



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: E.R. Aesthetics, Edinburgh

Service Provider: Eilidh Ramsay

25 September 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 E.R. Aesthetics on Wednesday 25 September 2024. We spoke with the manager (practitioner) during the inspection. We received feedback from one patient 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 Edinburgh, E.R. 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 E.R. 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
Clear and measurable key performance indicators should be developed for the service. The service must work in line with its practicing privileges policy and have a formal practicing privileges agreement in place with the independent prescriber. Staff meetings should be held and documented.	Unsatisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Appropriate policies and procedures were in place to support the safe delivery of care. Although patients had the opportunity to provide feedback on their experience, a formal system for reviewing and using patient feedback to improve the service should be introduced. Staff working in the service must have an annual appraisal. A proactive approach must be taken for the assessment and management of risk. A regular audit programme, and a quality improvement plan, would help the service to continually improve. The service should register with the Information Commissioner's Office.	Unsatisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and well equipped. Patients spoke positively about the service. Appropriate infection control procedures were being followed. Patients' GP details and the outcome of every consultation, including medicines used, must be recorded in patient care records. Effective systems must be in place to make sure staff are recruited safely. Consent to share information should be recorded.	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 Eilidh Ramsay 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 five requirements and nine recommendations.

Direction	
Requirement	
1	<p>The provider must further develop and follow its practicing privileges policy and have practice privileges contracts that describe the governance procedures in place to ensure safe delivery of care with individual responsibility and accountability clearly identified and agreed (see page 12).</p> <p>Timescale – immediate</p> <p><i>Regulation 12(d)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Direction (continued)	
Recommendations	
a	<p>The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered (see page 11).</p> <p>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.7</p>
b	<p>The service should introduce formal staff meetings, with a record of discussions and decisions reached at these meetings kept. These should detail staff responsible for taking forward any actions (see page 12).</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	
Requirements	
2	<p>The provider must ensure that all staff working in the service have personal development plans and receive regular individual performance reviews and appraisals (see page 16).</p> <p>Timescale – by 17 December 2024</p> <p><i>Regulation 12(c)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
3	<p>The provider must develop and maintain an effective system to demonstrate the proactive management of risks to patients and staff (see page 17).</p> <p>Timescale – by 17 December 2024</p> <p><i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)

Recommendations

c 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 14).

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 register with the Information Commissioner's Office (see page 16).

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

e The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented (see page 17).

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

f The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 17).

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

g The service should develop 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 17).

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	
4	<p>The provider must document patients' GP details, the outcome of every consultation with both the practitioner and the prescriber, and details of every treatment provided, and medicine prescribed and administered to the patient (see page 20).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)(b)(c)(d)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
5	<p>The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited. This must include ensuring that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly (see page 20).</p> <p>Timescale – immediate</p> <p><i>Regulation 8(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
h	<p>The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 20).</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>
i	<p>The service should record patient consent for sharing information with their GP and other healthcare staff in an emergency, if required, in patient care records (see page 20).</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](#)

Eilidh Ramsay, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at E.R. 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

Clear and measurable key performance indicators should be developed for the service. The service must work in line with its practicing privileges policy and have a formal practicing privileges agreement in place with the independent prescriber. Staff meetings should be held and documented.

Clear vision and purpose

The service was owned and managed by a nurse registered with the Nursing and Midwifery Council (NMC) who was also an experienced aesthetics practitioner. We were told the service treated a very small number of patients each month. The service's aims and objectives included:

- building patient numbers through using social media and personal recommendations, and
- making patients happy.

What needs to improve

The service's aims and objectives were not formalised and no measurable key performance indicators were in place. These would help the service identify and measure the effectiveness of the quality of the service provided (recommendation a).

- No requirements.

Recommendation a

- The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered.

Leadership and culture

The manager (practitioner) was not an independent nurse prescriber. A practicing privileges policy was in place (for staff not employed directly by the provider but given permission to work in the service). A registered nurse

with an additional nurse prescriber qualification had been granted practicing privileges to work in the service. They were present for initial consultations with patients and during treatments using dermal filler, in case of complications following treatment.

What needs to improve

The service did not have a practicing privileges contract in place with the prescriber. We saw no evidence that the prescriber was subject to management and oversight by the manager (practitioner) to make sure they worked in line with the service's policies and procedures. A formal practicing privileges contract would help identify the responsibilities and accountability of both the service and the prescriber to help ensure the safe delivery of care to patients (requirement 1).

We were told that the prescriber and manager (practitioner) communicated either through face-to-face conversations or using an online messaging forum. We were told no formal staff meetings took place. Regular formal meetings would help to document discussions about how to continually improve the service, such as patient feedback and quality improvement activities. Minutes should reflect the discussions and decisions reached or any actions to be taken to ensure better reliability and accountability (recommendation b).

Requirement 1 – Timescale: immediate

- The provider must further develop and follow its practicing privileges policy and have practicing privileges contracts that describe the governance procedures in place to ensure safe delivery of care with individual responsibility and accountability clearly defined and agreed.

Recommendation b

- The service should introduce formal staff meetings, with a record of discussions and decisions reached at these meetings kept. These should detail staff responsible for taking forward any actions.

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

Appropriate policies and procedures were in place to support the safe delivery of care. Although patients had the opportunity to provide feedback on their experience, a formal system for reviewing and using patient feedback to improve the service should be introduced.

Staff working in the service must have an annual appraisal. A proactive approach must be taken for the assessment and management of risk. A regular audit programme, and a quality improvement plan, would help the service to continually improve. The service should register with the Information Commissioner's Office.

