



Healthcare
Improvement
Scotland

Inspections
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To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Coul Aesthetics, Markinch

Service Provider: Coul Aesthetics Limited

27 March 2024

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First published June 2024

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1 Progress since our last inspection

What the service had done to meet the recommendation we made at our last inspection on 11 February 2019

Recommendation

The service should develop a quality improvement plan.

Action taken

The service had developed and implemented a quality improvement plan. The plan prioritised key improvement objectives, and detailed resources and support involved, timescales and expected outcomes. We saw evidence of improvement work, such as the development and launch of the service's website.

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 Coul Aesthetics on Wednesday 27 March 2024. We spoke with the manager (sole practitioner) during the inspection. We received feedback from 13 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Markinch, Coul 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 Coul 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 service's mission was to deliver the highest quality of services to its patients and demonstrate consistently high standards. However, a system should be in place to measure the service's performance against key performance indicators.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was reviewed regularly to help continually improve the quality of care. Processes were in place to help ensure the safe and secure handling of medicines. Policies and procedures set out the way the service would deliver safe care, including managing complaints. The service kept up to date with current best practice through training and development. Regular audits were carried out reviewing key aspects of care and treatment, and a quality improvement plan helped the service continually improve. Effective systems were in place for monitoring and managing risk.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The clinic environment and equipment were clean and well maintained, with good infection control measures in place. Detailed records of patients' care and treatment were kept. Patients were very positive about their experience. Consent should be recorded for sharing information with patients' GPs and other healthcare professionals in an emergency.	✓✓ 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 Coul Aesthetics Limited 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 recommendations.

Direction	
Requirements	
None	
Recommendation	
a	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

Results
Requirements
None
Recommendation
<p>b The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

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 Coul 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 service's mission was to deliver the highest quality of services to its patients and demonstrate consistently high standards. However, a system should be in place to measure the service's performance against key performance indicators.

Clear vision and purpose

The service had a mission statement to deliver the highest quality of services to its patients and demonstrate consistently high standards. This information was displayed to patients in the reception area.

What needs to improve

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

- No requirements.

Recommendation a

- 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. Patient feedback was reviewed regularly to help continually improve the quality of care. Processes were in place to help ensure the safe and secure handling of medicines. Policies and procedures set out the way the service would deliver safe care, including managing complaints. The service kept up to date with current best practice through training and development. Regular audits were carried out reviewing key aspects of care and treatment, and a quality improvement plan helped the service continually improve. Effective systems were in place for monitoring and managing risk.

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

Key information about the treatments offered was available on the service's website. Patients were emailed information about their treatment, including risks and benefits before their appointment, where appropriate.

The service had a patient participation policy and actively encouraged patient feedback. We saw a variety of ways for patients to provide input into how the service continued to develop. This included feedback through a 'get in touch form' on the service's website, by text, or through social media sites. A suggestion box was also available in the reception area, and patients were encouraged to provide verbal feedback during treatment. Patients were also asked to complete a feedback questionnaire following treatment. We saw evidence that patient feedback was regularly recorded and 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 by appointment, and controlled access to the treatment room and screening of windows meant patients' privacy and dignity was not compromised.

All patients who responded to our online survey agreed they were treated with dignity and respect. Comments included:

- 'Privacy, discretion and confidentiality are all considered during appointment.'
- 'My views were respected and I was treated with care and compassion.'

The manager (practitioner) was responsible for managing the servicing and maintenance of the building. This included co-ordinating electrical installation and portable appliance testing (for electrical appliances and equipment to ensure they are safe to use). A weekly fire alarm test was carried out in the building, and the manager (practitioner) had recently updated the service's fire risk assessment. Fire safety signage was displayed and fire safety equipment was serviced every year.

All patients had a face-to-face consultation to assess their suitability for treatment before a treatment plan was prepared or any treatment was administered. During their consultation appointment, discussions took place about the risks and benefits, costs and likely outcome of the desired treatment. Patients were given time to consider treatment options and ask questions before consenting to treatment. This helped to make sure patients had realistic expectations of the proposed treatment.

