



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Lip Liquid, Bridge of Don, Aberdeen

Service Provider: Lip Liquid Ltd

25 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 Lip Liquid on Tuesday 25 June 2024. We spoke with the owner (practitioner) of the service during the inspection. We received feedback from four 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 Bridge of Don, Aberdeen, Lip Liquid 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 Lip Liquid, 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
<p>The service's aims and vision were in place The owner is a registered nurse and independent prescriber. Clear and measurable key performance indicators should be developed for the service. The service must work in line with its practicing privileges policy and have a formal practicing privileges agreement in place with the prescriber. Staff meetings should be documented.</p>		Unsatisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients were informed about treatment options. Patients had the opportunity to provide feedback on their experience. Appropriate policies and procedures were in place to support the safe delivery of care. The service kept up to date with current best practice through training and development.</p> <p>A duty of candour report must be published every year. Staff working in the service must have an annual appraisal. A proactive approach must be taken for the assessment and management of risk. A participation policy should be developed. Complaints information should be easily accessible to patients. A regular audit programme should be in place. A quality improvement plan should be developed.</p>		✓ Satisfactory

Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
Summary findings	Grade awarded	
<p>The environment was clean and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date. The service had recorded no accidents or serious incidents. Adequate personal protective equipment was available for use.</p> <p>Patients' emergency contact details, GP details and the outcome of every consultation must be recorded in patient care records. Effective systems must be in place to make sure staff are recruited safely. Consent to share information with medical professionals in the event of an emergency should be recorded. A medication checklist should be implemented.</p>	Unsatisfactory	

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Lip Liquid 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 six requirements and eight recommendations.

Direction	
Requirement	
1	<p>The provider must further develop and follow its practicing privileges policy and have practicing privileges contracts that describe the governance procedures in place to ensure safe delivery of care with individual responsibility and accountability clearly identified and agreed (see page 12).</p> <p>Timescale – immediate</p> <p><i>Regulation 12(d)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011.</i></p>
Recommendations	
a	<p>The service should develop structured service aims and objectives with measurable indicators to help monitor service delivery (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.7</p>
b	<p>The service should formalise its staff meetings, with a record of discussions and decisions reached at these meetings kept. These should detail staff responsible for taking forward any actions (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery

Requirements

- 2** The provider must publish an annual duty of candour report (see page 15).

Timescale – immediate

Regulation 5(2)

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

- 3** The provider must complete annual appraisals with all members of staff who work in the service (see page 16).

Timescale – immediate

Regulation 12(c)(i)

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

- 4** The provider must develop and maintain an effective system to manage risks associated with patient care delivery (see page 16).

Timescale – by 19 September 2024

Regulation 13(2)(a)

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

Recommendations

- c** The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service (see page 14).

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

- d** The service should ensure information on how to make a complaint is easily accessible to patients (see page 16).

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

Implementation and delivery (continued)

- e** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 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 and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 17).

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

Results

Requirements

- 5** The provider must document the outcome of every consultation, as well as patients' GP details, next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide this information, this should also be documented (see page 20).

Timescale – immediate

Regulation 4(1)

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

- 6** The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited, including that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly (see page 20).

Timescale – by 19 September 2024

Regulation 8(1)

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

Results (continued)

Recommendations

g The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 20).

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

h The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records (see page 20).

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

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](#)

Lip Liquid 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 Lip Liquid 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 aims and vision were in place The owner is a registered nurse and independent prescriber. Clear and measurable key performance indicators should be developed for the service. The service must work in line with its practicing privileges policy and have a formal practicing privileges agreement in place with the prescriber. Staff meetings should be documented.

Clear vision and purpose

The service aimed to provide non-surgical procedures including dermal fillers and skin boosters. The service's objectives and key performance indicators included:

- 'Review and improve client aftercare information provision.'
- 'To make my clients feel good about themselves through my services.'

