

Announced Inspection Report: Independent Healthcare

Service: The Goddess Clinic, Edinburgh

Service Provider: The Goddess Clinic Ltd

19 October 2022

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First published December 2022

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
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	Appendix 1 – Requirements and recommendations	17
	Appendix 2 – About our inspections	20
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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 Goddess Clinic on Wednesday 19 October 2022. We spoke with the owner (practitioner) during the inspection. We received feedback from 12 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 and one inspector observing.

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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For The Goddess Clinic, 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 satisfied with the quality of care and treatment received from the service. Patients were fully consulted before a plan of care was agreed. Although the service gathered patient feedback, this should be more formally reviewed to show how this is being used to improve the service. Information for patients about how to make a complaint was easily accessible.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The care environment and patient equipment was clean and well maintained, and policies and procedures helped to maintain a safe environment. A more comprehensive audit programme would help ensure the service delivered consistent safe care and treatment for patients. Medicines should be disposed of in line with the manufacturer's and best practice guidance.	✓ 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 in a variety of ways. Peer networks also supported continuous learning. A quality improvement plan should be developed to help the service to identify outcomes, and measure the quality, safety and effectiveness of the service delivered. Formal staff meetings should be introduced in the service.	✓ 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	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Patients had a full consultation and assessment before they received treatment. Consent to treatment and photography, and consent to share information with other healthcare professionals, should be included in all patient care records. Written and verbal aftercare information was provided.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	The service had a small staff group. Systems and processes were in place to help make sure staff recruitment was safe and effective. All pre-employment safety checks had been completed for staff. Induction and appraisal programmes were in place. Staff received regular role-specific training.

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 The Goddess Clinic Ltd to take after our inspection

This inspection resulted in two requirements and nine 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

The Goddess Clinic 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 The Goddess Clinic 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 satisfied with the quality of care and treatment received from the service. Patients were fully consulted before a plan of care was agreed. Although the service gathered patient feedback, this should be more formally reviewed to show how this is being used to improve the service. Information for patients about how to make a complaint was easily accessible.

Patients entered the service through a public area of the make-up tattooing salon to access the treatment room. Procedures were in place to help maintain patients' privacy, dignity and confidentiality. This included closing and locking the treatment room door.

The service's website had detailed information about aesthetic treatments available to patients, including costs. We were told that patients used the service after recommendations from friends, as well as from reviews on social media sites. From the service's social media accounts, we saw that the practitioner responded to enquiries with written information about the service and treatment options before patients agreed to treatments. Patients were told about treatment risks, benefits and expected outcomes, including follow-up care during their first consultation.

The service had a participation policy and patients were encouraged to give verbal feedback to the practitioner, or leave reviews on social media. The practitioner reviewed the feedback received from social media and used this as an informal way to evaluate and review the service. We were told that improvements had been made as a result of patient feedback, such as changing the door signage to make the entrance to the service clearer. Feedback showed that patients were satisfied with their treatment and the service had met their expectations.

Feedback from our online survey showed that patients were very pleased with the service, and were fully involved in decisions reached about their care.

Treatment options were discussed and agreed with patients at their initial consultation. Patients said they could take time to consider the options available to them before they agreed to go ahead with the treatment.

Comments from our survey included:

- 'I feel I am listened to and HEARD.'
- 'The decision to book the treatments was left entirely to me.'
- 'The practitioner answered all of my questions with care and knowledge.'

The service had not recorded any complaints since it was registered with Healthcare Improvement Scotland in April 2019. We saw that its complaints policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint. This information was also detailed on the service's website. Feedback from our online survey showed that all patients knew they could complain to Healthcare Improvement Scotland.

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.

What needs to improve

A more formal method for recording and evaluating patient feedback would help the service identify and implement improvements and measure the impact of these changes (recommendation a).

- No requirements.

Recommendation a

- The service should develop a more structured approach for recording and evaluating patient feedback, and using the outcomes to improve the service.

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 care environment and patient equipment was clean and well maintained, and policies and procedures helped to maintain a safe environment. A more comprehensive audit programme would help ensure the service delivered consistent safe care and treatment for patients. Medicines should be disposed of in line with the manufacturer's and best practice guidance.

Patients were cared for in a clean and safe environment. Good systems were in place to achieve this, including completing cleaning schedules, servicing and maintenance contracts for equipment, and regular internal checks such as fridge temperature monitoring. An infection prevention and control policy was in place, and clinical staff had good awareness of infection prevention and control practices and measures. This included actions continuing to be taken to reduce any risk of COVID-19 transmission.

