

Announced Inspection Report: Independent Healthcare

Service: Penny Carville Aesthetics, Glenrothes

Service Provider: Penny Carville Aesthetics

28 September 2021

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1 A summary of our inspection

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

About our inspection

We carried out an announced inspection to Penny Carville Aesthetics on Tuesday 28 September 2021. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. Although requested, the service did not submit a self-evaluation.

What we found and inspection grades awarded

For Penny Carville Aesthetics, the following grades have been applied to the key quality indicators.

Key quality indicators inspected		
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 were in place to maintain a safe environment. The service should develop an audit programme and systems to manage risk within the service. Policies should be updated to regularly and medicines disposed of in line with manufacturer's instructions.	✓ 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 groups and training events. A quality improvement plan would help to improve the quality of the service provided, and help make sure the delivery of treatments is safe and effective.	✓ 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		
5.2 - Assessment and management of people experiencing care	The service kept patient care records securely. Appropriate procedures were in place so patients could consent to treatment in line with current legislation. We found significant gaps in patient care records. Consent should be recorded to allow information-sharing.	
Domain 7 – Workforce management and support		
7.1 - Staff recruitment, training and development	Pre-employment safety checks must be completed for all staff that are granted practicing privileges to work in the service.	

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

What action we expect Penny Carville to take after our inspection

This inspection resulted in two requirements and eight 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

Penny Carville, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Penny Carville Aesthetics for their assistance during the inspection.

2 What we found during our inspection

Service delivery

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

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The care environment and patient equipment was clean and well maintained and policies and procedures were in place to maintain a safe environment. The service should develop an audit programme and systems to manage risk within the service. Policies should be updated to regularly and medicines disposed of in line with manufacturer's instructions.

The clinic environment was clean and well equipped. Effective measures were in place to reduce the risk of infection. Measures included enhanced cleaning and restricted access to the premises. Cleaning of the clinic environment and equipment was carried out between patients, with thorough daily and weekly cleaning recorded on a checklist. Single-use mops were used to clean the clinic floor. The clinical handwash basin was cleaned with a chlorine solution in line with current guidance.

To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment, including:

- aprons
- fluid-resistant face masks
- gloves, and
- single-use items, such as syringes and needles.

Any patient suspecting that they had symptoms of COVID-19 were advised not to attend the appointment. Other precautionary measures in place included:

- alcohol-based hand rub
- temperature checks on arrival, and
- use of protective personal equipment.

A waste contract was in place for the safe disposal of syringes, needles and other clinical waste. Equipment, such as the treatment couch was in good condition. Stock cupboards were well organised and not overfilled with surplus stock or equipment. Contracts in place for regular servicing and maintenance of electrical equipment included for portable appliance testing.

Patient feedback from our survey was very positive about their experience of using the service. Some comments included:

- 'Very clean hygienic and comfortable environment.'
- 'The environment was immaculate.'
- 'Room was fit for purpose.'

The service had appropriate policies in place, including those for:

- duty of candour
- infection prevention and control
- medication
- privacy and dignity, and
- safeguarding.

We saw a safe system for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked cupboard or a drug refrigerator and were in-date.

Arrangements in place to deal with medical emergencies included training and first aid supplies. In-date medicines were available that could be used in an emergency, such as adrenaline.

While the service had not had any incidents or accidents since registration in June 2018, a log book was available to record these.

What needs to improve

The service did not have a formal process in place for reviewing its policies (recommendation a).

We did not see a structured process for carrying out risk assessments or managing risk in the service (recommendation b).

The service did not carry out audits. A structured program of regular audits could be introduced for key areas, such as medication, patient care records and the care environment (recommendation c).

We found that botulinum toxin was not disposed of correctly (recommendation d).

The service had a duty of candour policy in place. However, it did not produce a yearly duty of candour report. We will follow this up at future inspections.

- No requirements.

Recommendation a

- The service should review its policies and procedures to ensure they are in line with current legislation and reflect the service provided.

Recommendation b

- The service should put appropriate measures in place to identify and manage risk in the service.

Recommendation c

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

Recommendation d

- The service should ensure botulinum toxin is disposed of in line with the manufacturers and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

The service kept patient care records securely. Appropriate procedures were in place so patients could consent to treatment in line with current legislation. We found significant gaps in patient care records. Consent should be recorded to allow information-sharing.

Patient feedback from our survey was very positive about their experience of using the service. All respondents told us they felt involved in decisions about their care. They also told us they were informed about the risks and benefits before going ahead with treatment.

We reviewed five electronic patient care records and saw evidence of consultations, including:

- allergies for non-prescription aesthetic treatments
- medical history, and
- medications.

We saw that all patients had consent forms completed for the treatment, which the aesthetics practitioner and the patient had both signed.

What needs to improve

We saw evidence of face-to-face consultations between the prescriber and the patient for prescription-only medicines, such as botulinum toxin which included the prescribed treatment plan and prescription. However, the consultation did not fully document a review of:

- the patient's medical history
- medication
- treatment options, and
- risks and benefits of treatment.

