



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Beyond Medispa, Edinburgh

Service Provider: Beyond Medispa Limited

22 October 2024

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1 Progress since our last inspection

What the service had done to meet the recommendation we made at our last inspection on 16 January 2020

Recommendation

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

Action taken

Although we saw evidence of audits of patient care records and laser safety, no other types of audit, such as medicines management or the environment, were being carried out. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation d on page 17).

2 A summary of our inspection

Background

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

Our focus

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

About our inspection

We carried out an announced inspection to Beyond Medispa on Tuesday 22 October 2024. We spoke with a number of staff during the inspection. We received feedback from three patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Edinburgh, Beyond Medispa is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Beyond Medispa, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service shared a clear vision with patients and staff. Key performance indicators included monitoring the safe care and treatment of patients. Senior management provided appropriate support, advice and training to staff. Staff were able to contribute to the development and improvement of the service. Formal all staff meetings should be introduced.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Feedback from patients was regularly gathered and discussed with staff. Patients received enough information about treatments to make informed choices and consent. Laser safety was well managed with an external audit carried out every year. A risk register and service-specific risk assessments must be developed. Policies should be reviewed and updated when required. Additional types of audits should be carried out and a formal quality improvement plan implemented to support continuous improvement of the service.	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and well maintained. Patient care was well documented. Appropriate recruitment and ongoing checks on all staff must be carried out. The waste contract must be updated to include disposal of hazardous waste. Medicines governance processes, including obtaining informed consent from patients when using unlicensed products, must be followed.	Unsatisfactory

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: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Beyond Medispa Limited to take after our inspection

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in four requirements and five recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should introduce regular, formal staff and management meetings, and a record of discussions and decisions reached at these meetings should be kept (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

Implementation and delivery

Requirement

- 1** The provider must develop effective systems that demonstrate the proactive management of risk (see page 16).

Timescale – immediate

Regulation 13(2)(a)

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

Recommendations

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

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

- c** The service should regularly review its policies and procedures and ensure they are up to date with current standards, legislation and guidance (see page 16).

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

- d** The service should further develop its programme of audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented (see page 17).

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

This was previously identified as a recommendation in the January 2020 inspection report for Beyond Medispa.

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

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

Results	
Requirements	
2	<p>The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited, including that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly (see page 20).</p> <p>Timescale – immediate</p> <p><i>Regulation 8(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
3	<p>The provider must ensure that all botulinum contaminated sharps are disposed of correctly as clinical or hazardous waste in line with national clinical waste guidance (see page 20).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
4	<p>The provider must ensure that appropriate medicine governance arrangements are in place when unlicensed medicines are used, including documented rationale for use and informed patient consent (see page 20).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Beyond Medispa Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Beyond Medispa for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

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

Our findings

The service shared a clear vision with patients and staff. Key performance indicators included monitoring the safe care and treatment of patients. Senior management provided appropriate support, advice and training to staff. Staff were able to contribute to the development and improvement of the service. Formal all staff meetings should be introduced.

Clear vision and purpose

A clear vision statement was displayed on the service's website, 'offering patients the very latest in next generation medical and aesthetic treatments for both face and body'. The service's aims and objectives included:

- to deliver safe, effective and reliable results
- to continuously invest and use cutting edge technology for the treatments carried out, and
- to provide high quality treatment and care to patients.

Key performance indicators were used to help identify and measure the effectiveness of the quality of the service delivered to patients. These were discussed with staff at weekly one-to-one review meetings with the manager and included:

- patient feedback and numbers of returning patients
- audit findings
- training, and
- treatments delivered.

Every month, the manager also discussed information from these weekly reviews with the provider's operations director and chief officers. We were told information shared could be used to form new key performance indicators, as necessary.

- No requirements.
- No recommendations.

Leadership and culture

The service was part of a number of services within the provider group, with the Edinburgh clinic the only one in Scotland. The service's manager met with the provider's chief executive officer, chief finance officer and operations director on a monthly basis and then emailed staff any relevant updates. The clinic-based management team comprised of the manager and deputy manager alongside therapists who delivered laser and skin care treatments. The service also had a registered healthcare professional who was an independent nurse prescriber. They delivered injectable aesthetic treatments such as botulinum toxin and dermal fillers under a practicing privileges arrangement (staff not employed by the provider but given permission to work in the service).

