



Healthcare  
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Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Vire Aesthetics, Lerwick

**Service Provider:** Vire Aesthetics Ltd

26 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 Vire Aesthetics on Monday 26 August 2024. We spoke with the owner (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. This was our first inspection to this service.

Based in Lerwick, Vire 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 Vire 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 sole practitioner is a registered nurse and an independent prescriber. The service had a clear vision and purpose, with a comprehensive strategic direction, and measurable aims and objectives. This helped to deliver high quality, safe care and promote positive outcomes for patients. Due to the island's location, a focus on succession planning and partnership working helped to ensure a sustainable service provision in the community.	✓✓✓ Exceptional
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patient experience was regularly assessed and used to continually improve how the service was delivered. Detailed policies and procedures, and comprehensive risk management and quality assurance processes, including an audit programme and quality improvement plan, helped to support safe, compassionate and person-centred care.	✓✓ Good
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment and equipment were clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Patient care records were comprehensively completed.	✓✓✓ Exceptional

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 Vire Aesthetics Ltd 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 no requirements and no recommendations.

We would like to thank all staff at Vire 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 sole practitioner is a registered nurse and an independent prescriber. The service had a clear vision and purpose, with a comprehensive strategic direction, and measurable aims and objectives. This helped to deliver high quality, safe care and promote positive outcomes for patients. Due to the island's location, a focus on succession planning and partnership working helped to ensure a sustainable service provision in the community.

#### *Clear vision and purpose*

We saw that the service's vision and purpose was available to patients to view in the service. The service was owned and managed by a practitioner who was a registered nurse with the Nursing and Midwifery Council and an independent prescriber. The service is based in an island community and aimed to offer 'compassionate, high-quality healthcare to the community that is effective, safe and provides a positive experience'.

These aims were clearly set out against how they would be achieved with the focus on patients feeling empowered and maintaining positive wellbeing.

The practitioner told us they were committed to providing 'exceptional care' in a safe, welcoming environment, and that prioritising patient satisfaction was important to create an open and inclusive culture. We saw that the service's vision and purpose was at the forefront of how the service was delivered. The service was clearly committed to achieving the best possible and safest outcome for patients.

The service's key performance indicators helped to measure and evaluate how well the service was performing. These key performance indicators allowed the service to identify its strengths and weaknesses while promoting continuous improvement. The key performance indicators included:

- audit and compliance
- complaints
- incident and accident reporting
- financial reports
- returning patients, and
- feedback from patients.

Due to the service's location within an island community, it had well-established links with the local hospital. This would help to support safe delivery of care, if required. The service also compared its performance against that of similar services across Scotland to help identify any areas for improvement. The service also participated in formal, clinical reflective discussions with peers. This helped evaluate the practitioner's own performance as a single practitioner and to help them develop a personal learning plan.

The service's goals were set out in the current strategic plan, which was regularly reviewed. This included:

- ongoing evaluation of current treatments and outcomes
- development of a new website and patient newsletter
- moving from paper-based to electronic patient care records, and
- succession planning and future-proofing the service.

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

### Our findings

**Patient experience was regularly assessed and used to continually improve how the service was delivered. Detailed policies and procedures, and comprehensive risk management and quality assurance processes, including an audit programme and quality improvement plan, helped to support safe, compassionate and person-centred care.**

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

The service's patient participation policy described how feedback from patients about their experience of using the service was gathered. It also set out how this information was then used to change practice, meet patients' expectations, address any concerns and fulfil their individual needs. This enabled the service to demonstrate a collaborative approach with patients to help continually improve the way the service was delivered. We saw that any changes to the service were consistently shared through social media or displayed in the service.

Patient feedback was gathered in a variety of ways, including online surveys, a patient questionnaire and social media reviews. The service also used a QR code, included on patient information leaflets, for patients to scan and leave their views at any time. Patients were also encouraged to provide verbal feedback about their experience at any stage of their treatment.

We saw evidence of action plans in place to address formal and informal feedback from patients. For example, some patients had requested treatment costs should be more visible. An action plan was developed and, as a result, details of costs were more prominently displayed in the service, on patient information leaflets and on social media. This change was then evaluated by getting further feedback from patients to ensure this had improved the patient experience.

We saw that the service used a recognised improvement model for any changes made in the service. The service's quality improvement plan included examples of both completed and planned actions as a result of patient feedback, such as the current move from paper-format to electronic patient care records and the ongoing development of a website. We were told the new website would be active within the next 6 months. Any changes in the service that led to improvements were monitored and evaluated through audit and continual patient feedback to ensure they remained relevant and were sustainable.

Treatments were appointment-only and a high number of patients were returning customers. Patients could contact the service through social media or telephone and those who responded to our survey told us they were very happy with the information received.

- '100% satisfied... explained my options, benefits and risks.'
- 'Everything was discussed and planned in advance.'
- 'Was sent all the information to read over about the procedure prior to my appointment so I knew exactly what to expect.'

We were told the availability of certain treatments was limited, and that the practitioner had increased the opening times of the service to ensure patients had the appropriate amount of support and aftercare following each treatment. We were told that patients were fully involved in the planning of their care and all patients who responded to our survey agreed with this.

- 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 service was aware of the notification process to Healthcare Improvement Scotland. We noted that the service had not had any events that should have been notified to Healthcare Improvement Scotland. A clear system was in place to record and manage accident and incident reporting.

Comprehensive policies and procedures helped support the delivery of safe, person-centred care. Policies were reviewed twice a year as identified in an audit calendar or in response to changes in legislation, national guidance and best practice. Examples of key policies included:

- infection prevention and control
- medicines management
- information management
- safeguarding (public protection), and
- duty of candour.

