



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Yvonne's Platinum Aesthetics, Wick

Service Provider: Yvonne Coghill

29 February 2024

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 29 October 2019

Requirement

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) details of every treatment provided, including the date, time and signature of the practitioner, and*
- (b) the outcome of the consultation.*

Action taken

Patient care records documented the details of treatments provided, including the date, time and signature of the practitioner. However, the outcome of the consultation was not recorded. **This requirement is not met** and is reported in Domain 6: Results (see requirement 4 on page 23).

What the service had done to meet the recommendations we made at our last inspection on 29 October 2019

Recommendation

The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrating the impact of change from the improvements made.

Action taken

The service had not developed a participation policy. This recommendation is reported in Domain 3: Co-design, co-production (see recommendation b on page 15).

Recommendation

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

Action taken

The service had developed a duty of candour policy.

Recommendation

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

Action taken

The service used medication in line with the manufacturer's guidance.

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 did not have an audit programme in place. This recommendation is reported in Domain 5: Planning for Quality (see recommendation c on page 19).

Recommendation

The service should develop a contingency plan that sets out the arrangements for patient aftercare and follow-up during times of annual leave, illness or if the service ceased trading.

Action taken

The service had a contingency plan in place.

Recommendation

The service should record patient consent to share information with their GP and other medical staff in an emergency (if required) in patient care records.

Action taken

The service did not record patient consent to share information with their GP and other medical staff in an emergency in patient care records. This recommendation is reported in Domain 6: Results (see recommendation f on page 23).

Recommendation

The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Action taken

The service did not have a quality improvement plan in place. This recommendation is reported in Domain 5: Planning for Quality (see recommendation d on page 19).

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 Yvonne's Platinum Aesthetics on Thursday 29 February 2024. We spoke with a service manager during the inspection. We received feedback from two patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Watten, Wick, Yvonne's Platinum Aesthetics is an independent clinic providing non-surgical treatments including anti-wrinkle injections and dermal fillers.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Yvonne’s Platinum 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
The owner (practitioner) had developed the service’s aims and vision. The sole practitioner is a registered nurse and independent prescriber. Clear and measurable key performance indicators should be developed for the service.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Information about treatments offered was available on the service’s website and patients were informed about treatment options. Patients had the opportunity to provide feedback on their experience. Appropriate policies and procedures were in place to support the safe delivery of care. The service kept up to date with current best practice through training and development. A proactive approach must be taken for the assessment and management of risk. A participation policy should be developed. A quality improvement plan should be developed.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The environment was clean and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date. The service had recorded no accidents or serious incidents. Adequate personal protective equipment was available for use.		✓ Satisfactory
Patients’ emergency contact details and the outcome of every consultation must be recorded in patient care records. Consent to share information with medical professionals in the event of an emergency should be recorded. Clinical handwash sinks should be cleaned in line with national guidance. A system to monitor cleaning and medication should be implemented.		

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 Yvonne Coghill 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 four requirements and eight recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop and implement a process for measuring, recording, reviewing and sharing its vision, purpose, aims and objectives (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.7</p>

Implementation and delivery	
Requirements	
1	<p>The provider must develop effective systems that demonstrate the proactive management of risk to patients and staff (see page 18).</p> <p>Timescale – by 12 May 2024</p> <p><i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)

- 2** The provider must arrange for a suitably competent person to carry out a fixed electrical installation check on the premises and ensure that the electrical installation is continually and appropriately maintained in line with relevant legislation (see page 18).

Timescale – by 12 May 2024

Regulation 10(2)(b)

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

Recommendations

- b** The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrating the impact of change from the improvements made (see page 15).

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

This was previously identified as a recommendation in the October 2019 inspection report for Yvonne’s Platinum Aesthetics.

- c** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented (see page 19).

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

This was previously identified as a recommendation in the October 2019 inspection report for Yvonne’s Platinum Aesthetics.

- d** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 19).

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

This was previously identified as a recommendation in the October 2019 inspection report for Yvonne’s Platinum Aesthetics.

Implementation and delivery (continued) (continued)

- e** The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 19).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

Results

Requirements

- 3** The provider must document patients' next of kin or emergency contact in the patient care record. If the patient refused to provide the information, this should be documented (see page 22).

Timescale – by 12 May 2024

Regulation 4 (1)

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

- 4** 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 the outcome of that consultation or examination (see page 23).

Timescale – by 12 May 2024

Regulation 4(2)(a)(b)(c)

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

Recommendations

- f** The service should obtain consent from the patient for the sharing of information with their GP and other medical staff in an emergency, if required in the patient care record. If the patient refuses, this should be documented (see page 23).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

Results (continued)

g The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins (see page 23).

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

h The service should develop checklists to record the regular cleaning of the clinic and checking of medication (see page 23).

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:

www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

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

We would like to thank all staff at Yvonne's Platinum 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

The owner (practitioner) had developed the service's aims and vision. The sole practitioner is a registered nurse and independent prescriber. Clear and measurable key performance indicators should be developed for the service.

