



Healthcare
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Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: The Face Studio, Elgin

Service Provider: THEFACESTUDIO LTD

30 October 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 The Face Studio on Wednesday 30 October 2024. We spoke with the service manager during the inspection. We received feedback from 18 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 Elgin, The Face Studio 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 The Face Studio, 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 sole practitioner is a registered nurse and an independent prescriber. The service aimed to provide a safe and holistic, high standard of care from a registered practitioner. The service's aim and objectives were displayed on its website. A strategic plan should be developed.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
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. A range of policies and procedures were in place. The service met regularly with another service. The complaints procedure should be published on the service's website. The quality improvement plan should be updated regularly.		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
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.		✓ Satisfactory
The outcome of every consultation including aftercare must be recorded. Botulinum toxin must be disposed of in line with manufacturer guidance. Any stock of medication that the service holds must be able to be prescribed to individual patients.		

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 THEFACESTUDIO 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 requirements and three recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should develop a strategic plan that sets out its strategic objectives, operational priorities and vision (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
None	
Recommendations	
b	The service should publish its complaints procedure on its website to make it easy for patients to find out how to make a complaint (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

Implementation and delivery (continued)

- c** The service should update its service improvement plan to include all improvements that the service has 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

Results

Requirements

- 1** The provider must improve the standard of record keeping in patient care records to ensure they contain a record of the outcome of the consultation, assessment, and the aftercare advice given to patients by the healthcare professional (see page 19).

Timescale – immediate

Regulation 4(2)(a)(b)(c)

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

- 2** The provider must ensure that as an independent clinic, any stock of medication that they hold, must be able to be prescribed to individual patients (see page 20).

Timescale – immediate

Regulation 3(d)(iv)

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

Results (continued)

- 3** The provider must ensure that, once reconstituted, the botulinum toxin vial is only used for a single patient, during a single treatment session, and that any unused solution is discarded to comply with the manufacturer's guidance for botulinum toxin. The medicines management policy and toxin policy must also be update (see page 20).

Timescale – immediate

Regulation 3(d)(iv)

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

Recommendations

None

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](#)

THEFACESTUDIO 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 The Face Studio 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 sole practitioner is a registered nurse and an independent prescriber. The service aimed to provide a safe and holistic, high standard of care from a registered practitioner. The service's aim and objectives were displayed on its website. A strategic plan should be developed.

Clear vision and purpose

The sole practitioner is a registered nurse and an independent prescriber. The service aimed to provide a safe and holistic, high standard of care from a registered practitioner. The service's aims, objectives and key performance indicators included:

- review and improve patient aftercare information provision
- review number of new patients and number of non-returning patients
- to have a fit-for-purpose environment which is compliant with Healthcare Improvement Scotland (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 a yearly duty of candour report, and
- to review patient feedback.

The service assessed its performance every month against its objectives and key performance indicators, reviewing numbers of new patients, returning patients and its prices. The outcome of which was displayed on social media.

What needs to improve

The service should develop a structured plan which sets out clear and measurable aims, objectives and direction for the service (recommendation a).

- No requirements.

Recommendation a

- The service should develop a strategic plan that sets out its strategic objectives, operational priorities and aim.

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. A range of policies and procedures were in place. The service met regularly with another service. The complaints procedure should be published on the service’s website. The quality improvement plan should be updated regularly.

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, as well as through social media reviews and a yearly service questionnaire. Patients were asked for feedback about their most recent treatments. Feedback was reviewed every 6 months and used to inform the service’s improvement plan. All feedback we saw on social media was positive. Examples of changes made after the service had received feedback included:

- changing the booking system to one that was easier for patients to use
- developing a service website for patients without social media
- introducing a free aftercare pack for patients, including an ice pack and samples of lip care and skin care creams
- purchasing a new electric treatment couch, and
- stress balls for patients to use during treatments.

The service’s website contained information about the service, the treatments it offered and costs.

- 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 an up-to-date electrical safety certificate was in place.

We saw that the service had an appropriate infection prevention and control policy and procedures in place, as well as a clinical waste contract for the disposal of clinical waste. Clinical waste was managed appropriately

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 using an electronic system which could be accessed using a password via a tablet to which only the aesthetics practitioner who was also the manager for the service has access to.

