



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Riverside Aesthetics, Glasgow Service

Service Provider: Wendy Morcos

28 February 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 Riverside Aesthetics Glasgow on Wednesday 28 February 2024. We spoke with the manager (practitioner) during the inspection. We received feedback from 38 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 this service.

Based in Glasgow, Riverside Aesthetics Glasgow 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 Riverside Aesthetics Glasgow, 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	
<p>The service had a vision to provide treatments in a comfortable and safe environment.</p> <p>Information about the service's vision should be shared with patients. A system should be in place to measure key performance indicators.</p>	✓ Satisfactory	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients were fully informed about treatment options and involved in all decisions about their care. The service actively sought feedback from patients and was responsive to the feedback received. Policies and procedures set out the way the service would deliver safe care. The service kept up to date with current best practice through training and development. A range of policies and procedures helped to support the safe delivery of person-centred care. Clear procedures were in place for managing complaints and risk. A quality improvement plan helped the service continually improve.</p> <p>A regular programme of audits should be introduced to help the service identify and manage risk</p>	✓✓ Good	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The clinic environment and equipment was clean and well maintained, with good infection control measures in place. Detailed records of patients' care and treatment were kept, with a clear patient pathway from assessment to aftercare documented. Patients were very satisfied with their care and treatment.</p> <p>Cleaning products should be used in line with the manufacturer's guidance.</p>	✓ Satisfactory	

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 Assurance Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Wendy Morcos 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 no requirements and four recommendations.

Direction	
Requirements	
None	
Recommendations	
a	The service should ensure that information about the service’s vision is available to patients (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.6
b	The service should develop and implement a process for measuring, recording and reviewing key performance indicators (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
None	
Recommendation	
c	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 15).</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>

Results	
Requirements	
None	
Recommendation	
d	<p>The service should ensure cleaning products are used in line with manufacturers guidance (see page 18).</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>

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 Riverside Aesthetics Glasgow 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 had a vision to provide treatments in a comfortable and safe environment.

Information about the service's vision should be shared with patients. A system should be in place to measure key performance indicators.

Clear vision and purpose

The service had a vision to provide treatments in a comfortable and safe environment. The manager (practitioner) was clearly committed to achieving the best possible and safest outcome for their patients.

The service had reviewed findings from inspections that had taken place in other similar services and used this information to inform its own policy and procedure development.

What needs to improve

While the service had a vision, this information was not readily available to patients in the service or on the service's website (recommendation a).

The service did not measure key performance indicators to provide reassurance that the service's vision was being met (recommendation b).

- No requirements.

Recommendation a

- The service should ensure that information about the service's vision is available to patients.

Recommendation b

- The service should develop and implement a process for measuring, recording and reviewing key performance indicators.

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

Patients were fully informed about treatment options and involved in all decisions about their care. The service actively sought feedback from patients and was responsive to the feedback received. Policies and procedures set out the way the service would deliver safe care. The service kept up to date with current best practice through training and development. A range of policies and procedures helped to support the safe delivery of person-centred care. Clear procedures were in place for managing complaints and risk. A quality improvement plan helped the service continually improve.

A regular programme of audits should be introduced to help the service identify and manage risk.

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

Patients were emailed key information about their treatment, including risks and benefits before their appointment.

The service had a patient participation policy in place and encouraged patient feedback. Patients could provide verbal feedback at any time during treatment and were asked to complete a feedback review after their treatment. Feedback was shared with patients through social media. We saw evidence that patient feedback was regularly reviewed and that feedback was consistently very positive.

- No requirements.
- No recommendations.

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 manager (practitioner) recognised the importance of people's dignity and respect. All consultations were appointment-only and only one patient was treated in the service at a time, maintaining confidentiality. Controlled access to

the treatment room and screening of windows meant patients' privacy and dignity was not compromised.

The manager (practitioner) was responsible for the servicing and maintenance of the building. This included electrical installation and portable appliance testing (for electrical appliances and equipment to ensure they are safe to use). Appropriate fire safety equipment and signage was in place.

Patients completed the first part of their patient care record before their consultation. This included consultation and consent form. The manager (practitioner) reviewed the completed forms before the patient's face-to-face consultation to assess their suitability for treatment.

Patients were involved in planning their treatment. During their consultation appointment, discussions took place about the treatment's:

- benefits and risks
 - costs, and
- likely outcome.

Consent was discussed and a consent form completed, which the patient and practitioner signed. A minimum 24-hour cooling-off period gave patients time to consider their recommended treatment options before making a decision to proceed.

As part of their treatment plan, patients were invited to attend a follow-up appointment. This allowed the service to make sure patients were happy with the results and provide any additional treatment or advice.

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

- 'I was involved in every decision about treatment and felt totally in control.'
- 'My expectations were discussed and a treatment plan agreed.'
- 'Everything was explained to me before any procedure was performed.'
- 'I wasn't rushed or coerced into making a decision.'

Aftercare instructions were provided for patients before their appointment and were discussed verbally at the time of treatment. This was documented in the

patient care record. We saw that patients were given the service's contact details in case of any complications.

Patient care records were kept in electronic format. 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 (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

Safe management processes were in place for ordering, storing, prescribing and administering all medicines. All medicines were obtained from appropriately registered suppliers. Medicines were stored securely in a locked medical refrigerator. A system was in place to make sure medicines were being stored at the correct temperature.

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. We were told this provided better pain relief for patients. We saw evidence in the patient care record that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients and that that informed consent had been sought and signed by the patient.

Emergency medication was available to quickly deal with medical emergencies, such as a complication or adverse reaction from treatment. The manager (practitioner) had been trained to deliver advanced life support in the event of a medical emergency.

