

# Announced Inspection Report: Independent Healthcare

**Service:** Emma Gabellone Aesthetics, Leven

**Service Provider:** Emma Gabellone

17 August 2022

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## Contents

<b>1</b>	<b>Progress since our last inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>A summary of our inspection</b>	<b>9</b>
<hr/>		
<b>3</b>	<b>What we found during our inspection</b>	<b>12</b>
<hr/>		
	<b>Appendix 1 – Requirements and recommendations</b>	<b>20</b>
	<b>Appendix 2 – About our inspections</b>	<b>23</b>
<hr/>		

## 1 Progress since our last inspection

### What the provider had done to meet the requirements we made at our last inspection on 26 November 2021

#### Requirement

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

#### Action taken

The service completed a pre-appointment questionnaire to minimise risks to patients. The questionnaire included:

- allergies
- past medical history
- previous treatments, and
- reactions.

The service also had a risk assessment register in place. **This requirement is met.**

#### Requirement

*The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of safely in line with national waste legislation. A waste transfer note must also be used each time waste is collected from the service.*

#### Action taken

The service had appropriate containers and a consignment note to allow hazardous waste to be segregated and disposed of safely in line with national waste legislation. **This requirement is met.**

### Requirement

*The provider must record all necessary information about patients including past medical history, psychological assessment, allergies and reactions in patient care records.*

### Action taken

The service included all necessary information about patients in the patient care records, including:

- allergies
- past medical history
- psychological assessment, and
- reactions. **This requirement is met.**

### Requirement

*The provider must develop and implement a practicing privileges policy for staff working in the service. This should set out the appropriate pre-employment safety checks in place and clearly identify individual responsibilities and accountabilities.*

### Action taken

A practicing privileges policy was in place for staff working in the service. However, further detail was needed in the policy. **This requirement is met** (see recommendation c).

### Requirement 5

*The provider must implement a suitable system of regularly reviewing the quality of the service.*

### Action taken

The service had begun to implement a system of regularly reviewing the quality of care. **This requirement is met.**

## **What the service had done to meet the recommendations we made at our last inspection on 26 November 2021**

### **Recommendation**

*The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.*

### **Action taken**

A cleaning schedule was in place which included all areas cleaned. The person cleaning the areas signed the schedule after the cleaning was carried out.

### **Recommendation**

*The service should ensure all single-use items purchased are individually pre-wrapped to minimise the risk of infection.*

### **Action taken**

All equipment was single-use.

### **Recommendation**

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

### **Action taken**

The service had recently carried out and documented reviews of training courses and clinic stock. However, we saw no evidence of other audits carried out in the service (see recommendation b).

### **Recommendation**

*The service must introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance.*

### **Action taken**

A system had been introduced a system to regularly review and update policies and procedures to take account of and reflect current legislation and best practice guidance.

### **Recommendation**

*The service should ensure that all key policies are in place, including the management of adverse events and duty of candour.*

### **Action taken**

Key policies had been introduced since our last inspection, including for the management of adverse events and duty of candour. However, further detail was would help make sure staff working in the service understand what is required of them (see recommendation a).

### **Recommendation**

*The service should ensure contact details for patients' next of kin and GP, as well as consent to share information with other healthcare professionals in case of an emergency, is documented in the patient care records.*

### **Action taken**

Patient care records documented all information as recommended.

### **Recommendation**

*The service should ensure all entries in patient care records are dated, timed and signed to comply with professional standards about keeping clear and accurate records.*

### **Action taken**

Patients and the practitioner dated, timed and signed all entries in the patient care records in line with with professional standards on keeping clear and accurate records.

### **Recommendation**

*The service should re-introduce written aftercare information to patients following their treatments. This would enable patients to refer to, and follow, any specific instructions following treatments.*

### **Action taken**

Patient care information had been re-introduced in the form of a leaflet patients could refer to.

**Recommendation**

*The service should formally record the minutes of meetings. These should include a documented action plan highlighting those responsible for the actions to ensure better reliability and accountability.*

**Action taken**

The service had only one set of notes from a meeting between the practitioner and the prescriber (see recommendation e).

**Recommendation**

*The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service.*

**Action taken**

The service's approach to gathering patient feedback had been formalised.

**Recommendation**

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

**Action taken**

The service had introduced a quality assurance plan to allow regular review of the quality of the service. However, further detail was needed (see recommendation d).

## 2 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 Emma Gabellone Aesthetics on 17 August 2022. We spoke with the service manager, who is also the practitioner during the inspection. We received feedback from four patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of two inspectors.

