



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Victoria's Aesthetics, Stirling

Service Provider: Victoria's Aesthetics Ltd

7 March 2024

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 16 December 2019

Recommendation

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

Action taken

A participation policy had been developed and implemented.

Recommendation

The service should provide information for patients on how to make a complaint.

Action taken

The service provided information for patients on how to make a complaint. This was displayed on the service's website and in the clinic.

Recommendation

The service should ensure that fire extinguishers are subject to a suitable system of maintenance.

Action taken

The service had implemented a robust system for the maintenance of fire extinguishers.

Recommendation

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.

Action taken

The service had developed and implemented an audit plan.

Recommendation

The service should develop and implement a safeguarding policy to ensure a clear protocol is in place to respond to adult protection concerns.

Action taken

The service developed a safeguarding policy which should be strengthened further to include the contact details of local authority and police if someone needs to raise a concern.

Recommendation

The service should develop and implement a duty of candour policy.

Action taken

The service had developed and implemented a duty of candour policy.

Recommendation

The service should record consent for taking and sharing photographs in patient care records.

Action taken

The service documented patients' consent for taking and sharing photos in patient care records.

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

The service had developed and implemented an improvement plan, which was shared with staff and available in the clinic.

2 A summary of our inspection

Background

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

Our focus

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

About our inspection

We carried out an announced inspection to Victoria's Aesthetics on Thursday 7 March 2024. We spoke with the owner (practitioner) during the inspection. We received feedback from 200 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Stirling, Victoria's Aesthetics 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 Victoria's Aesthetics 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
Clear and measurable aims and objectives were in place to deliver safe care and promote positive outcomes for patients and displayed these in the clinic. The service owner is the manager, the nurse practitioner and is registered with Nursing and Midwifery Council. Regular documented meetings were held.	✓✓ Good
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 decisions about their care. A comprehensive participation policy was in place. Appropriate safety assurance processes included an audit programme and a quality improvement plan.</p> <p>Procedures for managing complaints were clear. Face-to-face consultations were completed. Signed consent to treatment forms were in place for all patients. Risk assessments were completed and reviewed regularly. Staff appraisals must be recorded to evidence they are carried out.</p>	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and well equipped. Patients spoke positively about the service, the treatments they received and told us they felt safe and informed. Cleaning schedules were in place. The service had recorded no accidents, significant or serious incidents.	✓✓ 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 Victoria’s 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 two requirements and one recommendation.

Implementation and delivery	
Requirement	
1	<p>The service must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals and that these are recorded within the staff files (see page 16).</p> <p>Timescale – by 30 May 2024</p> <p>Regulation 12(c)(i) The Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011</p>
Recommendation	
a	<p>The service should update its safeguarding policy to ensure that local authority and police contact details are available in the event of a safeguarding concern (see page 16).</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	
Requirement	
2	<p>The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 20).</p> <p>Timescale – by 30 May 2024</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Victoria’s Aesthetics Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Victoria’s Aesthetics 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

Clear and measurable aims and objectives were in place to deliver safe care and promote positive outcomes for patients and displayed these in the clinic. The service owner is the manager, the nurse practitioner and is registered with Nursing and Midwifery Council. Regular documented meetings were held.

Clear vision and purpose

The service's vision and purpose was to maintain a person-centred service with the continued introduction of new and up-to-date treatments, while maintaining a high quality of care. The service's aims were available in the clinic and included giving patients 'the best care possible while delivering safe treatments in a relaxing environment'. We were told it was important to the service that patients receive honest advice from consultation with a registered nurse through to appropriate treatment then a planned review.

Treatments in the service were appointment-only and many patients were returning customers. We were told the service aimed for a person-centered approach with each patient. The service measured the following aspects of the patient journey to help make sure its objectives were being achieved:

- complaints
- patient return rates
- patient satisfaction, and
- treatments requested and provided.

The service analysed the numbers of returning individuals for repeat procedures, the number of treatments delivered each month and monitored all feedback received.

The current strategic plan included the implementation of a new electronic patient care record system and the future implementation of a patient focus group.

- No requirements.
- No recommendations.

