

Announced Inspection Report: Independent Healthcare

Service: Jill Best Medical Aesthetics Ltd, Wemyss Bay

Service Provider: Jill Best Medical Aesthetics Ltd

6 December 2022

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 28 March 2019

Recommendation

The service should record in the patient care records that patients are aware of the arrangements for information sharing.

Action taken

Patient care records now contained a section asking patients about consent to sharing information with their GP or emergency service, which patients signed before treatment.

Recommendation

The service should record the checks and audits carried out and develop action plans as required.

Action taken

An audit programme was now in place and we saw evidence of various audits carried out with subsequent action plans developed, where necessary.

Recommendation

The service should develop an improvement plan.

Action taken

A business/annual improvement and endurance plan was now in place.

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 Jill Best Medical Aesthetics Ltd on Tuesday 6 December 2022. We spoke with the manager (practitioner). We also received feedback from 38 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 limited self-evaluation.

What we found and inspection grades awarded

For Jill Best Medical Aesthetics Ltd, 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 very complimentary about the service. A consultation process gave patients the opportunity to obtain information before any treatment took place. Patients were encouraged to provide feedback and results were used to make improvements where possible. A duty of candour report should be published.	✓✓ 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	Patients were cared for in a clean and well maintained environment. Policies and procedures helped manage risks, and an audit programme helped to make sure that care and treatment was in line with best practice guidelines. However, botulinum toxin must be disposed of in line with waste management legislation. Although the service was clean, a more structured approach to cleaning is needed.	✓ 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 organisations, and support from and working with other peers. A quality improvement plan helped evaluate and measure the quality, safety and effectiveness of the service provided.	✓✓ Good

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	A comprehensive consultation, assessment and consent process was carried out for each patient before any treatment took place.

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 Jill Best Medical Aesthetics Ltd to take after our inspection

This inspection resulted in two requirements and one recommendation. 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

Jill Best Medical Aesthetics 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 Jill Best Medical Aesthetics Ltd for their assistance during the inspection.

3 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 very complimentary about the service. A consultation process gave patients the opportunity to obtain information before any treatment took place. Patients were encouraged to provide feedback and results were used to make improvements where possible. A duty of candour report should be published.

All patients received a face-to-face consultation before any treatment was carried out. This was recorded in their patient care record. The consultation process gave patients the opportunity to ask the practitioner questions and receive enough information to make a decision about their treatment, such as what treatment options were suitable, risks and benefits, desired outcomes and costs. Patient treatment information leaflets were also available in the clinic, as well as information on the service's website.

A participation policy described how the service involved patients in improving the way it was delivered. Patients were encouraged to complete a feedback questionnaire following treatment and post a review of their experience online. Comments were reviewed and analysed to see if there were any possible improvements that could be made to the way the service was delivered. We saw an example where the ability to book appointments online had been introduced following a suggestion from a patient.

A complaints policy explained how patients could make a complaint and what they could expect in terms of investigation and resolution timescales. It also signposted patients to Healthcare Improvement Scotland if they wished to raise a complaint at any time. We noted there had been no complaints since the service was registered with Healthcare Improvement Scotland in May 2017.

A duty of candour policy described how the service would meet its responsibility to be honest with patients when things go wrong. No duty of candour incidents had occurred since the service registered with Healthcare Improvement Scotland.

Patients who responded to our online survey said:

- '[...] stressed if there are any problem when you leave the clinic not to hesitate to call her for advice about the treatment you have had.'
- '[...] obviously knows her stuff! Really friendly answers any questions you need answered, knowing you're in safe hands with [...] being a qualified nurse should any issues arise.'
- 'Never feel as if [...] is doing hard selling always gives you time to think about what you want done and talks through the options.'

What needs to improve

We noted the service had not produced and published a yearly duty of candour report. Even where no incidents had occurred requiring the implementation of the duty of candour procedure, a report is still required (recommendation a).

- No requirements.

Recommendation a

- The service should produce and publish an annual duty of candour report.

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 well maintained environment. Policies and procedures helped manage risks, and an audit programme helped to make sure that care and treatment was in line with best practice guidelines. However, botulinum toxin must be disposed of in line with waste management legislation. Although the service was clean, a more structured approach to cleaning is needed.

The environment and equipment were clean and in good repair, and the treatment room was adequately lit and ventilated. A number of infection prevention and control measures helped to minimise the risk of cross infection. This included making sure personal protective equipment, such as disposable aprons and gloves, was readily available.

We saw audits were regularly carried out on medicines management, the availability of equipment, infection prevention and control, and patient care records.

A system was in place for recording and managing accidents and incidents, and responding to emergencies. Emergency medicines were available, in date and easily accessible. The practitioner had carried out basic life support training.

A review programme was in place to make sure all policies and procedures were up to date and in line with national guidance.

