Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Vida Medical & Aesthetics Ltd, Grantown-on-Spey

Service Provider: Vida Medical & Aesthetics Ltd

4 December 2024

NHS SCOTLAND

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

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Contents

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 Vida Medical & Aesthetics Ltd on date of inspection Wednesday 4 December 2024. This service was previously known as Cairngorm Aesthetics Ltd. We spoke with a number of staff during the inspection. We received feedback from 21 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 Grantown-on-Spey, Vida Medical & Aesthetics Ltd 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 Vida Medical & Aesthetics Ltd, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The service displayed its vision. Staff meetings were held and documented. Clear objectives and measurable key performance indicators should be developed for the service.	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Appropriate policies and procedures were in place to support the safe delivery of care, including managing complaints. The service kept up to date with current best practice through training and development. Information on how to complain and information about treatments offered was available on the service's website. Patients were informed about treatment options. A proactive approach must be taken for the assessment and management of risk. A formal system for reviewing and using patient feedback to improve the service should be introduced. A regular audit programme should be introduced.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
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 the medicine checklists were fully completed. Adequate personal protective equipment was available for use. When unlicensed medicines are used, the rationale for use and informed patient consent must be recorded. Any stock of medication that the service holds must be able to be prescribed to individual patients. Consent to share information with medical professionals in the event of an emergency should be recorded.	✓ 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 Vida Medical & 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 requirements and six recommendations.

Direction	
Requirements	
	None
Recommendation	
a	The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered (see page 11). Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.7

Implementation and delivery	
Requirement	
1	The provider must develop and maintain an effective system to demonstrate the proactive management of risks to patients and staff (see page 16). Timescale – by 4 March 2025 *Regulation 13(2)(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

Implementation and delivery (continued)	
Recommendations	
b	The service should develop a structured method for obtaining patient feedback to formalise and direct the way it engages with its patients and uses their feedback to drive improvement (see page 13). Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
c	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 16). Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
d	The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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
e	The service should record minutes of any meetings with other services (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	
2	The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 19). Timescale – by 4 March 2025 *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 as an independent clinic, any stock of medication that they hold, must be able to be prescribed to individual patients (see page 19). Timescale – by 4 March 2025 *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendation
f The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care record. If the patient refuses, this should be documented (see page 20). Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The service displayed its vision. Staff meetings were held and documented. Clear objectives and measurable key performance indicators should be developed for the service.

Clear vision and purpose

The service's vison was displayed on its social media and website and stated that it was to provide exceptional, professional treatments personalised to each individual client.

What needs to improve

The service's objectives were not formalised and no measurable key performance indicators were in place.

We discussed key performance indicators with the manager (practitioner). These would help the service identify and measure the effectiveness of the quality of the service provided. Examples of key performance indicators could include:

- patient feedback
- patient return and non-return rates
- revenue growth, and
- social media engagement rate.

These would help to identify and measure the effectiveness of the quality of the service provided and support future developments. (recommendation a).

- No requirements.

Recommendation a

- The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered.

Leadership and culture

The service consisted of two practitioners (a nurse and a doctor) who co-owned the service. We saw evidence of staff meetings held every 3 months between both practitioners, which included an agenda and minutes of discussions. We saw evidence of actions being completed in later minutes.

- 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
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

Appropriate policies and procedures were in place to support the safe delivery of care, including managing complaints. The service kept up to date with current best practice through training and development. Information on how to complaint and information about treatments offered was available on the service's website. Patients were informed about treatment options.

A proactive approach must be taken for the assessment and management of risk. A formal system for reviewing and using patient feedback to improve the service should be introduced. A regular audit programme should be introduced.

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 feedback box was available at reception.

The service carried out polls on social media when new treatments were being considered. This gave the patients an opportunity to inform the introduction of new treatments. All feedback we saw on social media was positive. A 3-monthly newsletter sent out to patients and published on social media which contained details of existing treatment and new treatments, offers such as gift vouchers, updates on the business and future business aspirations.

Examples of changes made after the service had received feedback included:

- an 'open doors day' for potential patients to come and find out more about the service
- developing a service website for patients without social media
- introduction of skin care consultations and treatment, and
- providing a GP service.

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

What needs to improve

While the service collected feedback in a variety of ways, it did not have a structured method in place for gathering feedback (recommendation b).

- No requirements.

Recommendation b

- The service should develop a structured method for obtaining patient feedback to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.

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
- medication, and
- safeguarding.

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.

