



Healthcare
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Scotland

Inspections
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To drive improvement

Announced Inspection Report: Independent Healthcare

Service: MedArt Aesthetica by Dr Coates, Melrose

Service Provider: Dr Oksana Coates

5 November 2024

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Contents

| | | |
|----------|--|-----------|
| 1 | A summary of our inspection | 4 |
| <hr/> | | |
| 2 | What we found during our inspection | 9 |
| <hr/> | | |
| | Appendix 1 – About our inspections | 17 |
| <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 MedArt Aesthetica by Dr Coates on Tuesday 5 November 2024. We spoke to the manager (practitioner) during the inspection. We received feedback from 23 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 of this service.

Based in Melrose, MedArt Aesthetica by Dr Coates 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 MedArt Aesthetica by Dr Coates, 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's philosophy was available for patients to view on its website. Key performance indicators were used to measure how well the service was performing and to prioritise current areas for improvement. | ✓✓ Good |
| Implementation and delivery | <i>How well does the service engage with its stakeholders and manage/improve its performance?</i> |
| <p>Feedback from patients was regularly gathered and acted on to improve their experience. Policies and procedures helped to support the safe delivery of care. There was a clear and effective patient journey from consultation through to treatment and aftercare.</p> <p>Healthcare Improvement Scotland must be notified of certain events, in line with our guidance. A duty of candour report must be published. A cleaning schedule should be developed. A quality improvement plan and an audit programme should also be developed.</p> | ✓ Satisfactory |
| Results | <i>How well has the service demonstrated that it provides safe, person-centred care?</i> |
| Patients were treated safely, in a clean and well-maintained environment. Patients spoke positively about the service. The patient care record templates need to be improved, and patient care records should be fully completed at all times. | ✓ 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 Dr Oksana Coates 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 nine recommendations.

| Implementation and delivery | |
|-----------------------------|---|
| Requirements | |
| 1 | <p>The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance (see page 13).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(1)(b)</i> <i>The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011</i></p> |
| 2 | <p>The provider must publish an annual duty of candour report (see page 13).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(2)</i> <i>The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p> |

Implementation and delivery (continued)

Recommendations

| |
|--|
| <p>a The service should monitor and evaluate improvements made as a result of patient feedback to determine whether actions taken have led to the intended improvement (see page 10).</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> |
| <p>b The service should inform patients when changes or improvements are made based on patient feedback (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> |
| <p>c The service should develop a cleaning schedule which includes details on cleaning products and processes to be used and keep a checklist to demonstrate cleaning has been carried out (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p> |
| <p>d 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 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p> |
| <p>e The service should develop a formal business continuity plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p> |
| <p>f The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented (see page 14).</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 (continued) | |
|--|---|
| Recommendations | |
| g | The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |

| Results | |
|------------------------|--|
| Requirements | |
| None | |
| Recommendations | |
| h | The service should review and develop the patient care record templates, including the treatment recording template, to ensure all required information is consistently completed (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27 |
| i | The service should ensure all parts of the patient care record are filed together in one location to provide a complete patient care record (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27 |

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](#)

Dr Oksana Coates, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank the practitioner at MedArt Aesthetica by Dr Coates for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

| Domain 1: Clear vision and purpose | Domain 2: Leadership and culture |
|--|----------------------------------|
| <i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i> | |

Our findings

The service's philosophy was available for patients to view on its website. Key performance indicators were used to measure how well the service was performing and to prioritise current areas for improvement.

Clear vision and purpose

The vision for the service was 'to be recognised... as a trusted provider of aesthetic services, known for prioritising patient safety, satisfaction and high-quality outcomes'. The service's website detailed the service's philosophy for patients to view. This stated '...we believe in empowering our patients with knowledge and expertise to make informed decisions about their cosmetic procedures. We strive to provide a safe and comfortable environment for every patient, and our experienced doctor is here to help you every step of the way.'

