

Announced Inspection Report: Independent Healthcare

Service: Miss Aesthetics, Mauchline

Service Provider: Miss Aesthetics

29 September 2021

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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 Miss Aesthetics on Wednesday 29 September 2021. We spoke with the owner (practitioner) during the inspection. We also received feedback from 33 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. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For Miss 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	Patients were cared for in a clean and safe environment. Appropriate systems were in place for safe and secure handling of medicines and infection prevention and control. Botulinum toxin should be used in line with the manufacturers and best practice guidance.	✓✓ Good

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 manager maintained current best practice through training and development. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.	✓ 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	Patients, including their medical history, were assessed before any treatments. Next-of-kin details and consent to photographs should be recorded in patient care records.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Suitable and safe recruitment practices were in place. Staff had opportunities for training and development. Staff appraisals must be carried out for all staff members. A system should be introduced to obtain Protecting Vulnerable Groups (PVG) updates for staff at regular intervals.

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 Miss Aesthetics to take after our inspection

This inspection resulted in two 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 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

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

We would like to thank all staff at Miss 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 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 5.1 - Safe delivery of care

Patients were cared for in a clean and safe environment. Appropriate systems were in place for safe and secure handling of medicines and infection prevention and control. Botulinum toxin should be used in line with the manufacturers and best practice guidance.

Patients were cared for in a clean and safe environment and daily cleaning schedules were maintained. We saw good compliance with infection prevention and control procedures. This included the safe disposal of clinical waste, medical sharps, such as syringes and needles and single-use patient equipment (used to prevent the risk of cross-infection). A good supply of protective equipment was available, such as disposable gloves and aprons. The service's infection prevention and control policy was in line with Healthcare Improvement Scotland's *Healthcare Associated Infection (HAI) Standards (February 2015)* and Health Protection Scotland's *National Infection Prevention and Control Manual*.

The service had a safe system in line with its medicine management policy for:

- administering
- prescribing
- procuring, and
- storing medicines.

Medicines we looked at were in-date and stored securely in a locked medical refrigerator. A system was in place to monitor the temperature of the fridge. Information documented in patient care records included the batch number and expiry dates of any medicines used, which would allow tracking if medications

had any issues. Staff were trained to deal with medical emergencies and emergency medication was available in the clinic, along with emergency protocols in the case of an emergency complication. The service was aware of notification processes for medicine adverse events.

Fire safety checks were regularly carried out and contracts were in place for maintenance of the premises, including portable appliance testing. The service had a system to record accidents and incidents. However, none had occurred to date.

An audit programme had been developed and implemented to monitor the safe delivery and quality of care. Audits included the management of the environment and equipment, patient care records and medicine management. Areas for improvement were documented as part of the audit process.

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

- 'Very clean environment'.
- 'Spotless clinic, tidy and well organised'.

What needs to improve

The service did not prepare and store reconstituted botulinum toxin vials in line with the manufacturer's, or best practice guidance (recommendation a).

- No requirements.

Recommendation a

- The service should ensure botulinum toxin is used in line with the manufacturers and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients, including their medical history, were assessed before any treatments. Next-of-kin details and consent to photographs should be recorded in patient care records.

We reviewed five patient care records. They showed that comprehensive consultations and assessments were carried out before treatment started. This included taking a full medical history, with details of:

- allergies
- health conditions
- medications, and
- previous treatments.

Risks and benefits of the treatment were explained. We saw that treatment plans were developed and agreed with the individual.

Records were kept of each treatment session, including a diagram of the area that had been treated. Each record had a signed consent to treatment, including sharing information with other relevant staff in the event of an emergency. This is carried out for all new and returning patients. Patients were given a period of time to consider their treatment options after the consultation.

Verbal and written aftercare advice was given which included the services emergency contact details and medicine dosage and batch numbers for patient's reference.

Feedback from our online survey showed that all patients felt they had been involved in decisions about their care and provided with sufficient information in a format they could understand. All respondents stated that the treatment procedure, risks and benefits and expected outcome had been explained to them before the treatments. Comments included:

- 'I was given the opportunity to be involved in any decisions.'
- 'Provided choices and honest expectations.'
- 'I was told what would take place, how it would work and what to expect from the treatment.'