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 Emma Gabellone Aesthetics, 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	The service's website provided information on treatments and costs. Feedback was gathered in a variety of ways. All policies should be reviewed to ensure they contain sufficient detail to direct staff.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The service was clean and well maintained. Staff had a knowledge and understanding of risk management principles, with appropriate policies and procedures in place. A comprehensive programme of audit should be introduced.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. Quality assurance processes and systems should be further developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. Staff meetings and actions taken should be formally documented.	✓ 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		
5.2 - Assessment and management of people experiencing care	Patients had a full consultation and assessment before they received treatment. Consent to treatment and photography was gathered from patients. Written and verbal aftercare information was provided for all patients. Patient care records we reviewed were well completed.	
Domain 7 – Workforce management and support		
7.1 - Staff recruitment, training and development	A limited practicing privileges policy was in place. Background checks should be undertaken for all staff granted practicing privileges.	

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](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](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

### **What action we expect Emma Gabellone to take after our inspection**

This inspection resulted in one requirement and four 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 requirement 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Emma Gabellone, the provider, must address the requirement and make the necessary improvements as a matter of priority.

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

### 3 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**

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**The service's website provided information on treatments and costs. Feedback was gathered in a variety of ways. All policies should be reviewed to ensure they contain sufficient detail to direct staff.**

The service's website detailed the qualifications and experience of the practitioner who worked in the service. It also contained information about the range of services and treatments offered, including costs.

The clinic environment helped maintain patients' privacy and dignity, with an individual treatment room and separate waiting area. Patients were seen individually and the door to the service was locked when in use. Windows were adequately screened. Patients told us they felt fully informed and included in decisions about their care and had confidence in the service. Comments included:

- 'Very knowledgeable.'
- 'Able to answer every question I asked.'

The service gathered feedback in a variety of ways, including through a feedback form given after treatment. Social media surveys were also used to gather feedback and improvement suggestions, including suggestions for the range of treatments provided. The practitioner collated and reviewed the feedback. Where improvements were identified, the practitioner told us they would respond to the patient and make improvements.

The service had a complaints policy in place for patients and staff which set out how to make a complaint, what action will be taken and timescales for responses. It also stated that the patient could contact Healthcare Improvement

Scotland as an alternative in the complaints process. The aftercare documentation given to patients following treatment set out how patients could make a complaint.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. The service had a duty of candour policy in place.

### **What needs to improve**

The service had a number of policies in place, including a safeguarding policy. However, the policies required more detail to make sure that staff working in the service understand what is required of them (recommendation a).

- No requirements.

### **Recommendation a**

- The service should ensure that all policies are reviewed to ensure that there is sufficient detail to ensure that that staff working in the service understand what is required of them.

## 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

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**The service was clean and well maintained. Staff had a knowledge and understanding of risk management principles, with appropriate policies and procedures in place. A comprehensive programme of audit should be introduced.**

Patients were cared for in a clean and safe environment, with good systems in place to maintain it. These included:

- cleaning schedules, including using the correct cleaning materials and cleaning solutions
- making sure servicing and maintenance contracts were maintained, and
- regular internal checks.

All equipment used, including personal protective equipment, was single-use to prevent the risk of cross-infection. We saw appropriate disposal of sharps, such as needles and syringes, and clinical waste. An infection prevention and control policy was in place. We found that the practitioner had a good awareness of infection prevention and control practices and measures, including continued processes for COVID-19.

The practitioner was responsible for building maintenance, fire safety equipment and building security. The service had completed a fire risk assessment. We discussed the use of fire exit signs with the practitioner and saw this was actioned immediately after our inspection.

Appropriate insurance cover was in place.

Patients who responded to our online survey were very satisfied with the standard of cleanliness. Comments included:

- 'The clinic was beautiful and spotlessly clean.'
- 'The clinic was very clean.'

The practitioner was solely responsible for the safe procurement, storage and administration of medicines. The service had a medical fridge and the pharmacist delivered prescription-only medicines which were stored in the fridge until use at the time of the patient's appointment. The service kept a small stock of medicines in line with current guidance. Other non-refrigerated medicines, such as dermal fillers were stored appropriately. A small stock of emergency medicines were available in the treatment room to respond to any complications or adverse reactions to treatment.

Patients could contact the practitioner out of hours if they had any concerns following their treatment.

The service had a system in place for documenting accidents, incidents and for reporting notifiable incidents or adverse events to the relevant regulatory authorities. No accidents, incidents or adverse events had occurred in the service since it was registered with Healthcare Improvement Scotland.

