

Announced Inspection Report: Independent Healthcare

Service: Skinderella Aesthetics, Bellshill

Service Provider: Skinderella Aesthetics

9 November 2022

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First published January 2023

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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 Skinderella Aesthetics on Wednesday 9 November 2022. We received feedback from 18 patients through an online survey we had asked the service to issue for us before the inspection. We spoke with the nurse practitioner during 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 satisfactory self-evaluation.

What we found and inspection grades awarded

For Skinderella 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	Patients were given time and information to make an informed decision for treatment. The service had a participation policy and processes were in place for patient to feedback to the service about their experience. The service should have a formal process of sharing the actions taken as a result of patient feedback.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Processes were in place to make sure the service was clean and in a good state of repair. Measures were in place to maintain infection control. The service should further develop its risk assessments and risk register.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The practitioner was currently completing a non-medical prescribing course. The practitioner, prescriber and the beautician had a supportive relationship. We saw evidence of ongoing learning and training. The service should develop a quality improvement plan to help inform its improvement activities.	✓✓ Good

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	The service was moving its patient care records from paper format to electronic. Paper copies of patient care records were stored securely and completed fully. Patient care records included documentation of a consultation process. All patient consultations and assessments should be retained in the patient care records.	
Domain 7 – Workforce management and support		
7.1 - Staff recruitment, training and development	A nurse prescriber works in the service under practicing privileges. The practitioner had recently recruited a beautician to provide advanced skin care. The practitioner should develop a recruitment policy to set out a formal recruitment process.	

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 Skinderella Aesthetics to take after our inspection

This inspection resulted in one requirement and seven 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

Skinderella 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 Skinderella Aesthetics 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 given time and information to make an informed decision for treatment. The service had a participation policy and processes were in place for patient to feedback to the service about their experience. The service should have a formal process of sharing the actions taken as a result of patient feedback.

Patients were provided with information leaflets on the treatments available, including the risk and benefits of the treatment. A cooling-off period was given to patients between the initial consultation and the treatment, so the patient had time to reconsider. During the appointment for treatment, the patient was also given time to consider treatment options and ask questions. Patients received pre-treatment wellness questionnaires to complete, including questions on their general health before they arrived for treatment.

The cost of the treatment was available on the service's website and discussed further at the first consultation.

The service had a participation policy in place which outlined that it should support patients to make their views known through feedback or through the complaints process.

Patients could give their feedback to the service in a number of ways, including online or in written format. We were told that feedback was received and reviewed regularly and acted on. We were told of examples where patient suggestions had made improvements in the service. For example, a patient suggested having educational sessions on the service's social media page and the practitioner had hired an external media company to help develop this.

After treatment, patients received an email with appropriate aftercare information. In the clinic reception area, information was available to patients on how to make a complaint. The service had an up-to-date complaints policy which referred to Healthcare Improvement Scotland as an alternative process for complaints. We noted the service had not received any complaints since registration.

The service had a duty of candour policy, where healthcare organisations have a responsibility to be honest with patients if something goes wrong. We were told the service had not had to implement the policy.

Patients who responded to our online survey felt well informed about their treatment before they decided to go ahead. Comments included:

- 'Before receiving my treatment I was given adequate information regarding my type of treatment.'
- '[The practitioner] was so reassuring and gave me complete confidence in what she was going to do and the expected outcome for me.'
- 'I didn't feel under and pressure to proceed with the service after my assessment.'

What needs to improve

We saw a variety of methods used for gathering patient feedback were told of examples where patient feedback had informed service improvement. However, the service did not have a formal, structured way to share the actions taken from their feedback (recommendation a).

In line with national guidance, healthcare organisations are required to produce a yearly duty of candour report and make this available to the public. This was discussed with practitioner. We will follow this up at future inspections.

- No requirements.

Recommendation a

- The service should develop a process of informing patients of their response to feedback.

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

Processes were in place to make sure the service was clean and in a good state of repair. Measures were in place to maintain infection control. The service should further develop its risk assessments and risk register.

Appropriate systems were in place to help make sure the clinic environment was kept clean, tidy and well maintained. All equipment was in good condition, and regular servicing and maintenance was carried out. Appropriate fire safety equipment and signage was in place. The landlord regularly tested and maintained the fire alarm and smoke detectors.

Appropriate and up-to-date policies and procedures helped to support the safe delivery of care, including:

- complaints policy, and
- safeguarding policy (public protection).

Measures were in place to reduce the risk of infection and we saw daily cleaning schedules were completed. A good supply of single-use equipment was available and used to prevent the risk of cross-infection. The service also had a good supply of personal protective equipment including gloves, aprons and face masks. A contract was in place with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles. We saw appropriate sharps bins were in place.

A system was in place to record the temperature of the clinical fridge to check that medicines were stored at the correct temperature. All medicines and single-use patient equipment was in-date. All medicines were obtained from

appropriately registered suppliers. The service kept some prescription-only medicines as stock, including medicine required in an emergency.

An accident book was available to record any accidents or incidents in the service. No accidents had been recorded since registration. The practitioner had a good understanding of their responsibilities for reporting accidents, incidents and adverse events.

All patients who responded to our survey agreed the environment was clean and in a good state of repair. Comments included:

- 'The environment was immaculate.'
- 'Beautiful, clean space that I felt more than comfortable in'.

