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Scotland

Inspections
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To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Aesthetox, Johnstone

Service Provider: Aesthetox (Scotland) Ltd

14 May and 20 June 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 Aesthetox on Tuesday 14 May 2024. Having identified some immediate concerns during this inspection, we carried out a second inspection on Thursday 20 June 2024 to follow these up. We spoke with the owner (practitioner) during the inspection. We received feedback from seven patients through an online survey we had asked the service to issue for us before the inspection.

This was our first inspection to this service.

Based in Johnstone, Aesthetox 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 Aesthetox, 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 had stated its aim on its website. A clear, vision, purpose and measurable objectives should be developed to demonstrate ongoing improvements in the service.	Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Patient information leaflets were available. Patients could give feedback in a variety of ways.</p> <p>A yearly duty of candour report must be published and accessible to patients. The participation policy should be reviewed to demonstrate how feedback is reviewed and how patients are informed of the changes. Policies and procedures should be regularly reviewed.</p>	Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>The environment was clean, uncluttered and recently re-decorated. We were told of the regular cleaning regime. Cleaning checklists had been developed.</p> <p>The service was developing quality assurance processes, addressing aspects of the service and the environment. Patient care records should be fully completed.</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: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Assurance Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Aesthetox (Scotland) 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 two requirements and eight recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should implement a process to review its service aims and objectives to ensure they are measurable (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery	
Requirement	
1	<p>The service must publish an annual duty of candour report (see page 15).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(2)</i> <i>The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p>

Implementation and delivery (continued)

Recommendations

- b** The service should develop its participation policy to outline how information is gathered from patients and how this is used to improve the quality of the service (see page 13).

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

- c** The service should regularly review all its policies and procedures and ensure they are up to date with current standards, legislation and guidance (see page 15).

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

- d** The service should ensure that information about how to make a complaint about the service is easily accessible to patients (see page 15).

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

- e** The service should ensure that completed risk assessments are recorded on a risk register and regularly reviewed (see page 16).

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

- f** The service should develop a quality improvement plan to direct improvement in the service (see page 16).

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

- g** The service should develop a business continuity plan that includes processes in place should the business close (see page 16).

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

Results	
Requirement	
2	<p>The provider must ensure that each patient care record includes documented assessment and consultation each time (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
h	<p>The service should develop a system to ensure regular yearly checks on the nurse prescriber take place (see page 19).</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>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Aesthetox (Scotland) Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Aesthetox 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 had stated its aim on its website. A clear, vision, purpose and measurable objectives should be developed to demonstrate ongoing improvements in the service.

Clear vision and purpose

The service told us it aimed to provide safe, person-centred care. Its objective was to make sure patients were given the correct advice about treatments and could have an open, honest conversation about treatment options and expectations.

What needs to improve

The service's website stated its aim. However, the service should develop further clear and measurable processes to demonstrate the aims and visions (recommendation a).

- No requirements.

Recommendation a

- The service should implement a process to review its service aims and objectives to ensure they are measurable.

Leadership and culture

The owner (aesthetic practitioner) was a non-health care professional and worked alongside a qualified nurse prescriber. The nurse prescriber was present when prescription-only medicines were administered or in the event that an emergency may occur.

The owner (aesthetic practitioner) supported the nurse prescriber in developing their skills in aesthetics. We saw a plan in place for the owner (practitioner) and the nurse prescriber to attend training together.

What needs to improve

At our first inspection in May 2024, we were told the owner (aesthetics practitioner) and the nurse prescriber met monthly to talk about the service. During our second inspection in June 2024, we saw that an agenda template document had been developed for use at monthly meetings. We will follow this up at future inspections.

- 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 information leaflets were available. Patients could give feedback in a variety of ways.

A yearly duty of candour report must be published and accessible to patients. The participation policy should be reviewed to demonstrate how feedback is reviewed and how patients are informed of the changes. Policies and procedures should be regularly reviewed.

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

A variety of treatment information leaflets were available in the service for patients to access. The service's website and social media pages detailed the treatments available and the costs. Information was available that described all available treatments, which allowed patients to review their options when considering the service. We were told that patients would visit for a free consultation and had the opportunity for a 'cooling-off period' to consider the planned treatment before agreeing to proceed.