Leadership and culture

The service was owned and managed by a practitioner who was an independent nurse prescriber registered with the Nursing and Midwifery Council (NMC). The practitioner carried out all consultations and prescribing prescription-only medicines, such as anti-wrinkle treatments. The service engaged the services of staff in podiatry, as well as makeup and nail technicians. At the time of our inspection, the service was updating job roles for an existing member of staff. It was also recruiting an additional healthcare professional to help deal with the growing demands of the service.

Minutes of regular staff meetings showed that where areas for improvement had been identified, actions had been taken. A secure online group chat was also available to staff, where they could raise any issues and share news and information.

The service's approach to governance activities included:

- an audit programme
- gathering and evaluating patient feedback
- reporting adverse events
- reviewing findings from previous Healthcare Improvement Scotland inspections, and
- risk assessments.

- No requirements
- No recommendations

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 decisions about their care. A comprehensive participation policy was in place. Appropriate safety assurance processes included an audit programme and a quality improvement plan.

Procedures for managing complaints were clear. Face-to-face consultations were completed. Signed consent to treatment forms were in place for all patients. Risk assessments were completed and reviewed regularly. Staff appraisals must be recorded to evidence they are carried out.

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

Patients could access information about the treatments offered and costs through the service's comprehensive website. Patients could contact the service in a variety of ways, such as through:

- a messaging app
- email
- social media, and
- telephone.

The service had a participation policy in place, which set out how it would encourage feedback from patients, gather it and use patient feedback to continually improve. Patients could give their feedback in a variety of ways, such as:

- a suggestion box and cards in reception
- follow-up calls
- online reviews, and
- verbally directly to the practitioner.

The service also told us it received 'thank you' cards from patients. Patients could provide feedback at any point in their journey. Feedback received was

then reviewed and used to help inform the service's improvement plan. All feedback we saw on social media was positive.

The service had made some changes as a result of patient feedback. For example, the service's opening hours changed in line with demand and to support a more flexible work-life balance for patients. The service had used feedback from patients about this change to evaluate its success. The booking system had been improved to make it easier for patients to book appointments online. Patients were also sent reminders electronically before their appointments. Patients' information booklets and aftercare advice had been updated to include more detail about the treatments, along with clear pricing. This information was available in electronic and paper formats.

Music and other therapeutic distraction techniques were offered to patients during treatments to support comfort and relaxation.

- No requirements
- No recommendations

Quality improvement

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

The service was aware of the notification process to Healthcare Improvement Scotland. An accident and incident logbook was in place to record and manage accidents and incidents. During the inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland.

A range of policies and procedures was in place to help make sure that patients and staff had a safe experience in the service, including those for:

- adult safeguarding (public protection)
- complaints
- health and safety
- information management, and
- medicines management.

An infection prevention and control policy was in place to make sure that measures were taken to reduce the risk of infection. Equipment was cleaned between appointments, the clinic was cleaned at the end of the day and a

weekly deep clean was also carried out. Where appropriate, equipment was single-use to prevent the risk of cross infection including personal protective equipment (such as disposable aprons and gloves). Antibacterial hand wash and disposable paper hand towels were provided to support effective hand hygiene, and hand washing procedure signs were displayed at all sinks as prompts. A contract was in place for the disposal of sharps and other clinical waste.

A fire safety policy was in place and a yearly risk assessment was carried out. Fire safety signage was displayed and fire safety equipment was in place and checked. A safety certificate was in place for the fixed electrical wiring. Portable appliance testing on electrical equipment was in-date.

Arrangements were in place to deal with medical and aesthetic emergencies, including an emergency kit and drugs supply. Medicines were obtained from an appropriately registered supplier. Emergency medicines were stored securely and were in-date, with checks carried out on expiry dates. The practitioner was trained in basic life support and attended training regularly. The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland and included our contact details.

The complaints procedure was displayed on the service's website. At the time of our inspection, the service had not received any complaints since registration in 2019. The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service's most recent duty of candour report was displayed in the clinic. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

Patients booked their appointments using the service's online booking system. Patients were sent a health questionnaire and treatment-specific information. We were told that the service always carried out face-to-face patient consultations for treatment. A comprehensive assessment was carried out, which included discussions about the patient's past medical history and risks and benefits. This was documented in patient care records we reviewed. On the day of treatment, patients received a consent to treatment form which following discussion, the patient and practitioner signed. Post-treatment aftercare instructions were provided for patients at the consultation stage and after treatment. We saw that patients were emailed aftercare leaflets after their treatments. Patients were also given these leaflets in paper format, which included an out-of-hours contact number in case of any complications.

