



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Aura Facial Aesthetics, Dundee

Service Provider: Aura Facial Aesthetics Limited

23 May 2024

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First published July 2024

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 8 August 2019

Recommendation

The service should develop its infection prevention and control policy to ensure information is aligned to national infection prevention and control guidance.

Action taken

The service's infection prevention and control policy was now aligned to national infection prevention and control guidance.

Recommendation

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.

Action taken

We saw that audits of patient feedback now took place. However, audits of patient care records or the environment were still not being carried out. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation c on page 15).

Recommendation

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

Action taken

From the five patient treatment forms we reviewed, we saw that patient consent was now documented for sharing information with healthcare professionals in the event of an emergency. We saw that patients' GP details were recorded in the patient treatment forms.

Recommendation

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

Action taken

A quality improvement plan was now in place to provide oversight of the planned activities that would help the service to continually improve the quality of care and service provided.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Aura Facial Aesthetics on Thursday 23 May 2024. We spoke with the owner/manager (sole practitioner) during the inspection. We received feedback from 17 patients through an online survey we had asked the service to issue for us during the inspection.

Based in Dundee, Aura 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 Aura Facial 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
A clear vision statement was shared with patients. The service evaluated itself against defined key performance indicators, including patient safety.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Policies and procedures set out the way the service delivered safe care. Gathering patient feedback displayed a commitment to improving the patient experience and quality of the service.</p> <p>Further developing the audit programme and expanding the risk assessments would improve clinical governance in the service. A formal agreement would ensure the correct disposal of clinical waste. The prescribing of stock medicines must be reviewed.</p>		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The treatment room was clean and well maintained. Patients felt fully informed and involved in their treatment plans. Patient treatment forms must be kept in one single patient care record and all discussions documented.		✓ 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 Aura Facial Aesthetics 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 requirements and four recommendations.

Implementation and delivery	
Requirements	
1	<p>The provider must ensure that all hazardous waste including botulinum-contaminated sharps and vials are disposed of safely in line with national waste legislation, and that a formal agreement is in place with the NHS service used for the disposal (see page 14).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must ensure prescription-only medicines are only administered to the patient that they have been prescribed for (see page 14).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)

Requirements

- 3** The provider must further expand the risk assessments completed and these must be stored as a risk register to ensure there is effective oversight and management of risk in the service (see page 15).

Timescale – by 17 October 2024

Regulation 13(2)(a)

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

Recommendations

- a** The service should ensure that all types of patient feedback received is documented to enable full review and analysis to help continually improve 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

- b** The service should develop and implement an information management policy that describes the storage, retention and disposal of patient information and ensure the confidentiality of patient information (see page 14).

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

- c** The service should further develop its audit programme to include patient care records, equipment and environmental audits (see page 15).

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

This was previously identified as a recommendation in the August 2019 inspection report for Aura Facial Aesthetics.

Results	
Requirements	
4	<p>The provider must ensure that all patient information and records of treatments for one patient are kept together in one single patient care record (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(3)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
5	<p>The provider must ensure that all discussions are appropriately documented in the patient care record (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
d	<p>The service should implement a stock checking and rotation system and ensure any expired products are disposed of (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.24</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](#)

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

We would like to thank all staff at Aura Facial Aesthetics for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

A clear vision statement was shared with patients. The service evaluated itself against defined key performance indicators, including patient safety.

Clear vision and purpose

The service's vision and purpose statement included ensuring the safety and wellbeing of patients through the practitioner's continuous development of aesthetics knowledge. This was displayed in the treatment room.

A business plan described the business activities, goals and strategy that would help the service achieve its goals, including marketing. We saw that the service had evaluated itself against a set of key performance indicators that informed the business plan including:

- patient numbers and growth of client base
 - patient safety, and
 - complaints and feedback.
-
- 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

Policies and procedures set out the way the service delivered safe care. Gathering patient feedback displayed a commitment to improving the patient experience and quality of the service.