What needs to improve

While we saw an electronic risk register that addressed risks of trips and falls, stress and needle-stick injury, it should be further developed. The register did not grade each risk or include documented evidence of regular reviews of the risks (recommendation b).

While the practitioner was auditing a new product in the service, other clinical audits were not carried out, including:

- regular expiry date checks on single-use equipment and medicines, and
- patient care records (recommendation c).

■ No requirements.

Recommendation b

- The service should further develop effective systems that demonstrate the proactive management of risks to patients and staff.

Recommendation c

- The service should further develop a clinical audit program.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

The service was moving its patient care records from paper format to electronic. Paper copies of patient care records were stored securely and completed fully. Patient care records included documentation of a consultation process. All patient consultations and assessments should be retained in the patient care records.

The service was moving from paper-format patient care records to an electronic patient care record system at the time of our inspection. We saw that paper-format patient care records were locked securely in a locked filing cabinet. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to help make sure confidential patient information was safely stored.

We reviewed five patient care records in paper format and saw that the practitioner used appropriate consultation documents for different treatments. All patient care records we reviewed included the patient's:

- address
- email address
- mobile number, and
- name.

We saw that each patient care record included past medical history, allergies and past experience of aesthetic treatments. All entries were legible and patient care records had a small documented consultation and brief treatment plan. Patient care records also included a detailed consent form which set out the risks and benefits for the treatment. Most patient care records had a consent form the practitioner and patient had signed and dated.

We saw documented evidence in each patient care record of the lot number and expiry date of the medicines used.

What needs to improve

While we saw evidence of patient assessments carried out, the nurse prescriber had not documented their assessments in the patient care records (requirement 1).

Patient care records did not document evidence that patients' emergency contact details and GP contact details had been requested when attending for treatment (recommendation d).

Requirement 1 – 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 emergency and GP contact details for all patients in the event of an emergency.

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 nurse prescriber works in the service under practicing privileges. The practitioner had recently recruited a beautician to provide advanced skin care. The practitioner should develop a recruitment policy to set out a formal recruitment process.

The service had a nurse prescriber working under a practicing privileges contract, (staff not employed directly by the provider but given permission to work in the service). A practicing privileges policy was in place. The practitioner had also recently employed a beautician to provide advanced skin care in the service.

The recruitment file for the nurse prescriber included:

- Disclosure Scotland – Protecting Vulnerable Groups check
- vaccination history, and
- up-to-date insurance policies.

The service completed yearly checks on the prescriber's registration with their professional body and insurances.

The service followed a recruitment process when recruiting the beautician. This included:

- obtaining a Disclosure Scotland basic disclosure
- a signed contract, and
- obtaining references.

We were told the beautician was currently completing an induction programme that involved training in new skin products.

We were told the nurse prescriber and the practitioner had a good relationship and the nurse prescriber was supporting the practitioner to complete their non-medical prescribing course.

What needs to improve

While we saw the service carried out a recruitment process, it did not have a formal recruitment policy in place with a formal process to follow when recruiting staff (recommendation e).

While the service had a practicing privileges policy in place, it did not have a signed and dated practicing privileges contract with the nurse prescriber (recommendation f).

- No requirements.

Recommendation e

- The service should develop a staff recruitment policy.

Recommendation f

- The service should develop a practicing privileges contract signed by both the prescriber and the practitioner.

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 practitioner was currently completing a non-medical prescribing course. The practitioner, prescriber and the beautician had a supportive relationship. We saw evidence of ongoing learning and training. The service should develop a quality improvement plan to help inform its improvement activities.

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. They also belonged to aesthetic forums, such as the British Association of Cosmetic Nurses. The practitioner planned to visit Geneva to attend an aesthetic product supplier-funded conference, with the opportunity to network with other practitioners and be updated on new products.

The practitioner was completing a qualification as an independent nurse prescriber. Once completed, this will allow them to prescribe prescription-only medicines, such as Botulinum toxin.

The practitioner was in regular contact with other local aesthetic practitioners, allowing them to share information, support and learning with each other.

We spoke with the newly-recruited beautician, who told us the service had training organised for them. They also told us they could be involved in auditing new types of advanced skin care.

What needs to improve

The service did not have a quality improvement plan in place to help inform its improvement activities and a regular clinical audit programme (recommendation g).

- No requirements.

Recommendation g

- The service should develop 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 2 – Impact on people experiencing care, carers and families

Requirements

1 None

Recommendation

a The service should develop a process of informing patients of their response to feedback (see page 8).

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

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

Requirement

1 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 12).

Timescale – immediate

Regulation 4(2)(a)

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

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Recommendations

- | | |
|----------|---|
| b | <p>The service should further develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 10).</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> |
| c | <p>The service should further develop a clinical audit program (see page 10).</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> |
| d | <p>The service should request emergency and GP contact details for all patients in the event of an emergency (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p> |

Domain 7 – Workforce management and support

Requirements

None

Recommendations

- | | |
|----------|--|
| e | <p>The service should develop a staff recruitment policy (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> |
| f | <p>The service should develop a practicing privileges contract signed by both the prescriber and the practitioner (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.19</p> |

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

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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