



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Joanne's Aesthetics, Wishaw

**Service Provider:** Joanne's Aesthetics Ltd

4 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 Joanne's Aesthetics on Tuesday 4 June 2024. We spoke with the owner (practitioner). We received feedback from six 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 Wishaw, Joanne's 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 Joanne’s Aesthetics, the following grades have been applied.

| <b>Direction</b>   | <i>How clear is the service’s vision and purpose and how supportive is its leadership and culture?</i> |                      |
|--|--|----------------------|
| <b>Summary findings</b>  |  | <b>Grade awarded</b> |
| The service shared a clear vision and purpose with patients. Assessment of progress against key performance indicators would help achieve the aims and objectives.   |  | ✓ Satisfactory       |
| <b>Implementation and delivery</b>   | <i>How well does the service engage with its stakeholders and manage/improve its performance?</i>      |                      |
| Policies and procedures set out the way the service delivered safe care. A quality improvement plan supported the continuous improvement of the service.   |  | ✓✓ Good              |
| An alternative structured approach to gathering patient feedback and an audit programme would further help to demonstrate a culture of continuous improvement. A risk register would help to manage and reduce risks in the service.                               |  |                      |
| <b>Results</b>   | <i>How well has the service demonstrated that it provides safe, person-centred care?</i>               |                      |
| The clinic environment and equipment were clean and well maintained with good infection control measures in place. Patient care records were fully completed. Patients had confidence in the practitioner and felt informed and involved in their treatment plans. |  | ✓✓ Good              |

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 Joanne’s Aesthetics Ltd to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in one requirement and three recommendations.

| Direction             |  |
|-----------------------|--|
| <b>Requirements</b>   |  |
| None                  |  |
| <b>Recommendation</b> |  |
| a                     | The service should implement a process for monitoring and measuring the service against the key performance indicators (see page 9).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |

| <b>Implementation and delivery</b> |  |
|------------------------------------|--|
| <b>Requirement</b>                 |  |
| <b>1</b>                           | <p>The provider must further develop effective systems that demonstrate the proactive management of risks to patients. This must include:</p> <p style="margin-left: 40px;"><i>(a) a comprehensive risk register, and</i><br/><i>(b) appropriate risk assessments to protect patients and staff (see page 14).</i></p> <p>Timescale – by 30 October 2024</p> <p><i>Regulation 13(2)(a)</i><br/><i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> |
| <b>Recommendations</b>             |  |
| <b>b</b>                           | <p>The service should:</p> <p style="margin-left: 40px;"><i>(a) implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made.</i><br/><i>(b) collate and document all feedback, including verbal feedback and text messages (see page 11).</i></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>   |
| <b>c</b>                           | <p>The service should further develop its audit programme to include audits of:</p> <p style="margin-left: 40px;"><i>(a) the clinic environment and equipment</i><br/><i>(b) medicines management (see page 14).</i></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:  
[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Joanne’s Aesthetics Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Joanne’s Aesthetics for their assistance during the inspection.



## 2 What we found during our inspection

### Key Focus Area: Direction

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

#### Our findings

**The service shared a clear vision and purpose with patients. Assessment of progress against key performance indicators would help achieve the aims and objectives.**

#### *Clear vision and purpose*

The service's vision and purpose stated that it would provide a safe standard of care based on evidence-based practice. This was shared on a plaque displayed at the entrance to the clinic for patients to see.

Aims and objectives included having a patient-centred approach through good communication and to provide a safe and quality service.

The service's key performance indicators were:

- business growth and increasing patient numbers
- patient feedback, and
- patient outcomes.

#### **What needs to improve**

The service had defined key performance indicators. However, we did not see any documented evidence that these were monitored to identify trends and act on findings (recommendation a).

- No requirements.

#### **Recommendation a**

- The service should implement a process for monitoring and measuring the service against the key performance indicators.

## Key Focus Area: Implementation and delivery

| Domain 3:<br>Co-design, co-production   | Domain 4:<br>Quality improvement | Domain 5:<br>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. A quality improvement plan supported the continuous improvement of the service.**

**An alternative structured approach to gathering patient feedback and an audit programme would further help to demonstrate a culture of continuous improvement. A risk register would help to manage and reduce risks in the service.**

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

The service aimed to seek feedback from patients and learn from negative and positive feedback to continuously improve. Patients were given an aftercare booklet, which asked them to leave feedback following their treatment. Feedback postcards were available in the reception area and patients could also comment on social media pages.

After receiving verbal feedback and assessing patient results, the service had changed a product which resulted in improved, lasting results of the treatment. We saw that patients were informed on social media of this change.

#### **What needs to improve**

While the current methods used to gather patient feedback were useful, it was difficult for the service to draw any conclusions or identify trends that could be used to help improve the service (recommendation b).

- No requirements.

## Recommendation b

- The service should:

- (a) implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made.*
- (b) collate and document all feedback, including verbal feedback and text messages.*

## 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 April 2018, 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. All had been recently reviewed and updated. Safe operating procedures were documented for all treatments.

A safeguarding policy described the actions staff 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. A stock control system for medicines and other treatment products helped make sure all items were not past their expiry and best-before dates.

Emergency medicines were easily accessible and checked monthly. As a member of an aesthetic professional organisation, the service could access additional support if a complication occurred from cosmetic treatments. Patients received advice on what to do in the event of an emergency as part of their aftercare information. While the service had not experienced any accidents or incidents, we saw it had a documenting and reporting procedure in place.

