



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Mr Skulpt Aesthetics Ltd, Bellshill

Service Provider: Mr Skulpt Aesthetics Ltd

28 October 2024

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

© Healthcare Improvement Scotland 2024

First published December 2024

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.scot

Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	8
<hr/>		
	Appendix 1 – About our inspections	20
<hr/>		

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 Mr Skulpt Aesthetics Ltd on Monday 28 October 2024. We received feedback from 13 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 Bellshill, Mr Skulpt Aesthetics Ltd is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Mr Skulpt Aesthetics Ltd, 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 a clear vision with patients and staff. Key performance indicators included monitoring the safe care and treatment of patients. Staff were able to contribute to developing and improving the service.	✓✓ Good
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. An audit programme and detailed quality improvement plan helped to support the continuous improvement of the service. A proactive approach to managing risks was evident. Patients were kept informed of any improvements made to the service. Access to the care records of all patients treated in the service would ensure all staff could meet patients' needs. Collation of all patient feedback would further help to identify trends and themes.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
Patient care records were well completed. Patients had confidence in the staff and the service. The clinic environment and equipment were clean and well maintained. Recruitment processes and ongoing checks of staff helped to make sure they remained safe to work in the service.	✓✓ 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 Mr Skulpt 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.

Implementation and delivery	
Requirement	
1	<p>The provider must ensure that patient care records are readily available to all healthcare staff involved in meeting patients’ health and welfare needs (see page 15).</p> <p>Timescale – by 31 January 2025</p> <p><i>Regulation 4(3)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
a	<p>The service should collate patient feedback obtained from the various methods to provide a more structured approach. This would further help when analysing feedback and being able to demonstrate the impact of change from the improvements made (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 4.8</p>

Implementation and delivery (continued)

Recommendations

b The service should ensure that practicing privileges staff are registered with the Information Commissioner's Office (see page 15).

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

c The service should ensure that practicing privileges contracts are not signed until all background checks on staff have been completed (see page 15).

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

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](#)

Mr Skulpt 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 Mr Skulpt Aesthetics Ltd 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 with patients and staff. Key performance indicators included monitoring the safe care and treatment of patients. Staff were able to contribute to developing and improving the service.

Clear vision and purpose

The service's vision statement was displayed in the clinic. This stated that the service would provide safe, innovative and person-centred care.

Key performance indicators helped the service to measure how well it was performing and the effectiveness of the quality of the service provided. The service's key performance indicators included:

- patient satisfaction
- treatment outcomes and patient safety
- audit compliance
- appointment efficiency (covers patient non-attendance)
- staff training and development, and
- treatment waiting times.

A key performance indicator report was produced every 6 months and provided a detailed overview of how the service had performed against each indicator. This covered any themes or observations identified, areas for improvement and actions taken. We saw evidence that the reports were discussed at staff meetings.

- No requirements.
- No recommendations.

Leadership and culture

The service was owned and managed by an aesthetic practitioner. Three members of staff working under a practicing privileges agreement (staff not employed directly by the provider but given permission to work in the service) also carried out aesthetic treatments. All staff were registered healthcare practitioners, including two registered prescribers.

An online chat group was used by staff for informal communication about the day-to-day running of the clinic. Staff meetings with a set agenda were held every 6 months. We saw minutes of these meetings recorded discussions including:

- audits
- patient satisfaction
- case discussion (for sharing learning), and
- service improvements.

We saw evidence that suggestions for improvements to the service from patients and staff were discussed at staff meetings and added to the service's quality improvement plan.

Meeting minutes were shared with all staff, including those who could not attend, to keep them updated about the service.

As well as having the opportunity to contribute to staff meetings, a whistleblowing policy was in place that described how staff could raise a concern about patient safety or practice.

- 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. An audit programme and detailed quality improvement plan helped to support the continuous improvement of the service. A proactive approach to managing risks was evident. Patients were kept informed of any improvements made to the service.

Access to the care records of all patients treated in the service would ensure all staff could meet patients' needs. Collation of all patient feedback would further help to identify trends and themes.

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

The service's participation policy stated how it would proactively seek and use feedback from patients to help the service to develop. Methods used to obtain feedback included:

- a QR code in the reception for patients to scan which led to an online review site
- a structured survey sent to patients every 3-4 months (asking for views on the clinic, staff and treatments)
- social media reviews
- feedback and suggestions box with feedback forms in the clinic, and
- verbal, email and text feedback.

We saw that a large amount of feedback from patients had been received. Feedback was positive with any suggestions for improvement acted on, such as requests for:

- bottled water
- coat hooks in treatment rooms, and
- patient aftercare packs.

Noticeboards in the clinic highlighted improvements made as a result of patients' suggestions in a 'you said, we implemented' format.

