



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Etre Beau Facial Aesthetics, Stirling

Service Provider: ETRE BEAU LTD

23 March 2023

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Contents

1	Progress since our last inspection	4
<hr/>		
2	A summary of our inspection	5
<hr/>		
3	What we found during our inspection	8
<hr/>		
	Appendix 1 – Requirements and recommendations	16
	Appendix 2 – About our inspections	17
<hr/>		

1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 20 June 2019.

Recommendation

The service should develop and implement an adult support and protection policy.

Action taken

The service had developed and implemented an adult support and protection policy which included the local safeguarding contact. This provided clear guidance for staff to follow in the event of a safeguarding concern.

Recommendation

The service should ensure that medicines are used in line with the manufacturer's and best practice guidance.

Action taken

The service now prepared, stored and used reconstituted botulinum toxin vials in line with the manufacturers and best practice guidance. Information documented in patient care records included the batch number and expiry dates botulinum toxin used. This would allow tracking if any issues arose.

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 Etre Beau Facial Aesthetics on Thursday 23 March 2023. We received feedback from seven patients through an online survey we had asked the service to issue for us before the inspection. We spoke with sole practitioner and manager.

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 Etre Beau Facial Aesthetics, 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 given time and detailed information to help them make an informed decision about their treatment. Patients were very positive about the quality of their care and treatment. A formal approach to gathering feedback from patients should be introduced. A duty of candour report should be produced.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The environment was clean and well maintained. Appropriate risk management and safety assurance processes were in place, including risk assessments and patient safety policies, such as medicines management and infection prevention and control. Audits were carried out reviewing key aspects of care and treatment.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with current best practice through training and development and through its membership of peer and professional groups. A quality improvement process helped to continually evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.	✓✓ 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	Comprehensive patient assessments were completed and clearly documented before any treatment was provided. Benefits and risks of treatment were fully explained and patients were provided with aftercare information. Patient care records were securely stored.

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 ETRE BEAU LTD to take after our inspection

This inspection resulted in two recommendations. See Appendix 1 for a full list of the 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

We would like to thank all staff at Etre Beau Facial Aesthetics 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 given time and detailed information to help them make an informed decision about their treatment. Patients were very positive about the quality of their care and treatment. A formal approach to gathering feedback from patients should be introduced. A duty of candour report should be produced.

All consultations and treatments were appointment-only and only one patient was treated in the service at a time, maintaining confidentiality. The service's environment helped maintain patients' privacy and dignity. Windows were adequately screened and the main entrance to the clinic was secured when patients were being treated.

Information about the treatments including benefits, risks and possible side effects and duration of treatment was detailed on the service's website and in leaflets available in the clinic.

The types of laser and aesthetic treatments available and costs were discussed with the patient in a face-to-face pre-treatment consultation with the practitioner. Patients were made aware of the number of treatments they would likely require and given time to consider treatments options and ask questions before agreeing to treatment. This helped to make sure patients had realistic expectations of the proposed treatment. Patients were provided with the practitioner's contact details for any complaints or concerns following treatment.

Feedback from our online survey was very positive about the experience patients had at the service. All patients agreed they had been treated with dignity, respect and had received adequate information. Comments included:

- ‘Always considered how I may be feeling, offered me privacy when appropriate.’
- ‘[...] is supremely professional and supportive explained very clearly all relevant info and answering question honestly.’
- ‘[...] was extremely informative, patient and professional. She answered all my questions fully and I felt at ease with her and my treatments. I have full confidence in [...] as a practitioner.’

The service had a written complaints policy, which included up-to-date contact details for Healthcare Improvement Scotland. The complaints procedure was displayed in the clinic and was accessible on the service’s website. We were told that the service had not received any complaints.

What needs to improve

Patients were able to give feedback verbally during consultations, through social media and the services website. However, we found limited evidence that feedback was actively sought. The service’s participation policy described how patient feedback would be gathered and used to improve the service. This included asking patients to complete a patient experience survey about their care and treatment and having a feedback box in reception. However, the feedback box had been removed and the survey had not been introduced (recommendation a).

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. 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 b).

- No requirements.

Recommendation a

- The service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Recommendation b

- 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

The environment was clean and well maintained. Appropriate risk management and safety assurance processes were in place, including risk assessments and patient safety policies, such as medicines management and infection prevention and control. Audits were carried out reviewing key aspects of care and treatment.

The clinic environment was clean and well maintained. We saw maintenance contracts in place and regular servicing was carried out, such as portable appliance testing (to make sure electrical appliances and equipment are safe to use). Fire safety checks were carried out regularly and fire safety equipment and signage was in place.

Appropriate infection prevention and control processes were in place. Single-use equipment was used for clinical procedures to prevent the risk of cross-infection and a contract was in place for clinical waste removal, including medical sharps, such as syringes and needles. We saw a good supply of protective equipment available (disposable gloves, aprons and face masks) and cleaning schedules were completed and up to date.

A safe system was in place for the procurement, prescribing, storage and administration of medicines, in line with the service’s medication policy. Medicines we looked at were in-date and stored securely in a locked medical refrigerator. A system was in place to monitor the temperature of the fridge to make sure medicines were being stored at the correct temperature. A stock control system for medicines and other treatment products helped to make sure all items had not passed expiry and best-before dates.

A first aid kit and emergency medicines were easily accessible and emergency procedure posters included protocols for the management of aesthetics complications, such as anaphylaxis. The practitioner was trained to deal with medical emergencies and had recently refreshed their skills and knowledge in anaphylaxis awareness and first-aid at work.

The service carried out a range of audits to monitor the quality and safety of the care and treatments provided to patients. Audits included those for:

- medicines management
- patient care records, and
- the safe management of care equipment and the environment.

