

Announced Inspection Report: Independent Healthcare

Service: The Beauty Doctor

Service Provider: The Beauty Doctor JS Limited

9 December 2021

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1 A summary of our inspection

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

About our inspection

We carried out an announced inspection to The Beauty Doctor on Thursday 9 December 2021. We spoke with the owner (practitioner) during the inspection. We received feedback from 11 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For The Beauty Doctor, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Quality indicator	Summary findings	Grade awarded
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Patients received care and treatment in a clean and well maintained environment. Unused medicines should be discarded in line with national medicines legislation and guidance. The service should include medicine management and infection prevention and control audits into its audit programme.	✓✓ Good

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. There was a quality improvement plan in place with identified outcomes for the service. All policies within the service should have review dates.	✓✓ Good

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Quality indicator	Summary findings
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.2 - Assessment and management of people experiencing care	Patients had a full assessment carried out before treatment. Patient care records included clear and accurate information about treatment and aftercare arrangements. Consent to sharing information with patients' GPs and other healthcare professionals should be recorded. Next of kin or emergency contact details should also be included in this assessment.

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 The Beauty Doctor JS Limited to take after our inspection

This inspection resulted in one requirement and four recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the 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

The Beauty Doctor JS Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Beauty Doctor for their assistance during the inspection.

2 What we found during our inspection

Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on 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 received care and treatment in a clean and well maintained environment. Unused medicines should be discarded in line with national medicines legislation and guidance. The service should include medicine management and infection prevention and control audits into its audit programme.

Patients were cared for in a clean and safe environment. Good systems in place to achieve this included cleaning schedules, servicing and maintenance contracts, and regular internal checks and audits. All equipment in the service was single-use to prevent the risk of cross-infection. An infection prevention and control policy was in place and the clinical staff had good awareness of infection prevention and control practices and measures, including those for COVID-19.

All patients who responded to our survey said they were extremely satisfied with the standard of cleanliness in the clinic. Comments included:

- 'The environment was very clean and well maintained. Her facilities are fantastic.'
- 'Always so clean and immaculate. Always feel safe.'
- 'The environment was completely sterile and spotless. I had no concerns whatsoever.'

The service followed Health Protection Scotland's national guidance to reduce infection risks for patients, in line with its infection control policy. Personal protective equipment, such as disposable gloves, and medical devices including needles and syringes, were single-use to reduce the risk of cross-infection. Antibacterial hand wash and disposable hand towels were used to promote good

hand hygiene. The service had a contract in place for the safe disposal of sharps and other clinical waste.

The practitioner was solely responsible for the safe procurement, prescribing, storage and administration of medicines. The medical fridge had a built-in thermometer and the practitioner kept a daily temperature log to make sure medicines that needed to be refrigerated were stored at a safe temperature. Other, non-refrigerated medicines such as dermal fillers were stored in a medicine drawer in one of the treatment rooms. We saw that medicines to be used for individual patients were correctly labelled. Emergency medicines were available in the treatment room to respond to any complications or adverse reactions to treatment, such as adrenaline.

The medicine management policy contained information to demonstrate safe administration, storage, procuring and prescribing of medications. All equipment for treatments were single-use and appropriate disposal of sharps and clinical waste were available. The service had a contract in place for the safe disposal of sharps and other clinical waste.

Patients could contact the practitioner out of hours if they had any concerns following their treatment.

A system was in place for documenting accidents and incidents, as well as reporting notifiable incidents or adverse events to the relevant regulatory authorities. No accidents, incidents or adverse events had occurred in the service since it was registered with Healthcare Improvement Scotland. Patients who responded to our survey told us they trusted the practitioner and were confident they had the skills and knowledge to deliver high quality care.

The service completed monthly audits to support safe delivery of care and inform quality improvement. This programme included audits of:

- cleaning
- complaints
- drug fridge
- patient care records
- record of accidents, and
- stock.

What needs to improve

During our inspection, we found the remainder of a medicine used to treat a patient that morning was still stored in the fridge. Medicines legislation, national

guidance and best practice state that this medicine must be used immediately once opened and the unused contents safely discarded (requirement 1).

The service had no evidence of testing portable appliances (recommendation a).

We discussed with the service that it would be best practice to combine a number of audits being carried out into a formal infection prevention and control audit. We will follow this up at future inspections.

- No requirements.

Requirement 1 – Timescale: immediate

- The provider must adhere to national guidance for the disposal and handling of medicine following administration of medicines to patients.

Recommendation a

- The service should ensure portable electrical equipment is tested by an appropriate electrician or person holding the appropriate skills to do so and be in receipt of a certificate to demonstrate this.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a full assessment carried out before treatment. Patient care records included clear and accurate information about treatment and aftercare arrangements. Consent to sharing information with patients' GPs and other healthcare professionals should be recorded. Next of kin or emergency contact details should also be included in this assessment.

