



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Sally Gray Aesthetics, Fife

Service Provider: Sally Gray Aesthetics Ltd

19 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 Sally Gray Aesthetics on Wednesday 19 June 2024. We spoke with the owner (sole practitioner) during the inspection. We received feedback from 16 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 Fife, Sally Gray Aesthetics is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Sally Gray 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
The service shared its vision and purpose with patients. Assurance processes already in place could help the service demonstrate how its aims and objectives are being met.		✓ Satisfactory
Implementation and delivery	<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 programme of audits and a quality improvement plan supported the continuous improvement of the service. A more structured approach to gathering patient feedback would help monitor patient satisfaction with the service provided and demonstrate a culture of continuous improvement.		✓✓ Good
Results	<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. Patients felt informed and involved in their treatment plans. All discussions with patients should be fully documented in the patient care record.		✓✓ 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 Sally Gray 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 three recommendations.

Implementation and delivery	
Requirements	
None	
Recommendations	
a	The service should implement a structured approach to gathering and analysing all patient feedback and use this to inform service development (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
b	The service should further develop the risk management system to include clinical and business risks (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

Results	
Requirements	
None	
Recommendation	
c	<p>The service should document discussions with patients about the off-label use of medications whilst awaiting an update to the digital consent form (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I experience high quality car and support that is right for me. Statement 1.18</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](#)

We would like to thank all staff at Sally Gray 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 its vision and purpose with patients. Assurance processes already in place could help the service demonstrate how its aims and objectives are being met.

Clear vision and purpose

A statement from the practitioner about the service's vision and purpose was available to patients on the service's informative website, in which they described the experience and outcome they wished patients to have.

The aims and objectives of the service included having a patient-centred approach, adhering to legislation and guidance, and to provide a safe service founded on evidence-based practice.

What needs to improve

Consideration could be given to how the service can use its assurance processes to demonstrate that aims and objectives of the service are being met.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

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

Our findings

Policies and procedures set out the way the service delivered safe care. A programme of audits and a quality improvement plan supported the continuous improvement of the service.

A more structured approach to gathering patient feedback would help monitor patient satisfaction with the service provided and demonstrate a culture of continuous improvement.

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

A participation policy set out the service's aim to obtain and act on patient feedback. The service aimed to seek, and learn from, feedback from patients to continuously improve. Patients received a post-treatment email that included a request for feedback. Patients were also encouraged to comment on social media. We saw that the practitioner posted on social media asking for suggestions to improve the service. Comments received had been documented in a quality improvement plan along with the action taken or reason for the suggestion not being feasible to implement.

We saw examples of changes made as a result of patient feedback. This included a coat hook added to the back of the treatment room door and the introduction of an online booking system. Any improvements made were fed back to patients on social media.

What needs to improve

The service received feedback in various forms. This included a feedback form on the service's website, reviews on social media, by text and verbally. However, not all of this feedback was documented. The feedback methods also did not ask patients to comment on specific questions or areas of the service. This meant that 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 a).

- No requirements.

Recommendation a

- The service should implement a structured approach to gathering and analysing all patient feedback and use this to inform service development.

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 notifications guidance. Since registration with Healthcare Improvement Scotland in January 2023, 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 the practitioner should take in case of an adult protection concern.

A medicines management policy and protocols helped to make sure medicines were managed safely and effectively. Medicines were stored in a locked fridge and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. A stock control system for all medicines and other treatment products helped make sure all items were not passed their expiry and best before dates.

As a member of an aesthetic professional organisation, the service could access additional support if a complication occurred from aesthetic 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 a reporting procedure for this was in place.

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

A maintenance schedule ensured all equipment was regularly maintained and checked such as fire safety equipment, fixed electrical wiring and the ventilation system. Fire safety signage was displayed, and a fire risk assessment had been carried out.

No complaints had been received by the service or by Healthcare Improvement Scotland since it was registered with us. 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. Complaints information was available to patients in the clinic and on the service's website. A post-treatment email sent to patients also included information on how to make a complaint.

