



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Belle Viso Medical Aesthetics, Airdrie

**Service Provider:** Belle Viso Medical Aesthetics Ltd

4 March 2024

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# **1 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 Belle Viso Medical Aesthetics on Monday 4 March 2024. We spoke with the owner/manager (sole practitioner) during the inspection. We received feedback from 43 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to the service.

Based in Airdrie, Belle Viso Medical Aesthetics is an independent mobile clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

## What we found and inspection grades awarded

For Belle Viso Medical Aesthetics, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
<b>Summary findings</b>	<b>Grade awarded</b>
A clear vision statement, as well as the service's aims and objectives, was shared with patients. Key performance indicators should include monitoring the safe care and treatment of patients.	✓✓ Good
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Policies and procedures set out the way the service delivered safe care. An audit programme and quality improvement activities, such as gathering patient feedback, supported the service to continuously improve.  The duty of candour report should be made available to patients. An overarching quality improvement plan would help to collate the quality improvement activities taking place.	✓✓ Good
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
Infection prevention and control measures were in place. Patients felt fully informed and involved in their treatment plans. Detailed information about the patient consultation process and treatments was documented in patient care records.	✓✓ Good

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 Belle Viso Medical Aesthetics Ltd 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 three recommendations.

Direction	
<b>Requirements</b>	
None	
<b>Recommendation</b>	
<b>a</b>	<p>The service should further develop the key performance indicators to include monitoring the safe care and treatment of patients (see page 8).</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>

Implementation and delivery	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>b</b>	<p>The service should publish an annual duty of candour report (see page 12).</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>

## Implementation and delivery (continued)

### Recommendations

- c** The service should develop and implement a quality improvement plan to formalise and collate improvement activities, and direct the way it drives and measures improvement (see page 13).

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

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](#)

We would like to thank all staff at Belle Viso Medical Aesthetics for their assistance during the inspection.

## 2 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

**A clear vision statement, as well as the service's aims and objectives, was shared with patients. Key performance indicators should include monitoring the safe care and treatment of patients.**

#### *Clear vision and purpose*

The service's vision and purpose statement included using evidence-based practice to ensure patient safety and providing a bespoke service to achieve patient satisfaction. This was shared with patients on the service's social media.

The service assessed its performance every month against key performance indicators reviewing numbers of new and returning patients.

#### **What needs to improve**

The key performance indicators did not include monitoring the safe care and treatment of patients, such as adverse events and compliance with clinical audits (recommendation a).

- No requirements.

#### **Recommendation a**

- The service should further develop the key performance indicators to include monitoring the safe care and treatment of patients.



## 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

**Policies and procedures set out the way the service delivered safe care. An audit programme and quality improvement activities, such as gathering patient feedback, supported the service to continuously improve.**

**The duty of candour report should be made available to patients. An overarching quality improvement plan would help to collate the quality improvement activities taking place.**

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

The service's participation policy stated that the service would proactively seek feedback from patients, and learn from both negative and positive feedback to continuously improve. We were told that patients were asked for verbal feedback as well as given a questionnaire to complete. For example, we were told the practitioner had completed further training as a result of verbal feedback from patients asking for more skin care treatments. Patients were informed about the introduction of these new skin care treatments through the service's social media. Following their treatment, patients were also asked to complete an anonymous survey. The questions asked helped the service to make improvements, where necessary.

We saw that the feedback received was collated and reviewed. All the feedback documented was positive with no suggested areas for improvement.

The service published educational and informative posts on its social media for patients and the public such as:

- 'Why choose a Healthcare Improvement Scotland registered practitioner'
  - articles from the British College of Aesthetic Medicine relating to safety in aesthetics, and
  - Government issued information about buying medicines online.
- No requirements.
  - No recommendations.

### ***Quality improvement***

We saw that the service took its Healthcare Improvement Scotland registration certificate to patients' homes and could show the certificate on request. The service 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. Since registration with Healthcare Improvement Scotland in April 2018, the service had submitted appropriate notifications to keep us informed about changes and events in the service.

Appropriate policies, procedures and processes were in place to deliver safe, person-centred care. Detailed standard operating procedures were documented for all treatments.

A safeguarding policy described the actions staff should take in case of an adult protection concern.

A medicines management policy and protocols helped to make sure medicines were managed safely and effectively. Medicines were stored in a locked fridge and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. Medicines were transported from the fridge to patients' homes in an appropriate cool bag. An appropriate emergency medicines kit was checked every month and taken to all appointments. This included emergency protocols such as guidelines for resuscitation and vascular occlusion (where dermal filler is injected into a blood vessel causing a blockage). Patients received advice on what to do in the event of an emergency as part of their aftercare information.

An infection prevention and control policy described the precautions in place to prevent patients and the practitioner being harmed by avoidable infections, such as the use of personal protective equipment (gloves, aprons), and the safe management of sharps such as syringes and needles. Appropriate products were used to clean equipment.

There was a record of monthly checks of equipment and we noted that all portable electrical devices had been safety tested by an electrical contractor.