### **What needs to improve**

The service had recently carried out reviews of training courses and clinic stock. However, we saw no evidence of audits other taking place in the service. A programme of regular audit should be implemented which, as a minimum includes:

- medicine management, including checking expiry dates of equipment and medicines and fridge temperature
- patient care records
- health and safety, and
- cleaning and maintenance of the care environment (recommendation b)

■ No requirements.

### **Recommendation b**

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

### Quality indicator 5.2 - Assessment and management of people experiencing care

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**Patients had a full consultation and assessment before they received treatment. Consent to treatment and photography was gathered from patients. Written and verbal aftercare information was provided for all patients. Patient care records we reviewed were well completed.**

Patients booked appointments either over the telephone or verbally at appointments. We reviewed five patient care records and saw that outcomes from patients' initial consultation and their proposed treatment plan were documented. A full assessment of patients' medical history was carried out before they received any treatment. This included gathering information about any pre-existing medical conditions, prescribed medicines and allergies. We saw evidence that patients had a basic psychological assessment carried out and further discussions included setting realistic outcomes and expectations. The practitioner was able to assess patients' suitability for aesthetic treatments and agree the most suitable options available.

Patients told us they received good advice and information before, during and after their treatment. They also told us they could take time to consider the options available to them before they agreed to go ahead with the treatment.

The practitioner was not an independent nurse prescriber. A nurse prescriber who worked in the service issued prescriptions for patients were issued during the consultation process before they received their treatments. We saw this was all contained in the patient care records.

Patients were given verbal and written advice after their treatments. Patients could contact the practitioner out of hours if they had any concerns following their treatment.

Patients stated they were very satisfied with the service and the treatments they had received. Comments from our online survey included:

- 'Great experience, explained everything in great detail.'
- 'I will be back as I'm very happy with what I received.'
- 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

**A limited practicing privileges policy was in place. Background checks should be carried out for all staff granted practicing privileges.**

While the service did not employ any staff, a nurse prescriber was granted practicing privileges (staff not employed directly by the provider but given permission to work in the service). The practitioner delivered the treatments and a nurse prescriber issued prescriptions for patients. A practicing privileges agreement was in place with the nurse prescriber. We were told the practitioner and nurse prescriber had regular informal meetings to address any issues in the service, discuss best practice and identify areas for improvement.

#### What needs to improve

The service had a practicing privileges policy in place. However, it lacked some details to make clear to staff working in the service what was required of them (recommendation a).

Since our previous inspection, the nurse prescriber had changed and we found that not all background checks of the nurse practitioner had been carried out. The practicing privileges agreement was not signed and we saw no evidence of checking:

- Disclosure Scotland status
- insurance renewal
- proof of immunisation status
- that professional registration status was up to date, and
- continuing professional development (CPD) or mandatory training completed (requirement 1).

#### Requirement 1 – Timescale: immediate

- The provider must ensure that all staff working in a registered healthcare service have the appropriate pre-employment checks in place.

## 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. Quality assurance processes and systems should be further developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. Staff meetings and actions taken should be formally documented.**

The practitioner is a registered nurse with the Nursing and Midwifery Council (NMC). They maintain continuing professional development in order to complete mandatory revalidation with the NMC in a variety of ways. This included attending regular training and conferences in the aesthetic industry to keep up to date with best practice and delivery of treatments in line with evidence-based research. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the NMC, every 3 years.

#### What needs to improve

Since our last inspection, the service had started to implement a system of regularly reviewing the quality of care. A quality assurance plan had also been implemented to allow regular review of the quality of the service. However, more detail would allow the service to better direct its improvement activity and measure improvements made (recommendation c).

Meetings between the practitioner and nurse prescriber were not formal. An agenda and detailed minutes should be recorded and action plans developed where improvement actions are identified (recommendation d).

### **Recommendation c**

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

### **Recommendation d**

- The service should formally record the minutes of meetings. These should include a documented action plan highlighting those responsible for the actions to ensure better reliability and accountability.

## 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	<p>The service should ensure that all policies are reviewed to ensure that there is sufficient detail to ensure that that staff working in the service understand what is required of them (see page 13).</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>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendation	
<b>b</b>	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and 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>

Domain 7 – Workforce management and support	
Requirement	
<b>1</b>	<p>The provider must ensure that all staff working in a registered healthcare service have the appropriate pre-employment checks in place (see page 17).</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	
None	

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendations	
<b>c</b>	<p>The service should further develop and implement its quality improvement plan to formalise and direct the way it drives and measures improvement (see page 19).</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>
<b>d</b>	<p>The service should formally record the minutes of meetings. These should include a documented action plan highlighting those responsible for the actions to ensure better reliability and accountability (see page 19).</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>

## 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](http://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](http://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](mailto:his.ihcregulation@nhs.scot)

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