



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** LA Facial Aesthetics, Dumfries

**Service Provider:** Leslie-Ann Halliday

6 August 2024

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# **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 LA Facial Aesthetics on Tuesday 6 September 2024. We spoke with the owner (practitioner) during the inspection. We received feedback from nine 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 Dumfries, LA Facial 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 LA Facial Aesthetics, the following grades have been applied.

| <b>Direction</b>   | <i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i> |                      |
|--|--|----------------------|
| <b>Summary findings</b>  |  | <b>Grade awarded</b> |
| The service aimed to provide safe and effective care to make sure patients were fully informed and were happy with the outcome from the treatment. Key performance indicators should be developed to demonstrate how this is achieved.   |  | ✓ Satisfactory       |
| <b>Implementation and delivery</b>   | <i>How well does the service engage with its stakeholders and manage/improve its performance?</i>      |                      |
| The service had a mix of new and returning patients. We saw positive patient feedback in the service's social media pages. Processes were in place to help make sure the service was safe. A quality improvement plan showed ongoing planned improvements. Policies were up to date. |  | ✓ Satisfactory       |
| The provider must manage medicines in line with the manufacturers' guidance. A duty of candour report must be published every year and accessible to patients. Systems that demonstrate the proactive management of risk must be developed.  |  |                      |
| <b>Results</b>   | <i>How well has the service demonstrated that it provides safe, person-centred care?</i>               |                      |
| The environment was clean and in a good state of repair. A thorough process was in place to document assessments and consultations. Patients told us the service was professional and they enjoyed attending for a treatment.  |  | ✓ Satisfactory       |
| Consent to share information in the event of an emergency must be documented in the patient care records.  |  |                      |

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 Leslie-Anne Halliday 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 three requirements and four recommendations.

| Direction             |   |
|-----------------------|---|
| <b>Requirements</b>   |   |
| None                  |   |
| <b>Recommendation</b> |   |
| a                     | <p>The service should identify key performance indicators to measure the service against (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> |

| Implementation and delivery |   |
|-----------------------------|---|
| <b>Requirements</b>         |   |
| 1                           | <p>The provider must follow manufacturers guidance at all times (see page 14).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)</i><br/><i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> |

## Implementation and delivery (continued)

**2** The provider must publish a duty of candour report every year (see page 14).

Timescale – immediate

*Regulation 5(2)*

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

**3** The provider must develop effective systems that demonstrate the proactive management of risk (see page 15).

Timescale – immediate

*Regulation 13(2)*

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

## Recommendations

**b** The service should develop a process of keeping patients informed of the impact their feedback has on the service (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

**c** The service should ensure that patients know how to make a complaint and the correct HIS contact details are included (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20



| Results   |
|---|
| <b>Requirements</b>   |
| None  |
| <b>Recommendation</b>   |
| <p><b>d</b> The service should ensure it documents consent to share information with the GP and next of kin in the event of an emergency. If the patient refuses this should be documented (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</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](#)

Leslie-Anne Halliday, the provide, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at LA Facial 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 |
|--|----------------------------------|
| <i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i> |                                  |

#### Our findings

**The service aimed to provide safe and effective care to make sure patients were fully informed and were happy with the outcome from the treatment. Key performance indicators should be developed to demonstrate how this is achieved.**

#### *Clear vision and purpose*

The practitioner told us that the service aimed to provide safe and effective care, where patients leave happy with the outcomes, and:

- discussions with patients would include full explanations of treatments
- patients would not feel rushed, and treatment appointments would take up to 1 hour
- patients would be given aftercare information leaflets, and
- the practitioner would follow up with contact text message in the days after treatment.

The practitioner was a registered nurse and independent nurse prescriber. The service did not employ any other staff.

#### **What needs to improve**

The service's purpose and aims were not measurable. Key performance indicators would help measure service performance and identify areas of improvement (recommendation a).

- No requirements.

#### **Recommendation a**

- The service should identify key performance indicators to measure the service against.