Infection prevention and control measures were in place to reduce the risk of infection. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day.

An emergency policy was in place, and an emergency drug supply and first aid kit were securely stored for aesthetic emergencies, such as a vascular occlusion (blockage of a blood vessel). We saw that a checklist was used to regularly check the emergency supplies and the first aid kit. During our inspection, we saw fully completed checklists of the service's emergency drugs stock. As a member of the British Association of Cosmetic Nurses, the service could access additional support with aesthetic complications if needed. We were told the service was also in the process of registering with Save Face. We also saw evidence of the practitioner's current training certificates displayed in the clinic. The service was registered with the Medicines and Healthcare products Regulatory Agency (MHRA) to receive medical alerts and report any adverse incidents.

Maintenance contracts for fire safety equipment and portable electrical appliances were up to date. A current fire risk assessment was in place. Electrical fixed wiring testing had been carried out.

An up-to-date complaints policy was available in the service, and we were told this would also be available on the service's website when this became active. The policy included information on how to make a complaint and details of how to contact Healthcare Improvement Scotland at any time. We were told the practitioner had completed training in managing complaints. We noted the service had received no complaints since it was registered with Healthcare Improvement Scotland in April 2023.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service had a duty of candour policy, and the current duty of candour report was available in the service. We were told this would also be posted on the service's website when this became active.

The service was in the process of moving to an electronic record keeping system. While this changeover took place, all paper patient care records were stored safely, and we saw that electronic patient information was stored on a password-protected electronic device. This helped to protect confidential information in line with the service's information management policy. We noted the policy had recently been updated to take account of the new electronic system. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it followed appropriate data protection regulations.

Before treatment, patients completed an online booking request form, or they contacted the practitioner directly. All patients had a face-to-face consultation and a comprehensive clinical assessment to assess their suitability for treatment, including past medical history, risks and benefits, and possible side effects. Patients were provided with the practitioner's contact details for post-treatment advice, including out-of-hours support, and planned follow-up appointments. All patients had a treatment plan in place from the start of their treatment to completion of their care.

We saw evidence that the practitioner kept up to date with training including:

- anaphylaxis (life-threatening allergic reaction)
- basic and advanced life support
- duty of candour
- fire safety
- infection prevention and control, and
- quality improvement methodologies.

The practitioner participated in reflective discussions as part of peer review and was also a member of recognised online closed discussion aesthetic forums. These forums enabled the practitioner to look at best practice and how these lead to better outcomes, and used this information to influence their own service. We were told that the service kept up to date with research and good practice through the support of other professional colleagues in similar services.

- No requirements.
- No recommendations.

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

A detailed risk register supported the proactive management of risk in the service. We saw that risk assessments had been developed, and each risk identified had control measures in place detailing what action would be taken to reduce clinical and environmental risks. These included:

- sharps injuries
- fire safety
- slips, trips and falls, and
- lone working.

A comprehensive audit programme helped to make sure the service delivered a consistent approach to safe patient care and treatment. Action plans were produced to ensure any improvements were addressed within a specific timescale. For example, a recent emergency kit audit had identified stock due to expire and new stock had been ordered. We saw that completed audits demonstrated good compliance of:

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

A prescribing audit was regularly completed to ensure the safe, effective and secure use of medicines in line with the service's safe medicines policy, legal requirements and best practice.

A detailed quality improvement plan set out how the service used information gathered from audit results, patients and stakeholders, such as the community, to continually improve how the service was delivered and deliver better patient outcomes. The plan was regularly reviewed and updated.

- 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 environment and equipment were clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Patient care records were comprehensively 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 comprehensive self-evaluation.

The service was based in a quiet area of a shopping centre. The environment was very clean and in a good state of repair. A refurbishment programme was in place to continually review and upgrade the paintwork, fixtures and fittings to help keep the environment fresh and fit for purpose. This was included in the service's quality improvement plan.

We saw evidence of daily cleaning schedules which were fully completed and up to date. The correct cleaning products were used in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings.

Feedback from our online survey was positive about the experience patients had at the service. All patients agreed they had been treated with dignity and respect. They told us they liked the surroundings, enjoyed the privacy, and felt safe with the facilities and equipment in the service. Patients also described both an appreciation and trust in the service provided. Comments included:

- 'Confidentiality is upheld... a very trustworthy practitioner.'
- 'As soon as I came in the room there was no doubt, I instantly felt safe.'
- 'Lovely, calming beauty room.'
- 'Excellent during consultations, giving information and also recommendations for treatment options.'

- ‘Very private location. Treatment room light and airy and most importantly very clean and sterile.’
- ‘The whole process from start to finish had me very comfortable. The equipment and environment itself was all very clean.’

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 antibacterial soap and disposable paper hand towels to maintain good hand hygiene. Appropriate personal protective equipment such as disposable gloves and aprons was available.

We reviewed three patient care records and saw evidence of comprehensive record keeping, including consent. This included:

- patients’ next of kin, GP details and emergency contact
- health questionnaire
- areas identified to be treated
- before and after photographs
- consent to share information with patients’ GPs or other healthcare professionals
- consultation notes for each care episode, and
- information about the risks and benefits of treatment, as well as the cooling-off period.

Patient care records also documented the medicines administered to patients as part of their treatment, in line with best practice.

All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment to treatments provided. Specific aftercare advice was given with each treatment and arrangements were in place to make sure the service could support patients in the event of a medical emergency or any complications from treatment.

- No requirements.
- No recommendations.

## 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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Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

## Healthcare Improvement Scotland

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

0131 623 4300

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0141 225 6999

[www.healthcareimprovementscotland.scot](http://www.healthcareimprovementscotland.scot)