The service kept a register of its policies and procedures. All were in-date and were reviewed and updated to reflect current legislation and best practice.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland. The service's complaints procedure was displayed in the treatment room. At the time of the inspection, the service had not received any complaints since the service was registered in March 2022.

The service had a duty of candour policy in place. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. A yearly duty of candour report was available in the treatment room. The most recent report showed that no duty of candour

incidents had occurred. A safeguarding (public protection) policy described the actions to take in case of an adult protection concern.

While the service had not had any incidents or accidents since registration, systems were in place to record any that may occur. The manager was aware of their responsibility to notify Healthcare Improvement Scotland of certain events in line with our notifications guidance, and relevant incidents under health and safety legislation.

The manager (practitioner) continually reviewed how the service was provided to improve how it was delivered. For example, the service had introduced new treatments including skin boosters to provide a greater choice for patients.

We saw that the service had a focus on continuous learning and improvement. We saw certificates for several training courses the manager (practitioner) had recently attended, in a variety of industry-relevant subjects. This included training in Vitamin D injections and skin boosters and polynucleotides (a treatment to improve skin elasticity and hydration).

The service is owned and managed by an experienced nurse practitioner and independent prescriber who is registered with the Nursing and Midwifery Council (NMC). The manager (practitioner) engaged in regular continuing professional development through the NMC registration and revalidation process. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC every 3 years.

The service was a member of a variety of industry specific and national organisations. This included the British Association of Cosmetic Nurses (BACN) and Complications of Medical Aesthetic Collaborative (CMAC), which provided support if complications arose after patients' treatment. The service also:

- attended regular conferences
- completed a variety of online training courses, and
- subscribed to forums.

This helped the service keep up to date with current product knowledge, techniques and best practice.

- No requirements.
- No recommendations.

Planning for quality

Reliable systems were in place to manage risk, and the service maintained a register of practice-associated risks and their impact. We saw a number of current risk assessments were in place to protect patients and staff, such as those for:

- fire safety
- lone working, and
- slips trips.

Risk assessments were easy to follow and each risk assessment had a likelihood of occurrence attached. We saw that each risk had been regularly reviewed and that all necessary action plans were in place.

Monthly medicine audits were carried out and audit results we saw showed very good compliance.

A quality improvement plan prioritised improvement projects and helped to monitor and review progress with the service's quality improvement work. This included a review of security systems, patient care record documentation process and electrical safety in the service. The plan detailed action plans with clear timeframes for completion.

The manager (practitioner) told us that if the clinic became unavailable for use for any reason, patients would be notified and referred to a suitable alternative local service.

The service had informal support networks with other aesthetic practitioners. These helped to provide peer support, advice and best practice and an opportunity to discuss any treatments, procedures or complications.

What needs to improve

While a patient care record audit had been developed, it had not been documented and we discussed introducing a more comprehensive programme of regular audits with the manager (practitioner). This would help the service to review the safe delivery and quality of care provided. For example, audits should be carried out on infection control and the safety and management of the care environment and equipment. An audit programme would help the service structure the service's audit process, record findings and improvements made (recommendation c).

- No requirements.

Recommendation c

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

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 clinic environment and equipment was clean and well maintained, with good infection control measures in place. Detailed records of patients' care and treatment were kept, with a clear patient pathway from assessment to aftercare documented. Patients were very satisfied with their care and treatment.

Cleaning products should be used in line with the manufacturer's guidance.

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 satisfactory self-evaluation.

The clinic environment and equipment was clean, well maintained and in a good state of repair. The service completed daily cleaning and monthly deep-cleaning schedules to show that the required cleaning had taken place.

We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract and clear procedures in place for:

- clinical waste
- single-use patient equipment (used to prevent the risk of cross-infection), and
- the safe disposal of medical sharps, such as syringes and needles.

We saw a good supply of alcohol-based hand rub and appropriate personal protective equipment (such as disposable gloves and aprons) were available.

Posters in the treatment room provided on the correct hand washing procedure.

We reviewed three electronic patient care records and saw evidence of comprehensive record keeping, including detailed patient notes that were of good quality. All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment to treatments provided and that advice on aftercare was given. Patient information included taking a full medical history, with details of:

- any areas which would highlight any risks associated with the treatment, such as pregnancy
- any previous allergic reactions
- health conditions
 - medications, and
- previous treatments.

Patient care records we reviewed also all documented:

consent to share information with their GP and other relevant staff in the event of an emergency and

- consent to have their photograph taken, and
- patients' GP and next of kin details.

For aesthetic procedures, treatment plans included facial mapping with a description of the treatment and diagram of the areas treated, including dosage, batch numbers and expiry dates of the medicines used. This would allow tracking if any issues arose with the medications used.

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 and respect and they told us they were satisfied with the facilities and equipment in the service. Comments included:

- '... was very knowledgeable and really listened to what I was after, giving recommendations when required which helped really put me at ease.'
- 'Clear guidance on procedure and privacy given in a safe clinic.'
- '[The practitioner] always listens and carries out her treatments with care and compassion.'

'The clinic is always spotless and maintained to a very high standard.'

What needs to improve

We saw evidence that appropriate chlorine-based cleaning product was used to clean the environment including sanitary fixtures and fittings (clinical wash hand basins), as detailed in national infection prevention and control guidance. However, the chlorine solution was stored for more than 24 hours. This is not in line with the manufacturer's guidance (recommendation d).

- No requirements.

Recommendation d

- The service should ensure cleaning products are used in line with manufacturers guidance.

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.

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:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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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