## Key Focus Area: Implementation and delivery

| Domain 3:<br>Co-design, co-production   | Domain 4:<br>Quality improvement | Domain 5:<br>Planning for quality |
|---|----------------------------------|-----------------------------------|
| <i>How well does the service engage with its stakeholders and manage/improve its performance?</i> |                                  |                                   |

### Our findings

The service had a mix of new and returning patients. We saw positive patient feedback in the service’s social media pages. Processes were in place to help make sure the service was safe. A quality improvement plan showed ongoing planned improvements. Policies were up to date.

The provider must manage medicines in line with the manufacturers’ guidance. A duty of candour report must be published every year and accessible to patients. Systems that demonstrate the proactive management of risk must be developed.

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

The service provided facial treatments for patients. The provider’s social media page was used to share information on treatments and the cost. The practitioner made recordings on social media platforms about the treatment options available in the service.

We were told that the service had a mix of returning and new patients. Patients had an initial conversation with the practitioner when they first enquired on social media about treatments, to help make sure that the patient’s expectations could be met at the service. An appointment was then made and following the initial consultation, patients had the opportunity to have a ‘cooling-off’ period to consider the treatment options available.

The service had an up-to-date participation policy in place, which stated that patients would be encouraged to give feedback and set out some methods the service would use to gather this. We were told the practitioner would often discuss their improvement plans with patients, such as plans for further advanced training. Feedback was received verbally or on social media and feedback we saw was positive. As a result of patient feedback, the practitioner had moved to a larger room in the premises that the service was situated.

Patients who completed our online survey told us they were fully informed of the risks and benefits of the treatment. Comments included:

- ‘Very thorough explanations, advice, information and guidance about suitability and outcomes of procedures.’
- ‘I was given a lovely amount of time to chat over the risks, benefits, costings, after care and the look I was hoping to achieve.’
- ‘I was given the opportunity to come back once we had agreed the treatment of choice.’
- ‘Very professional and it’s clear very knowledgeable and trained to a high standard.’

### **What needs to improve**

It was not clear how the service kept patients informed about the outcomes of their feedback and the ways it was used to make improvements (recommendation b).

- No requirements.

### **Recommendation b**

- The service should develop a process of keeping patients informed of the impact their feedback has on 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 owner (practitioner) was aware of the process of notifying Healthcare Improvement Scotland of any changes occurring in the service.

The service had policies and procedures in place to support the delivery of person-centred care. These included policies for:

- dealing with emergency situations
- Medicine management
- infection prevention and control, and
- safeguarding (public protection).

The infection prevention and control policy referred to the Health Protection Scotland (HPS) *National Infection Prevention and Control Manual*. This included

the standard infection control precautions, such as hand hygiene, safe disposal of clinical waste and management of bodily fluid spills. We saw a good supply of personal protective equipment available, including aprons and gloves. A good supply of single-use equipment was available (such as needles and syringes) to help manage the risk of cross-infection. A clinical waste contract was in place for the collection and safe disposal of clinical waste, used syringes and needles. The correct process of disposal of clinical waste was in place.

The complaints policy was available in the service. This highlighted the process of making a complaint and included Healthcare Improvement Scotland contact details. No complaints had been made since the service was registered in July 2022.

Medicines were ordered directly from the wholesaler or through an appropriate pharmacy supplier. We saw that the medicines were stored correctly, with some requiring to be stored in the fridge. The service had a process in place to record the fridge temperature every day to make sure medicines were stored correctly. A box of emergency medicines was stored securely, and the medicines were in-date.

The service had a process to follow when managing accidents and incidents. We saw that one incident had been recorded and was managed appropriately.

Patient care records were stored electronically. We reviewed five patient records and found that patient names and contact details were documented. Patients were asked for GP and next-of-kin contact details. A medical questionnaire was completed that included previous aesthetic history, allergies, and current medication. In each patient care record we reviewed, the consultation and assessment process were fully documented. The service was registered with the Information Commissioners Office (an independent authority for data protection and privacy rights).

The practitioner had recently updated their aesthetic training and was a member of forums, including the British Association of Cosmetic Nurses (BACN). They had developed a peer-support group online and had contacts with a pharmacy adviser.

