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To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Silver Apple Aesthetics, Portlethen

Service Provider: Wendy Boyle

12 June 2024

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Contents

1	Progress since our last inspection	4
<hr/>		
2	A summary of our inspection	5
<hr/>		
3	What we found during our inspection	11
<hr/>		
	Appendix 1 – About our inspections	21
<hr/>		

1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 13 March 2020

Requirement

The provider must document all consultations in the patient care records.

Action taken

We saw a consultation and treatment plan and were told that the practitioner recorded details of face-to-face consultations with patients and their treatment plan. However, this was then given to the patient and the service did not retain a copy in the patient care records. **This requirement is not met** and is reported in Domain 7: Quality control (see requirement 2 on page 20).

What the service had done to meet the recommendations we made at our last inspection on 13 March 2020

Recommendation

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.

Action taken

We did not see evidence that consent was recorded for sharing information with their GP and other medical staff in an emergency, if required, in patient care records. This recommendation is reported in Domain 7: Quality control (see recommendation d on page 20).

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 Silver Apple Aesthetics on Wednesday 12 June. We spoke with the owner (aesthetics practitioner) during the inspection. We received feedback from 43 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Portlethen, Silver Apple Aesthetics is independent clinic providing non-surgical treatments including skin treatments, skin boosters, anti-wrinkle injections and dermal fillers.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Silver Apple 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
<p>The service had clear vision statement, aims and objectives. Key performance indicators were monitored regularly.</p> <p>The service's vision and purpose statement should be shared with staff and patients.</p>		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patient feedback was actively sought. Information about treatments offered was available on the service's website and patients were informed about treatment options. Risk assessments had been completed. An incident and accident logbook was available. A range of policies were in place. Portable appliance testing was carried out.</p> <p>An emergency management policy must be in place and infection prevention and control audits should be carried out.</p>		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The environment was clean and well equipped. The clinical handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date and medicine checklist were fully and accurately completed. Adequate personal protective equipment was available for use.</p> <p>The outcome of every consultation must be recorded. Consent to share information with medical professionals in the event of an emergency should be recorded.</p>		✓ Satisfactory

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

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

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

What action we expect Wendy Boyle 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 four recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should share its vision and purpose statement with patients (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	
Requirement	
1	<p>The provider must ensure that an emergency management policy is in place and clearly sets out how an emergency or adverse event would be dealt with, including out of hours (see page 16).</p> <p>Timescale – immediate</p> <p><i>Regulation 3a</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)	
Recommendations	
b	<p>The service should further develop its programme of regular audits to include infection prevention and control. Audits should be documented and improvement action plans implemented (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
c	<p>The service should record minutes of any meetings with other services (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Results	
Requirement	
2	<p>The provider must document all consultations in the patient care records (see page 20).</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> <p>This was previously identified as a requirement in the March 2020 inspection report for Sliver Apple Aesthetics.</p>
Recommendation	
d	<p>The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care record. If the patient refuses, this should be documented (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p> <p>This was previously identified as a recommendation in the March 2020 inspection report for Sliver Apple Aesthetics.</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](#)

Wendy Boyle, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Silver Apple 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

The service had clear vision statement, aims and objectives. Key performance indicators were monitored regularly.

The service's vision and purpose statement should be shared with staff and patients.

Clear vision and purpose

The service aimed to make sure it delivered person-centred practice focusing on the needs of the individual. To achieve this, it aimed to focus on individuals' expectations and needs. It also aimed to provide honest and ethical information and advice about which procedures or products that patients would benefit most from.

The service's aims, objectives and key performance indicators included:

- Review and improve client aftercare information provision.
- Review number of new clients and number of non-returning clients.
- To have a fit-for-purpose environment which is compliant with HIS standards. This includes transparency and provision of information to service users about the role of HIS and the need to be regulated as a healthcare practitioner.
- To keep prices competitive.
- To publish duty of candour report annually.
- To review clients' feedback.

The service assessed its performance every month against its objectives and key performance indicators, reviewing numbers of new and returning patients and prices.

What needs to improve

The service's vision and purpose statement, which included its aims and objectives was not visible in the clinic. While we were told that the practitioner discussed the service's aims and objectives with patients, we saw no evidence that it had been shared with patients (recommendation a).

- No requirements.

Recommendation a

- The service should share its vision and purpose statement with patients.

Key Focus Area: Implementation and delivery

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

Our findings

Patient feedback was actively sought. Information about treatments offered was available on the service’s website and patients were informed about treatment options. Risk assessments had been completed. An incident and accident logbook was available. A range of policies were in place. Portable appliance testing was carried out.

An emergency management policy must be in place and infection prevention and control audits should be carried out.

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

The service’s participation policy set out how it would encourage feedback from patients. The policy described how the service would gather and use patient feedback to continually improve. Patient feedback was collected verbally, through social media reviews and a service questionnaire. Patients were asked for feedback about their most recent treatments. After feedback was received from these methods, it was reviewed every 6 months and used to inform the service’s improvement plan. We found all feedback on social media was positive. We saw examples of changes made after the service had received feedback, such as:

- developing a bespoke aftercare leaflets for treatments, and
 - introducing skin care treatments.
- No requirements.
 - No recommendations

Quality improvement

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

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.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies.

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).

Maintenance contracts for fire safety equipment and fire detection systems were up to date. The service had a record of monthly equipment and fire safety checks. We saw that an electrical contractor had safety-tested all portable electrical devices in the service and the service had an up-to-date electrical safety certificate.