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

- 'Everything was fully discussed, giving me all the information I required prior to decisions.'
- '... always explains treatments and seeks to understand what results a client is looking for and explains realistic outcome.'
- '... always chats with you first and gives you time to consider options.'
- '... always takes time to go over consent beforehand and never rushes straight into treatment.'

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.

Patients were given verbal aftercare advice at the time of treatment and written aftercare advice was emailed following treatment. This was documented in the patient care record. 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 and a system was in place to ensure medicines were being stored at the correct temperature. An effective stock control and rotation system enabled the service to regularly monitor the medicines supply.

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 records that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients and that informed consent had been sought and signed by the patient.

A first aid kit and emergency medication were available along with emergency protocols to quickly deal with any medical emergencies, such as a complication or adverse reaction from treatment. The manager (practitioner) had been trained to deliver basic life support in the event of a medical emergency.

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

The service's complaints procedure was displayed in the treatment room, included Healthcare Improvement Scotland's contact details and stated that patients could complain to us at any point. At the time of the inspection, the service had not received any complaints since the service was registered with Healthcare Improvement Scotland in May 2017.

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. An annual 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 the manager (practitioner) would 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 (practitioner) 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) regularly reviewed how the service was delivered and had identified areas for improvement. For example, an electronic patient care record system had recently been introduced. This allowed the service to access patient information more efficiently and automate processes, such as emailing aftercare information, allowing the manager (practitioner) to spend more time with patients.

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.

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

We saw evidence that the manager (practitioner) undertook peer reflection and clinical supervision sessions with another aesthetic practitioner. The service also 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.

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 in Medical Aesthetic Collaborative, which provided support if complications arose after patients' treatment. The service also subscribed to aesthetics journals and forums and attended regular conferences. 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 several current risk assessments in place to protect patients and the manager (practitioner). Risk assessments were easy to follow and each risk assessment had a likelihood of occurrence attached. We saw each risk had been reviewed regularly and all necessary action plans were in place.

Quality assurance systems included carrying out regular audits to monitor the quality and safety of the care and treatments provided to patients. Monthly infection control audits covered standard infection control precautions such as the safe disposal of waste, and the safe management of care equipment and the environment. Additional audits included medicine management, patient feedback, cleaning schedules and fire safety. Where areas for improvement had been identified, planned actions and timescales for completion were documented. All audit results we saw showed very high compliance.

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.

- 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 clinic environment and equipment were clean and well maintained, with good infection control measures in place. Detailed records of patients' care and treatment were kept. Patients were very positive about their experience.

Consent should be recorded for sharing information with patients' GPs and other healthcare professionals in an emergency.

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. Daily, weekly and monthly cleaning schedules were fully completed and up to date. The correct cleaning products were used in line with national guidance, for example chlorine-based cleaning products for sanitary fixtures and fittings.

We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). 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 guidance on the correct hand washing procedure.

All patients who responded to our online survey were satisfied with the facilities and equipment in the service. Comments included:

- '... premises are immaculately clean and tidy every time.'
- 'Very clean, professional setting.'

We reviewed three electronic patient care records and saw evidence of comprehensive record keeping. All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment to treatments provided. Patient information included a full medical history, with details of any health conditions, medications, previous treatments and any areas which would highlight any risks associated with the treatment such as pregnancy or any previous allergic reactions. Patients' GP and next of kin details, and consent to having their photograph taken, were all documented. Records were kept of each treatment session, with skin assessments, diagrams and photographs of the treated area helping to inform the overall plan of care. Dosage and medicine batch numbers were also recorded for each treatment. 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. Comments included:

- 'I feel very much in safe hands and feel very confident in [the practitioner's] knowledge and practice.'
- 'Great service, personal consultation, very thorough about options and no pressure to get treatment.'
- 'Very friendly and professional.'

What needs to improve

The service did not record consent for sharing relevant information with the patient's GP and other healthcare professionals in an emergency, if required (recommendation b).

- No requirements.

Recommendation b

- The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required.

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

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