Daily informal meetings took place among the team to discuss the day ahead and share any relevant information. Staff told us they felt able to discuss any issues at their weekly one-to-one reviews and could offer suggestions for helping to improve the service. We saw evidence that these meetings were documented.

What needs to improve

Outwith the weekly one-to-one reviews, formal staff meetings should be introduced with standard agenda items to ensure key areas are monitored and discussed. Staff responsible for taking forward any actions should be recorded to help ensure better accountability. Minutes should then be available to staff who cannot attend. Meetings among the management team should also be formally documented and, where appropriate, information then shared with all staff (recommendation a).

- No requirements.

Recommendation a

- The service should introduce regular, formal staff and management meetings, and a record of discussions and decisions reached at these meetings should be kept.

Key Focus Area: Implementation and delivery

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

Our findings

Feedback from patients was regularly gathered and discussed with staff. Patients received enough information about treatments to make informed choices and consent. Laser safety was well managed with an external audit carried out every year.

A risk register and service-specific risk assessments must be developed. Policies should be reviewed and updated when required. Additional types of audits should be carried out and a formal quality improvement plan implemented to support continuous improvement of the service.

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

Feedback from patients was gathered in a variety of ways, including text, emails and using online review sites.

The service's participation policy described the process for reviewing any feedback and sharing this with the team. All feedback received was saved onto the service's computer system which all staff could access and view. Feedback was discussed at the weekly one-to-one reviews.

We saw evidence that staff were able to contribute to developing and improving the service during discussions with managers and at their appraisals.

Staff were rewarded with a discount to use within the department store that the service was based.

What needs to improve

Although feedback was received and discussed, there was no process for informing patients about the outcome of their feedback (recommendation b).

- No requirements.

Recommendation b

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

Quality improvement

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

The service was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance.

Medicines were stored in locked fridges and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. A stock control system for medicines and other treatment products helped to make sure all items had not passed their expiry and best-before dates. Safe operating procedures provided a step-by-step guide for all treatments for practitioners to follow to help make sure their practice was safe and consistent.

The service provided intense pulsed light therapy (IPL) hair removal treatments. The service had a registered laser protection advisor and local rules were in place to help make sure patients and staff were safe. Appropriate safety measures were in place for this treatment, including safety warning signs on the locked treatment room door. We saw evidence that the therapists had completed 'core of knowledge' training and had confirmed dates to attend an online knowledge update session. All checks on the laser equipment had been carried out and documented. Details of patch testing and treatments for patients were documented in the patient care records we reviewed.

We saw that the service had an incident reporting and management system in place to quickly identify and address any issues that occur.

A fire safety policy was in place and a fire risk assessment was carried out every year. Fire safety signage was displayed, and appropriate fire safety equipment was safety checked. A safety certificate was in place for the fixed electrical wiring and the portable electrical equipment had also been tested.

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to Healthcare Improvement Scotland. The complaints procedure was available to patients on the service's website. We noted there had been no complaints received by Healthcare Improvement Scotland, and we were told the service had not received any, since it was registered with Healthcare Improvement Scotland in July 2017.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). A duty of candour statement was displayed in the service and on the service's website, and the yearly duty of candour report was also published on the website.

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure patients' confidential information was safely stored.

When making an appointment through the online booking system, patients received information about the treatment they had booked. This included a description of the treatment, what to expect during the procedure, and risks and possible side-effects.

On the day of treatment, patients had a face-to-face consultation with the healthcare practitioner where they completed a consent form which they and the practitioner signed. Patients had a cooling-off period before treatment to consider the information received before agreeing to treatment. Discussions at the consultation included:

- expected outcomes of treatments
- full medical history
- risks and side effects, and
- aftercare.

A staff appraisal process was in place, and we saw that the appraisal included an opportunity for staff to give feedback on suggestions for improvements to the service. We also saw evidence of development and training opportunities for staff, such as new skin care treatments.

What needs to improve

Some policies had not been updated since the service opened in 2017, for example the patient participation policy, induction and recruitment policies, and the infection prevention and control policy. Policies should be updated every 3-4 years or sooner if standards, legislation or guidance changes (recommendation c).

- No requirements.