Clear vision and purpose

The service's vision was to provide a person-focused service, identifying the needs of each person individually and offering safe and effective care.

The service displayed the following key performance indicators:

- All complaints to be investigated within 20 working days.
- To offer competitively priced treatments.
- To offer face-to-face consultations.
- To work to the highest standards of cleanliness.

What needs to improve

While the service had key performance indicators in place, these should be further developed to be clear and measurable. The service's vision should be shared with patients (recommendation a).

- No requirements.

Recommendation a

- The service should develop and implement a process for measuring, recording, reviewing and sharing its vision, purpose, aims and objectives.

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

Information about treatments offered was available on the service's website and patients were informed about treatment options. Patients had the opportunity to provide feedback on their experience. Appropriate policies and procedures were in place to support the safe delivery of care. The service kept up to date with current best practice through training and development. A proactive approach must be taken for the assessment and management of risk. A participation policy should be developed. A quality improvement plan should be developed.

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

The service's social media pages provided information about the treatments offered and costs. Patients could contact the service through a messaging app or social media.

Patients could give feedback about their experience in the service either verbally directly to the practitioner or they could also use a messaging app or leave messages on the service's social media account.

All consultations were appointment-only.

What needs to improve

The service did not have a participation policy in place. While patients could provide some feedback, we found no evidence that feedback was recorded, analysed or used to inform service delivery. A more structured approach to patient feedback should include:

- recording and analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation b).

Recommendation b

- The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrating the impact of change from the improvements made.

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.

Policies and procedures were in place to support the delivery of person-centred care. These included those for:

- complaints
- duty of candour
- emergency arrangements policy
- information management, and
- medication.

The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of. A clear system was in place to record and manage accident and incident reporting. We saw that the service had not had any accidents or incidents since its registration with Healthcare Improvement Scotland in March 2018.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies. Portable appliance testing (PAT) was in place and the service had an up-to-date electrical safety certificate.

All medications were in-date and stored in a locked cabinet. Medicines were obtained from an appropriately registered supplier and the service was registered to receive alerts from Medicines and Healthcare products Regulatory Agency (MHRA). A stock control system allowed the service to monitor medicines and supplies.

Maintenance contracts for fire safety equipment and fire detection systems were up to date. Electrical and fire safety checks were completed regularly. The service had a clinical waste contract in place with the local medical centre for the supply and disposal of clinical waste.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. We saw evidence that the service had published a yearly duty of candour report in the clinic.

Patient care records were stored securely in a locked filing cabinet. This protected confidential patient information in line with the service's information management policy.

We were told that a face-to-face consultation and assessment was carried out to assess patients' suitability for treatment. We were shown an information folder, which patients could look through to help choose the treatment appropriate for them. We were told that the initial consultation included discussions about:

- benefits and risk of treatment
- desired outcomes of the patient
- information about aftercare, and
- treatment costs.

We saw that an aftercare leaflet for anti-wrinkle injections and dermal fillers was available and we were told that it was given to patients after treatment. This informed patients of who to contact if they had any questions or queries about their treatment.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through attending conferences and additional masterclass sessions. The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed 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. They also kept up to date with appropriate training, such as for adult support and protection, equality and diversity and infection control.

What needs to improve

The service had a variety of policies in place. While all policies had been reviewed since our last inspection, some policies lacked specific details. For example:

- The safeguarding policy did not contain details of who the service would contact (such as the local authority adults support and protection unit).
- The complaints policy did not state that patients could complain to Healthcare Improvement Scotland at any point during the complaint process.
- The information management policy did not detail destruction arrangements for notes.
- The infection control policy did not detail all the standard infection control procedures (SICPs) as detailed in the National Infection Control Manual.

The service immediately rectified these during our inspection and understood the need for planned review of policies in the future. We will follow this up at future inspections.

- No requirements.
- No recommendations.

Planning for quality

A stock control system was in place to monitor the supply of medicines and their expiry date.

What needs to improve

While we saw that the service had a fire risk assessment in place, no other risk assessments were in place to protect patients. A risk management process would demonstrate that all risks had been considered and help to make sure the service was safe. Risk assessments must be completed, addressing all possible risks in the service. For example, the risk of:

- control of substances hazardous to health
- clinical risks
- electrical hazards
- lone working, and
- trips and falls (requirement 1).

The provider had not arranged for a fixed electrical installation check to be carried out since its initial registration in 2017. Fixed electrical installation check must be carried out every 5 years to make sure that the electrical installation is continually and appropriately maintained in line with relevant legislation (requirement 2).

We saw no evidence of audits carried out in the service. A comprehensive audit programme would help the service provide continuous safe care and treatment for patients and to identify areas for improvement. For example, audits should be carried out for:

- medicines management
- infection prevention and control
- patient care records, and
- the safety and maintenance of the care environment (recommendation c).