Further developing the audit programme and expanding the risk assessments would improve clinical governance in the service. A formal agreement would ensure the correct disposal of clinical waste. The prescribing of stock medicines must be reviewed.

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

The service asked a random selection of patients to complete a patient satisfaction questionnaire every 6 months. Questions about the patient's experience included asking about:

- if the patient's needs and expectations had been met
- confidence in the practitioner
- standard of the environment
- sufficient aftercare information, and
- any areas for improvement.

We saw that the feedback received from the questionnaire was collated and reviewed. All the feedback documented was positive with no suggested areas for improvement.

What needs to improve

Patients also gave feedback by text message and verbally. However, this feedback was not documented (recommendation a).

- No requirements.

Recommendation a

- The service should ensure that all types of patient feedback received is documented to enable full review and analysis to help continually improve the service.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland, as detailed in our notification guidance. Since registration with Healthcare Improvement Scotland in November 2017, the service had submitted appropriate notifications to keep us informed about changes and events in the service.

Appropriate policies, procedures and processes were in place to deliver safe, person-centred care. Detailed standard operating procedures were documented for all treatments.

A safeguarding policy described the actions the practitioner should take in case of an adult protection concern.

A medicines management policy and protocols helped to make sure medicines were managed safely and effectively. Medicines were stored in a locked fridge and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. An emergency medicines kit was checked every month. The practitioner was a member of the Aesthetic Complications Expert (ACE) Group who produce guidelines for the management of complications following treatment, and provide help and advice for practitioners if there is a treatment complication. The guideline for resuscitation protocol was displayed. The practitioner's contact number was included in patients' aftercare information in case they had any concerns.

An infection prevention and control policy described the precautions in place to prevent patients and the practitioner being harmed by avoidable infections, such as the use of personal protective equipment (gloves, aprons), and the safe management of sharps such as syringes and needles. Appropriate products were used to clean equipment and the environment.

A fire risk assessment had been carried out and the fire risk extinguisher was regularly checked.

The service had a complaints policy and had not received any complaints since registration in 2017. Information on how patients could make a complaint about the service was included in all aftercare information provided following treatment and was also displayed in the treatment room. This included information on how they could make a complaint to the service or to Healthcare Improvement Scotland. The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong) and an annual duty of candour report was displayed in the treatment room. There had been no duty of candour incidents.

There was a log to record any incidents or accidents. We were told there had not been any incidents or accidents to date.

Patient care records were stored securely in a locked filing cabinet. 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.

Patients had a face-to-face consultation with the practitioner before attending their treatment appointment. This gave them a cooling-off period and time to consider the information received before going ahead with treatment. During the consultation, patients received a consent form that detailed information about the treatment they had booked, including the risks, and were asked about their medical history.

The service was owned and managed by a registered nurse prescriber who was an experienced aesthetic practitioner and continued to work in the NHS. They completed ongoing training as part of their Nursing and Midwifery Council registration and subscribed to an aesthetics industry journal. The practitioner was a member of a group of peers in the Dundee area who provided each other with support and shared learning. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

We saw evidence of the practitioner's continued professional development in the aesthetics field. Aesthetic training certificates were displayed in the treatment room. Patients told us in our online survey that they had confidence in the service and the practitioner. Comments included:

- '... explained her aesthetic qualifications to me and explained the treatment very well.'
- '... extremely knowledgeable and skilled in her practice.'
- 'I felt safe, respected and at ease.'

What needs to improve

The sharps bin was not appropriate for the disposal of hazardous waste (from botulinum toxin). We were told that the service disposed of its clinical waste at a local NHS service. However, this agreement was not documented (requirement 1).

The service used a particular prescription-only medicine for the treatment of vascular occlusion (where dermal filler is injected into a blood vessel causing a blockage). This medicine was labelled as prescribed to one named patient. However, we were told that it was held by the clinic in case it was required for any patient that could potentially suffer a vascular occlusion. Medicines prescribed to a named patient cannot be held in stock to be prescribed to another patient. Independent healthcare services can hold stock medicines in connection with the running of that service. However, the stock medicines must only be prescribed to the patient to whom it will be administered at the point of need (requirement 2).