All patients who responded to our online survey said they were satisfied with the facilities, equipment and environment in which they were treated.

Comments included:

- 'Clean and calming.'
- 'Clean tidy environment every time I have been there.'
- 'Immaculate surroundings.'
- 'Everything in this clinic is of a high standard.'

What needs to improve

A clinical waste contract was in place for the safe removal and disposal of clinical waste. However, the clinical waste bin used to dispose of botulinum toxin was not suitable. There was no evidence botulinum toxin was being appropriately segregated from other clinical waste and being disposed of correctly, in line with national waste legislation. This medicine is categorised as hazardous under waste legislation and must be disposed of correctly (incinerated). We also noted waste transfer notes were not being used (requirement 1).

We noted the cleaning products used were not suitable for the effective cleaning of a healthcare environment. We advised that chlorine-releasing cleaning products must be used, where appropriate. Specific cleaning processes are also required for cleaning sanitary fittings, including clinical hand wash basins (requirement 2).

Requirement 1 – Timescale: immediate

- The provider must arrange for all hazardous 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.

Requirement 2 – Timescale: immediate

- The provider must review the existing cleaning schedule and ensure that appropriate cleaning products and processes are being used to decontaminate (clean) the healthcare environment, in line with Health Protection Scotland's *National Infection Prevention and Control Manual*.
- No recommendations.

Quality indicator 5.2 - Assessment and management of people experiencing care

A comprehensive consultation, assessment and consent process was carried out for each patient before any treatment took place.

A consultation and assessment was carried out to assess patients' suitability for treatment. We reviewed three patient care records, and all showed that consultations and assessments had been carried out before treatment took place. Records included:

- consultation and detailed assessment
- medical history, including details of any health conditions, allergies, medications and previous treatments
- treatment plan, and
- comprehensive practitioner notes.

This information helped the practitioner to plan care and treatment according to individual patient need. Treatment plans included facial mapping with a description of the treatment and diagram of the areas treated, including batch numbers and expiry dates of the medicines used. This would allow tracking if any issues arose with the medications used.

All entries in the patient care records were signed, dated and timed by the practitioner and patient, where appropriate. Written aftercare instructions were emailed to patients, and we were told the practitioner discussed these instructions with the patient at the end of their treatment. Paper copies of aftercare information were also available should patients request this instead. Patient care records documented that aftercare information had been provided.

All patients who responded to our online survey said they felt involved in decisions about their care and treatment, and were given sufficient time to reflect on options before they gave consent to any treatment. Comments included:

- 'I researched [...] website and seen [...] was a registered HIS aesthetic practitioner and had been treating for 10 years... also has a fantastic reputation in my area.'
- 'Every visit, no matter how frequent a patient you may be, requires the same information sharing and signed acknowledgement.'
- 'Everything was fully explained when attending the appointment, including the Botox [...] uses and the outcome to expect.'

Paper care records were stored securely in a locked cabinet. We were told the service was moving from a paper-based to an electronic patient care record 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 organisations, and support from and working with other peers. A quality improvement plan helped evaluate and measure the quality, safety and effectiveness of the service provided.

The service was owned and managed by a nurse registered with the Nursing and Midwifery Council (NMC). This requires them to register with the NMC every year and to complete a revalidation process every 3 years where they gather evidence of their competency, training and feedback from patients and peers in order to remain a registered nurse practitioner.

The service was also a member of a number of recognised national aesthetic forums. This included:

- Royal College of Nursing advanced nurse practitioner group
- Aesthetic Complications Expert (ACE) group (practitioners who provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions), and
- Complications in Medical Aesthetics Collaborative (CMAC).

Since the last inspection in March 2019, the service had now developed a business/annual improvement and endurance plan. This helped the service to evaluate and measure the quality, safety and effectiveness of the service provided.

In collaboration with two other aesthetic services registered with Healthcare Improvement Scotland, the service had carried out an anonymous audit on patients' experience and treatment outcomes using botulinum toxin across the three services. The aim of the audit was to help improve patient treatment outcomes.

We saw examples of the service continuing to develop to help further improve the patient experience. For example, the clinic was being renovated and extended, and a new electronic patient care record system was being introduced.

- 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.

Domain 2 – Impact on people experiencing care, carers and families

Requirements

None

Recommendation

- a** The service should produce and publish an annual duty of candour report (see page 9).

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

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

Requirements

- 1** The provider must arrange for all hazardous 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

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

Requirements

- 2** The provider must review the existing cleaning schedule and ensure that appropriate cleaning products and processes are being used to decontaminate (clean) the healthcare environment, in line with Health Protection Scotland's *National Infection Prevention and Control Manual* (see page 11).

Timescale – immediate

Regulation 3(d)(i)(ii)

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

Recommendations

None

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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