The service used key performance indicators to identify and measure the effectiveness of the quality of service provided and monitor how well its vision was being implemented. These included patient feedback and patients return and non-return rates.

- 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

Feedback from patients was regularly gathered and acted on to improve their experience. Policies and procedures helped to support the safe delivery of care. There was a clear and effective patient journey from consultation through to treatment and aftercare.

Healthcare Improvement Scotland must be notified of certain events, in line with our guidance. A duty of candour report must be published. A cleaning schedule should be developed. A quality improvement plan and an audit programme should also be developed.

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

A feedback questionnaire was used to regularly seek feedback from patients to understand their experience of the service. Feedback received was used to inform practice, for example a new treatment chair had recently been installed to meet the changing needs of patients.

What needs to improve

Although we saw evidence of changes and improvements being made to the service as a result of patient feedback, there was no ongoing monitoring or evaluation of any improvements made. This would help to ensure these changes or improvements had made a positive difference and had not had any unintended consequences (recommendation a).

Although feedback was being gathered, there was no process for informing patients when changes or improvements were made following patient feedback (recommendation b).

- No requirements.

Recommendation a

- The service should monitor and evaluate improvements made as a result of patient feedback to determine whether actions taken have led to the intended improvement.

Recommendation b

- The service should inform patients when changes or improvements are made based on patient feedback.

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.

Appropriate policies and procedures were in place to support the delivery of safe, person-centred care. The policies were up to date, and we discussed with the practitioner their plans for their regular review to ensure they remained fit for purpose. The practitioner maintained their registration with the General Medical Council (GMC). They were suitably trained and experienced to deal with medical emergencies when required.

Patients attended the clinic for a consultation where:

- expectations and treatment options were discussed
- a medical history was taken
- treatment was planned
- informed consent for treatments was obtained
- if required, a prescription was written, and
- consent to share information was discussed and recorded.

Patients were then given a cooling-off period before they returned for the agreed treatment. This allowed the patient time to think about and consider the treatment offered. When patients returned to receive their treatment, verbal consent to continue was obtained before the treatment took place.

Aftercare information was provided verbally, and patients were also provided with a patient aftercare information leaflet. Patients were encouraged to contact the service if they had any problems or complications following treatment. The practitioner had an arrangement with another service, also registered with Healthcare Improvement Scotland, to cover aftercare with a patient in the event they were unable to do so.

We saw an adverse incidents policy and record book to document any accidents, incidents or events that take place in the service. The complaints procedure and forms were easily available in the clinic for patients, if needed.

The complaints procedure included contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time.

There had been no adverse events or complaints since the service was registered with Healthcare Improvement Scotland in October 2022.

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 practitioner fully understood their duty of candour responsibilities and how and when to follow their policy.

Safe management processes were in place for ordering, storing, prescribing and administering all medicines. All medicines were obtained from appropriately registered suppliers. Medicines were stored appropriately, including where necessary in a locked medicines fridge with temperature monitoring recorded to make sure medicines were stored at the appropriate temperature. Emergency equipment was suitably stored for easy access when required.

We saw an up-to-date fire risk assessment, and a gas and electric safety certificate during the inspection. Single-use sterile products were stored correctly and used where appropriate.

At the time of our inspection, all patient care records were paper-based and files were stored securely. The provider had ensured they were not required to register with the Information Commissioner's Office at this time. We were assured this will be reviewed if, in the future, electronic payments are taken or if patient records are stored electronically.

The practitioner attended regular updates about aesthetic techniques and products, and they taught aesthetic procedure courses at another clinic in Glasgow. Membership of the Aesthetic Complications Expert (ACE) group ensured the practitioner kept up to date with changes in best practice. This group of practitioners regularly report on any difficulties encountered and the potential solutions. It also provides learning opportunities and support for its members.

What needs to improve

As a registered independent healthcare service, specific events and circumstances must be reported to us, as detailed in our notifications guidance. The practitioner had not notified us that they had changed legal entity, and was also not clear when they should report certain events to us (requirement 1).

Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year, even where the duty of candour has not been invoked. Although an annual duty of candour report had been produced, it had not been published (requirement 2).

Although the clinic was clean throughout and the practitioner could describe the cleaning processes, there was no documented cleaning schedule detailing what cleaning should take place, the frequency and what products should be used. There was also no documented evidence that cleaning had been carried out (recommendation c).

Although the complaints procedure was available in the clinic, this should also be published on the service's website to make it easier for patients to find out how to make a complaint, if required (recommendation d).

Requirement 1 – Timescale: immediate

- The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance.

Requirement 2 – Timescale: immediate

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

Recommendation c

- The service should develop a cleaning schedule which includes details on cleaning products and processes to be used and keep a checklist to demonstrate cleaning has been carried out.

Recommendation d

- 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

The provider generally had a proactive approach to risk for the current service size, with a very small number of risks identified and assessed, including access to the clinic and lone working.

We noted that the service's first clinical audit about the side effects of a treatment technique was under way. We discussed with the practitioner the possibilities of benchmarking this audit against a peer run service. This would increase the validity of the data collected and support improvement actions.

What needs to improve

Although the service could describe its business continuity arrangements, no documented plan was in place. This would help to make sure patients could continue their treatment plans in case of events that may cause an emergency closure of the service or cancellation of appointments, such as power failure or sickness (recommendation e).

We were told a patient care record audit was planned. However, there was no formal audit programme in place to regularly review the safe delivery and quality of service. For example, audits could take place on infection prevention and control, and the safety and maintenance of the care environment (recommendation f).

There was no quality improvement plan. This would help to structure and record service improvement processes and outcomes, and allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation g).

We discussed the current and potential future risk assessments and the importance of a review process. The service would benefit from taking a broader risk-based approach as the number of patients using the service increases. This would include collating risk assessments into a risk register to track risks and record when they are reviewed. We will continue to follow this up at future inspections.

- No requirements.

Recommendation e

- The service should develop a formal business continuity plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

Recommendation f

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

Recommendation g

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

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

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

Our findings

Patients were treated safely, in a clean and well-maintained environment. Patients spoke positively about the service. The patient care record templates need to be improved, and patient care records should be fully completed at all times.

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 reviewed five patient care records and all included completed consent forms, health questionnaires, prescriptions and treatment records. The treatment document contained a facial map of injected sites, a record of doses used at each site, the product used, and its batch number and expiry date.

The clinic environment and equipment were clean, well maintained and in a good state of repair. Appropriate infection prevention and control procedures were in place. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). Personal protective equipment (such as disposable aprons and gloves) was readily available.

The feedback we received from patients who completed our online survey was all positive. Comments included:

- 'I completely trust... as she is a highly professional Dr who explains everything to me each time I go... always does a two week follow up to ensure the treatment has worked as well as it is expected to and to ensure I am happy with the result of my treatment.'
- 'We discussed in depth about what procedures would most benefit me.'

What needs to improve

Although consent to treatment, prescriptions and patient treatment details were fully documented, some areas of record keeping needed to be improved. We found that parts of the patient care record such as documenting information about consultations, assessments and consent for information sharing were not well documented. The treatment recording template did not include all the necessary prompts to ensure that information was consistently captured. It is important for patient care records to be accurate and provide a complete care record for each patient (recommendation h).

We found that not all episodes of care for each individual patient were kept together in one place. This meant it was not possible to see when there were changes in medical history, emergency contacts or GP details. Filing all episodes of care together in one place for each patient would allow the practitioner to review all information about a patient including previous treatments when planning further treatment (recommendation i).

- No requirements.

Recommendation h

- The service should review and develop the patient care record templates, including the treatment recording template, to ensure all required information is consistently completed.

Recommendation i

- The service should ensure all parts of the patient care record are filed together in one location to provide a complete patient care record.

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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