The service's website included details of the service's complaint management process, including that patients could complain to Healthcare Improvement Scotland.

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

We were told that a face-to-face consultation and assessment was carried out to assess patients' suitability for treatment. We were told that the initial consultation included discussions about:

- benefits and risk of treatment
- desired outcomes of the patient
- information about aftercare, and
- treatment costs.

Patient care records were stored securely in a locked filing cabinet.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

A consent policy detailed how the service would make sure 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.

Both practitioners 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.

- No requirements.
- No recommendations.

Planning for quality

We saw that the service had a business continuity plan in place. This described a contingency arrangement where patients would have 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.

What needs to improve

The service did not have a system in place to identify, manage and monitor risks. All risks to patients and staff must be effectively managed. A risk management process, including developing a register of risk assessments that would be regularly reviewed and updated, must be in place. This would help to demonstrate that all risks had been considered, appropriately assessed and measures were in place to reduce frequency or harm. Examples of risk assessments could include those for:

- infection prevention and control
- medicines management, and
- sharps injuries (requirement 1).

We saw no evidence of audits carried out in the service. A comprehensive audit programme would help the service provide continuous safe care and treatment for patients and to identify areas for improvement. For example, audits could be carried out for:

- infection prevention and control
- patient care records, and
- the safety and maintenance of the care environment (recommendation c).

The service did not have a quality improvement plan in place. This would help to structure and record service improvement processes and outcomes. It would also allow the service to measure the impact of any service changes and demonstrate a continuous cycle of improvement (recommendation d).

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

Requirement 1 – Timescale: by 4 March 2025

- The provider must develop and maintain an effective system to demonstrate the proactive management of risks to patients and staff.

Recommendation c

- 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 d

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

Recommendation e

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

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
How well has the service demonstrated that it provides safe, person-centred care?	

Our findings

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

When unlicensed medicines are used, the rationale for use and informed patient consent must be recorded. Any stock of medication that the service holds must be able to be prescribed to individual patients. Consent to share information with medical professionals in the event of an emergency should be recorded.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

We saw the clinic was clean, tidy and well maintained. We saw that appropriate cleaning wipes were used and that the clinical handwash sink was cleaned in line with national guidance. A cleaning checklist was fully and accurately completed. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available to staff and in plentiful supply. Clinical waste was disposed of appropriately. Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- ‘The clinic and treatment room are both extremely clean and beautifully decorated. It felt a very professional environment as I would expect, when the practitioners are professional doctors and nurses.’
- ‘Facilities were clean, professional looking and comfortable.’

- ‘Scrupulously clean premises which smelt wonderful and relaxing.’
- ‘Environment is welcoming, warm. Nice music in the background. Comfortable seats and treatment couch, and modern equipment.’
- ‘Nice friendly and knowledgeable people. Premises are private and confidentiality respected. Hygiene standards are excellent, and I have no concerns.’

We saw a system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic. The 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:

- ‘Information provided to me, both pre-appointment booking and at the appointment, pre-treatment, was extremely thorough and delivered in a very professional and understandable fashion.’
- ‘Was given all the info I needed to make my decision. Cara was extremely knowledgeable.’
- ‘They provided an excellent service. They took her time to explain everything in detail and answered any questions I had. I will be coming back and cannot recommend them enough.’
- ‘Always given full explanations of treatment. Benefits Risk involved and costs.’
- ‘Very competent consultant who listened to my concerns and explained the process thoroughly.’

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

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

The patient care records we reviewed included the outcome of face-to-face consultations between the prescriber (practitioner) and the patient or the

assessment to determine patients' suitability for treatment. 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 along with aftercare given. The practitioner had signed and dated their entries into the patient care records.

What needs to improve

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 that patients were sent a copy of an information leaflet about the use of bacteriostatic saline to reconstitute botulinum toxin. However, we saw no evidence in the patient care record that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients, nor that informed consent had been sought before treatment administered (requirement 2).

In the service both practitioners were able to prescribe medication. The service was able to prescribe medication. Vials of bacteriostatic saline had an individual's name recorded on it. It was not clear how this medication would be prescribed to another patient (requirement 3).

Patient care records did not document patients' consent to share or refusal to share their details with other healthcare professionals in the event of an emergency situation (recommendation f).

Requirement 2 – Timescale: by 4 March 2024

- The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent.

Requirement 3 – Timescale: by 4 March 2024

- 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.

Recommendation f

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records.

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.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: **www.healthcareimprovementscotland.org**

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

After

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.
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

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