The service had a participation policy in place, which referred to patient involvement and their experiences of the service. Patients could give feedback in a variety of ways, such as:

- a questionnaire
- reviewing the service on its social media account
- through the service's website, and
- verbally.

Patients had previously been asked to complete a survey following a treatment. The questions included whether the patient's experience was professional and if the service's costs were competitive.

As a result of patient feedback, the service had recently introduced a new, quality range of skin products.

Patients who completed our survey told us:

- ‘Treatment was not carried out at consultation I rebooked to give me time to think about it.’
- ‘I was given leaflets to read before making my decision.’
- ‘I was told to take my time at the consult.’

What needs to improve

While the service had a participation policy in place, which referred to listening to patient feedback, we found no evidence that completed feedback questionnaires were reviewed, analysed or that patients were informed of the outcomes of their feedback (recommendation b).

- No requirements.

Recommendation b

- The service should develop its participation policy to outline how information is gathered from patients and 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.

The owner (aesthetics practitioner) was aware of the process of notifying Healthcare Improvement Scotland of any changes occurring in the service.

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

- complaints
- medicine management, and
- safeguarding (public protection).

The service’s infection prevention and control policy referred to the standard infection control precautions in place to prevent the risk of infection. This included hand hygiene, sharps management and the use of personal protective equipment (such as gloves, aprons and face masks). A good supply of single-use equipment was available to prevent the risk of cross-infection. A contract was in

place with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles.

The complaints policy included Healthcare Improvement Scotland contact details. There had been no complaints since it registered with Healthcare Improvement Scotland in October 2018.

All medications used in the service were ordered from appropriately registered suppliers and ordered for individual patients. A medicine fridge was not required to store medicines in the service. We saw a small number of emergency medicines held in stock, which were in-date and stored securely.

We saw a process in place for managing accidents and incidents. The service had not experienced any accidents or incidents since it registered in 2018.

During our first inspection in May 2024, the service was using an electronic platform to document patient records. Archived paper patient care records were stored securely in a locked cupboard in the service. The service was registered with the Information Commissioner's Office (ICO), an independent authority for data protection and privacy rights.

When we reviewed current patient care records, we saw they included patients' contact details. Patients were asked to provide GP and next of kin contact details. A past medical history questionnaire was completed, which included questions about allergies and whether the patient regularly used any medicines. Consent was obtained for treatment and for taking photographs.

Staff working under a practicing privileges contract are not employed directly by the provider but given permission to work in the service. The service had a practicing privileges policy in place and a nurse prescriber worked in the service under a practicing privileges contract.

The owner (practitioner) attended courses every year to help keep up to date with developments in the sector. This included a course in aesthetic complications and training in a specific brand of advanced skin care.

What needs to improve

Duty of candour is where the service has a duty to be open and honest with patients when something goes wrong. The service had a duty of candour policy in place. However, the service had not published a yearly duty of candour report. The provider must publish a duty of candour report every year, even when it has not been triggered (requirement 1).

Some policies had not been updated since the service opened in 2018. Policies should be updated every 3–4 years or sooner if guidance changes. The service should have a process in place to regularly review policies and keep them up to date (recommendation c).

Information on how to make a complaint was not easily available to patients. The service should make information on how to make a complaint accessible to all patients (recommendation d).

We were told of ongoing support and monthly meetings between the owner (aesthetic practitioner) and the nurse prescriber. The service should make sure it carries out an annual appraisal for the nurse prescriber once they have worked in the service for 12 months. We will follow this up at future inspections.

At the time of our first inspection to the service in May 2024, we were told aftercare information was given verbally to patients. During our second inspection to the service in June 2024, the owner (aesthetics practitioner) told us that printed information was being developed that would be available for patients. We will follow this up at future inspections.

Requirement 1 – Timescale: immediate

- The provider must publish an annual duty of candour report.

Recommendation c

- The service should regularly review all its policies and procedures and ensure they are up to date with current standards, legislation and guidance.

Recommendation d

- The service should ensure that information about how to make a complaint about the service is easily accessible to patients.

Planning for quality

During our initial inspection in May 2024, we found that documents in place for the safe use of the laser in the service had not been updated in 6 years. The owner (aesthetics practitioner) had not updated their laser core of knowledge training or serviced the laser machine since the clinic registered in 2018. As a result, the service stopped seeing patients until this could be addressed. At our second inspection in June 2024, the owner (practitioner) had ceased offering laser and IPL treatments. The service conditions of registration have been amended to show this.

