



Healthcare
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Scotland

Inspections
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To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Face Factor Aesthetics, Aberdeen
Service Provider: Skintech Aesthetics and
Medispa Limited

1 March 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 1 February 2022

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 every medicine ordered for the service user and the date and time at which it was administered or otherwise disposed of, including the batch number.

Action taken

We saw evidence of medicines ordered. Medicine doses and batch numbers were documented in patient care records. However, dates and time were not recorded. **This requirement is not met** and is reported in Domain 6: Results (see requirement 5 on page 25).

Requirement

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

Action taken

The service had not carried out any formal risk assessments. **This requirement is not met** and is reported in Domain 5: Planning for Quality (see requirement 1 on page 21).

Requirement

The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of safely in line with national waste legislation. A waste transfer note must also be used each time waste is collected from the service.

Action taken

Clinical waste bins were in place. However, sharps contaminated with botulinum toxin were not disposed of using the correct European waste catalogue (EWC) code. **This requirement is not met** and is reported in Domain 6: Results (see requirement 8 on page 25).

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) the date and time of every consultation with, or examination of, the service user by a health care professional and the name of that health care professional*
- (b) the outcome of that consultation or examination, and*
- (c) details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the health care professional responsible for providing it.*

Action taken

While the details of every treatment were recorded in the patient care record, the date, time and outcome of consultations or examinations were not always recorded. **This requirement is not met** and is reported in Domain 6: Results (see requirement 4 on page 25).

What the service had done to meet the recommendations we made at our last inspection on 1 February 2022

Recommendation

The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.

Action taken

The service had cleaning checklists in place, which were fully completed.

Recommendation

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.

Action taken

The service did not have an audit programme in place. This recommendation is reported in Domain 5: Planning for Quality (see recommendation e on page 21).

Recommendation

The service should introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance.

Action taken

Not all policies were regularly reviewed and updated to take account of and reflect current legislation and best practice guidance. This recommendation is reported in Domain 5: Planning for Quality (see recommendation c on page 20).

Recommendation

The service should ensure that all key policies are in place, including the management of adverse events and duty of candour.

Action taken

The service did not have a management of adverse events policy in place. This recommendation is reported in Domain 6: Results (see recommendation k on page 26).

Recommendation

The service should record patient consent for sharing 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 (if required) in patient care records. This recommendation is reported in Domain 6: Results (see recommendation i on page 26).

Recommendation

The service should develop and implement a quality improvement plan which should be informed from audits and risk assessments and patient feedback to formalise and direct the way it drives and measures improvements.

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 f on page 21).

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 Face Factor Aesthetics on Friday 1 March 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 Aberdeen, Face Factor 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 Face Factor 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 had aims and a vision in place. Clear and measurable objectives 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>	
<p>Information about treatments offered was available on the service's website and patients were informed about treatment options. A fire safety risk self-assessment had been completed. An incident and accident logbook was available. A range of policies were in place.</p> <p>Portable appliance testing must be carried out. A proactive approach must be taken for the assessment and management of risk. All policies should be regularly reviewed. Patient feedback should be formally gathered and used to improve the service. A quality improvement plan should be developed.</p>	✓ Satisfactory	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The environment was clean and well equipped. Patients reported good levels of satisfaction, told us they felt safe in the service and that the service was clean and tidy. Sufficient and appropriate personal protective equipment was available.</p> <p>Patients' emergency contact details and the outcome of every consultation must be recorded. Consent for treatment and to share information with medical professionals in the event of an emergency should be recorded. Medication stock must be able to be prescribed to individual patients. When unlicensed medicines are used, the rationale for use and informed patient consent must be recorded. Botulinum toxin must be disposed of in line with European waste management legislation. A medication checklist should be implemented.</p>	Unsatisfactory	

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 Skintech Aesthetics and Medispa 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 eight requirements and 13 recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should develop and implement a process for measuring, recording and reviewing its vision, purpose, aims and objectives (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.7

Implementation and delivery

Requirements

- 1** The provider must develop effective systems that demonstrate the proactive management of risk (see page 21).

Timescale – by 21 May 2024

Regulation 13(2)(a)

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

This was previously identified as a requirement in the February 2022 inspection report for Face Factor Aesthetics.

- 2** The provider must ensure that regular checks are carried out on the service's portable electrical appliances to ensure they are maintained in a safe condition (see page 21).

Timescale – by 29 August 2024

Regulation 3(a)

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

Recommendations

- b** The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service (see page 18).

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

- c** The service should review and update its policies and procedure manual to ensure it includes the correct regulations governing independent healthcare services in Scotland, customise and align each policy to Scottish legislation and national guidance (see page 20).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Implementation and delivery (continued)

d The service should publish an annual duty of candour report (see page 20).

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

e 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 (see page 21).

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

f The service should develop a quality improvement plan (see page 21).

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

g 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 21).

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 complete and submit an annual return as requested by Healthcare Improvement Scotland (see page 25).