Patient information was stored securely on a password-protected device. This helped to protect confidential patient information in line with the service's information management policy. The service was registered with the

Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that the service followed the appropriate data protection regulations.

We saw that the service is an active member of a variety of industry-specific and national organisations. This included the British Aesthetic Nurses Group. The service kept up to date with changes in the aesthetics industry, legislation and best practice through subscribing to forums and attending conferences and training days. We were told that mentorship support was available in the form of advice and discussion regarding any issues. We were told that this was carried out with a colleague who was an experienced medical practitioner with another HIS-registered aesthetic service.

What needs to improve

Although we were told that staff appraisals were carried out, there should be a record of this for all staff employed in the provision of the service (requirement 1).

While the service had a safeguarding policy in place, this did not include the details of the local social work department and police to contact in the event of needing to raise a concern (recommendation a).

Requirement 1 – Timescale: by 30 May 2024

- The service must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals and that these are recorded within the staff files.

Recommendation a

- The service should update its safeguarding policy to ensure that local authority and police contact details are available in the event of a safeguarding concern.

Planning for quality

The service had risk assessments in place to effectively manage risk in the service. These included risk assessments for:

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

These helped to make sure that care and treatment was delivered in a safe environment, identifying and taking action to reduce any risks to patients and staff. The service had a comprehensive improvement plan in place, which was regularly reviewed.

The service carried out audits regularly, including those for:

- infection prevention and control
- patient care records, and
- stock, including medicines.

The service had a contingency plan in place to help make sure patients could access aesthetic treatments, should the service cease to operate.

- No requirements.
- No recommendations

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

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

Our findings

The environment was clean and well equipped. Patients spoke positively about the service, the treatments they received and told us they felt safe and informed. Cleaning schedules were in place. The service had recorded no accidents, significant or serious incidents.

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 comprehensive self-evaluation.

The clinic was clean and the environment well maintained. Cleaning schedules were in place, signed and dated. We saw the service used chlorine-releasing agents to clean all sanitary fixtures and fittings. Single-use equipment was used where appropriate and any reusable equipment was appropriately decontaminated. The medication fridge was clean and in working order. We saw the schedules and checklists were regularly audited for compliance. Comments from patients who used the service included:

- ‘The clinic is beautiful inside and exceptionally clean and private.’
- ‘The treatment room is always clean, and the reception area is so welcoming.’
- ‘Very clean, friendly and very professional.’
- ‘Couldn’t be happier - clean and tidy 100%.’

We saw all the appropriate pre-employment checks had been completed for the staff working in the service. The service checked references and evidence of training. Patients who responded to our online survey told us they were very happy with the care and treatment they received from the service. Some comments we received included:

- ‘Very informative, understanding of requirements.’
- ‘Very experienced practitioner, and my treatments have been very successful. Very satisfied with outcome.’
- ‘Explained in great detail what would happen, the outcome and what to expect.’
- ‘Never any doubt they are the best I am always treated very well.’

The five patient care records we reviewed showed that patients received a face-to-face consultation about their expectations before treatments were offered. A comprehensive assessment included past medical history, as well as the risks, benefits and side effects of treatments. Patient care records were legible, accurate and up to date. Entries in the patient care records were signed and dated. Information included:

- a person-centred plan of treatment
- confirmation of areas to be treated
- consent to sharing information with GP or other healthcare professional
- follow-up and aftercare advice
- next-of-kin and GP contact details, and
- prescription, dosage, expiry and batch number of medicines.

The service implemented and worked in line with its medicines management policy. Fridge temperature recordings made sure medicines were stored at the correct temperature. The logbook was fully completed and up to date. All medicines stored in the fridge were in-date.

What needs to improve

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 therefore termed as unlicensed use. The service told us that this provided better pain relief for patients. However, we saw no 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 or that informed consent had been sought before treatment administered (requirement 2).

Requirement 2 – Timescale: by 30 May 2024

- The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent.

- No recommendations.

Appendix 1 – About our inspections

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

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

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



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