We saw the service's complaint log included a 'what we can learn section' to help make improvements to the service. The service told us that it had not received any complaints. Information on how patients could make a complaint about the service was included in all aftercare information given to patients following a treatment. This included information on how they could make a complaint to the service or to Healthcare Improvement Scotland.

There was a log to record any incidents or accidents. We were told there had not been any incidents or accidents to date.

Patient care records were stored securely in a locked filing cabinet. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

A consent policy detailed how the service would ensure that informed consent was obtained before any treatment took place. After booking an appointment, patients received a consent form that detailed information about the treatment they had booked, including the risks, and a medical history questionnaire to be completed before their appointment.

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. A policy was in place for the off-label use of the product and informed consent had been sought and signed by the patient.

Patients also had a face-to-face consultation with the practitioner before attending their treatment appointment. This gave them a cooling-off period and time to consider the information received before going ahead with treatment. Discussions at the consultations included:

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

Patients were given a 'patient information treatment passport' which recorded their treatment plan and the treatments they had received. This included information on the treatments such as the procedure, benefits, risks and aftercare, including emergency information.

The service was owned and managed by a registered nurse prescriber who was an experienced aesthetic practitioner. They completed ongoing training as part of their Nursing and Midwifery Council registration, and attended aesthetic training events and conferences. The practitioner also subscribed to the Aesthetic Medical Journal. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. The practitioner shared with their patients on social media what conferences they had attended, and any new training or qualifications they had completed.

Patients told us in our online survey that they had confidence in the service and the practitioner. Comments included:

- ‘... always keeps up to date practice offers advice around new treatments available following training she has attended.’
- ‘Total confidence... never doubt her expertise.’
- ‘... attends regular training and is passionate about what she does.’

The service was also a member of a peer group of colleagues that included other Healthcare Improvement Scotland registered services who provided support and shared learning with each other through social media.

### **What needs to improve**

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). Services are required to produce and publish a yearly duty of candour report, even where the duty had not been invoked. Although the report had been produced, it had not been published or made available to patients (recommendation b).

- No requirements.

### **Recommendation b**

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

### ***Planning for quality***

A risk register recorded details of all risks and their potential impact on the service. Appropriate risk assessments to protect patients and the practitioner had been carried out such as lone working and the risks of some treatments.

A contingency plan was in place with another aesthetics service in case of events that may cause an emergency closure of the service. This would help make sure patients could continue their treatment plans. Appropriate insurances were in-date, such as public and employer liability insurance.

A programme of audits helped to review the safe delivery and quality of the service. The findings were documented, and an action plan completed, if required. Audits included:

- patient care records
- safeguarding (public protection)
- infection prevention and control
- medicines management, and
- health and safety.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. There was evidence of quality improvement activities taking place using a recognised improvement process. For example, following an audit of patient care records, it was identified that the standard consent forms supplied to the service by the aesthetic product manufacturers did not capture all the necessary information required for a healthcare record. The action taken by the service was detailed in an individual quality improvement document for this activity which resulted in changes to the standard consent forms.

### **What needs to improve**

An overarching quality improvement plan would help to keep track of both short- and long-term planned improvements such as information from audits and feedback from patients. This information, along with actions and timelines for improvements, would help the service to collate the improvement activities taking place, continually evaluate its performance, identify areas for improvement and take any corrective actions when needed (recommendation c).

- No requirements.

### **Recommendation c**

- The service should develop and implement a quality improvement plan to formalise and collate improvement activities, and direct the way it drives and 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

**Infection prevention and control measures were in place. Patients felt fully informed and involved in their treatment plans. Detailed information about the patient consultation process and treatments was documented in patient care records.**

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 self-evaluation.

The equipment that was taken to patients' homes was appropriate and well organised. The collapsible treatment chair was cleaned between patients with appropriate products.

All patients who responded to our online survey said they were satisfied with the equipment used by the service. Comments included:

- 'Very clean and professional... ensured everything was wiped down before use and she wore the correct PPE.'
- 'Always clean and tidy equipment... demonstrates good hygiene practice.'

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 and alcohol-based hand gel. An appropriate waste management contract was in place, waste transfer notes were kept and sharps were well managed.

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

- consultation and consents
- medical history, including a psychological assessment
- medicine dosage, batch numbers and expiry dates
- 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:

- ‘... very professional and always goes through everything even though I am a regular customer and know what to expect.’
- ‘... excellent, she gives you all the information you need along with leaflets... .’
- ‘I received a full consultation. The procedure was explained in depth... and ensured I understood.’
- ‘... was fantastic, explained the whole procedure and also gave me a realistic outcome beforehand, she listened to what I wanted... .’

### **What needs to improve**

Although we were told that patients received follow-up telephone calls and texts after their treatment, these discussions were not documented in the patient care records we reviewed. The service had already identified that the patient care record forms did not allow space for documenting this information. We were shown a new form that had been produced that would allow the follow-up discussions with patients to be documented. We will follow this up at future inspections.

- No requirements.
- 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](mailto: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.  
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