Timescale – by 21 May 2024

Regulation 5(1)(c)

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

Results (continued)

- 4** The provider must improve the standard of record keeping in patient care records to ensure they contain a record of the outcome of the consultation, assessment and the aftercare advice given to patients by the healthcare professional. All records must be signed, dated and timed by the healthcare professional (see page 25).

Timescale – by 21 May 2024

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

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

- 5** 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 the date and time at which any medication is administered or otherwise disposed of, including the batch number (see page 25).

Timescale – by 21 May 2024

Regulation 4(2)(d)

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

- 6** The provider must ensure that, when unlicensed medicines are used, appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 25).

Timescale – by 21 May 2024

Regulation 3(d)(iv)

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

- 7** The provider must ensure that as an independent clinic, any stock of medication that it holds must be able to be prescribed to individual patients (see page 25).

Timescale – by 21 May 2024

Regulation 3(d)(iv)

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

Results (continued)

- 8** The provider must follow national guidance for the safe management and disposal of clinical waste including cytostatic sharps (see page 25).

Timescale – by 21 May 2024

Regulation 3(d)(iii)

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

Recommendations

- h** The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 26).

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

- i** The service should ensure that consent to share information with GPs and other relevant healthcare professionals is documented in the patient care records. If the patient refuses to consent to it, this should be documented (see page 26).

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

- j** The service should review its documentation to ensure consent is clearly recorded for treatment (see page 26).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- k** The service should develop and implement an emergency arrangements policy to reflect how it will care for patients in the event of medical complication or emergency (see page 26).

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

- l** The service should implement a process for ensuring that the correct dilution of cleaning solution is used for cleaning of sanitary fittings (including clinical wash hand basins) in line with national guidance (see page 26).

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

Results (continued)

- m** The service should develop a checklist to capture the regular checking of medication (see page 26).

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:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Skintech Aesthetics and Medispa Limited the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Face Factor 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 had aims and a vision in place. Clear and measurable objectives should be developed for the service.

Clear vision and purpose

The service manager was a sole practitioner, doctor registered with the General Medical Council (GMC). The service offered non-surgical aesthetic treatments. Its vision was 'to be the leading provider of aesthetic treatments' in its community, 'offer the latest techniques and technologies', as well as 'continuously educate' its team on best practice.

The service's aim and objectives were:

- To help its patients 'feel confident and beautiful in their own skin'.
- Committed to providing 'high-quality, personalised care' to all of its patients.

Treatments were appointment-only and a high number of patients were returning customers.

What needs to improve

The service did not have clear and measurable objectives in place (recommendation a).

- No requirements.

Recommendation a

- The service should develop and implement a process for measuring, recording and reviewing 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. A fire safety risk self-assessment had been completed. An incident and accident logbook was available. A range of policies were in place.

Portable appliance testing must be carried out. A proactive approach must be taken for the assessment and management of risk. All policies should be regularly reviewed. Patient feedback should be formally gathered and used to improve the service. A quality improvement plan should be developed.

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

The service provided information on treatments, costs and information on the service through its social media channel, including information videos. Patients could use a messaging app or social media to contact the service with enquiries.

Patients could give feedback about their experience in the service verbally directly to the practitioner. They could also use a messaging app or leave messages on the service’s social media account. The service also sent out an automated email after treatment asking patients to leave feedback and a review.

We were told that new patients had used the service after recommendations from friends. All consultations were appointment-only.

What needs to improve

While the service had a participation policy in place, it was unclear how it gathered structured feedback. We found no evidence that feedback was recorded and analysed. 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 formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service.

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 had policies and procedures 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 incidents. We saw that the service had not had any accidents or incidents since its registration with Healthcare Improvement Scotland in November 2018.

Arrangements were in place to deal with medical and aesthetic emergencies. This included up-to-date training and first aid supplies. The service had a current electrical safety certificate.

Medicines were obtained from an appropriately registered supplier and the service was registered to receive alerts from The Medicines and Healthcare products Regulatory Agency (MHRA).

Maintenance contracts for fire safety equipment and fire detection systems were up to date. Fire safety checks were monitored regularly. The service had a clinical waste contract in place.

Electronic patient care records were stored securely on a tablet, which was password-protected. This protected confidential patient information in line with the service's information management policy. The service was also registered with the Information Commissioner's Office (ICO).

We were told that a face-to-face consultation and assessment was carried out to assess patients' suitability for treatment. 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 aftercare leaflets for anti-wrinkle injections and dermal fillers were available and we were told that patients were given this information following treatment. This provided patients information about who to contact if they had any questions or queries about the treatment they had received.

The practitioner attended conferences and additional masterclasses to keep up to date with changes in the aesthetics industry, legislation and best practice guidance. The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed through the GMC 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 GMC 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 and procedures in place. However, 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* (recommendation c).

While a duty of candour policy was in place, the service had not published a yearly duty of candour report (recommendation d).