The service did not have a quality improvement plan in place. A quality improvement plan would help to structure and record service improvement processes and outcomes. It would also allow the service to measure the impact of any service changes and demonstrate a continuous cycle of improvement (recommendation d).

We were told that the service had a contingency arrangement in place that would provide patients with an option to continue their treatment plans with an alternative practitioner, in case of emergencies (such as sickness, flood or power failure). However, the contingency plan arrangements were not documented (recommendation e).

Requirement 1 – Timescale: by 12 May 2024

- The provider must develop effective systems that demonstrate the proactive management of risk to patients and staff.

Requirement 2 – Timescale: by 12 May 2024

- The provider must arrange for a suitably competent person to carry out a fixed electrical installation check on the premises and ensure that the electrical installation is continually and appropriately maintained in line with relevant legislation.

Recommendation c

- The service should develop a programme of regular audits to cover key aspects of care and treatment, including medicines management, infection prevention and control, the safety and maintenance of the care environment and patient care records. Audits should be documented and improvement action plans implemented.

Recommendation d

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Recommendation e

- The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

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 reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date. The service had recorded no accidents or serious incidents. Adequate personal protective equipment was available for use.

Patients' emergency contact details and the outcome of every consultation must be recorded in patient care records. Consent to share information with medical professionals in the event of an emergency should be recorded. Clinical handwash sinks should be cleaned in line with national guidance. A system to monitor cleaning and medication should be implemented.

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.

We saw the clinic was clean, tidy and well maintained. We saw that appropriate cleaning wipes were used and that a single-use mop was used to clean the clinic floor. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available to staff and in plentiful supply. Clinical waste was disposed of appropriately.

Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'Facility was clean and professionally laid out.'
- 'The treatment room is warm, clean, and comfortable, with handy ensuite toilet.'

We saw a system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service and felt involved in the decisions about their care. Some comments we received included:

- ‘Everything was explained in advance.’
- ‘She has a folder of before/after images of clients she has treated. It helps enormously to make a decision on the desired result from treatment/what product volume to opt for.’

Pre-treatment consultations were carried out and included:

- a review of previous treatments
- additional treatments to be completed, and
- treatments’ efficacy, benefits and side effects.

We reviewed five patient care records and saw that they all documented patient details, such as their:

- address
- date of birth
- GP details
- name, and
- past medical history.

The patient care records we reviewed included details of the treatments, including the dose of anti-wrinkle injections administered along with the medicine batch numbers and expiry dates. Aftercare information was also recorded as being provided. The practitioner had signed and dated their entries into the patient care records.

What needs to improve

Patient care records we reviewed did not include details about patients’ next of kin or emergency contact or consent to share information with GPs and other relevant healthcare professionals in the event of a medical emergency (requirement 3).

Face-to-face consultations between the practitioner (prescriber) and the patient in patient care records we reviewed for patients who had received prescription-only treatments were not always recorded. The patient care records we reviewed also only provided limited information about the patient's journey. For example, they did not include:

- a summary of the outcomes from the initial consultation, and
- the agreed treatment plan (requirement 4).
-

Patient care records we reviewed did not include consent to share information with GPs and other relevant healthcare professionals in the event of a medical emergency (recommendation f).

The service did not use the correct cleaning product for cleaning sanitary fittings (including clinical wash hand basins) in line with national guidance (recommendation g).

The service did not have a system in place to document that regular cleaning or regular medication checks had been completed (recommendation h).

The treatment room contained an en-suite bathroom with a toilet, shower and hand wash basin. While toilet facilities were available elsewhere in the property, this was the service's only hand wash basin. The service manager told us that only the sink in the bathroom was used as a clinical hand wash basin. We advised the service to remove the bathroom door and carry out a risk assessment on the sink. This would allow the service to mitigate risk associated with using a non-compliant clinical hand wash basin and consider a refurbishment programme to upgrade this basin. We will follow this up at future inspections.

The service had a clinical waste contract in place for the provision and removal and disposal of clinical and special (hazardous) wastes. However, sharps contaminated with botulinum toxin were not disposed of using the correct European waste catalogue (EWC) code. We saw that the wrong sharps bin had been delivered. However, the service immediately contacted the waste contractor during our inspection and rectified this issue. We will follow this up at future inspections.

Requirement 3 – Timescale: by 12 May 2024

- The provider must document patients' next of kin or emergency contact in the patient care record. If the patient refused to provide the information, this should be documented.

Requirement 4 – Timescale: by 12 May 2024

- 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 the outcome of that consultation or examination.

Recommendation f

- The service should obtain consent from the patient for the sharing of information with their GP and other medical staff in an emergency, if required in the patient care record. If the patient refuses, this should be documented.

Recommendation g

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins.

Recommendation h

- The service should develop checklists to record the regular cleaning of the clinic and checking of medication.

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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or email his.contactpublicinvolvement@nhs.scot

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