What needs to improve

While the service had an up-to-date fire risk assessment in place, we did not find a formal process in place to manage risk in the service during our initial inspection to the service in May 2024. At the time of our second inspection to the service in June 2024, we saw that risk assessments had been completed, including those for trips and falls, needlestick injury and COVID-19. However, the risk assessments were not recorded on a risk register (recommendation e).

The service did not have a quality improvement plan in place. A quality improvement plan would help the service to structure and record its improvement processes and outcomes (recommendation f).

The service did not have business continuity arrangements in place. A business continuity plan would make sure that processes were in place in the event the service has to close (recommendation g).

Recommendation e

- The service should ensure that completed risk assessments are recorded on a risk register and regularly reviewed.

Recommendation f

- The service should develop a quality improvement plan to direct improvement in the service.

Recommendation g

- The service should develop a business continuity plan that includes processes in place should the business close.

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, uncluttered and recently re-decorated. We were told of the regular cleaning regime. Cleaning checklists had been developed.

The service was developing quality assurance processes, addressing aspects of the service and the environment. Patient care records should be fully 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 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 limited self-evaluation.

The environment was clean and uncluttered, the consultation room had been freshly decorated. During our initial inspection to the service in May 2024, we were told about the regular process of cleaning, which included a regular deep-clean. During our second inspection to the service in June 2024, we saw that cleaning checklists had been developed. We saw appropriate cleaning products and equipment were used.

Patient care records included a document addressing the patient's medical history and current medication, including allergies. We saw that patients completed this form. We saw a disclaimer and consent document that addressed risks and benefits of the treatment, which the patient and practitioner had signed in all patient care records we reviewed.

A signed practicing privileges contract was in place between the owner (practitioner) and the nurse prescriber. During our second inspection in June 2024, we saw a staff file had been developed that included:

- a check to make sure the nurse prescriber's insurance was up to date
- an updated Disclosure Scotland Protecting Vulnerable Groups (PVG) check
- evidence of an initial check on the nurse prescriber's professional registered body, and
- occupational vaccination history.

Patients who completed our online survey told us:

- 'The facilities and equipment are spotless and sterile - I am completely satisfied.'
- '...goes through the procedure in detail before they start, I am 100% confident in their skills and knowledge.'
- 'From appointment to treatment & after care follow up it was flawless.'
- 'Great clinic, I would not trust anyone else with my face.'

What needs to improve

The owner (aesthetics practitioner) told us they found it difficult documenting information on the electronic patient care records. At the time of our May 2024 inspection, we found that patient care records lacked information. For example, patient consultations or assessments before treatment were not fully documented and medicine batch numbers and expiry dates were not recorded consistently.

During our second inspection in June 2024, the owner (aesthetics practitioner) had decided to switch from electronic to paper-format patient care records. We saw that the new document to be used was detailed and addressed medical history, risks and benefits of treatment and consent. This included consent to share information with their GP and next of kin in the event of an emergency. More detailed patient assessment and consultation must be documented consistently in the future in the new patient care records (requirement 2).

We were told the owner (practitioner) checked that the prescriber remained registered with the Nursing and Midwifery Council (NMC) and that their insurance policy was up to date. However, the service did not have a system in place to carry out checks on the prescriber every year. Checks should include making sure that the nurse prescriber's insurance remains current and that they remain on their professional register (recommendation h).

At the time of our initial inspection to the service in May 2024, we found that the service did not have systems in place for reviewing the quality of the service offered. During our second inspection to the service in June 2024, we saw that the service was developing quality improvement processes. For example, the service had developed risk assessments and was developing an audit programme. The service should continue with the improvements made. We will follow this up at future inspections.

At the time of our May 2024 inspection, we saw that some items of single-use patient equipment and medicines were out of date. The service disposed of these appropriately at the time of our inspection. During our second inspection to the service in June 2024, we saw that the service had developed a checklist to capture expiry dates of single-use equipment. We will follow this up at future inspections.

Requirement 2 – Timescale: immediate

- The provider must ensure that each patient care record includes documented assessment and consultation.

Recommendation h

- The service should develop a system to ensure regular yearly checks on the nurse prescriber take place.

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:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

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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We are happy to consider requests for other languages or formats.
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