Patient care records were kept in paper and electronic formats. All patient care records we looked at were:

- legible
- signed
- stored securely to prevent unauthorised access, and
- up to date.

Patient care records were reviewed every month to check if they were fully completed. The manager had carried out training in updated general data protection regulations.

What needs to improve

Patient next-of-kin details and consent for taking and sharing patient's photographs were not documented in patient care records we reviewed (recommendation b).

- No requirements.

Recommendation b

- The service should ensure information about patient's next of kin and consent for taking and sharing patient's photographs is recorded in the patient care record.

Domain 7 – Workforce management and support

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 7.1 - Staff recruitment, training and development

Staff had opportunities for training and development. Staff appraisals must be carried out for all staff members. A system should be introduced to obtain Protecting Vulnerable Groups (PVG) updates for staff at regular intervals.

The clinic engaged the services of a prescriber through a practising privileges arrangement (staff not employed by the provider but given permission to work

in the service). We saw evidence of a documented practicing privileges policy and arrangement in place which clearly identified individual responsibility and accountability between the prescriber and the service.

A range of policies and procedures were in place to help the service deliver care safely. We saw evidence that policies had been recently reviewed and updated to reflect current legislation and best practice. Policies, such as for the protection of vulnerable groups, were in place to help make sure patients were kept free from harm. The manager displayed a good knowledge of how these policies should be implemented. Updated policies and any changes in practice or improvements were discussed with prescriber during informal catch-up meetings.

Ongoing professional development opportunities were in place, including education in new procedures and on the use of equipment.

What needs to improve

We were told that pre-employment checks such as qualifications, references, Protecting Vulnerable Groups (PVG) and the status of professional registration of the prescriber had been carried out but not documented (requirement 1).

Staff did not receive a yearly appraisal. Regular review of staff performance must take place (requirement 2).

As well as the PVG scheme informing an employer whether an individual is barred from working with protected adults or children, the certificate provides a point-in-time check of an individual's criminal convictions history. A system should be introduced to obtain a PVG update for staff at regular intervals (recommendation c).

Updated policies and any changes in practice or improvements were discussed with prescriber during informal catch-up meetings. We discussed with the service how these meetings could be developed further if regular, formal staff support and supervision meetings were held. We will follow this up at future inspections.

Requirement 1 – Timescale: immediate

- The provider must ensure that all staff working in a registered healthcare service have appropriate safety checks in place. This information should be documented.

Requirement 2 – Timescale: by 7 March 2022

- The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated.

Recommendation c

- The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

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 manager maintained current best practice through training and development. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

The manager told us they regularly reflected on patient feedback received and used that to drive improvement. For example, additional payment options for treatments had been introduced giving patients greater flexibility when paying and extra treatments had been added.

The service kept up to date with changes in the aesthetics industry, legislation and best practice through subscribing to forums and journals. They also attended a variety of conferences and training days that the pharmaceutical companies provided.

The service is a member of a variety of industry-specific and national organisations. This included British Association of Cosmetic Nurses (BACN) and Aesthetics Complications Expert (ACE) Group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions.

We saw evidence that the manager engaged in regular continuing professional development. This was managed through the Nursing and Midwifery Council (NMC) registration and revalidation process, and yearly appraisals. 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

Good assurance systems in place included audits and reviewing and acting on patient survey comments. However, the service did not have an overall quality assurance system or improvement plan. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation d).

- No requirements.

Recommendation d

- The service should develop and implement a quality improvement plan.

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	
None	
Recommendations	
a	<p>The service should ensure botulinum toxin is used in line with the manufacturers and best practice guidance and update its medicines management policy to accurately reflect the processes in place (see page 8).</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>
b	<p>The service should ensure information about patient's next of kin and consent for taking and sharing patient's photographs is recorded in the patient care record (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

Domain 7 – Workforce management and support

Requirements

- 1** The provider must ensure that all staff working in a registered healthcare service have appropriate safety checks in place. This information should be documented (see page 11).

Timescale – Immediate

Regulation 8

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

- 2** The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated (see page 12).

Timescale – by 7 March 2022

Regulation 12(c)(i)

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

Recommendation

- c** The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
d	<p>The service should develop and implement a quality improvement plan (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>

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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