We saw evidence that staff were able to contribute to the development and improvement of the service through staff meetings and using the online chat group. Staff suggestions for improvements had included:

- installing CCTV for safety, and
- displaying emergency protocols on walls for immediate access in an emergency (previously held in a folder).

What needs to improve

We saw evidence that all feedback from patients was kept, for example screenshots were taken of all social media feedback and survey responses could be accessed. Collating all feedback from the various sources into one system could help when evaluating feedback to identify any trends (recommendation a).

- No requirements.

Recommendation a

- The service should collate patient feedback obtained from the various methods to provide a more structured approach. This would further help when analysing feedback and being able to demonstrate the impact of change from the improvements made.

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 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 and these were regularly reviewed. The policies were available in the clinic for all staff to access.

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 audit for medicines and the emergency drugs kit helped to make sure all items had not passed their expiry and best-before dates.

Emergency medicines were easily accessible, and aesthetic complications step-by-step treatment guides and medical emergencies posters were displayed for staff to quickly refer to. A first aid kit was also available. We were told a prescriber was always present when non-prescribing practitioners were carrying out certain aesthetic procedures in case they needed to respond to emergencies, such as a vascular occlusion (a blood vessel blockage). All staff completed annual resuscitation training.

An infection prevention and control policy described the precautions in place to prevent patients and staff being harmed by avoidable infections, such as hand hygiene, and the management of sharps and clinical waste. Appropriate products were used to clean equipment and the environment, and cleaning schedules detailed the required cleaning tasks.

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

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to Healthcare Improvement Scotland. Complaints information was displayed in the clinic for patients to view. We were told the service had also not received any complaints, since registration.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). A duty of candour statement and the service's yearly duty of candour report was available in the service. The registered healthcare staff had completed duty of candour training as part of their other jobs in the NHS.

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 ensure that informed consent was obtained from patients before any treatment took place. When making an appointment on the online system, patients received a consent form that provided detailed information about the treatment they had booked, including the risks, and a medical history questionnaire to be completed before their appointment.

Other appropriate consents were also obtained, such as consent for digital images and sharing information with other healthcare professionals, if required.

Patients had a face-to-face consultation with the practitioner and prescriber before their treatment. All patients were offered a cooling-off period and time to consider the information received before going ahead with treatment. All patients who responded to our survey said they were given sufficient information and time to reflect on their treatment options before giving consent. Discussions at the consultations included:

- full medical history
- expected outcomes of treatment
- risks and side effects
- off-license use of medicines if applicable, and
- aftercare.

Patients were offered a 2-3 week appointment to review the outcome of their treatment. They were also provided with aftercare information that included an emergency contact telephone number for the service.

Policies that detailed safe recruitment and staffing were in place, including for staff working under a practicing privileges arrangement. Staff had received an appropriate level of Disclosure Scotland background check to make sure they were safe to work in the service. Other checks included:

- indemnity insurance cover
- identification
- references (including one from current employer)
- immunisation status
- registration with professional body, and
- qualifications and aesthetics training.

The manager sent electronic reminders to staff when renewals were due, for example insurance, training updates and annual professional registration checks.

The induction process included a checklist to record that all parts of the induction had been completed. This included mandatory training and covered topics such as the service's:

- policies and procedures
- fire safety, and
- emergency procedures.

A process was in place for all staff to have a yearly appraisal carried out, including a peer appraisal of the manager by a registered nursing staff member. We saw documented appraisals with evidence of discussion of:

- job knowledge and skills
- quality of work
- documentation
- teamwork and collaboration
- goals and achievements
- new goals set, and
- professional development.

Staff made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. Some staff were members of the Aesthetic Complications Expert (ACE) group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. It also provided learning opportunities and support for its members. Staff were also members of aesthetic industry forums and subscribed to journals. They shared their learning with the team in meetings and in online group discussions. The healthcare practitioner staff also completed ongoing training as part of their Nursing and Midwifery Council registration.

What needs to improve

The practicing privileges staff held their own patient care records. Although the manager could request these records when required, for example for auditing purposes or to review a treatment episode, all patient care records must always be readily available to the manager (requirement 1).

As practicing privileges staff removed their patient care records when not working in the service, they would need to be individually registered with the Information Commissioner's Office, as well as the service (recommendation b).

We were told that staff working under a practicing privileges agreement did not start working in the service until all background checks to ensure they were safe to work in the service had been carried out. The service had carried out its own background checks with Disclosure Scotland to make sure staff were not included on the adult list for Protecting Vulnerable Groups (PVG). However, in all three recruitment files we reviewed, practicing privileges staff had signed their contracts before the Disclosure Scotland checks had been completed (recommendation c).

