

Announced Inspection Report: Independent Healthcare

Service: Courtney Cassidy Aesthetics, Kilmarnock

Service Provider: Courtney Cassidy Aesthetics Limited

2 March 2022

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

© Healthcare Improvement Scotland 2022

First published April 2022

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
<hr/>		
	Appendix 1 – Requirements and recommendations	15
	Appendix 2 – About our inspections	19
<hr/>		

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 Courtney Cassidy Aesthetics on Wednesday 2 March 2022. We spoke with the aesthetic practitioner. We received feedback from 70 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.

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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Courtney Cassidy Aesthetics, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The environment was clean and in a good state of repair. Although some environmental audits were carried out, a wider programme of audit should be introduced. A system must be introduced to manage risk effectively.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with local forums and national organisations. A quality improvement plan should be developed, and communication between the practitioner and any staff members improved.	✓ 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	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Patient assessments must be documented for each patient before treatment, and patient treatment plans should be more detailed. Audits of patient care records should take place.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	No staff were employed in the service, but a practicing privileges agreement was in place between the service and a nurse prescriber. Appropriate background and safety checks must be carried out on staff working under practicing privileges contracts. A process should also be in place to ensure regular annual checks of ongoing professional development, professional registration checks and insurance renewal checks.

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 Courtney Cassidy Aesthetics Limited to take after our inspection

This inspection resulted in three requirements 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 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

Courtney Cassidy Aesthetics Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Courtney Cassidy Aesthetics for their assistance during the inspection.

2 What we found during our inspection

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 environment was clean and in a good state of repair. Although some environmental audits were carried out, a wider programme of audit should be introduced. A system must be introduced to manage risk effectively.

The environment was clean and well maintained. Patient equipment was in a good state of repair. Single-use patient equipment was used where appropriate to minimise the risk of cross-infection.

We saw the service's infection prevention and control policy had been updated to include precautions to be taken to reduce the risk of COVID-19 transmission. We were told that cleaning of equipment and high touch areas, such as door handles, was carried out after each patient. We saw up-to-date cleaning schedules in place. The landlord employed a cleaner for the building who had access to clean the consultation room three times a week. The practitioner also cleaned the floors at the end of every clinic. Appointments were planned to allow time to clean between patients. Patients were screened for COVID-19 before their appointment. We saw that personal protective equipment, such as masks, aprons and gloves, were readily available and patients had access to alcohol-based hand gel. Hand hygiene facilities were available in the consultation room.

All medications were ordered from appropriately registered suppliers and ordered specifically for the individual patient. A system was in place to record the temperature of the dedicated clinical fridge to ensure medications were being stored at the correct temperature. All medicines and single-use patient

equipment was in date. All patient care records contained details of the batch number and expiry date of the medicines used.

The landlord was responsible for the maintenance of the building. We saw checks had been carried out including:

- electrical checks every year
- fire safety, and
- gas maintenance.

Fire extinguishers and fire signage were in place throughout the building. We saw a recent fire risk assessment had been carried out.

We saw that the landlord had carried out environmental audits of the clinic, as part of the audits they carried out of the wider salon where the clinic is based. These included reviewing the cleanliness and maintenance of the clinic and the supply of appropriate personal protective equipment. The practitioner had carried out hand hygiene audits recently with the support of the landlord.

Feedback from our survey showed that patients were satisfied with the cleanliness of the environment they were treated in. Comments included:

- ‘... is a private and very clean environment.’
- ‘Very clean and modern environment, ...wears all correct PPE.’
- ‘The room was very clean, sanitised and comfortable.’

What needs to improve

The service did not have a structured process to manage risk. All risks to patients and staff must be effectively managed. This includes developing a register of risk assessments that will be regularly reviewed and updated with appropriate processes in place to help manage any risks identified (requirement 1).

We were told that stock expiry dates were checked regularly. However, the service did not have documented evidence of this. A documented programme of regular audits should be implemented. This should include medicine management audits to include checking expiry dates of equipment and medicines (recommendation a).

A clinical waste contract was in place which included sharps bins to safely dispose of all sharps. However, the practitioner was not certain whether the bin being used was suitable for the safe disposal of anti-wrinkle syringes (recommendation b).

Requirement 1 – Timescale: immediate

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Recommendation a

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

Recommendation b

- The service should ensure the appropriate waste disposal system is used to safely dispose of anti-wrinkle syringes.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient assessments must be documented for each patient before treatment, and patient treatment plans should be more detailed. Audits of patient care records should take place.

We reviewed four electronic patient care records and found that information recorded included past medical history, such as regular medications, allergies and previous aesthetic treatments.

The consent to treatment form was detailed, and included information on the risks and benefits of the treatment. All consent forms were clearly signed and dated by the patient and the practitioner.

Patients who required a prescription medicine for their treatment, such as botulinum toxin, had a face-to-face consultation with the independent nurse prescriber before attending for their treatment appointment. All information about the prescription consultation was included in the patient care record.

Patient care records were stored on a secure database.

All patients who responded to our online survey had a positive experience in the service. Comments included:

- ‘... went through side effects and risks that... may occur to which she gave me a contact number to phone if I had any worries.’
- ‘She has never pushed me into anything she always tells you to take your time and think about it.’
- ‘Flawless service.’

What needs to improve

None of the patient care records we reviewed included any evidence of a patient assessment carried out by the practitioner before treatment was carried out. An assessment should include what the patient’s expectations are and what the practitioner believes is achievable for the patient (requirement 2).

Each patient care record included a brief treatment plan. However, this should be expanded to include more detail on the areas treated and volumes of injectable medicines used (recommendation c).

There was no evidence in the patient care records that patients’ emergency contact and GP contact details had been requested when attending for treatment (recommendation d).