The service followed Health Protection Scotland's national guidance to reduce infection risks for patients, in line with its infection prevention and 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 paper hand towels were used to promote good hand hygiene. A contract was in place for the safe disposal of sharps and other clinical waste.

Patients who responded to our online survey were very satisfied with the standard of cleanliness. Comments included:

- 'The facilities are all very comfortable, relaxing and, above all, clinically clean. The equipment was also spotlessly clean and everything is seemingly very well maintained.'
- 'Everything was extremely clean.'
- 'Clean, well equipped, evidence of professional regulation and standards.'

The service had completed a fire risk assessment. Fire exit signs were in place and fire extinguishers available.

Appropriate insurance cover was in place.

The practitioner was solely responsible for the safe procurement, prescribing, storage and administration of medicines. The medicine management policy contained information to demonstrate safe administration, storage, procuring and prescribing of medications.

The medical fridge had a built-in thermometer which was also linked to a telephone application (mobile app) to alert the practitioner of any issues. A daily temperature log was kept 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 appropriately. A small stock of emergency medicines were available in the treatment room to respond to any complications or adverse reactions to treatment.

The service had a comprehensive risk register and policies in place. A system was also in place for documenting accidents and incidents, as well as reporting notifiable incidents or adverse events to the relevant regulatory authorities. 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.

What needs to improve

Healthcare Improvement Scotland's notifications guidance is a list of specific events and circumstances which services are required to report to us. On the day of the inspection, we were told about an incident the service had reported to the police. Healthcare Improvement Scotland had not been formally notified about this (requirement 1).

The clinical waste bin being used to dispose of botulinum toxin was not suitable. There was no evidence that this was being appropriately segregated from other clinical waste and being disposed of correctly, in line with national waste legislation. We also noted waste transfer notes were not being used (requirement 2).

During our inspection, we found the remainder of a medicine used to treat a patient the previous evening was still stored in the fridge. Botulinum toxin should be disposed of in line with the manufacturer's and best practice guidance, and the service's medicines management policy should be updated to reflect practice (recommendation b).

We noted some recent evidence of audits being carried out, including some aspects of infection prevention and control such as cleaning. A more comprehensive programme of regular audit should be implemented which, as a minimum, includes:

- medicine management, including checking expiry dates of equipment and medicines
- patient care records
- health and safety, and
- hand hygiene (recommendation c).

We noted some equipment was out of date during the inspection, for example disposable syringes (recommendation d).

Some of the policies we reviewed, such as the infection prevention and control policy, did not contain the most up-to-date information and guidance. We also found that several policies did not include review dates (recommendation e).

Requirement 1 – Timescale: immediate

- The provider must notify Healthcare Improvement Scotland of certain matters as detailed in Healthcare Improvement Scotland's notification guidance.

Requirement 2 – Timescale: immediate

- The provider must arrange for all waste produced by the service to be segregated and disposed of safely in line with national waste legislation. A waste transfer note must also be used each time waste is collected from the service.

Recommendation b

- The service should ensure medicines are disposed of in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

Recommendation c

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

Recommendation d

- The service should ensure a regular programme of checking equipment and stock expiry dates is in place.

Recommendation e

- The service should continually review and update policies as required to ensure they reference current legislation and best practice, and accurately reflect practice in the service.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a full consultation and assessment before they received treatment. Consent to treatment and photography, and consent to share information with other healthcare professionals, should be included in all patient care records. Written and verbal aftercare information was provided.

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.

The service used an electronic appointment booking system. Access to any electronic information was password-protected in line with data protection legislation. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Patients were emailed information before attending for their consultation. This included information on what to do before their appointment, COVID-19 guidance, what to expect on the day and information on aftercare. Patients' expectations were managed through the continued assessment and treatment period.

Patients told us they received good advice and information before, during and after their treatment. They also told us they could take time to consider the options available to them before they agreed to go ahead with the treatment.

The practitioner is an independent nurse prescriber. Patients' prescriptions were issued during the consultation process before treatments were delivered. Relevant prescribing information was contained in the patient care records.

We reviewed five electronic 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.

A record of the treatment delivered, including batch numbers and expiry dates for medications used, was clearly recorded in patient care records. Aftercare arrangements and future follow-up appointments was also documented.

Patients were given verbal and written advice after their treatments. Patients could contact the practitioner out of hours if they had any concerns following their treatment.

Patients were satisfied with the quality of care and treatment they received from the service. Comments from our online survey included:

- 'Given options, had these explained.'
- 'The practitioner articulated her knowledge in respect of my treatment well so I felt I was in safe hands and involved.'
- 'While discussing treatment plan my personal commitments were considered to ensure they were not impacted.'

