

Announced Inspection Report: Independent Healthcare

Service: Caselli Ltd, Fraserburgh

Service Provider: Caselli Ltd

22 September 2021

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 2021

First published November 2021

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	6
<hr/>		
	Appendix 1 – Requirements and recommendations	13
	Appendix 2 – About our inspections	14
<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 Caselli Ltd on Wednesday 22 September 2021. We spoke with one member of staff. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For Caselli Ltd, the following grades have been applied to the key quality indicators.

Key quality indicators inspected		
Quality indicator	Summary findings	Grade awarded
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	We saw that the equipment and the premises were cleaned in line with current guidelines and the service used an enhanced cleaning regime. The service manager evidenced up-to-date training in infection prevention and control and aesthetic procedures. A clinical audit system is in place.	✓✓ Good

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service has a continuous quality improvement plan which relies on patient feedback and the personal development of the service manager. The service used regular peer feedback to improve the quality of the treatments it provides.	✓✓ 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	The service showed that it keeps comprehensive records and that they are audited. We saw that both paper and electronic records were stored securely.
7.1 - Staff recruitment, training and development	The service has a comprehensive practicing privileges contract and the service manager was able to evidence up to date training.

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 Caselli Ltd to take after our inspection

This inspection resulted in no requirements or recommendations.

We would like to thank all staff at Caselli Ltd 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

We saw that the equipment and the premises were cleaned in line with current guidelines and the service used an enhanced cleaning regime. The service manager evidenced up-to-date training in infection prevention and control and aesthetic procedures. A clinical audit system is in place.

At the time of our inspection, we saw that the service followed Public Health Scotland's COVID-19 guidance on infection prevention and control. Patients were asked to fill in a pre-visit questionnaire and access to the clinic was strictly controlled. Personal protective equipment (PPE) and hand sanitisers were available throughout the clinic. Posters were prominently displayed, which showed safety measures that visitors should take. Each visitor's temperature was taken as a precautionary measure. Systems were in place to help make sure that social distancing rules were followed.

The service manager showed us the online training modules they had completed to keep up to date with the current COVID-19 guidance.

Gloves and aprons were stored in dedicated dispensers located near the point of care. We observed good compliance from staff with the use of face masks. Staff told us they had good access to PPE and we saw PPE was disposed of in the clinical waste bins.

We observed staff performing hand hygiene appropriately and they had easy access to:

- alcohol-based hand rub dispensers
- clinical wash hand basins
- hand towels
- liquid soap, and
- waste bins.

Enhanced cleaning measures were in place, which included increased cleaning of screens and frequently-used-areas, such as door handles and the reception area. We saw that staff used PPE in line with guidance.

The clinic was clean and well-organised. Contracts were in place for maintenance of the premises, as well as the safe disposal of medical sharps and waste. Portable appliance testing had been carried out.

The service manager showed us the aftercare treatment offered to patients through the patient care records, information leaflets and information displayed in the clinic. Information about benefits and risks of treatments and medication was also provided to patients. We saw evidence of times when the service declined carrying out some treatments because the patient's expectations could not be met.

Patient feedback forms we saw were positive, comments about treatment and aftercare included:

- 'Everything I asked was explained perfectly.'
- 'Everything explained step by step.'
- 'I was super nervous but the manager was fantastic. She walks you through the whole procedure.'

We saw medicines management and patient care records audits where the service had identified some gaps in the patient care records. The service manager had implemented an action plan and had taken actions to address this issue.

The service had a policy for the protection of vulnerable adults and the service manager gave a clear explanation of when and how to use it.

Healthcare Improvement Scotland's notifications guidance is a list of events and circumstances which services are required to report to Healthcare Improvement Scotland. While the service had not needed to submit any notifications, the service manager was aware of when and how to do it.

The service has a Duty of candor policy and have submitted an annual report although there were no incidents to report on.

From selected feedback forms to the service, we noted the following comments about the environment:

- 'Room was spotless clean.'
- 'Very clean and tidy.'
- 'Immaculate condition.'

■ No requirements.

■ No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

The service showed that it keeps comprehensive records and that they are audited. We saw that both paper and electronic records were stored securely.

The patient care records were in electronic and paper formats. The electronic records were password-protected and the paper records were stored securely.

The service is registered with the Information Commissioners Office.

The four patient care records we reviewed showed that comprehensive consultations and assessments were carried out before treatment. These included taking a full medical history. Risks, benefits and side effects of the treatment were explained. We also saw consent forms completed for treatment and consent to sharing information with other healthcare professionals, if required. We saw that treatment plans were developed and agreed with the individual.

Records of each treatment session were kept. Every time a patient visited, their initial assessment was reviewed and updated, and consent was obtained for further treatment.

Each patient's care record showed a clear pathway from assessment to treatments provided, and that verbal and written aftercare advice was given.

We saw that the patient care records had been audited.

- 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

The service has a comprehensive practicing privileges contract and the service manager was able to evidence up to date training.

The service had one full-time employee and an independent nurse prescriber had a practicing privileges contract in place. Staff with practicing privileges are not employed directly by the provider but are given permission to work in the service. The service manager explained that a joint consultation would take place between themselves, the patient and the prescriber. Any prescription-only medicines would be ordered online and the prescriber would sign them before delivery to the service.

We saw that the practicing privileges contract had the name of the prescriber and their Nursing and Midwifery Council (NMC) registration number recorded. The prescriber had a Protection of Vulnerable Groups check in place. The service had also made sure that the prescriber had all the necessary insurances in place.

The contract was very clear and comprehensive, showing the responsibilities of each party to make sure that safe treatments were carried out.

We were shown the service manager's revalidation documents and up-to-date infection prevention and control training.

- No requirements.
- No recommendations.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service has a continuous quality improvement plan which relies on patient feedback and the personal development of the service manager. The service used regular peer feedback to improve the quality of the treatments it provides.

The service is owned and managed by an experienced nurse, registered with the NMC. The service engaged in regular continuing professional development. This is managed through the NMC registration and revalidation process. Other professional development activities included attending industry events, maintaining connections with peers and subscriptions to journals to raise awareness of the best evidence-based care for patients.

A 'continuous quality improvement plan' was in place and quality improvement was included in all parts of the service. Patient feedback was collected and used along with audit results to continually improve the service provided. The service manager is a member of the Aesthetics Complications Expert (ACE) Group, a group of practitioners that regularly report on any difficulties encountered and the potential solutions. This allowed the service to keep up to date with changes in the aesthetics industry, legislation or best practice. The service is part of a group of practitioners and services in the area, which share knowledge and best practices.

The service manager had a very good knowledge of continuous quality improvement and how this affected the delivery of care. They gave examples of how they had amended their practice to take account of contemporary practice and safe delivery of treatments. This included auditing patient care records and evaluating the treatments delivered. They had a very clear vision for the future of the service. This was dependent on the service manager completing further

training in aesthetic procedures. While it was planned to still complete this, the current pandemic meant that it had been delayed.

- 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.

This inspection resulted in no requirements and no recommendations.

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