### **What needs to improve**

The practitioner told us that they would sometimes retain a re-constituted, patient-specific vial of botulinum toxin injection for the patient's review appointment 2 weeks later. The manufacturer's guidance states that such a vial can only be retained for 24 hours. The service should always follow manufacturers' guidance (requirement 1).

Duty of candour is where the service has a duty to be open and honest with patients when something goes wrong. The service had a duty of candour policy in place. However, the service had not published an annual duty of candour report. The provider must publish a duty of candour report every year and make it available to patients, even when it has not been triggered (requirement 2).

The service's complaints policy was kept in a folder in the clinic. However, this was not easily accessible to patients, and we saw that the Healthcare Improvement Scotland (HIS) contact details were out of date (recommendation c).

#### **Requirement 1 – Timescale: immediate**

- The provider must ensure that, once reconstituted, the botulinum toxin vial is only used for a single patient, during a single treatment session, and that any unused solution is discarded to comply with the manufacturer's guidance for botulinum toxin.

#### **Requirement 2 – Timescale: immediate**

- The provider must publish a duty of candour report every year.

#### **Recommendation c**

- The service should ensure that patients know how to make a complaint and the correct HIS contact details are included.

#### ***Planning for quality***

A fire risk assessment was available in the premises that the service operated from. The service had developed a risk assessment of the ventilation in the clinic.

The practitioner had developed relationships with other aesthetic practitioners in the Dumfries area. An informal plan was in place with this peer group of Healthcare Improvement Scotland-registered aesthetics clinics in case of events that may cause an emergency closure of the clinic, such as a power failure. This would ensure patients could continue their treatment plans.

The service carried out a thorough programme of regular audits, including those for:

- infection prevention and control
- patient care records, and
- the environment.

We saw a detailed quality improvement plan that addressed a range of issues, including:

- development of standard operating procedures for treatments available
- improvements in documenting patient care records, and
- improvements in the process of prescribing anti-wrinkle treatments.

As part of its planned improvements, the service also planned to add cupboards to the treatment room to increase the storage available.

### **What needs to improve**

While we saw that the service had a fire risk assessment and a ventilation 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, and
- trips and falls (requirement 3).

### **Requirement 3 – Timescale: immediate**

- The provider must develop effective systems that demonstrate the proactive management of risk.
  
- No recommendations.

## Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

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

### Our findings

**The environment was clean and in a good state of repair. A thorough process was in place to document assessments and consultations. Patients told us the service was professional and they enjoyed attending for a treatment.**

**Consent to share information in the event of an emergency must be documented in the patient care records.**

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 environment was clean and in a good state of repair. The service has recently moved to a bigger room in the premises where the clinic is based.

We saw cleaning checklists and environmental checklists. We saw that the fridge temperature was recorded, and regular water-flushing was carried out to reduce the risk of legionella. Checklists were in place to help make sure that the emergency medicines remained in-date.

A process of consent was completed in each of the five patient care records we reviewed. This addressed the risks and benefits of treatments, consent to take photos and consent to use an off-licensed saline when re-constituting the anti-wrinkle injections. Aftercare was recorded in each patient care record we reviewed. Patients received aftercare information leaflets, as well as the practitioner's contact details.



Patients who completed our online survey told us:

- '[I] Find this service first class and would highly recommend to others.'
- 'The environment is clean, comfortable and stylish. The surroundings are beautiful, and it feels very private.'
- 'I think this service is professional, inviting and luxurious. It feels very much a treat to use the service.'

Patient care records had documented GP and next-of-kin contact details. The practitioner told us that they discussed the reason for obtaining these with all patients.

### **What needs to improve**

Patient care records did not document patients' consent to share information with their GP and next of kin in the event of an emergency (recommendation d).

- No requirements.

### **Recommendation d**

- The service should ensure it documents consent to share information with the GP and next of kin in the event of an emergency. If the patient refuses this should be documented.

## 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](mailto:his.ihcregulation@nhs.scot)

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