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. 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 practitioner engaged in regular continuing professional development and had recently 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.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through attending webinars and additional masterclass sessions.

What needs to improve

The service's website had a form that could be used for patients to contact the service, which could also be used comments or complaints. However, the

website did not include details of the service's complaint management process (recommendation b).

- No requirements.

Recommendation b

- The service should publish its complaints procedure on its website to make it easy for patients to find out how to make a complaint.

Planning for quality

We saw that the service had a business continuity plan in place. This described a contingency arrangement 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:

- electrical safety
- 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 carried out some regular audits, including those for:

- hand hygiene
- infection control
- medication, and
- waste.

We saw that action plans were developed to address any issues identified in these audits.

The aesthetics practitioner regularly met with another service to share learning and discuss updates in current practice. We saw that an agenda and minutes were recorded.

What needs to improve

The service had an improvement plan in place, which was regularly reviewed. However, it did not include all the improvements made as result of the yearly patient feedback survey (recommendation c).

While the service carried out a variety of audits, these did not include patient care record audits. We discussed this with the service and were told this would be implemented. We will follow this up at future inspections.

- No requirements.

Recommendation c

- The service should update it service improvement plan to include all improvements that the service has implemented.

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 including aftercare must be recorded. Botulinum toxin must be disposed of in line with manufacturer guidance. Any stock of medication that the service holds must be able to be prescribed to individual patients.

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:

- ‘Full profession service provided in a clean clinical environment.’
- ‘The room is always clean, fresh and well kept.’
- ‘Very satisfied, the facilities were clean, well-ventilated with good lighting.’
- ‘Very clean and professional environment.’
- ‘The studio is spotless, and the practitioner practiced excellent hygiene, I had no concerns.’

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:

- ‘The initial appointment was relaxed, and all information passed on. Then aftercare and expectations given verbally as well as in a leaflet!’
- ‘The practitioner provided all the pre consultation information and aftercare. She made me feel comfortable and ensured I understood all risks and benefits prior.’
- ‘The practitioner went through everything i needed to know and left me with no questions to ask as I was given all the information.’
- ‘The practitioner explained the risks to me clearly. She is very informative during the treatments. She provides good aftercare advice.’
- ‘There was nothing I didn’t feel that the practitioner didn’t explain. Answered any questions I had, and I felt at ease especially as this was the first time I had anything like this done.’

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

- address
- consent to share information with GPs and other relevant healthcare professionals in the event of a medical emergency
- 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 practitioner had signed and dated their entries into the patient care records.

What needs to improve

The outcome of face-to-face consultations between the prescriber (practitioner) and the patient or the assessment to determine patients' suitability for treatment and the aftercare given was not documented (requirement 1).

The service manager was able to prescribe medication. We saw vials of emergency medication labelled with an individual's name. This meant this medication was unable to be prescribed to another patient if needed (requirement 2).

The provider must ensure that any botulinum toxin unused solution is discarded to comply with the manufacturer's guidance for botulinum toxin (requirement 3).

We saw 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). 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 outside of its Summary of Product Characteristics and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. We saw evidence in the patient care record that the use of bacteriostatic saline to reconstitute botulinum toxin had been discussed with patients. However, we did not see any evidence of informed consent had been sought before treatment however we were shown a copy of a revised consent form that contained this. We will follow this up at future inspections.

Requirement 1 – Timescale: immediate

- The provider must improve the standard of record keeping in patient care records to ensure they contain a record of the outcome of the consultation, assessment, and the aftercare advice given to patients by the healthcare professional.

Requirement 2 – Timescale: immediate

- The provider must ensure that as an independent clinic, any stock of medication that they hold, must be able to be prescribed to individual patients.

Requirement 3 – Timescale: immediate

- The provider must ensure that, once reconstituted, the botulinum toxin vial is only used for a single patient, during a single treatment session, and that any unused solution is discarded to comply with the manufacturer's guidance for botulinum toxin. The medicines management policy and toxin policy must also be update.

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

You can read and download this document from our website.
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