Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Donna's Aesthetics, Cumbernauld

Service Provider: Donna Wilson

23 April 2024

NHS SCOTLAND

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Contents

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 Donna's Aesthetics on Tuesday 23 April 2024. We spoke with the manager (practitioner) of the service. We received feedback from 11 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 Cumbernauld, Donna's Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Donna's Aesthetics, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
Although the service had defined aims and objectives, and measured its performance against these, a clear mission statement should be developed and shared with patients and staff. A yearly report should be produced to detail how the service is continually improving and identifying future goals. Regular staff meetings were held.	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Appropriate policies and procedures were in place for the safe delivery of patient care. Patient feedback was regularly gathered and acted on. Patients received enough information to make informed choices and consent. An audit programme was in place. A risk register should be developed, and a formal quality improvement plan should be implemented to support continuous improvement.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The clinic environment and equipment were clean and well maintained. Patients were positive and complimentary about the service and staff. Patient care records were comprehensive and well completed.	✓✓ 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 Donna Wilson 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 seven recommendations.

Direction	
Requirements	
None	
Recommendations	
a	The service should develop a mission statement and share this with patients and staff (see page 10). Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.19
b	The service should develop an annual report to capture the improvements and developments of the past year, and to identify indicators of success and development in the coming year (see page 10). 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	
Recommendations	
c	The service should ensure patients are kept informed of any changes made to the service as a result of their feedback (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
d	The service should ensure that a written record of training is held for staff granted practicing privileges to work in the service (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14
e	The service should develop a risk register to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
f	The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvement (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

Results	
Requirements	
None	
Recommendation	
g	The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with the current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

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 Donna's Aesthetics for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

Although the service had defined aims and objectives, and measured its performance against these, a clear mission statement should be developed and shared with patients and staff. A yearly report should be produced to detail how the service is continually improving and identifying future goals. Regular staff meetings were held.

Clear vision and purpose

The service's aims and objectives were to:

- provide a high standard of care when offering and providing aesthetic treatments
- provide a friendly, comfortable and relaxing experience, and
- involve the individual and listen to their desired outcomes to help meet the needs of what they hope to achieve and help them feel involved at every stage of the experience.

We saw that the service assessed its performance by measuring itself against key performance indicators, including:

- accidents and incidents
- patient feedback, and
- returning patients and treatments carried out.

Treatments in the service were by appointment only, and many patients were returning customers. The manager (practitioner) told us they aimed for an open conversation about the patient's expectations and requirements, and that appointments were extended to allow time for a full discussion during the consultation.

What needs to improve

Although the service had clear aims and objectives, it did not have a mission statement to share these with patients and staff (recommendation a).

While we saw evidence of the service measuring outcomes to help improve how the service was delivered, it would be helpful if an annual report was developed. This would allow the service to present results from the outcomes measured for the previous year, and capture the improvements and developments planned for the year ahead (recommendation b).

- No requirements.

Recommendation a

- The service should develop a mission statement and share this with patients and staff.

Recommendation b

- The service should develop an annual report to capture the improvements and developments of the past year, and to identify indicators of success and development in the coming year.

Leadership and culture

The service is owned by an experienced nurse registered with the Nursing and Midwifery Council (NMC). Practicing privileges agreements were in place with the other staff members, some of whom were registered nurses qualified to prescribe prescription-only medicines, such as botulinum toxin. Practicing privileges is where staff are not employed directly by the provider but given permission to work in the service. The nurse prescribers attended all patient consultations where a prescription was required.

The manager was accountable for clinical governance processes for patient safety and gathering feedback from patients and implementing changes. We saw a monthly staff meeting was held to discuss topics such as feedback from patients and audit results. Minutes with actions were documented.

- 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
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

Appropriate policies and procedures were in place for the safe delivery of patient care. Patient feedback was regularly gathered and acted on. Patients received enough information to make informed choices and consent. An audit programme was in place. A risk register should be developed, and a formal quality improvement plan should be implemented to support continuous improvement.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service used various methods to collect patient feedback in line with its patient participation policy. For example, a suggestions box was available for patients to give their feedback. A paper copy of the questionnaire was also available, and we saw evidence that the service reviewed all feedback and took any actions, as required.

The service actively sought feedback from patients about their overall experience and used this information to inform its improvement activities. We saw improvements made as result of feedback obtained included:

- bottles of water available in the clinic
- window signage for ease of identifying the service for new patients
- new business cards with black writing on white background for clarity, and
- more signs outside the clinic in the communal area of the building.

Staff were also able to provide feedback about any suggested improvements that could be made at staff meetings and through their appraisal.

What needs to improve
While the service collected patient feedback and made improvements based on the suggestions received, it did not have a formal way to share its improvement activities with patients (recommendation c).

- No requirements.

Recommendation c

- The service should ensure patients are kept informed of any changes made to the service as a result of their feedback.

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 service was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. The service had submitted appropriate notifications when required.

We saw policies in place to help deliver safe person-centred care, including:

- information management
- health and safety
- emergency arrangements
- medication management, and
- infection prevention and control.

An incident book was available for reporting any accidents and incidents that occurred, and staff were aware of this. We noted that the service had had no accidents or incidents since it was registered with Healthcare Improvement Scotland in July 2021.

Maintenance contracts for the fire safety equipment and fire detection system were up to date. A fire risk assessment was carried out every year. Fire safety signage was in place, and we saw a safety certificate for the fixed electrical wiring. A waste management contract was in place for the safe disposal of clinical waste and sharps such as used needles and syringes.

