

Announced Inspection Report: Independent Healthcare

Service: Samantha Campbell Aesthetics, Glasgow

Service Provider: Club Coco Ltd

8 August 2023

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 10 July 2019

Requirement

The provider must ensure that all staff working in a registered healthcare service have appropriate safety checks in place.

Action taken

A prescriber worked under practicing privileges in the service (staff not employed directly by the provider but given permission to work in the service). A practicing privileges policy was in place, and we saw evidence that the necessary background and safety checks had been carried out on the prescriber. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 10 July 2019

Recommendation

The service should provide patients with information about treatments. This should include information about the procedures and the risks and benefits.

Action taken

We saw that comprehensive information was now available for all treatments, including risks and benefits associated with the treatments and aftercare information.

Recommendation

The service's participation policy should document its approach to gathering and using feedback.

Action taken

The service's participation policy now included information on how patient feedback was gathered and used to improve the service.

Recommendation

The service should develop and implement a procedure for reviewing the prescriber's compliance with all aspects of the practicing privileges arrangement and for reviewing the agreement.

Action taken

We saw that a practicing privileges agreement was in place. The service was following its practicing privileges policy, including ensuring that relevant annual

checks were carried out, for example checking the Nursing and Midwifery Council (NMC) register to ensure the prescriber was still registered to practice and prescribe medicines.

Recommendation

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

Action taken

We saw that the service now had an audit programme and we saw evidence of audits carried out, for example patient care records and safe environment audits to help keep staff and patients safe and to help improve the service.

Recommendation

The service should update its infection prevention and control policies to reference current legislation and best practice guidance.

Action taken

The service's infection control policy now referenced current infection prevention and control legislation and best practice.

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

We saw that the service had now developed a quality management policy. However, it did not demonstrate how improvements would be recorded and assessed for their outcomes, impact on the service, and benefit to their patients. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation d on page 17).

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Samantha Campbell Aesthetics on Tuesday 8 August 2023. We spoke with the service owner (practitioner). We telephoned six patients after the inspection who had received treatment in the service.

Based in Glasgow, Samantha Campbell Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Samantha Campbell Aesthetics, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service's purpose was to ensure their patients' experience of care was a successful and happy one, and that patients were included in every aspect of their treatment. Discussions between staff contributing to this purpose should be formally documented.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
The service encouraged feedback from patients and used this to improve the service. The practitioner was a member of peer groups to keep up to date with best practice. There was evidence of patient-centred improvements made. A range of policies, as well as programmes of audits and risk assessments, helped to ensure the service was safe. The waste management contract must be appropriate for the needs of the service.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment and patient equipment was clean and well maintained, and processes in place to ensure the service continued to be clean and well maintained were effective. Patients were positive and complimentary about the service and the staff. The clinical hand wash basin is not compliant with current standards and a risk assessment should be developed to put in place measures for infection control until the hand wash basin can be upgraded.	✓✓ Good

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 Assurance Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Club Coco Ltd to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two requirements and four recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions (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 4.19</p>

Implementation and delivery

Requirement

- 1** The provider must ensure that all botulinum-contaminated sharps are disposed of as cytostatic medicines, through the correct European Waste Catalogue code of EWC 18-01-08 (see page 16).

Timescale - immediate

Regulation 3d(iii)

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

Recommendations

- b** The service should develop a process of keeping patients informed of the impact their feedback has on the service (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8.

- c** The service should ensure that a written record of all training provided, including confirmation that staff have read and understood relevant policies, is held for each staff member, including for those that are granted practicing privileges to work in the service (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

- d** The service should develop and implement a quality improvement plan that demonstrates and directs the way it measures improvement (see page 17).

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

This was previously identified as a recommendation in the July 2019 inspection report for Samantha Campbell Aesthetics.

Results	
Requirement	
2	<p>The provider must develop a risk assessment for the use of a clinical hand wash basin in the treatment room and implement the appropriate controls until a compliant sink can be installed (see page 19).</p> <p>Timescale - immediate</p> <p><i>Regulation 3d(i)(ii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011.</i></p>
Recommendations	
None	

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

Club Coco 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 Samantha Campbell Aesthetics for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service's purpose was to ensure their patients' experience of care was a successful and happy one, and that patients were included in every aspect of their treatment. Discussions between staff contributing to this purpose should be formally documented.