Patient care records should be regularly audited to ensure good record keeping standards are maintained and all relevant information is captured (recommendation e).

The service was not registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) to ensure safe storage of confidential patient information (recommendation f).

Requirement 2 – Timescale: immediate

- The provider must ensure that every patient has a fully documented assessment carried out before treatment is undertaken.

Recommendation c

- The service should ensure patient treatment plans are detailed and include all relevant information about the patient’s treatment.

Recommendation d

- The service should request emergency and GP contact details for all patients in the event of an emergency.

Recommendation e

- The service should ensure that patient care records are audited regularly.

Recommendation f

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

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

No staff were employed in the service, but a practicing privileges agreement was in place between the service and a nurse prescriber. Appropriate background and safety checks must be carried out on staff working under practicing privileges contracts. A process should also be in place to ensure regular annual checks of ongoing professional development, professional registration checks and insurance renewal checks.

The service did not employ any staff. However, a practicing privileges contract was in place with a registered nurse who was qualified to prescribe prescription-only medicines. Practicing privileges contracts allow staff who are not employed directly by the provider to have permission to work in the service.

We were told the practicing privileges contract was reviewed every year and a new contract was signed and dated.

We were told the practitioner and the nurse prescriber had regular informal discussions about the service.

What needs to improve

We saw no evidence of the necessary background safety checks having been carried out on the nurse prescriber. This should include checks on their professional registration, Disclosure Scotland Protecting Vulnerable Groups (PVG) check, qualifications, identification, references and to ensure appropriate up-to-date insurance was in place (requirement 3).

There was no process in place to ensure that staff working under practicing privileges remained appropriately qualified and insured. Ongoing annual checks should be carried out for these staff. This includes ongoing training and development, mandatory and statutory training, checks on their professional registration, personal development reviews and insurance renewals (recommendation g).

There was no evidence of a staff file for the staff working under practicing privileges. This file should contain recruitment details, their qualifications and documented evidence of training, insurance policy and PVG checks (recommendation h).

Requirement 3 – Timescale: immediate

- The provider must ensure that all staff working in a registered healthcare service, including those with practicing privileges, have appropriate, and documented, background and safety checks in place.

Recommendation g

- The service should ensure that all relevant annual checks are carried out on each individual healthcare worker who is working under practicing privileges.

Recommendation h

- The service should ensure a staff file containing all relevant and appropriate documentation is retained for staff working under practicing privileges.

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 changes in the aesthetics industry, legislation and best practice guidance through its membership with local forums and national organisations. A quality improvement plan should be developed, and communication between the practitioner and any staff members improved.

The practitioner was a registered nurse with the Nursing and Midwifery Council (NMC). This requires them to register with the NMC every year and to complete a revalidation process every 3 years where they gather evidence of their competency, training and feedback from patients and peers in order to remain a registered nurse practitioner.

We were told the practitioner was a member of a number of aesthetic forums including the Complications in Medical Aesthetic Collaborative (CMAC) and the British Association of Cosmetic Nurses (BACN). These forums were attended through social media. We were told the practitioner had used these forums for advice about treatments. We saw evidence of recent training undertaken by the practitioner on new treatments and in anatomy of the face.

The practitioner had recently started a nurse prescribing qualification. Once complete, this would allow the practitioner to prescribe for their own patients.

What needs to improve

A quality improvement plan would help the service identify specific improvements and actions to be taken to help develop and improve the service, measure the impact of change and demonstrate a culture of continuous improvement (recommendation i).

In order to demonstrate a culture of continuous learning and improvement in the service, the practitioner should ensure regular communication with staff, including those working under practicing privileges. This should include sharing information and updates about the service and any clinical governance issues (recommendation j).

We saw no documented evidence that any patient feedback received was reviewed and considered in a formalised manner. Feedback can be used to improve the quality of care provided and how the service is delivered (recommendation k).

- No requirements.

Recommendation i

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

Recommendation j

- The service should introduce systems to improve communication and strengthen leadership with staff who have practicing privileges.

Recommendation k

- The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service.

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

Requirements

- 1** The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 9).

Timescale – immediate

Regulation 13(2)(a)

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

- 2** The provider must ensure that every patient has a fully documented assessment carried out before treatment is undertaken (see page 10).

Timescale – immediate

Regulation 4(2)(a)

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

Recommendations

- a** The service should develop a programme of regular clinical audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 9).

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 (continued)

Recommendations

- b** The service should ensure the appropriate waste disposal system is used to safely dispose of anti-wrinkle syringes (see page 9).

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

- c** The service should ensure patient treatment plans are detailed and include all relevant information about the patient's treatment (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

- d** The service should request emergency and GP contact details for all patients in the event of an emergency (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

- e** The service should ensure that patient care records are audited regularly (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

- f** The service should register with the Information Commissioner's Office (see page 11).

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

Domain 7 – Workforce management and support	
Requirement	
3	<p>The provider must ensure that all staff working in a registered healthcare service, including those with practicing privileges, have appropriate, and documented, background and safety checks in place (see page 12).</p> <p>Timescale – immediate</p> <p><i>Regulation 8</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
g	<p>The service should ensure that all relevant annual checks are carried out on each individual healthcare worker who is working under practicing privileges (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 4.19</p>
h	<p>The service should ensure a staff file containing all relevant and appropriate documentation is retained for staff working under practicing privileges (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendations	
i	<p>The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement (see page 14).</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>

Domain 9 – Quality improvement-focused leadership (continued)

Recommendations

- j** The service should introduce systems to improve communication and strengthen leadership with staff who have practicing privileges (see page 14).

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 develop a more structured programme of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org