The practitioner carried out a full assessment of patients' past medical history before they received treatment. This included gathering information about any pre-existing medical conditions, prescribed medicines and allergies.

We reviewed how patients' needs were assessed and how treatment was planned and delivered in a way that was individualised. This included assessing patients' suitability the range of different health care assessments.

Patients received electronic information prior to attending for their health assessment. This included information on preparation, COVID-19 guidance, what

to expect on the day and information on aftercare. Patients' expectations were managed through the continued assessment and treatment period.

The service used an electronic booking system. Patient care records were stored in a locked filing cabinet in the treatment room and the practitioner was the sole key holder to this cabinet. Access to any electronic information was password-protected in line with data protection legislation.

We reviewed five patient care records and saw that outcomes from patients' initial consultation and their proposed treatment plans were documented. Treatment options were discussed and agreed with patients at this consultation, with a view to establishing and achieving realistic expectations. Patients said they could take time to consider the options available to them before they agreed to go ahead with the treatment.

Patients were satisfied with the quality of care and treatment they received from the service. The service was proactive in gathering feedback from patients. Patients also told us they received good advice and information before, during and after their treatment. Comments from our on line survey included:

- 'I felt very comfortable, before during and after the treatment.'
- 'I was initially very anxious and nervous about treatments, however I needn't have worried. [The doctor] put me fully at ease. She is very approachable and has an excellent manner in which she treats you.'
- 'Extremely professional and kind.'

Consent to treatment and taking photographs was discussed and documented in each of the patient care records we reviewed. A record of the treatment delivered, aftercare arrangements and future follow-up appointments was clearly recorded. All documentation was signed and dated, with batch numbers for medicines used attached to patient notes.

What needs to improve

Patient care records we reviewed did not document patients' GP details, next of kin or emergency contact details or consent to share information with their GP or other health care professionals (recommendation b).

- No requirements.

Recommendation b

- The service should document patients' GP details, next of kin and emergency contact details in the patient care record. Consent to share information with their GP or other health care professionals should also be documented in the patient care record.

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. A quality improvement plan in place had identified outcomes for the service. All policies in the service should have review dates.

The service is owned and managed by a medical practitioner registered with the General Medical Council (GMC) as a consultant in sexual health. The practitioner engaged in regular continuing professional development. This was managed through the GMC registration and revalidation process. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the GMC every 5 years. We noted they also attended regular training and conferences in the aesthetic industry to keep up to date with best practice and deliver treatments in line with evidenced-based research. The practitioner was also part of the Aesthetics Complications Expert (ACE) group and recently joined the Medical Aesthetics Collaborative (CMAC) group.

The service had developed a quality management policy to guide and direct continuous quality improvement activities in the service. This described how the service was committed to continuous quality improvement and had set up a framework for measuring and improving the quality of the service. This included gathering and monitoring patient feedback, and monitoring and responding to complaints to make sure patients were fully satisfied with the service provided.

We saw evidence of quality assurance systems for reviewing the quality of care and treatment provided in the service. Regular reviews of patient feedback and outcomes from audits helped make sure the quality of the service delivered continued to meet the needs of patients. The reviews also helped to demonstrate a culture of continuous quality improvement in line with the service's quality management policy.

The service's quality improvement plan was reviewed regularly with review dates for identified areas for improvement. This included changing the patient booking system and re-locating the service.

What needs to improve

The service had a basic participation policy in place. More information in the policy about how the service would review feedback outcomes and how this would feed into its quality improvement plan would help support continuous improvement (recommendation c).

Some of the policies we reviewed, such as the confidentiality policy, consent policy and data protection policy did not include a review date (recommendation d).

- No requirements.

Recommendation c

- The service should review and update policies as required to ensure outcomes identified in the service's quality improvement plan are met and demonstrate how this improves the quality of the service.

Recommendation d

- The service should introduce a system for regularly reviewing its policies and procedures or when changes occur to make sure they are in line with current legislation and reflect the service provided.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirement	
1	<p>The provider must adhere to national guidance for the disposal and handling of medicine following administration of medicines to patients (see page 9).</p> <p>Timescale – immediate</p> <p><i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
a	<p>The service should ensure portable electrical equipment is tested by an appropriate electrician or person holding the appropriate skills to do so and be in receipt of a certificate to demonstrate this (see page 9).</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>
b	<p>The service should document patients' GP details, next of kin and emergency contact details in the patient care record. Consent to share information with their GP or other health care professionals should also be documented in the patient care record (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendations	
c	<p>The service should review and update policies as required to ensure outcomes identified in the service’s quality improvement plan are met and demonstrate how this improves the quality of the service (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 4.8</p>
d	<p>The service should introduce a system for regularly reviewing its policies and procedures or when changes occur to make sure they are in line with current legislation and reflect the service provided (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>

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.ihtregulation@nhs.scot

You can read and download this document from our website.
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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org