Clear vision and purpose

The service's aims and objectives were:

- to build a reputable and trustworthy service
- to create and retain a customer base through excellent customer service
- to develop skills and scope of practice to grow as a practitioner and service through further training, and
- to become an independent nurse prescriber.

It was evident that they applied these aims and objectives from the practitioner's ongoing training, and the repeat business from returning patients. The practitioner is currently completing the nurse prescribing course recognised by the Nursing and Midwifery Council.

- No requirements.
- No recommendations.

Leadership and culture

An experienced nurse practitioner owned and ran the service. An independent prescriber worked along with the practitioner under practicing privileges (staff not employed directly by the provider but given permission to work in the service) to prescribe prescription-only medicines, such as anti-wrinkle injections. Both the practitioner and prescriber were registered with the Nursing and Midwifery Council. We were told the practitioner was currently undertaking a nurse prescribing course, and would take over prescribing duties when they had completed the course.

We were told that the practitioner and prescriber regularly discussed how the service developed and what improvements could be made.

What needs to improve

There were no formal records of discussions between the practitioner and prescriber. Therefore, there were no records of suggestions from the prescriber for improving the service, nor of any decisions made or actions to be taken (recommendation a).

- No requirements.

Recommendation a

- The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

The service encouraged feedback from patients and used this to improve the service. The practitioner was a member of peer groups to keep up to date with best practice. There was evidence of patient-centred improvements made. A range of policies, as well as programmes of audits and risk assessments, helped to ensure the service was safe. The waste management contract must be appropriate for the needs of the service.

Co-design, co-production (patients, staff and stakeholder engagement)

The service's participation policy detailed how it would seek feedback from patients. Patients had the option to complete questionnaires or leave online reviews on the service's website, or on social media sites. Questionnaires were routinely emailed to patients 24-48 hours after their treatment. There was also the option to complete paper questionnaires for patients who preferred not to use online options.

The service logged all feedback received electronically. We could see improvements were made as a result of patient feedback, for example the service had replaced the treatment chair following patient comments that the previous one was uncomfortable.

What needs to improve

Although the service encouraged feedback from patients to help improve the service, they did not have a process for feeding back these improvements to patients (recommendation b).

- No requirements.

Recommendation b

- The service should develop a process of keeping patients informed of the impact their feedback has on the service.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The practitioner was proactive in developing and implementing policies and procedures to ensure a safe experience for patients and staff. This included:

- complaints
- duty of candour
- emergencies
- infection control
- information management, and
- safeguarding (public protection).

Policies were reviewed every 2 years and we saw they had recently been updated.

We saw that facilities maintenance, such as boiler servicing and electrical appliance servicing were routinely carried out.

A medicines management policy described how medicines were ordered, supplied, stored and disposed of. The service ordered medicines as needed and held only a small amount in stock. Although no refrigerated medicines needed to be stored at the time of our inspection, we saw the fridge temperature was monitored to make sure any medicines would be stored at the correct temperature.

An emergency policy was in place and the service had an emergency drug supply and first aid kit. All medicines supplied, used and disposed of were logged. Emergency drugs were all in date.

The service had a process for recording any adverse events, incidents and accidents. The service was aware that certain incidents and events must be reported to Healthcare Improvement Scotland. During the inspection, we saw that no incidents which required reporting to Healthcare Improvement Scotland had occurred since the service was registered with Healthcare Improvement Scotland in September 2017.

The service also had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service's most recent duty of candour annual report was

displayed in the service. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

The service had a complaints policy displayed. This had recently been updated to make clear to patients they could complain to Healthcare Improvement Scotland at any time during the complaints process. No complaints had been received since the service was registered.

The service had implemented an online patient booking and appointment system. This system helped to document patients' experience from booking an appointment through to aftercare. Patients could either telephone or book directly through this system. Relevant information, such as risks of treatment and aftercare, and consent forms for treatment and sharing of information with appropriate healthcare professionals, were emailed to patients directly through this system.

Consultations were always carried out face to face and included, where appropriate, consultations with the prescriber. We were told the prescriber was always in attendance when appropriate, for the management of emergencies, for example complications following dermal filler treatments. Patients were offered follow-up appointments for treatment, allowing the option of a cooling-off period.

Patient care records were also stored on the electronic system. This meant that the entire patient journey from booking to aftercare and follow up was all kept in one place. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to ensure all patient information was held and managed securely.

