



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: MGQ Aesthetics and Beauty Clinic,
Motherwell

Service Provider: MGQ Aesthetics and Beauty
Clinic Limited

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 MGQ Aesthetics and Beauty Clinic on Wednesday 25 September 2024. We spoke with the manager (practitioner) during the inspection. We received feedback from five 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 Motherwell, MGQ Aesthetics and Beauty Clinic 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 MGQ Aesthetics and Beauty Clinic, 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's vision was to provide treatments in a professional manner in a safe, caring and non-judgmental environment. Information about the service's vision should be shared with patients.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to improve the service. A range of policies and procedures helped to support the safe delivery of person-centred care. This also included clear systems and processes to monitor and manage complaints and risk. The service kept up to date with current best practice through training and development.</p> <p>A regular programme of audits should be introduced to help the service continually improve. A quality improvement plan should be implemented.</p>		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The clinic environment and equipment were clean and well maintained, with good infection control measures in place. Detailed records of patients' care and treatment were kept. Patients were very positive about their experience.</p> <p>The correct cleaning products for cleaning sanitary fittings, including clinical wash hand basins, should be used.</p>		✓ Satisfactory

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 MGQ Aesthetics and Beauty Clinic 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 five recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should ensure that information about the service’s vision is available to patients (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
None	
Recommendations	
b	<p>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 14).</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>
c	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 14).</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>

Results	
Requirements	
None	
Recommendations	
d	<p>The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 16).</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>
e	<p>The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins, in line with national guidance (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</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](#)

We would like to thank all staff at MGQ Aesthetics and Beauty Clinic 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's vision was to provide treatments in a professional manner in a safe, caring and non-judgmental environment. Information about the service's vision should be shared with patients.

Clear vision and purpose

The service's vision was to ensure patient safety by providing treatments in a professional manner, in a safe, caring and non-judgmental environment.

What needs to improve

While the service had a vision, this information was not readily available to patients in the service (recommendation a).

We discussed key performance indicators with the manager (practitioner). These would help the service identify and measure the effectiveness of the quality of the service provided. Examples of key performance indicators could include:

- patient feedback
- patient return and non-return rates
- revenue growth, and
- social media engagement rate.

This information would help achieve the service's aim of continuously improving. We will follow this up at future inspections.

- No requirements.

Recommendation a

- The service should ensure that information about the service's vision is available to patients.

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

Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to improve the service. A range of policies and procedures helped to support the safe delivery of person-centred care. This also included clear systems and processes to monitor and manage complaints and risk. The service kept up to date with current best practice through training and development.

A regular programme of audits should be introduced to help the service continually improve. A quality improvement plan should be implemented.

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

Key information about the treatments offered, including risks and benefits, was available in the service's treatment room.

The service had a patient participation policy and actively encouraged patient feedback. We saw a variety of ways for patients to provide input into how the service continued to develop. For example, we saw new treatments introduced as a result of patient feedback and following relevant training by the manager (practitioner). Patients were encouraged to provide verbal feedback at any time during treatment, and could provide feedback through social media sites if they wished. Patients were asked to complete a feedback questionnaire following treatment. We saw evidence that patient feedback was regularly recorded and reviewed, and that feedback was consistently very positive.

- 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 manager (practitioner) recognised the importance of people's dignity and respect. All consultations were by appointment and only one patient was treated in the service at a time, maintaining confidentiality. Controlled access to the treatment room meant patients' privacy and dignity was not compromised.

All patients who responded to our online survey agreed they were treated with dignity and respect. Comments included:

- 'Very professional.'
- '... is very kind and treats every client with dignity and respect.'

The manager (practitioner) was responsible for managing the servicing and maintenance of the building. This included gas safety and portable appliance testing for electrical appliances and equipment to ensure they were safe to use. Appropriate fire safety equipment and signage was in place.

All patients had a face-to-face consultation to assess their suitability for treatment before a treatment plan was prepared or any treatment was administered. Patients were involved in planning their treatment. During their consultation appointment, discussions took place about the risks and benefits, costs and likely outcome of the desired treatment. Consent from patients was discussed and a consent form completed, which was signed by both the patient and practitioner. Patients were given time to consider treatment options and ask questions before agreeing to treatment. This helped to make sure patients had realistic expectations of the proposed treatment.

As part of their treatment plan, patients were invited to attend a follow-up appointment. This allowed the service to make sure patients were happy with the results and provide any additional treatment or advice.

Patients were given verbal and written aftercare advice at the time of treatment. This was documented in the patient care record. Patients were also given the service's contact details in case of any complications.

All patients who responded to our online survey agreed they were involved in decisions about their care and treatment and were given sufficient time to reflect on their treatment options before consenting to treatment. Comments included:

- '... clearly explained everything I needed to know.'
- '... spoke me through the full treatment, on many occasions let me look in the mirror and allow me to see what was to be done and still to be done.'

- ‘... was absolutely amazing from start to finish, explained everything I needed to know in great detail. Also spoke me through each stage of the treatment.’