- No requirements.

Recommendation c

- The service should review and update its policies and procedure manual to ensure it includes the correct regulations governing independent healthcare services in Scotland, customise and align each policy to Scottish legislation and national guidance.

Recommendation d

- The service should publish an annual duty of candour report.

Planning for quality

If the service was unable to operate, we were told that patients would be referred to another service.

What needs to improve

While 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 (requirement 1).

Regular checks had not been carried out on the service's portable electrical appliances to make sure they were maintained in a safe condition (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:

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

The service did not have a quality improvement plan in place. A quality improvement plan would help the service to structure and record its 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 f).

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

Requirement 1 – Timescale: by 21 May 2024

- The provider must develop effective systems that demonstrate the proactive management of risk.

Requirement 2 – Timescale: by 29 August 2024

- The provider must ensure that regular checks are carried out on the service's portable electrical appliances to ensure they are maintained in a safe condition.

Recommendation e

- 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 f

- The service should develop a quality improvement plan.

Recommendation g

- 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, told us they felt safe in the service and that the service was clean and tidy. Sufficient and appropriate personal protective equipment was available.

Patients' emergency contact details and the outcome of every consultation must be recorded. Consent for treatment and to share information with medical professionals in the event of an emergency should be recorded. Medication stock must be able to be prescribed to individual patients. When unlicensed medicines are used, the rationale for use and informed patient consent must be recorded. Botulinum toxin must be disposed of in line with European waste management legislation. A medication checklist should be implemented.

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 the practitioner 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:

- 'Was great and high hygiene in place and equipment.'
- 'Very clean.'

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:

- ‘I didn’t feel pressured for any of my decisions regarding the treatment.’
- ‘She explained every step of treatment with me.’
- ‘I felt involved in every step of the treatment, from the beginning.’
- ‘She never hard sells anything.’

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.

Details of the treatments were recorded, including the dose of anti-wrinkle injections administered along with the medicine batch numbers and expiry dates. Patient care records also documented that patients had been given aftercare information.

What needs to improve

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. While requested, the service did not submit an annual return this year (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
- agreed treatment plan, and
- date and signature of the healthcare professional (requirement 4).

Medicine doses and batch numbers were documented in patient care records. However, dates and times of administration of medication were not recorded (requirement 5).

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. We were told 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, nor that informed consent had been sought before treatment administered (requirement 6).

The service was able to prescribe medication. One box of emergency medication had an individual's name recorded on it. It was not clear how this medication would be prescribed to another patient (requirement 7).

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. Botulinum toxin is a cytostatic medicine and must be disposed of correctly (requirement 8).

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. While requested, the service did not submit a self-evaluation before the inspection (recommendation h).

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

Patient care records did not document patients' consent for treatment (recommendation j).

The practitioner could describe verbally how they would deal with any complication of treatment and had a stock of emergency medication. However, the service did not have an emergency arrangements policy in place which detailed the procedures that would be followed (recommendation k).

The correct cleaning tablets were available for cleaning sanitary fittings (including clinical wash hand basins). However, it did not have an appropriate receptacle to make up and store the correct dilution of cleaning solution (recommendation l).

Medication in cupboards (including emergency medication and anti-wrinkle injections that did not need to be refrigerated) was in-date. However, we found some expired medication in the fridge. The service also did not have a system in place to document that regular medication checks had been completed (recommendation m).

Requirement 3 – Timescale: by 21 May 2024

- The provider must complete and submit an annual return as requested by Healthcare Improvement Scotland.

Requirement 4 – Timescale: by 21 May 2024

- The provider must improve the standard of record keeping in patient care records to ensure they contain a record of the outcome of the consultation, assessment and the aftercare advice given to patients by the healthcare professional. All records must be signed, dated and timed by the healthcare professional.

Requirement 5 – Timescale: by 21 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 the date and time at which any medication is administered or otherwise disposed of, including the batch number.

Requirement 6 – Timescale: by 21 May 2024

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

Requirement 7 – Timescale: by 21 May 2024

- The provider must ensure that as an independent clinic, any stock of medication that it holds must be able to be prescribed to individual patients.

Requirement 8 – Timescale: by 21 May 2024

- The provider must follow national guidance for the safe management and disposal of clinical waste including cytostatic sharps.

Recommendation h

- The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland.

Recommendation i

- The service should ensure that consent to share information with GPs and other relevant healthcare professionals is documented in the patient care records. If the patient refuses to consent to it, this should be documented.

Recommendation j

- The service should review its documentation to ensure consent is clearly recorded for treatment.

Recommendation k

- The service should develop and implement an emergency arrangements policy to reflect how it will care for patients in the event of medical complication or emergency.

Recommendation l

- The service should implement a process for ensuring that the correct dilution of cleaning solution is used for cleaning of sanitary fittings (including clinical wash hand basins) in line with national guidance.

Recommendation m

- The service should develop a checklist to capture the regular 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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