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's current duty of candour report was available in the clinic.

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 data protection policy and an information management policy described how patient information would be used, stored and disposed of in line with relevant legislation.

A consent policy detailed how the service would make sure that informed consent was obtained before any treatment took place. Before their appointment, patients received an email with a consent form and medical history questionnaire, mental health assessment form and aftercare information. During their face-to-face consultation appointment, the practitioner discussed the information in these forms with the patient to ensure informed consent. Discussions at the consultations also included:

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

As well as emailed aftercare, printed aftercare information was given to patients following their treatment in a post-treatment booklet. This also included a record of the treatment and out-of-hours clinic contact information.

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 practitioner attended aesthetic training events and subscribed to an aesthetic industry journal. We saw evidence of continuous professional development through advanced aesthetics courses. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. The practitioner informed patients of their qualifications, aesthetics experience and attendance at events and training through social media and on the service's website. All patients who responded to our online survey told us they had confidence that the practitioner had the right knowledge and skills to administer treatments. Comments included:

- 'Highly qualified and experienced practitioner.'
- 'Very knowledgeable and her vast experience shines through.'

The practitioner was a member of a peer group of colleagues that included other Healthcare Improvement Scotland registered services. This group provided support and shared learning amongst its members.

- No requirements.
- No recommendations.

Planning for quality

The service's clinical governance policy included arrangements for audits, complaints, accident and incident monitoring, and risk assessments. This helped to demonstrate a proactive approach to delivering safe care.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. The service's quality improvement plan included improvement activities such as continued professional development and patient feedback. The plan was regularly reviewed by the practitioner.

The practitioner carried out a range of audits and developed action plans in response to issues identified. Audits included medicines management, infection control and patient care records. Where areas for improvement were identified, improvement activities were implemented. For example, gaps in recording in patient care records identified that the paperwork did not contain the appropriate prompts for gathering information about patients and treatments. As a result, the practitioner implemented a digital patient care record system.

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

What needs to improve

The service had a risk register and had carried out health and safety and fire safety related risk assessments. However, it did not cover all potential clinical and business risks (recommendation b).

- No requirements.

Recommendation b

- The service should further develop the risk management system to include clinical and business risks.

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. Patients felt informed and involved in their treatment plans. All discussions with patients should be fully documented in the patient care record.

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.

The clinic environment was modern, clean and welcoming. Equipment was in good condition. Cleaning of the 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 where they were treated. Comments included:

- ‘... a very appropriate clinical style setting. Everything is clean. Sharps were disposed of appropriately.’
- ‘Very serene, clean and calm environment.’
- ‘The environment is inviting and feels safe.’

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, such as disposable gloves and aprons, and alcohol-based hand gel. An appropriate waste management contract was in place and sharps (needles and syringes) were well managed.

An appropriately stocked emergency kit included aesthetic emergency protocols and the practitioner was trained to manage medical and aesthetic emergencies.

The three patient care records we reviewed included detailed information about:

- consultation and consents
- medical history
- mental health assessment
- 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:

- ‘Everything was made clear and was understandable.’
- ‘The treatment was explained fully and we discussed the desired outcome I was looking for.’

What needs to improve

The service used bacteriostatic saline to reconstitute the vials of botulinum toxin. This is when a liquid solution is used to turn a dry substance into a specific concentration of solution for injection. The bacteriostatic saline used is an unlicensed product and the use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outwith its Summary of Product Characteristics and is therefore termed as being used off-label. A medications management policy described the off-label use of the product and, although we were told that the off-label use was discussed with patients, this was not documented. The practitioner had identified that the consent form on the digital patient care records did not include a prompt for this information and had raised this issue with the software provider (recommendation c).

- No requirements.

Recommendation c

- The service should document discussions with patients about the off-label use of medications whilst awaiting an update to the digital consent form.

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:

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Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
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