All patients were given a 24-hour emergency contact number in the event of complications. Patients could contact the practitioner in the first instance and, if the practitioner was not available, the prescriber.

A practicing privileges policy and a signed agreement were in place for the prescriber. The service had carried out appropriate employment checks including:

- Disclosure Scotland background checks
- professional qualifications, and
- evidence of continuous training.

We saw evidence that the service also carried out appropriate ongoing checks to ensure the prescriber's professional registration remained up to date and they remained fit to practice.

The service was a member of peer groups such as the Aesthetic Complications Expert (ACE) Group and the British Association of Cosmetic Nurses (BACN). These peer groups helped the service to keep up to date with changes in legislation and best practice guidance, and offered advice on aesthetics treatments, including the management of complications. The practitioner also kept up to date with their own practice through continued training on procedures, for example with the product suppliers.

What needs to improve

Although we saw from a waste collection note that sharps, including botulinum toxin needles, were disposed of appropriately, the waste contract did not include the correct provision for disposing of botulinum toxin (requirement 1).

We were told the prescriber had read all appropriate policies as part of their training in the service, but there was no documented evidence of this (recommendation c).

Requirement 1 – Timescale: immediate

- The provider must ensure that all botulinum-contaminated sharps are disposed of as cytostatic medicines, through the correct European Waste Catalogue code of EWC 18-01-08.

Recommendation c

- The service should ensure that a written record of all training provided, including confirmation that staff have read and understood relevant policies, is held for each staff member, including for those that are granted practicing privileges to work in the service.

Planning for quality

The service had implemented a quality management plan that included the details of audits and risk management. The service had a comprehensive and documented programme of audits and risk assessment. We could see a number of audits had taken place. These included:

- medicines audits
- patient care records audits, and
- cleaning audits.

We also saw infection control risk assessments and sharp injury risk assessments had been undertaken.

We saw evidence of improvements made to the service following audits, such as using software, specialised for aesthetic services, to store patients' care records securely.

What needs to improve

The service did not formally record improvements made and planned. There was no recorded evidence therefore of the outcome of improvements made, and their impact on the service and benefits to their patients. This would enable the service to clearly demonstrate a culture of continuous quality improvement (recommendation d).

- No requirements.

Recommendation d

- The service should develop and implement a quality improvement plan that demonstrates and directs the way it measures improvement.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment and patient equipment was clean and well maintained, and processes in place to ensure the service continued to be clean and well maintained were effective. Patients were positive and complimentary about the service and the staff. The clinical hand wash basin is not compliant with current standards and a risk assessment should be developed to put in place measures for infection control until the hand wash basin can be upgraded.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

The environment and equipment were clean and well maintained. We saw that the service had implemented a cleaning schedule and was using appropriate cleaning equipment and products in line with national standards. Personal protective equipment such as gloves, aprons and face masks were available and close to the point of care.

The treatment room and wider premises were private and secure, with a lockable door to the treatment room and screened windows. This ensured patients' privacy and dignity were protected.

We reviewed five patient care records covering different treatments. The patient care records were comprehensive and included patients' consents, assessments and medical histories, and treatments agreed and provided. Consent included keeping records of patient' GPs, emergency/next of kin contact details, consent to share information with other healthcare professionals, and to use photographs. The patient care records also included details of medicines used such as expiry dates and batch numbers. We saw from the records we reviewed that the medicines administered were all in date. It was also clear where consent was not given, for example for posting photographs on social media.

Patients who had responded to our survey were very positive about their experience with the service. Comments included:

- 'Excellent and thorough and good at her job.'
- 'Lovely manner. Explains very well. Allowed questions. Allayed fears.'
- 'Very knowledgeable. Always available afterwards if needed. Aftercare emailed to you.'
- 'Nice to go into a clean environment.'

What needs to improve

The clinical hand wash basin in the treatment room was installed before current legislation about sanitary fittings in healthcare premises and did not meet current standards. A risk assessment is required to ensure appropriate actions were taken for the current clinical hand wash basin, such as ensuring it was adequately cleaned, until it was able to be upgraded (requirement 2).

Requirement 2 – Timescale: immediate

- The provider must develop a risk assessment for the use of a clinical hand wash basin in the treatment room and implement the appropriate controls until a compliant sink can be installed.
- No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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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or email his.contactpublicinvolvement@nhs.scot

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