Areas for improvement were documented as part of the audit process.

While the service had not had any incidents or accidents since registration, systems were in place to record them. The practitioner was aware of their responsibility to notify Healthcare Improvement Scotland of certain events and relevant incidents under health and safety legislation.

Laser treatments were carried out in a dedicated laser room which fully complied with laser protection guidelines. Lasers used in the service were managed safely. An appropriately qualified, named laser protection advisor had provided regular input to the service. 'Local rules' were in place, which are the local arrangements to manage laser safety. This included:

- equipment maintenance records
- protocols
- risk assessment for the use of lasers, and
- the safe keeping of the environment and any personal protective equipment that would be required.

The registered manager described suitable pre-treatment checks performed on patients to determine a safe and effective setting of the laser for their skin and hair type. Patients were required to have a patch test on a small area of the skin before receiving treatment and the results were documented in patient care records. We saw evidence that the practitioner had completed appropriate training and had recently re-attended core of knowledge laser safety training.

A range of policies and procedures were in place to help the service delivered care safely. The service had implemented a review programme to make sure its policies and procedures remained up to date.

We saw a number of risk assessments took place. These covered the environment, treatments and infection prevention and control. Each risk assessment had a likelihood of occurrence attached, had been regularly reviewed and all necessary action plans were in place.

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were completed and clearly documented before any treatment was provided. Benefits and risks of treatment were fully explained and patients were provided with aftercare information. Patient care records were securely stored.

Patients were required to complete and return a pre-appointment medical questionnaire. This allowed the practitioner to maximise the available time during the consultation and provided a better insight for the practitioner to better communicate with the patient by knowing the patient's background during the consultation.

The four electronic patient care records we reviewed showed that comprehensive assessments and consultations were carried out before treatment started. These included taking a full medical history, with details of:

- allergies
- health conditions
- medications, and
- previous treatments to help plan care and treatment according to individual need.

Patient information included documenting the patient's GP and next of kin contact details.

For aesthetic procedures, treatment plans included facial mapping with a description of the treatment and diagram of the areas treated. Risks and benefits of the treatment were explained. Records were kept of each treatment session and diagrams and photographs of the treated area helped to inform the overall plan of care. A consent-to-treatment form was completed for all new

and returning patients. This included consent for having their photograph taken and sharing information with the GP and other relevant staff in the event of an emergency. The practitioner had signed and dated all entries in the patient care records we reviewed.

Patient care records were kept in paper and electronic formats. Appropriate procedures were in place to make sure that information was held securely and to prevent unauthorised access. The service was registered with the Information Commissioner's Office (ICO) (an independent authority for data protection and privacy rights).

Patients were given verbal and written aftercare advice and this was recorded in patient care records. Patients were invited to attend a free follow-up appointment if required. This allowed the service to make sure patients were happy with the results and had not experienced any side-effects.

An internal audit highlighted that some handwritten clinical notes in patient care records were difficult to read. As a result, the practitioner had completed a reflective practice exercise to review their work and identified new learning needs, which was used to drive improvements to the service.

All patients who completed our survey agreed they were involved in decisions about their care and were given sufficient time to reflect on their treatment options before consenting to treatment. Comments included:

- 'I never feel rushed or under pressure.'
 - '[...] always takes time to explain pros and cons and what's best for me. I always have the opportunity for involvement'.
-
- 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 current best practice through training and development and through its membership of peer and professional groups. A quality improvement process helped to continually evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.

The service is owned and operated by an experienced nurse practitioner who is registered with the Nursing and Midwifery Council (NMC). The practitioner engaged in regular continuing professional development, managed through the NMC registration and revalidation process. Revalidation is where nurses have to meet the requirements of their professional registration through submitting evidence of their competency, training and development to their professional body, the NMC every 3 years.

The practitioner is member of a variety of industry-specific and national organisations. This included Association of Scottish Aesthetic Practitioners (ASAP) and British Association of Cosmetic Nurses (BACN). These groups of practitioners provide guidance and support to help prevent complications in cosmetic treatments. They kept up to date with changes in the aesthetics industry, legislation and best practice through subscribing to journals and forums and attending industry events. The practitioner engaged in regular continuing professional development through training days provided by pharmaceutical companies. We saw certificates for several training courses the practitioner had carried out, in a variety of industry-relevant subjects.

The service was part of an informal support group with other experienced aesthetic practitioners in Stirling. This group helped to provide peer support, advice and best practice and discuss any treatments, procedures or complications.

We saw minutes that showed the service held staff meetings every 3 months. Action plans were in place for areas identified for improvement and staff had clear areas of responsibility for actions. For example, the service had decided to invest in a new laser machine to address the issue of delays and downtime when servicing the laser machine it already had. This had helped to make sure the quality of the service delivered met patient needs.

A quality improvement approach was evident throughout all aspects of the service. The service's quality improvement plan reviewed performance looking at key quality of care processes and outcomes. This included a review of patient information provision, patient assessment and consultation and systems in place for staff training and continuous professional development. This helped to make sure any necessary changes in practice were made, or lessons were learned to make sure the outcomes for patients were the best possible.

We saw evidence of improvement work in the service. This included the introduction of an electronic management software system, which allowed the service to generate reports to analyse parts of how it worked. For example, how it could more efficiently manage new and returning patients' appointments and patient care records to allow the practitioner to spend more time with patients.

What needs to improve

We discussed with the service benchmarking itself to other services of a similar size to see if any good practice, or further improvements for lessons learned could be introduced. We will follow this up at future inspections.

- 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	
Recommendations	
a	The service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
b	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 4.4

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.



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

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