Patient care records were kept in paper format. Appropriate procedures were in place to make sure that information was held securely and to prevent unauthorised access. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

Safe management processes were in place for ordering, storing, prescribing and administering all medicines. All medicines were obtained from appropriately registered suppliers. Medicines were stored securely in a locked medical refrigerator. A system was in place to monitor the temperature of the fridge to make sure medicines were being stored at the correct temperature. An effective stock control and rotation system enabled the service to regularly monitor the medicines supply.

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 outwith its ‘Summary of Product Characteristics’ and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. We saw evidence in the patient care records that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients and that informed consent had been sought and signed by the patient.

A first aid kit and emergency medication were available along with emergency protocols to quickly deal with any medical emergencies, such as a complication or adverse reaction from treatment. The manager (practitioner) had been trained to deliver basic adult life support in the event of a medical emergency.

The service kept a register of its policies and procedures. All were in date, and were reviewed and updated regularly to reflect current legislation and best practice. We saw that some of the policies in place included those for:

- health and safety
- infection control
- medicines management, and
- safeguarding (public protection).

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. Information on how to make a complaint was available in the waiting area. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered in April 2022.

The service had a duty of candour policy in place. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. A yearly duty of candour report was available in the treatment room. The most recent report showed that no duty of candour incidents had occurred. A safeguarding (public protection) policy described the actions to take in case of an adult protection concern.

While the service had not had any incidents or accidents since registration, systems were in place to record any that may occur. The manager (practitioner) was aware of their responsibility to notify Healthcare Improvement Scotland of certain events in line with our notification guidance, and relevant incidents under health and safety legislation.

The service is owned and managed by an experienced nurse practitioner and independent prescriber who is registered with the Nursing and Midwifery Council (NMC). The manager (practitioner) engaged in regular continuing professional development 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.

There was a focus on continuous learning and improvement. We saw certificates for several training courses the manager (practitioner) had recently attended, in various industry relevant subjects. This included training in B12 injections and skin care treatments.

The service was a member of the Aesthetic Complications Expert (ACE) Group. This group provides support if complications arise after a patient's treatment, and provide learning opportunities, support and advice for its members. The service also subscribed to forums, and attended regular conferences and training days provided by pharmaceutical companies. This helped the service keep up to date with current product knowledge, techniques and best practice.

- No requirements.
- No recommendations.

Planning for quality

Reliable systems were in place to manage risk, and the service maintained a register of practice-associated risks and their impact. We saw a number of current risk assessments were in place to protect patients and the manager (practitioner). This included fire safety and the administration of treatments such as dermal fillers. Risk assessments were easy to follow, and each risk assessment had a likelihood of occurrence attached. We saw that each risk had been reviewed on a regular basis and that all necessary action plans were in place.

If the clinic became unavailable for use for any reason, we were told that patients would be notified and referred to a suitable alternative local service.

What needs to improve

We found no evidence of audits taking place to review the safe delivery and quality of service. For example, audits could be carried out on patient care records, medicines management, and the safety and maintenance of the care environment. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation b).

There was no quality improvement plan in place. This would help to structure and record service improvement processes and outcomes, and allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation c).

- No requirements.

Recommendation b

- 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 c

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

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

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

Our findings

The clinic environment and equipment were clean and well maintained, with good infection control measures in place. Detailed records of patients' care and treatment were kept. Patients were very positive about their experience.

The correct cleaning products for cleaning sanitary fittings, including clinical wash hand basins, should be used.

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.

The clinic environment and equipment were clean, well maintained and in a good state of repair. 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 alcohol-based hand rub, and appropriate personal protective equipment such as disposable gloves, aprons and face masks was available.

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

- 'Premises always spotless.'
- 'Treatment room was clean and tidy.'

We reviewed five patient care records and saw evidence of comprehensive record keeping. All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment to treatments provided. Patient information included a full medical history, with details of any health conditions, medications, previous treatments and any areas which would highlight any risks associated with treatment such as pregnancy or any previous allergic reactions. Patients' GP and next of kin details, consent to share information with their GP and other relevant staff in the event of an emergency and having their photograph taken were all documented. Records were kept of

each treatment session, with skin assessments, diagrams and photographs of the treated area helping to inform the overall plan of care. Dosage and medicine batch numbers were also recorded for each treatment. This would allow tracking if any issues arose with the medications used.

Feedback from our online survey was very positive about the experience patients had at the service. Comments included:

- ‘Always had a great and professional experience here.’
- ‘... is very professional and had a fantastic knowledge in what she is doing.’
- ‘How friendly and caring... is to her clients, she treats them like family. You just feel very much at home when you sit in her treatment chair.’

What needs to improve

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 d).

The service was not using the correct cleaning products for cleaning sanitary fittings, including its clinical wash hand basin (recommendation e).

- No requirements.

Recommendation d

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

Recommendation e

- The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins, in line with national guidance.

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

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