

Announced Inspection Report: Independent Healthcare

Service: Sally Cullen Aesthetics, Glasgow

Service Provider: Sally Cullen

4 August 2021

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

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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 17 July 2019

Requirement

The provider must ensure that all linen is laundered in line with Health Protection Scotland's national infection prevention and control manual. This will reduce the risk of cross-infection.

Action taken

All re-useable linen has been removed from use in the service. The service now used disposable couch roll in place of towels and blankets. **This requirement is met.**

Requirement

The provider must ensure that the equipment and environment used to provide colonic hydrotherapy treatment is cleaned in line with Health Protection Scotland's national infection prevention and control manual. This will reduce the risk of cross-infection.

Action taken

All re-useable equipment and the environment was cleaned using the correct solution of chlorine-releasing detergent and disinfectant. The practitioner was able to describe the process for diluting and cleaning effectively using this solution. **This requirement is met.**

Requirement

The provider must ensure that all equipment used is free from damage and can be effectively cleaned. This will reduce the risk of cross-infection.

Action taken

A new treatment couch had been purchased that could be easily cleaned. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 17 July 2019

Recommendation

The service should complete a review of all patient feedback received to help drive improvement in the service.

Action taken

A formal review of patient feedback had recently been completed by the service. All feedback received was positive, with no areas for improvement identified.

Recommendation

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

Action taken

Audits of patient care records and medicines were now being carried out. Completed audits showed that the service had good compliance with current legislation and best practice guidance.

Recommendation

The service should ensure botulinum toxin is used in line with the manufacturers and best practice guidance.

Action taken

Any unused botulinum toxin was discarded safely following treatment and was not kept for top-up treatments.

Recommendation

The service should obtain and record consent to photography in the patient's health care record.

Action taken

We reviewed four patient care records. Patient consent to photography was obtained and recorded in all of the records we reviewed.

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

An overarching quality improvement plan had been implemented. Examples of recent actions taken to improve the service included the introduction of software for electronic patient care records, and the development and implementation of COVID-19 policies and procedures.

2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Sally Cullen Aesthetics on Wednesday 4 August 2021. We spoke with the practitioner during the inspection. We received feedback from nine patients through an online survey we had asked the service to issue for us before the inspection.

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 Sally Cullen 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 with systems and processes in place to maintain safety. Patients were extremely satisfied with the environment and standard of cleanliness. An audit programme was in place.	✓ 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 through its membership with national	✓✓ Good

	groups and training events. A quality improvement plan helped improve the quality of the service provided, and ensure the delivery of safe and effective treatments.	
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The following additional quality indicator was 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	All patients received an assessment before any treatment was carried out. Treatments were fully explained and any associated risks discussed. Consent was sought and recorded in the patient care records.

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 Sally Cullen to take after our inspection

This inspection resulted in no requirements or recommendations.

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

3 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 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

Patients were cared for in a clean and safe environment with systems and processes in place to maintain safety. Patients were extremely satisfied with the environment and standard of cleanliness. An audit programme was in place.

Patients were cared for in a clean and safe environment. Single-use equipment was used for procedures to prevent the risk of cross-infection. An infection prevention and control policy was in place, and the practitioner had a good awareness of infection prevention and control practices, including for COVID-19.

All patients who responded to our online survey told us they were extremely satisfied with the environment and the standard of cleanliness. Some comments included:

- 'Lovely clean, happy and welcoming environment.'
- 'The environment is extremely clean.'
- 'The place is immaculate.'

We saw a safe system for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked cupboard.

Arrangements were in place to deal with medical emergencies. This included training for staff, first aid supplies and medicines available that could be used in

an emergency, such as adrenaline. The practitioner had links with other healthcare professionals and could seek advice and support if required.

Since the last inspection in July 2019, an audit programme had been introduced. Regular audits were now carried out on areas such as patient care records and for the management of medicines. Completed audits showed good compliance with current legislation and best practice guidance.

The landlord was responsible for the servicing and maintenance of the building. This included gas safety, fixed electrical safety and fire safety. While the service had not had any incidents or accidents since registration in July 2017, a log book was available to record these.

A range of policies and procedures were in place to help the service deliver care safely. Policies and procedures were regularly reviewed to make sure they remained up to date and the service was continuing to follow current legislation and best practice guidance.

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

All patients received an assessment before any treatment was carried out. Treatments were fully explained and any associated risks discussed. Consent was sought and recorded in the patient care records.

We reviewed four patient care records. We saw that, before any treatment, patients received an initial consultation where a comprehensive assessment was carried out. This included medical history, current physical and mental health, medications and allergies. Patients were asked to consent to treatment, sharing information with their GP and to having their photograph taken. Consent was obtained for each treatment episode. Records were kept of each treatment and consultation.

We found patient care records were legible and up to date. Verbal and written aftercare advice was provided to patients and this was recorded in the patient care record.

All patients who responded to our online survey agreed they had been treated with dignity and respect, and were involved in decisions about their care.

Patients told us:

- 'I always feel very well treated when I go... She is a very kind and considerate person that makes me feel very at ease.'
- 'Everything is always explained. She is a wonderful nurse.'
- 'She explained everything and answered all my questions.'

The service maintained the confidentiality of patient information by storing any paper files in a locked filing cabinet. The service had recently introduced an electronic record-keeping system.

- No requirements.
- No recommendations.

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 through its membership with national groups and training events. A quality improvement plan helped improve the quality of the service provided, and ensure the delivery of safe and effective treatments.

The service was provided by one aesthetic nurse who was a member of national groups, such as the British Association of Cosmetic Nurses (BACN) and Complications in Medical Aesthetic Collaborative (CMAC). The practitioner also completed ongoing training as part of their Nursing and Midwifery Council (NMC) registration and attended aesthetic conferences and training events. This made sure the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

The service had formed partnerships with other aesthetic practitioners in the area to help discuss treatment, procedures or complications and provide peer support and best practice guidance when needed.

An overarching quality improvement plan had been implemented. Examples of recent actions taken to improve the service included the introduction of software for electronic patient care records, and the development and implementation of COVID-19 policies and procedures.

- No requirements.
- No recommendations.

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.

This inspection resulted in no requirements and no recommendations.

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:

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Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

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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