What needs to improve

Patients' signed consent to treatment and taking photographs was not documented in all of the patient care records we reviewed (recommendation f).

Not all of the patient care records included consent to share information with other healthcare professionals, as required, in the case of an emergency (recommendation g).

- No requirements.

Recommendation f

- The service should ensure all signed consent documentation is documented in patient care records.

Recommendation g

- The service should record patient consent for sharing information with other healthcare professionals in an emergency, if required, in patient care records.

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

The service had a small staff group. Systems and processes were in place to help make sure staff recruitment was safe and effective. All pre-employment safety checks had been completed for staff. Induction and appraisal programmes were in place. Staff received regular role-specific training.

Staff files we reviewed confirmed that all appropriate and necessary pre-employment recruitment checks were completed for all staff before they could work in the service. Occupational health screening checks were also maintained.

All staff employed received an induction, mentoring support and supervised practice. Competency-based assessments, appraisals and professional development plans were in place to help make sure staff maintained appropriate skills and knowledge. Staff files included a record of mandatory and refresher training.

The service's electronic human resources system helped to ensure that all relevant recruitment, ongoing staff background and professional checks, and staff training was kept up to date.

Training needs analysis was carried out by the service manager for all members of staff following regular supervision sessions and annual appraisals.

Ongoing professional development opportunities were in place, including education in new processes and on the use of equipment.

- 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 in a variety of ways. Peer networks also supported continuous learning. A quality improvement plan should be developed to help the service to identify outcomes, and measure the quality, safety and effectiveness of the service delivered. Formal staff meetings should be introduced in the service.

The service is owned and managed by the main practitioner who is a registered nurse with the Nursing and Midwifery Council (NMC). They maintained their continuing professional development in order to complete mandatory revalidation with the NMC in a variety of ways. This included regular attendance at aesthetics training events and for performing ultrasound examinations. Peer information sessions and new lunchtime 'bite size' sessions for fellow aesthetic practitioners were being developed and delivered by the practitioner with support from colleagues in the industry. The practitioner was also part of the Complications in Medical Aesthetics Collaborative (CMAC) and the British Association of Cosmetic Nurses (BACN).

Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC, every 3 years.

What needs to improve

We saw evidence of some quality assurance systems for reviewing the quality of care and treatment provided in the service, such as informally reviewing patient feedback. This helped to make sure the quality of the service delivered met patient needs. Although the service had recently developed an action plan, there was no evidence of a formal quality improvement plan. This would help the service structure its improvement activities, record the outcomes and

measure the impact of any future service change. This would then enable the service to clearly demonstrate a culture of continuous quality improvement (recommendation h).

We saw no evidence of staff meetings taking place to share information or updates about the service (recommendation i).

- No requirements.

Recommendation h

- The service should develop a formal quality improvement plan to ensure the impact of change can be measured and a culture of continuous improvement can be demonstrated.

Recommendation i

- The service should introduce ways to improve communication such as holding staff meetings. Minutes of these meetings should include any actions taken and those responsible for the actions.

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

Recommendation

- a** The service should develop a more structured approach for recording and evaluating patient feedback, and using the outcomes to improve the service (see page 8).

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

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

Requirements

- 1** The provider must notify Healthcare Improvement Scotland of certain matters as detailed in Healthcare Improvement Scotland's notification guidance (see page 11).

Timescale – immediate

Regulation 5(1)(b)

The Healthcare Improvement Scotland (Applications and Registration)

Regulations 2011

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

Requirements

- 2** The provider must arrange for all waste produced by the service to be segregated and disposed of safely in line with national waste legislation. A waste transfer note must also be used each time waste is collected from the service (see page 11).

Timescale – immediate

Regulation 3(d)(iii)

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

Recommendations

- b** The service should ensure medicines are disposed of in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- c** The service should continue to develop its programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented (see page 12).

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

- d** The service should ensure a regular programme of checking equipment and stock expiry dates is in place (see page 12).

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

- e** The service should continually review and update policies as required to ensure they reference current legislation and best practice, and accurately reflect practice in the service (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

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

Recommendations

- f** The service should ensure all signed consent documentation is documented in patient care records (see page 13).

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

- g** The service should record patient consent for sharing information with other healthcare professionals in an emergency, if required, in patient care records (see page 14).

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

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendations

- h** The service should develop a formal quality improvement plan to ensure the impact of change can be measured and a culture of continuous improvement can be demonstrated (see page 16).

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

- i** The service should introduce ways to improve communication such as holding staff meetings. Minutes of these meetings should include any actions taken and those responsible for the actions (see page 16).

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

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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