An infection prevention and control policy described the precautions in place to prevent patients and staff being harmed by avoidable infections. Since the

COVID-19 pandemic, the service had fitted hospital-grade flooring with coved edges, which allowed more effective cleaning. The service had also improved its ventilation to the treatment room to enhance the infection prevention and control measures already in place.

An annual fire risk assessment was carried out. Fire safety signage was displayed and fire safety equipment was in place. A contractor checked fire safety equipment yearly. A safety certificate was in place for the fixed electrical wiring and portable electrical equipment had been tested.

The service told us that it had not received any complaints. A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to the service or to Healthcare Improvement Scotland at any time.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service had produced its yearly duty of candour report, which was available in the reception area.

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

A consent policy detailed how the service would make sure that informed consent was obtained before any treatment took place. During their face-to-face consultation appointment, patients received and completed a consent form that detailed information about the treatment they had booked, including the risks and a medical history questionnaire. Patients attended the consultation with the practitioner before attending their treatment appointment, giving them a cooling-off period and time to consider the information received before going ahead with treatment. Patients were given a booklet to take home.

Discussions at the consultations included:

- expected outcomes of treatment
- full medical history
- risks and side effects, and
- aftercare.

After the consultation, patients were given a booklet to take home with all the treatments that the service offered. The booklet included information about the

procedure, risks and aftercare. Fees and pre- and aftercare information were very clearly displayed in reception.

Written aftercare information was given to patients following a treatment in an aftercare booklet, including a contact number for the practitioner and out-of-hours information. A treatment passport also given to patients documented their treatment history, including medicines administered.

The service was owned and managed by a registered nurse prescriber who was an experienced aesthetic practitioner. As a member of an aesthetic professional organisation, they had access to learning opportunities and support. The manager completed ongoing training as part of their Nursing and Midwifery Council registration. They also attended aesthetic training events and subscribed to an aesthetic industry journal. We saw evidence of continuous professional development through advanced aesthetics courses, including aesthetics teaching qualification. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

The manager was a member of a peer group of colleagues that included other Healthcare Improvement Scotland registered services, which provided support and shared learning among its members. A referral system was also in place between these practitioners to direct patients to the most suitable practitioner for a particular treatment.

- No requirements.
- No recommendations.

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

A contingency plan was in place with two other aesthetics clinics in case of events that may cause an emergency closure of the clinic. This would help make sure patients could continue their treatment plans. Appropriate insurances were in-date, such as public and medical malpractice insurance.

The manager carried out patient care record audits, during which it was identified that the paper records did not facilitate documentation of all the required patient information. As a result, the manager changed to a digital patient care record system. This quality improvement activity was documented in a quality improvement plan. Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. The service regularly reviewed its quality improvement plan and it included other improvement activities, such as:

- checklists to evidence daily cleaning
- developing a more robust medicines management procedure, and
- improvements to the clinic environment for enhanced infection prevention and control measures

### **What needs to improve**

The service had carried out health and safety and fire safety related risk assessments and a general risk assessment for aesthetics procedures. However, these did not cover all potential clinical and business risks. The development of a risk register would help to record details of all risks in one place and their potential impact. A risk register would also help to make sure the risks were regularly reviewed and updated with appropriate processes in place to help manage any risks identified (requirement 1).

We saw that audits of patient care records had identified actions that had been completed. While drug stock checklists and cleaning checklists were in place, we did not see any audits in place for medicines management or the clinic environment and equipment (recommendation c).

### **Requirement 1 – Timescale: by 30 October 2024**

- The provider must further develop effective systems that demonstrate the proactive management of risks to patients. This must include:

*(a) a comprehensive risk register, and*

*(b) appropriate risk assessments to protect patients and staff.*

### **Recommendation c**

- The service should further develop its audit programme to include audits of:

*(a) the clinic environment and equipment*

*(b) medicines management.*

## 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. Patient care records were fully completed. Patients had confidence in the practitioner and felt informed and involved in their treatment plans.**

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

The clinic environment was modern, clean and welcoming. Equipment was in good condition. Cleaning of the treatment room and equipment was carried out between patient appointments and the clinic was fully cleaned every day. We saw that daily cleaning checklists were completed. Appropriate cleaning products were used, including for sanitary fittings. All patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- ‘The facilities and equipment were all absolutely clinical clean and 100% well organised and in order!’
- ‘Always immaculate.’

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. An appropriate waste management contract was in place and sharps (needles and syringes) were well managed.

The three patient care records we reviewed had been well completed with detailed information, including documentation of:

- consultation and consents
- medical history
- medicine dosage, batch numbers and expiry dates
- the procedure, and
- the provision of aftercare information.

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

- ‘She 100% involved me in the decisions made for my treatment plan.’
- ‘I always get told about my options, potential side effects and how to look after myself after treatment.’
- ‘... really listened to me about what treatment and outcome I really wanted.’

Patients told us in our online survey that they had confidence in the service and staff. Comments included:

- ‘I felt at ease and safe the whole time.’
- ‘Very professional.’
- No requirements.
- No recommendations.



## Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.



More information about our approach can be found on our website: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

## Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

### **Healthcare Improvement Scotland**

Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

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**Email:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

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