A complaints policy detailed the process for managing a complaint and timescales the service would follow. The policy stated that patients could complain to Healthcare Improvement Scotland at any stage of the process and included our contact information. The service had not received any complaints since it was registered. Information about how to make a complaint was available to patients in the treatment room.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. The service had a duty of candour policy and its annual duty of candour report was available in the clinic.

Safe systems were in place for prescribing, procuring, storing and administering medicines, in line with the service's medication management policy. Medicines were stored in a locked fridge and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. A first aid kit and emergency medication were available in the clinic, along with emergency protocols in the case of an emergency complication. As a member of an aesthetic professional organisation, the service could access additional support if a complication occurred from treatments. Patients received advice on what to do in the event of an emergency as part of their aftercare information.

The service received safety alerts and reports from the Medicines and Healthcare products Regulatory Agency (MHRA).

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

On the day of treatment, patients receive a face-to-face consultation where they completed a consent form which they and the practitioner signed. Patients had a cooling-off period before treatment, allowing them to consider the information received before agreeing to treatment. Discussions at the consultations included:

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

Printed information was available in the clinic for patients, including aftercare information for each treatment with the emergency contact number of the practitioner.

The service was a member of national groups, such as the Aesthetic Complications Expert (ACE) Group. This group of practitioners regularly reported on any difficulties encountered and the potential solutions. It also provided learning opportunities and support for its members. The manager had completed ongoing training as part of their Nursing and Midwifery Council

(NMC) registration, and attended online and in-person aesthetic training events. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

We saw a practicing privileges policy was in place and staff signed a practicing privileges agreement when working with the service under this arrangement.

Yearly appraisals were carried out for the staff members working under practicing privileges.

What needs to improve

We were told the service had not had any instances requiring the need to implement duty of candour principles. However, the service could not be assured of this as we saw no evidence that staff had completed duty of candour training. While staff may have received this training as part of their other jobs in the NHS, the service had not requested evidence of this from them. We also saw no evidence of staff training for:

- complaints management
- consent, and
- safeguarding (public protection) (recommendation d).

- No requirements.

Recommendation d

- The service should ensure that a written record of training is held for staff granted practicing privileges to work in the service.

Planning for quality

A number of risk assessments were in place to effectively manage risk to staff and patients in the service, including those for COVID-19 and needlestick injuries.

A wide range of audits to review the safe delivery and quality of the service were carried out every month, and findings were discussed at staff meetings. Audits included those for:

- infection control
- medicines management, and
- patient care records.

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

What needs to improve

Although risk assessments had been carried out in the service, there was no formal risk register. This would demonstrate that all risks had been considered and help make sure the service was safe (recommendation e).

While the service made improvements based on audit findings and patient feedback, it did not have a formal quality improvement plan in place. This would help to keep track of planned improvements and allow the service to continually evaluate its performance, identify areas for improvement and take any corrective actions (recommendation f).

- No requirements.

Recommendation e

- The service should develop a risk register to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service.

Recommendation f

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

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
How well has the service demonstrated that it provides safe, person-centred care?	

Our findings

The clinic environment and equipment were clean and well maintained. Patients were positive and complimentary about the service and staff. Patient care records were comprehensive and well completed.

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 was modern, clean and well equipped. Equipment was in good condition, and details of equipment testing and servicing was kept in a log that was up to date and any issues had been addressed. Cleaning of the treatment room and equipment was carried out between patient appointments, and every day there was an in-depth clean when the room had been used. We saw that cleaning schedules were completed and up to date. Appropriate cleaning products were used for sanitary fittings.

Measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment (such as disposable aprons, gloves and face masks) and alcohol-based hand gel. Hand hygiene posters were displayed. Sharps were well managed.

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

- ‘Facilities are absolutely immaculate, everything scrupulously clean.’
- ‘Very clean and safe.’
- ‘Room is spotless, nice and clinical.’

The five patient care records we reviewed were comprehensive and accurately completed. All five patient care records we reviewed included:

- patient consents to treatments and to sharing information with other healthcare professionals, if required
- assessments and medical histories
- treatments agreed and provided
- GP and next of kin details, including emergency contacts
- details of medicines used and expiry dates, and
- the provision of aftercare advice.

All patients who responded to our online survey told us they received enough information about their procedure and felt involved in the decisions about their care. Comments included:

- 'Never any pressure.'
- 'Leaves the overall decision to you… does not try to influence you in anyway.'
- 'Very well prepped and informed.'

We reviewed the practicing privileges staff files and saw that they included evidence that appropriate checks had been carried out to allow them to work safely in the service. These included proof of identity, professional registrations and indemnity insurance. Practicing privileges policies and contacts were in place and an induction process for staff was carried out.

What needs to improve

The Protecting Vulnerable Groups (PVG) scheme is managed by Disclosure Scotland. It helps make sure people who are unsuitable to work with children and protected adults cannot do regulated work with these vulnerable groups. We found the service had retained original Disclosure Scotland certificates following completed PVG scheme checks in staff files. This is not in line with current legislation. These certificates should be destroyed, and a system introduced to record Disclosure Scotland identification numbers for all staff (recommendation g).

- No requirements.

Recommendation g

- The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with the current legislation and implement a system to record PVG scheme identification numbers for all staff.

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: [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

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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