What needs to improve

Service aims and objectives were not formalised. The service did not have measurable key performance indicators to inform the quality of its service delivery (recommendation a).

- No requirements.

Recommendation a

- The service should develop structured service aims and objectives with measurable indicators to help monitor service delivery.

Leadership and culture

The service was owned and managed by a nurse registered with the Nursing and Midwifery Council (NMC) who was also an experienced aesthetics practitioner. The service had a practicing privileges policy in place (staff not employed directly by the provider but given permission to work in the service). A pharmacist who had been granted practicing privileges prescribed for the service and was present during the administration of dermal filler.

All staff in the service were registered with an appropriate professional body, such as the NMC or General Pharmaceutical Council (GPhC).

What needs to improve

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

We were told that the prescriber and owner (practitioner) had good communication through an online team chat and face-to-face conversations. While we were told that staff meetings took place, we saw no documented evidence of any meetings (recommendation b).

Requirement 1 – Timescale: immediate

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

Recommendation b

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

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patients were informed about treatment options. Patients had the opportunity to provide feedback on their experience. Appropriate policies and procedures were in place to support the safe delivery of care. The service kept up to date with current best practice through training and development.

A duty of candour report must be published every year. Staff working in the service must have an annual appraisal. A proactive approach must be taken for the assessment and management of risk. A participation policy should be developed. Complaints information should be easily accessible to patients. A regular audit programme should be in place. A quality improvement plan should be developed.

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

The service's social media pages provided information about the treatments offered and costs. Patients could contact the service through a messaging app or social media.

Patients could give feedback about their experience in the service verbally, directly to the practitioner, through a messaging app or leave messages on the service's social media account.

All consultations were appointment-only.

What needs to improve

While the service had a participation policy in place, we found no evidence that feedback was recorded and analysed. It was unclear how the service gathered structured, formal feedback or how it was used to help make improvements to its practice. A more structured approach to patient feedback would allow the service to demonstrate how it:

- records and analyses results
- implements changes to drive improvement, and
- measures the impact of improvements (recommendation c).

- No requirements.

Recommendation c

- The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service.

Quality improvement

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

Policies and procedures were in place to support the delivery of person-centred care. These included those for:

- complaints
- duty of candour
- emergency arrangements policy
- information management, and
- medication.

The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of. A clear system was in place to record and manage accident and incident reporting. We saw that the service had not had any accidents or incidents since its registration with Healthcare Improvement Scotland in April 2021.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies. Portable appliance testing (PAT) was in place and the service had an up-to-date electrical safety certificate.

All medications were in-date and stored in a locked cabinet. Medicines were obtained from an appropriately registered supplier and the service was registered to receive alerts from Medicines and Healthcare products Regulatory Agency (MHRA). A stock control system allowed the service to monitor medicines and supplies.

Patient care records were stored securely in a locked filing cabinet. This protected confidential patient information in line with the service's information management policy.

We were told that a face-to-face consultation and assessment was carried out to assess patients' suitability for treatment. We were told that the initial consultation included discussions about:

- benefits and risk of treatment
- desired outcomes of the patient
- information about aftercare, and
- treatment costs.

We saw that an aftercare leaflet for dermal fillers was available and we were told that it was given to patients after treatment. This informed patients of who to contact if they had any questions or queries about their treatment.

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

What needs to improve

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. We saw no evidence that the service had published a yearly duty of candour (requirement 2).

The service did not have an appraisal process in place for the prescriber (requirement 3).

While the service had a complaints policy in place, it was not available for patients in the service so that they knew how to make a complaint to the service or to Healthcare Improvement Scotland at any time (recommendation d).

Requirement 2 – Timescale: immediate

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

Requirement 3 – Timescale: by 19 September 2024

- The provider must complete annual appraisals with all members of staff who work in the service.