We also found that the batch number was not recorded and the practitioner did not sign or date the form. Patient care records must set out how patient health, safety and welfare needs will be met (requirement 1).

Patients' emergency contact details were not recorded in the patient care record (recommendation e).

A service may sometimes need to inform a patient's GP about something relevant to their treatment, such as an adverse reaction to a medicine or a complication. However, GP details were not documented in patient care records we reviewed. In order to share information, the service needs the patient's consent. The layout of the service's consent form did not allow this patient consent to be recorded (recommendation f).

While written aftercare information was available, we saw no evidence to demonstrate it had been given to patients. None of the patient care records we reviewed contained a summary of the information provided to the patient after treatment (recommendation g).

Requirement 1 – Timescale: immediate

- The provider must ensure that patient care records set out how patients' health, safety and welfare needs will be met. As a minimum, this must include:
 - (a) the date and time of every consultation with, or examination of, the service user by a health care professional and the name of that health care professional*
 - (b) the outcome of that consultation or examination details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the health care professional responsible for providing it, and*
 - (c) every medicine ordered for the service user and the date and time at which it was administered or otherwise disposed of including the batch number.*

Recommendation e

- The service should record the contact details of patients' emergency contact details in the patient care record.

Recommendation f

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records.

Recommendation g

- The service should provide written aftercare information to patients following their treatment. This should include possible complications and details of who to contact when the service is closed.

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

Pre-employment safety checks must be completed for all staff that are granted practicing privileges to work in the service.

A nurse prescriber had been granted practicing privileges to work in the service (staff not employed directly by the provider but given permission to work in the service). A practicing privileges policy was in place.

What needs to improve

We did not see evidence of pre-employment safety checks, such as Disclosure Scotland background checks carried out before staff started working in the service. We saw no evidence of reference checks or proof of immunisation status, such as for immunisation against Hepatitis B. We also saw no evidence of continued fitness-to-practice checks completed for staff granted practicing privileges, such as a yearly check of their professional registration status (requirement 2).

Requirement 2 – Timescale: immediate

- The provider must implement a formal practicing privileges contract with staff working in the service, setting out how the working arrangement will operate and demonstrating that appropriate pre-employment checks, including Protecting Vulnerable Groups checks are carried out. A system to ensure that staff's professional registration status remains current must be introduced.

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 groups and training events. A quality improvement plan would help to improve the quality of the service provided, and help make sure the delivery of treatments is safe and effective.

The service was owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). The owner is also a member of aesthetics forums.

The practitioner kept up to date with clinical practice through ongoing training and development, as well as attending training events. This made sure the service kept up to date with changes in the aesthetics industry, legislation and current guidance. Update training in infection prevention and control and basic life support was carried out every year. They also engaged in the NMC revalidation process.

What needs to improve

We saw that the service did not have a formal quality improvement plan in place to help structure and record service improvement processes and outcomes to help improve the quality of the service provided. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement. The improvement plan should be informed from audits and risk assessments (recommendation h).

We were told of a peer group where the practitioner and other aesthetics practitioners met every 3 months to share learning and discuss updates in current practice. However, minutes of this were not recorded.

- No requirements.

Recommendation h

- The service should develop and implement a quality improvement plan which should be informed from audits and risk assessments and patient feedback to formalise and direct the way it drives and measures improvements.

Appendix 1 – Requirements and recommendations

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

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

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

Requirement

- 1** The provider must ensure that patient care records set out how patients' health, safety and welfare needs will be met. As a minimum, this must include:
- (a) the date and time of every consultation with, or examination of, the service user by a health care professional and the name of that health care professional*
 - (b) the outcome of that consultation or examination details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the health care professional responsible for providing it, and*
 - (c) every medicine ordered for the service user and the date and time at which it was administered or otherwise disposed of including the batch number (see page 11).*

Timescale – Immediate

Regulation 4(2)

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)

Recommendations

a	<p>The service should review its policies and procedures to ensure they are in line with current legislation and reflect the service provided (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
b	<p>The service should put appropriate measures in place to identify and manage risk in the service (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
c	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
d	<p>The service should ensure botulinum toxin is disposed of in line with the manufacturers and best practice guidance and update its medicines management policy to accurately reflect the processes in place (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
e	<p>The service should record the contact details of patients' emergency contact details in the patient care record (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
f	<p>The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

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

- g** The service should provide written aftercare information to patients following their treatment. This should include possible complications and details of who to contact when the service is closed (see page 11).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

Domain 7 – Workforce management and support

Requirement

- 2** The provider must implement a formal practicing privileges contract with staff working in the service, setting out how the working arrangement will operate and demonstrating that appropriate pre-employment checks, including Protecting Vulnerable Groups checks are carried out. A system to ensure that staff's professional registration status remains current must be introduced (see page 12).

Timescale – immediate

Regulation 8

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

Recommendations

None

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
h	<p>The service should develop and implement a quality improvement plan which should be informed from audits and risk assessments and patient feedback to formalise and direct the way it drives and measures improvements (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

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

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

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

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

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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