documented and actions added to the quality improvement plan (see page 11).

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

Domain 7 – Workforce management and support

Requirement

- 2** The provider must ensure that there is evidence that staff working under practicing privileges were safely recruited (see page 14).

Timescale – by 10 November 2022

Regulation 12(a)

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

Recommendations

None

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

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