Recommendation d

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

Planning for quality

Maintenance contracts for fire safety equipment and fire detection systems were up to date. Electrical and fire safety checks were completed regularly. The service had a clinical waste contract in place with the local provider for the supply and disposal of clinical waste. A boiler maintenance agreement was in place. A stock control system was in place to monitor the supply of medicines and their expiry date.

What needs to improve

The service had a fire risk assessment in place. However, the service did not have a system in place to identify, manage and monitor risks associated with the care of patients. A risk management process would demonstrate that all risks had been considered, appropriately assessed and measures in place to reduce frequency or harm (requirement 4).

We saw no evidence of audits carried out in the service. A comprehensive audit programme would help the service provide continuous safe care and treatment for patients and to identify areas for improvement (recommendation e).

The service did not have a quality improvement plan in place. A quality improvement plan would help to structure and record service improvement processes and outcomes. It would also allow the service to measure the impact of any service changes and demonstrate a continuous cycle of improvement (recommendation f).

Requirement 4 – Timescale: by 19 September 2024

- The provider must develop and maintain an effective system to manage risks associated with patient care delivery.

Recommendation e

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

Recommendation f

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

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

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

Our findings

The environment was clean and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date. The service had recorded no accidents or serious incidents. Adequate personal protective equipment was available for use.

Patients' emergency contact details, GP details and the outcome of every consultation must be recorded in patient care records. Effective systems must be in place to make sure staff are recruited safely. Consent to share information with medical professionals in the event of an emergency should be recorded. A medication checklist should be implemented.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

We saw the clinic was clean, tidy and well maintained. We saw that appropriate cleaning wipes were used and that a single-use mop was used to clean the clinic floor. The clinical handwash basin was cleaned in line with current infection control guidance. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available to staff and in plentiful supply. Clinical waste was disposed of appropriately.

Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'The set up is incredible hygienic and professional.'
- 'Very clean.'
- 'Everything was clean, and spaced out and professional'
- Her room is also super clean, comfortable and professional feeling - 1000 times better than the vast majority of salons or clinics I've been to in the past.'

We saw a system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service and felt involved in the decisions about their care. Some comments we received included:

- ‘She is so informative and knowledgeable about the entire process. She kept me up to date with how much longer we had to go and if I felt like I needed a break for a second she was more than happy to accommodate. Really put me at ease.’
- ‘Never once felt rushed.’
- ‘We spoke for a good 40 minutes prior to doing any treatment, so I felt confident in the treatment.’
- ‘Professional service.’

Pre-treatment consultations were carried out and included:

- a review of previous treatments
- additional treatments to be completed, and
- control of substances hazardous to health
- treatments’ efficacy, benefits and side effects.

The five patient care records we reviewed included details of past medical history and the treatments, including the dose of dermal injections administered along with the medicine batch numbers and expiry dates. The practitioner had signed and dated their entries into the patient care records.

We found that all medications were in-date and stored appropriately.

What needs to improve

The service did not record patients’ GP, next of kin or emergency contact details in the patient care record. Patient care records also did not document the outcome of face-to-face consultations (requirement 5).

We were shown evidence that the service owner (practitioner) had recently completed a prescribing course through a local university. However, at the time of our inspection this qualification had not been recorded with the NMC. We saw no relevant paperwork to show that appropriate checks had been carried out for the current prescriber, including:

- Disclosure Scotland Protecting Vulnerable Groups (PVG) check
- occupational health status
- professional registration
- proof of identity, and
- references (requirement 6).

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

Patient care records did not document patients' consent to share or not share their details with other healthcare professionals in the event of an emergency situation (recommendation h).

Requirement 5 – Timescale: immediate

- The provider must document the outcome of every consultation, as well as patients' GP details, next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide this information, this should also be documented.

Requirement 6 – Timescale: by 19 September 2024

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

Recommendation g

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

Recommendation h

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

Appendix 1 – About our inspections

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

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

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

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

Complaints

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

Our contact details are:

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Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihcregulation@nhs.scot

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