The service did not have a management of information policy that described how the service would comply with relevant legislation such as the Data Protection Act 2018 and the General Data Protection Regulation (recommendation b).

Requirement 1 – Timescale: immediate

- The provider must ensure that all hazardous waste including botulinum-contaminated sharps and vials are disposed of safely in line with national waste legislation, and that a formal agreement is in place with the NHS service used for the disposal.

Requirement 2 – Timescale: immediate

- The provider must ensure prescription-only medicines are only administered to the patient that they have been prescribed for.

Recommendation b

- The service should develop and implement an information management policy that describes the storage, retention and disposal of patient information and ensure the confidentiality of patient information.

Planning for quality

A contingency plan was in place with another Healthcare Improvement Scotland registered aesthetics service in case of events that may cause an emergency closure of the service, such as a power failure. This would help make sure patients could continue their treatment plans. Appropriate insurances were in date such as public and employer liability insurance.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. The service's quality improvement plan included activities that would lead to service improvement such as the practitioner undertaking advanced aesthetics training.

What needs to improve

The service had carried out risk assessments for needlestick injuries and clinically acquired infections. However, the service had not assessed all business and clinical risks and their potential impact on the service, the practitioner and patients, for example the risks of some treatments, lone working and the continued use of the non-compliant clinical hand wash basin (requirement 3).

There was no auditing of patient care records, or the equipment and environment (recommendation c).

Requirement 3 – Timescale: by 17 October 2024

- The provider must further expand the risk assessments completed and these must be stored as a risk register to ensure there is effective oversight and management of risk in the service.

Recommendation c

- The service should further develop its audit programme to include patient care records, equipment and environmental audits.

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 treatment room was clean and well maintained. Patients felt fully informed and involved in their treatment plans. Patient treatment forms must be kept in one single patient care record and all discussions documented.

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.

All patients who responded to our online survey said they were satisfied with the equipment and environment. Comments included:

- ‘Exceptionally clean, tidy and organised. Very professional set up.’
- ‘I’m very comfortable in this environment and satisfied with the facilities and equipment.’

The treatment room was clean, organised and well maintained. Cleaning checklists had been completed. Effective measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment and alcohol-based hand gel.

The five patient treatment forms we reviewed included documentation of:

- emergency contact and GP contact details
- consents
- medical history, and
- medicine dosage, batch numbers, expiry dates and a diagram of injection points.

All patients who responded to our online survey told us they had received adequate information about their procedure and felt involved in the decisions about their care. Comments included:

- ‘Everything explained competently and clearly. All questions answered in an assured manner.’
- ‘Always explains everything about the procedure even though I’ve been before many times. She takes time over this and always asks if anything has changed with my health.’
- ‘Different treatment options were offered and we both came to a decision together.’

What needs to improve

We noted that the individual records of treatment forms were not kept together in a patient file. All patient information and records of treatments should be kept together in one single patient care record to ensure the practitioner has access to the previous medical and treatment history (requirement 4).

Although we were told that a full discussion took place with patients, including the treatment plan, costs and aftercare, this was not documented in the patient treatment forms we reviewed. We noted that the forms did not have sections to document this information (requirement 5).

Although the service carried out stock and expiry date checks of medications, this did not include other items such as syringes and dressing packs. We found some of these items were out of date (recommendation d).

Requirement 4 – Timescale: immediate

- The provider must ensure that all patient information and records of treatments for one patient are kept together in one single patient care record.

Requirement 5 – Timescale: immediate

- The provider must ensure that all discussions are appropriately documented in the patient care record.

Recommendation d

- The service should implement a stock checking and rotation system and ensure any expired products are disposed of.

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.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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