We saw that some practitioners 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. 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 unlicensed use. We were told this provided better pain relief for patients. Although we saw evidence in the patient care records we reviewed that this had been discussed with the patient before treatment was administered, the pre-printed consent form did not include information about the unlicensed use of this product. We will follow this up at future inspections.

The clinic did not stock bacteriostatic saline. Therefore, some practitioners brought their own supply. This medication was not included in the service's stock records or checked as part of the service's medicines management process to ensure governance of all medicines used in the service. We will follow this up at future inspections.

Requirement 1 – Timescale: by 31 January 2025

- The provider must ensure that patient care records are readily available to all healthcare staff involved in meeting patients' health and welfare needs.

Recommendation b

- The service should ensure that practicing privileges staff are registered with the Information Commissioner's Office.

Recommendation c

- The service should ensure that practicing privileges contracts are not signed until all background checks on staff have been completed.

Planning for quality

A contingency plan was in place in case of events that may cause an emergency closure of the clinic or cancellation of appointments, such as power failure or sickness. This helped to make sure patients could continue their treatment plans. Appropriate insurances were in date, such as employer liability, medical malpractice, and public and products liability, and were displayed in the service.

A programme of 6-monthly audits helped to review the safe delivery and quality of the service. The manager or a staff member carried out the audits, peer reviewing each other's practice. The findings were documented, and an action plan completed, if required. This was then discussed during staff meetings.

Audits included:

- environmental (including infection prevention and control precautions, health and safety)
- medicines management, and
- patient care records.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. A regularly reviewed quality improvement plan was in place with detailed improvement activities, which included:

- source of the improvement, for example feedback from staff and patients
- feasibility of implementing the improvement
- how the improvement would be actioned
- timescale, and
- completion date.

Staff told us they benchmarked the service by reviewing Healthcare Improvement Scotland inspection reports of other similar services and implemented good practice from these other services., if required.

A risk register recorded details of all the identified risks to patients and staff in one place and their potential impact. A range of risk assessments had been carried out and were regularly reviewed for:

- business risks
- clinical risks, and
- health and safety risks.

■ No requirements.

■ No recommendations.

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

Patient care records were well completed. Patients had confidence in the staff and the service. The clinic environment and equipment were clean and well maintained. Recruitment processes and ongoing checks of staff helped to make sure they remained safe to work in the service.

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 was modern, clean and well organised. The equipment was in good condition and well maintained. 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:

- ‘Immaculate clinic. Very, very professional and clinical.’
- ‘... very high standards and very clinical... .’
- ‘It’s a very calming, relaxing and professional environment.’

The cleaning of treatment rooms and equipment was carried out by staff between patient appointments, as well as a full clean of the treatment rooms at the end of the day. We were told a cleaning contractor also carried out a weekly deep clean. Cleaning schedules were displayed in each room and signed off when cleaning tasks had been completed.

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 aprons and gloves), and alcohol-based hand gel and hand hygiene posters were displayed. The correct product was used for cleaning sanitary fittings, including clinical hand wash basins, and a stronger dilution was used for the management of blood contamination.

The four patient care records we reviewed had been well completed by both the practitioner and prescriber, as appropriate, with detailed information including documentation of:

- consultation
- medical history
- patient's GP and emergency contact details
- treatment plan
- consent
- medicine dosage, batch numbers and expiry dates
- procedure, and
- the provision of aftercare information.

The treatment records included completion of a facial assessment form detailing areas of treatment. A psychological assessment formed part of the medical history questions to assess for body dysmorphia (a mental health condition where a person spends a lot of time worrying about flaws in their appearance).

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:

- '... spent time with me going over everything in high detail.'
- 'Feel very happy with the information I was given about the pros and cons of the treatment I had booked in for and all my questions were answered.'
- 'We always discuss the look I'm trying to achieve... possible treatments and potential outcomes. I never feel pressured into taking a treatment.'

The three staff files we reviewed all included evidence of relevant initial and ongoing checks, and evidence of training to help make sure staff were safe to work in the service. We saw that staff had completed an induction process when starting work in the service and had documented annual appraisals.

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

- ‘The knowledge and experience the practitioner has is invaluable.’
- ‘Knowledge is always very reassuring. He explains everything in great detail and his technique is very skilled.’
- ‘From the online booking service to the clinic visit everything is highly professional and to a high standard.’

What needs to improve

A clinical waste management contract was in place and sharps (needles and syringes) and waste were stored securely until collection by the waste company. We noted that one sharps box was overfilled. However, we saw evidence that the waste contract had recently been amended to include additional sharps bins. The label of one of the sharps boxes was also not signed or dated to indicate when the bin was first put into use. We will continue to review how the service manages and disposes of sharps at future inspections.

- 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

Email: his.ihtregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
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