Recommendation c

- The service should regularly review its policies and procedures and ensure they are up to date with current standards, legislation and guidance.

Planning for quality

A contingency plan was in place in case of events that may cause an emergency closure of the service or cancellation of appointments, such as power failure or sickness. This helps to make sure patients could continue their treatment plans. Appropriate insurances were in-date, such as employer liability, medical malpractice, and public and products liability.

Audits to review the safe delivery and quality of the service were carried out and any findings were emailed to staff and then discussed at their weekly one-to-one reviews. Laser safety audits were carried out by the external laser protection advisor and patient care records audits were carried out by a doctor from another service within the provider group.

We saw that the manager documented the audit findings, completed an action plan if required and was responsible for implementing any improvements identified from the findings.

What needs to improve

The service was based within a large department store and, although the store had its own risk assessments in place, the service had not developed any specific to their area. Risk assessments must be completed, addressing all possible risks to patients and staff in the service. For example, the risk of sharps injury, and trips and falls (requirement 1).

The types of audits carried out should be expanded to include, for example, medicines and cleaning (recommendation d).

While the service made improvements based on audit findings, it did not have a formal quality improvement plan in place. This would help to keep track of planned improvements and allow the service to continually evaluate its performance, identify areas for improvement and take any corrective actions (recommendation e).

Requirement 1 – Timescale: immediate

- The provider must develop effective systems that demonstrate the proactive management of risk.

Recommendation d

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

Recommendation e

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

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The environment was clean and well maintained. Patient care was well documented. Appropriate recruitment and ongoing checks on all staff must be carried out. The waste contract must be updated to include disposal of hazardous waste. Medicines governance processes, including obtaining informed consent from patients when using unlicensed products, must be followed.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a limited self-evaluation.

The clinic was modern, clean and well equipped. The equipment was in good condition and well maintained. The treatment rooms and equipment were cleaned between patient appointments and at the end of the day using appropriate cleaning products, in line with national standards.

Effective measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment (disposable aprons and gloves) and alcohol-based hand gel.

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

- 'Clean, calming environment that allowed me to fully relax.'
- 'Very calm clean room.'
- 'I was in a private room with bed and everything was spotlessly clean.'

The five patient care records we reviewed had been well completed with detailed information, including documentation of:

- consultation and consents, including consent to share information
- patients' GP, next of kin and emergency contacts
- medical history
- medicine dosage, batch numbers and expiry dates where required
- the procedure, and
- the provision of aftercare information.

All patients who responded to our online survey told us they received adequate information about their procedure and felt involved in the decisions about their care. Comments included:

- 'I outlined my skin concerns and then we discussed products to be used, together we made the decision.'
- 'They explained everything and I made the choice.'

What needs to improve

During the inspection, we asked to review staff files, including for staff working under a practicing privileges arrangement. No staff file was kept for the staff member working under a practicing privileges arrangement. We were told that all other staff had been recruited through a recruitment agency and the service did not hold information on them. This meant that there was no evidence in the service to show that appropriate background and safety checks had been carried out to make sure staff had been safely recruited. For example, we saw no evidence of checks for:

- references
- professional registration
- proof of identity, and
- Protecting Vulnerable Groups (PVG) scheme (requirement 2).

The clinical waste contract did not include the correct provision for disposing of hazardous waste such as botulinum toxin sharps (requirement 3).

We saw the service used bacteriostatic saline to reconstitute the vials of botulinum toxin. This is when a liquid solution is used to turn a dry substance into a specific concentration of solution. The bacteriostatic saline used is an unlicensed product and the use of this instead of normal saline for

reconstitution means that the botulinum toxin is being used outside of its Summary of Product Characteristics and is unlicensed. There was no evidence in the patient care records that this had been discussed with the patient and consent sought for its use before treatment was administered (requirement 4).

Requirement 2 – Timescale: immediate

- The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited, including that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly.

Requirement 3 – Timescale: immediate

- The provider must ensure that all botulinum contaminated sharps are disposed of correctly as clinical or hazardous waste in line with national clinical waste guidance.

Requirement 4 – Timescale: immediate

- The provider must ensure that appropriate medicine governance arrangements are in place when unlicensed medicines are used, including documented rationale for use and informed patient consent.
- No recommendations.

Appendix 1 – About our inspections

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

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.



More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

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

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
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