We saw that the service had appropriate infection prevention and control policies and procedures in place, as well as a clinical waste contract for the disposal of clinical waste.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service had published a yearly duty of candour report, which was available in the clinic.

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.

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.

A consent policy detailed how the service would ensure that informed consent was obtained before any treatment took place. A free face-to-face initial consultation was offered to clients with a cooling-off period before their treatment appointment.

We saw that a generic aftercare leaflet for anti-wrinkle injections and dermal fillers was available and we were told that it was given to patients after treatment. The service had recently introduced bespoke aftercare leaflets for anti-wrinkle injections and dermal fillers. 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 webinars and additional masterclass sessions. The practitioners engaged in regular continuing professional development and had all 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

Protocols were in place to manage complications of dermal fillers and anti-wrinkle injections. However, the service had not developed an emergency management policy (requirement 1).

The service had a variety of policies in place. While all policies had been reviewed since our last inspection, some policies lacked specific details. For example:

- the complaints policy timescales for dealing with a complaint were unclear
- the infection control policy section for blood spillages was unclear about the method that would be used, and
- the privacy policy did not state that windows had privacy blinds installed.

The service immediately rectified these policies during our inspection and understood the need for planned review of policies in the future. We will follow this up at future inspections.

Requirement 1 – Timescale: immediate

- The provider must ensure that an emergency management policy is in place and clearly sets out how an emergency or adverse event would be dealt with, including out of hours.

- No recommendations.

Planning for quality

We saw that the service had a business continuity plan in place. This detailed that a contingency arrangement was in place that would provide patients with an option to continue their treatment plans with an alternative practitioner, in case of emergencies (such as sickness, flood or power failure). Appropriate insurances were in-date, such as public and employer liability insurance.

The service had an accident book in place to record any incidents or accidents. We were told that no incidents or accidents had been experienced and saw that the accident book did not contain any entries. The service was aware of the notification process.

The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of.

The service had risk assessments in place to effectively manage risk in the service. These included risk assessments for:

- fire
- lone working, and
- slips trips and falls.

These helped to make sure that care and treatment was delivered in a safe environment, identifying and taking action to reduce any risks to patients and staff. The service had a comprehensive improvement plan in place, which was regularly reviewed.

The service carried out some regular audits, including those for medication and patient care records. We saw that action plans were developed to address any issues identified in these audits.

What needs to improve

While some audits were regularly carried out, we did not see any evidence of completed infection prevention and control audits (recommendation b).

The aesthetics practitioner regularly met with another service to share learning and discuss updates in current practice. However, these meetings were not recorded (recommendation c).

- No requirements.

Recommendation b

- The service should further develop its programme of regular audits to include infection prevention and control. Audits should be documented and improvement action plans implemented.

Recommendation c

- The service should record minutes of any meetings with other services.

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. The clinical handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date and medicine checklist were fully and accurately completed. Adequate personal protective equipment was available for use.

The outcome of every consultation must be recorded. Consent to share information with medical professionals in the event of an emergency should be recorded.

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.

We saw the clinic was clean, tidy and well maintained. We saw that appropriate cleaning wipes were used and that the clinical handwash sink was cleaned in line with national guidance. A cleaning checklist was fully and accurately completed. 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 environment is clutter free and very clean.’
- ‘Very clean and clinical environment.’
- ‘The clinic is spotless and all instruments and vials are stored appropriately and are brought out in clear view of the patient. I could see the high levels of hygiene and care that she maintains in the clinic.’
- ‘Hygienic and everything was immaculate.’
- ‘Ten out of ten. Spotlessly clean and very comfortable.’

We saw a system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic. A medication checklist was fully and accurately completed.

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:

- ‘Procedures all explained to me in detail. I told her what I was thinking of and we discussed it beforehand.’
- ‘Everything was discussed at length and I felt full briefed on everything I felt I needed to know.’
- ‘I felt fully involved in decisions about my care and treatment. I was given advice on regarding my chosen treatment and any future treatments.’
- ‘Everything was explained clearly and very good advice given.’
- ‘I was fully informed and discussed with her the desired outcome and she advised what was best to achieve.’

We reviewed five patient care records and saw that all documented patient details, such as their:

- address
- date of birth
- GP details
- name, and
- past medical history.

The patient care records we reviewed included a consent form that the patient and practitioner signed on the day of treatment. Detail of the treatments administered, including the dose of anti-wrinkle injections or dermal filler

administered along with the medicine batch numbers and expiry dates were recorded. The aftercare information provided was also recorded. The practitioner had signed and dated their entries into the patient care records.

What needs to improve

We saw the template that the service used to record pre-treatment consultations included:

- a review of any previous treatments
- additional treatments to be completed
- managing expectations, and
- treatments' efficacy, risk benefits and side effects.

We were told that once completed, this pre-treatment consultation was given to the patient to as a record of their consultation. However, patient care records we reviewed did not include documented evidence of this pre-treatment consultation (requirement 2).

The consent policy described how consent share information with GPs and other relevant healthcare professionals in the event of a medical emergency would be obtained. However, patient care records we reviewed did not include consent to share information with GPs and other relevant healthcare professionals in the event of a medical emergency (recommendation d).

Requirement 2 – Timescale: immediate

- The provider must document all consultations in the patient care records.

Recommendation d

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care record. If the patient refuses, this should be documented.

Appendix 1 – About our inspections

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

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

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



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

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihcregulation@nhs.scot

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or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.scot