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

The service's social media pages provided information about treatments offered and cost. Patients could contact the service through these pages or through a third-party booking website.

Patients could give feedback about their experiences in the service through a suggestion box available in the service, verbally to the manager (practitioner) and prescriber and also through the third-party booking website.

All consultations were appointment only.

What needs to improve

Although the service had a participation policy, there was no evidence that patient feedback was analysed or used to help improve the service or the patient experience. A more structured approach to feedback would allow the service to demonstrate how it measures the impact of improvements and the quality of service delivered (recommendation c).

- No requirements.

Recommendation c

- 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.

Policies and procedures developed by the service to support the delivery of person-centred care included:

- complaints
- duty of candour
- medication management
- information management, and
- infection prevention and control.

The manager (practitioner) was aware of the notification process and what events they should notify Healthcare Improvement Scotland about. A system was in place to record and manage accident and incident reporting. We noted the service had not had any accidents or incidents since its registration with Healthcare Improvement Scotland in March 2022.

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. No complaints had been received by the service or Healthcare Improvement Scotland 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 service.

Safe systems were in place for prescribing, procuring and storing 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, along with emergency protocols in case of an emergency complication.

Medicines were obtained from an appropriately registered supplier and the service received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

Maintenance contracts for the fire safety equipment and fire detection system were up to date as part of the wider building maintenance where the service was located. 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.

On the day of treatment, patients had a face-to-face consultation with both the prescriber and manager (practitioner) where they completed a consent to treatment form which they and the manager (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.

Patent care records were stored electronically and were password protected.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through attending training courses. The manager (practitioner) engaged in regular continuing professional development and had completed their revalidation. This is managed through the NMC registration and revalidation process. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC every 3 years. We were told the manager (practitioner) also kept up to date with appropriate training, such as adult support and protection, equality and diversity, and infection prevention and control through their NHS role.

What needs to improve

The service did not have an appraisal process in place for the prescriber. This would ensure they were given the chance to discuss progress with their role, identify personal objectives and raise any concerns (requirement 2).

The service was not registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) to ensure safe storage of confidential patient information (recommendation d).

Requirement 2 – Timescale: by 17 December 2024

- The provider must ensure that all staff working in the service have personal development plans and receive regular individual performance reviews and appraisals.

Recommendation d

- The service should register with the Information Commissioner’s Office.

Planning for quality

We saw evidence of up-to-date public liability insurance for the service.

What needs to improve

The service did not have a system in place to identify, manage and monitor risks. All risks to patients and staff must be effectively managed. A risk management process, including developing a register of risk assessments that would be regularly reviewed and updated, must be in place. This would help to demonstrate that all risks had been considered, appropriately assessed and measures were in place to reduce frequency or harm. Examples of risk assessments could include sharps injuries, infection prevention and control, and medicine management (requirement 3).

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 could take place on patient care records, infection prevention and control, and the safety and maintenance of the care environment (recommendation e).

The service did not have a quality improvement plan in place. This would help to structure and record 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).

There was no evidence of a business contingency plan should the service need to close for any reason, such as a power failure (recommendation g).

Requirement 3 – Timescale: by 17 December 2024

- The provider must develop and maintain an effective system to demonstrate the proactive management of risks to patients and staff.

Recommendation e

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented.

Recommendation f

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

Recommendation g

- The service should develop 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 spoke positively about the service. Appropriate infection control procedures were being followed.

Patients' GP details and the outcome of every consultation, including medicines used, must be recorded in patient care records. Effective systems must be in place to make sure staff are recruited safely. Consent to share information should be recorded.

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.

We saw the treatment room was clean and well maintained. Appropriate products were being used to clean equipment and the environment, including the clinical hand wash basin, in line with current infection control guidance. All equipment was single use to prevent any risk of cross infection. Personal protective equipment, including gloves and aprons, was available. A waste management contract was in place for the safe disposal of clinical waste and sharps such as used needles and syringes.

The patient who responded to our online survey told us they felt safe and the service was very clean. They also told us they were very satisfied with the care and treatment they received and were involved in decisions about their care. Some comments we received included:

- 'Listened to everything I had to say and wanted.'
- 'I like that they were an experienced nurse, one of the main reasons I chose to book.'
- 'Very professional... .'
- 'Nice location and easy to communicate with, whole process was very easy.'

The five patient care records we reviewed showed that pre-treatment consultations were carried out and included:

- past medical history, including previous health conditions and medication
- review of previous treatment, and
- treatment benefits, risks and side effects.

The patient care records included contact details for patients' next of kin and emergency contact. They also included a face map of treatments, and all entries were signed and dated by the manager (practitioner).

What needs to improve

Patient care records did not include patients' GP details. They also did not document the outcome of face-to-face consultations, including with the prescriber, or the dosage, batch numbers and expiry dates of medicines administered (requirement 4).

There was no evidence to show that appropriate initial background and safety checks had been carried out for the prescriber, including:

- Disclosure Scotland Protecting Vulnerable Groups (PVG) check
- professional registration
- references, and
- proof of identity.

There was also no evidence of ongoing checks to ensure the prescriber remained safe to work in the service (requirement 5).

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

Patient care records did not document patients' consent to share information with other healthcare professionals in the event of an emergency (recommendation i).

Requirement 4 – Timescale: immediate

- The provider must document patients' GP details, the outcome of every consultation with both the practitioner and the prescriber, and details of every treatment provided, and medicine prescribed and administered to the patient.

Requirement 5 – Timescale: immediate

- The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited. This must include ensuring that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly.

Recommendation h

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

Recommendation i

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

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.ihtregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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