

Announced Inspection Report: Independent Healthcare

Service: Re3flection Ltd, Uddingston

Service Provider: Claire's Coutures Aesthetics T/A
Re3flection Ltd

18 May 2022

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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 Re3flection Ltd on Wednesday 18 May 2022. We spoke with the service manager, who is also the practitioner. We received feedback from 46 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 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. The service submitted a satisfactory self-evaluation.

What we found and inspection grades awarded

For Re3flection Ltd, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients were fully informed and the practitioner listened to their concerns. The service should develop a duty of candour policy and make sure patients know about its complaints process. The patient participation process should be developed further to inform patients of the impact of their feedback.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment and equipment are clean, well maintained and medicines were managed safely. The service followed a regular audit programme. The service's risk management system must be further developed to manage all risks effectively.	✓ 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. The practitioner is continuing to improve their knowledge and skills through further education. A quality improvement plan should be developed.	✓ 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	Patient care records were in paper format, stored securely and were clear with patients' medical history, emergency contact details and consent to treatment documented. A copy of the consultation notes with the prescriber must be included. Consent to share information with GP should be included and audits of patient records should be carried out.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	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. Yearly checks of ongoing professional development, professional registration and insurance renewal should be carried out.

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 Claire's Coutures Aesthetics T/A Re3flection Ltd to take after our inspection

This inspection resulted in three requirements and eight 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

Claire's Coutures Aesthetics T/A Re3flection Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Re3flection Ltd for their assistance during the inspection.

2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Patients were fully informed and the practitioner listened to their concerns. The service should develop a duty of candour policy and make sure patients know about its complaints process. The patient participation process should be developed further to inform patients of the impact of their feedback.

We were told that the same patients had continued to return to the service for treatments for the last 5 years. The practitioner had developed good relationships with them over this time and knew their individual likes and dislikes. This allowed the treatment room to be set up for each individual, for example at their preferred temperature or with background music playing.

Patients were given information leaflets after their initial consultation appointment. The same information was available on the service's social media page, so patients could review treatments before making an appointment. Respondents to our online survey told us that prices of treatments were discussed with patients and a paper copy of the price list was available.

The service had a participation policy in place and patients could provide feedback on their experience in a variety of ways, including online and paper questionnaires. Patients booking appointments online automatically received a request for feedback. We were also told the practitioner would contact each patient approximately 2 days after treatment to check in with them and to ask about their experience. Some patients who completed our online survey told us they were very happy with the level of aftercare contact with the practitioner following treatment.

We saw up-to-date policies on privacy and dignity, confidentiality and complaints.

We were told that following feedback from a patient, the practitioner had supplied specific equipment.

Patients who completed our online survey stated they felt fully informed and involved in decisions about treatment. Comments included:

- 'It was explained in depth how my procedure would be performed. As always, I was asked if I was happy to proceed.'
- 'Always fully informed about the procedure and given options about treatment.'
- '... is interested in your all round health and wellbeing and always take the time out to ensure everything is being done for the right reasons.'

What needs to improve

The service did not have a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong). The service should also publish a duty of candour report every year ensuring that patients can access this (recommendation a).

The service had received no complaints since its registration. However, after speaking with the practitioner we found that the complaints process was not readily accessible to patients (recommendation b).

We saw a participation policy in place and the practitioner told us they gathered feedback, responded to it and made improvements from it. However, we saw no recorded evidence of this process in practice. The participation policy should detail a structured approach to gathering patient feedback, analysing it and how it will be used to drive service improvements (recommendation c).

- No requirements.

Recommendation a

- The service should implement a duty of candour policy and make sure a duty of candour report is published every year for patients to review.

Recommendation b

- The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment.

Recommendation c

- The service should further develop and implement a patient participation policy that includes a structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrate the impact of change from the improvements made.

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 and equipment are clean, well maintained and medicines were managed safely. The service followed a regular audit programme. The service's risk management system must be further developed to manage all risks effectively.

Appropriate systems were in place to help keep the clinic environment clean, tidy and well maintained. All equipment was in good condition and we saw evidence of regular servicing and maintenance. Appropriate fire safety equipment and signage was in place. External contractors regularly tested and maintained the heating systems and electrical appliances.

Appropriate policies and procedures were in place to support the safe delivery of care, such as those for:

- complaints
- infection control, and
- safeguarding.

We saw that these had been reviewed and updated recently.

We saw an up-to-date medicine management policy in place. All medicines were obtained 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 and make sure medications were stored at the correct temperature. All medicines and single-use patient equipment was in date and we saw that all stock expiry dates were checked weekly.

Measures were in place to reduce the risk of infection and we saw a daily cleaning schedule was completed. A good supply of disposable personal protective equipment (PPE) was available, including gloves, surgical face masks and other items of single-use equipment used to prevent the risk of cross-infection. The service had a contract with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles.

The service's programme of regular audits included:

- infection control
- sharps management, and
- PPE.

As part of these audits, environmental checks were carried out every week to check that the service was delivered in line with its policies and procedures.

Feedback from our online survey was very positive about patients' experience of using the service. All patients who responded to our survey agreed they had been extremely satisfied with the cleanliness and the environment. Comments included:

- 'The salon is pristine and always very fresh.'
- 'Always warm, welcoming, clean and tidy.'
- 'The treatment room is immaculate.'

What needs to improve

We saw up-to-date fire risk assessments and COVID-19 risk assessments had been completed. While we were told that risk assessments were carried out regularly, we saw limited documented evidence of this. 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).

Requirement 1 – Timescale: by 27 July 2022

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.
- No recommendations.

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were in paper format, stored securely and were clear with patients' medical history, emergency contact details and consent to treatment documented. A copy of the consultation notes with the prescriber must be included. Consent to share information with GP should be included and audits of patient records should be carried out.

Paper patient care records were stored securely in a locked filing cabinet in the clinical treatment area, which the practitioner was the sole key holder for.

We reviewed five patient records and found they all obtained patients' past medical history, including:

- allergies
- previous aesthetics treatments, and
- regular medications.

Risks and benefits of treatment were documented in patient's treatment plans. Treatment plans included facial mapping with a description of the treatment and diagram of the areas treated, including batch numbers and expiry dates of the medicine used.

Patients were asked to consent to treatment and to having their photograph taken. The patients had signed and dated all consent forms we reviewed.

From patient care records we reviewed, we saw that patients were given verbal and written aftercare advice following their treatment. Patients who responded to our online survey also said the service gave them emergency contact details of the service.

Patients who responded to our online survey stated they were very satisfied with the service and treatment they had received. Comments included:

- '...very patient and explains everything before, during and what to expect after.'
- '...gave a very detailed account of the procedure, side effects, benefits and price.'

- ...is extremely professional and makes you feel at ease. The aftercare process is explained clearly and precisely.'

What needs to improve

Patients who required a prescription medicine for their treatment, such as Botulinum toxin had a face-to-face consultation with the independent nurse prescriber while attending their treatment appointment. We saw copies of the prescription in patient care records. However, the independent nurse prescriber kept the assessment and consultation information and it was not stored in patient care records (requirement 2).

Patient care records we reviewed did not document patients' GP contact details. Consent for sharing information with their GP or other medical professionals was also not recorded in the patient care records (recommendation d).

We saw no evidence that patient care records were audited to make sure they were fully and accurately completed (recommendation e).

Requirement 2 – Timescale: immediate

- The provider must ensure all documented consultations and assessment of treatments with the independent nurse prescriber are recorded and retained in the patient care record.

Recommendation d

- The service should request and record GP contact details. Consent forms should include the recording of patients' consent to share information with their GP, if appropriate or other medical professionals in the event of an emergency.

Recommendation e

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

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 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. Yearly checks of ongoing professional development, professional registration and insurance renewal should be carried out.

While the service did not employ staff other than the practitioner, a practicing privileges agreement was in place with a registered nurse qualified to prescribe prescription-only medicines. Practicing privileges is where staff are not employed directly by the provider but given permission to work in the service.

We saw an up-to-date practicing privileges policy and a prescriber agreement which outlined the expected requirements of the prescriber. We were told that the prescriber would be expected to have training in managing complications before working in the service.

We were told the practitioner and prescriber worked together and had regular informal discussions on training needs and aesthetic developments.

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
- Protecting Vulnerable Groups (PVG) status
- qualifications
- identification, and
- references (requirement 3).

We saw no evidence of yearly checks completed on staff working under practicing privileges. This should include yearly checks of their registering body, up-to-date insurance policies and yearly appraisal process (recommendation f)

The service did not keep all relevant staff information in staff files. Information stored should include their practicing privileges contract, copies of insurance policies and evidence of qualifications (recommendation g).

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 f

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

Recommendation g

- 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. The practitioner is continuing to improve their knowledge and skills through further education. A quality improvement plan should be developed.

The service was owned and managed by an experienced nurse practitioner registered 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.

The practitioner was also a member of aesthetic forums, including:

- the Aesthetic Complications Expert (ACE) group
- the Healthcare Improvement Scotland (HIS) support forums, and
- the Association for Scottish Aesthetic Practitioners (ASAP) group.

We were told the practitioner was in regular contact with a large peer group of aesthetic practitioners. This helped their ongoing development, support and gave them regular updates on treatments.

We saw evidence of ongoing training and development. The practitioner had recently attended a conference in Geneva organised by a large supplier of aesthetic products. The practitioner was also a member of private training groups also. We were told that the practitioner reviewed their training needs and was considering training as an aesthetic trainer.

What needs to improve

While we saw good assurance processes in place, the service did not have a formal quality improvement plan. This would help to identify specific improvements and actions and demonstrate an ongoing improvement of the service (recommendation h).

- No requirements.

Recommendation h

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

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	
Recommendations	
a	<p>The service should implement a duty of candour policy and make sure a duty of candour report is published every year for patients to review (see page 8).</p> <p>Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.4</p>
b	<p>The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment (see page 8).</p> <p>Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.20</p>
c	<p>The service should further develop and implement a patient participation policy that includes a structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrate the impact of change from the improvements made (see page 9).</p> <p>Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.19</p>

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 11).

Timescale – by 27 July 2022

Regulation 13(2)(a)

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

- 2** The provider must ensure all documented consultations and assessment of treatments with the independent nurse prescriber are recorded and retained in the patient care record (see page 13).

Timescale – immediate

Regulation 4(2)(a)

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

Recommendations

- d** The service should request and record GP contact details. Consent forms should include the recording of patients' consent to share information with their GP, if appropriate or other medical professionals in the event of an emergency (see page 13).

Health and Social Care Standards: My support, my care. I am fully involved in all decisions about my care and support. Statement 2.14

- e** Patient care records should be regularly audited to ensure good record keeping standards are maintained and all relevant information is captured (see page 13).

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

Domain 7 – Workforce management and support	
Requirement	
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 15).</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	
f	<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 15).</p> <p>Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.19</p>
g	<p>The service should ensure a staff file containing all relevant and appropriate documentation is retained for staff working under practicing privileges (see page 15).</p> <p>Health and Social Care Standards: My support, my care. I have confidence in the people who support and care for me. Statement 3.14</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
h	<p>The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement (see page 17).</p> <p>Health and Social Care Standards: My support, my care. 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
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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

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