



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Aesthetic Suites, Paisley

Service Provider: Aesthetic Suites Ltd

26 October 2021

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
<hr/>		
	Appendix 1 – Requirements and recommendations	15
	Appendix 2 – About our inspections	17
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Aesthetic Suites on Tuesday 26 October 2021. We spoke with the service manager during the inspection. This was our first inspection to this service. The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality 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 limited self-evaluation.

What we found and inspection grades awarded

For Aesthetic Suites, the following grades have been applied to the key quality indicators.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The treatment room was visibly clean and in a generally good state of repair. Patients were happy with the environment. Systems and processes were in place to maintain patient safety. The service should continue to review and develop its audit programme.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Staff meetings and other communication systems are in place to make sure staff were kept up to date with what was happening in the service. Feedback from patients was reviewed and was positive. A quality	✓ Satisfactory

	improvement plan would help manage actions taken on improvements identified.	
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The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.2 - Assessment and management of people experiencing care	Patient care records were stored securely and contained essential patient details and treatment information. The service should record what written aftercare information is given to patients in the patient care records. The service should check with the Information Commissioners Office to see if registration is required.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	A system was in place to carry out appropriate checks when granting practice and privileges to other practitioners. Checks completed must be recorded in practitioner staff files.

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:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

What action we expect Aesthetic Suites Ltd to take after our inspection

This inspection resulted in one requirement and five recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirement and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Aesthetic Suites 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 Aesthetic Suites for their assistance during the inspection.

2 What we found during our inspection

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The treatment room was visibly clean and in a generally good state of repair. Patients were happy with the environment. Systems and processes were in place to maintain patient safety. The service should continue to review and develop its audit programme.

Treatments were delivered in a spacious room that was generally well maintained and in good decorative order. The environment was visibly clean, and the majority was of a construction that would allow effective decontamination. We saw completed daily cleaning schedules and were told that a monthly deep clean included cleaning the carpeted areas.

Patients who responded to our survey described the clinic as ‘very clean’ and ‘pristine’. They also described the environment as ‘safe’ and ‘relaxing’.

The service had an infection prevention and control policy in place and the manager demonstrated a good understanding of infection prevention and control precautions. We saw that appropriate personal protective equipment was available and the service had a clinical waste contract in place. Hand hygiene facilities were available that included alcohol-based hand rub at the entrance to the clinic.

The service employed the services of a Nursing and Midwifery Council (NMC)-registered nurse as a prescriber. Medicines were ordered from an online pharmacy and wholesaler and were appropriately stored. A dedicated fridge was available to store temperature-sensitive medications and a process was in place to monitor the temperature of this fridge. Appropriate emergency

medications were also available. The service had a system in place to monitor the expiry date of medications held and we saw that medications were in-date.

We were told that staff were trained to manage aesthetic emergencies. Staff also had access to 24-hour support and advice through the British Association for Medical Aesthetic Complications. Staff were also expected to have completed basic life support and anaphylaxis training.

The landlord maintained the appropriate fire safety equipment in place, such as 'break-glass', alarm and extinguishers.

A number of risk assessments were in place which detailed the actions to follow to reduce the risk with dates when they would be reviewed. The service had a system in place to record accidents or incidents if they happened.

What needs to improve

The service had an audit programme in place. However, it was not clear when audits had been completed, what the results were from the audit or what actions had been generated. The service was aware of this and planned to simplify its approach to audit (recommendation a).

We discussed how the development of a risk register would help monitor and manage the risks identified. We will follow this up at future inspections.

- No requirements.

Recommendation a

- The service should continue to review and develop its audit programme so that actions are clear and can be used to drive improvement.

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were stored securely and contained essential patient details and treatment information. The service should record what written aftercare information is given to patients in the patient care records. The service should check with the Information Commissioners Office to see if registration is required.

The patient care records we saw were in paper format and stored securely in a lockable filing cabinet. If photographs were required as part of patient treatment plans, these were taken on a dedicated, password-protected mobile phone. We were told that the other practitioner who worked in the service used an electronic system to manage their patient care records and that the service manager could access them if required.

In the patient care records we reviewed, we saw evidence of a consultation that had involved the prescriber for the service where required. We were told that consultations were carried out face-to-face. A medical assessment was also completed and consent obtained that outlined the risks and benefits of the proposed treatment. Written aftercare was given and included the service's emergency contact details along with details of the medicine or medical device used. Patient care records we reviewed were legible and the entries were dated and signed.

Patients who completed our online survey felt that they had been involved in decision and given enough time to consider their care and treatment options. Comments included:

- 'I had everything explained to me and was given options and was able to discuss the pros and cons, and make decisions on treatment.'
- 'I was involved in all aspects of decision making, and with my care and treatment.'

We did not see patients who had experienced complications in the patient care records we reviewed. However, we were told that complications experienced would be recorded in the patient care record. Patients were all offered follow-up appointments and these would also be recorded in the patient care record. However, we saw not all patients took up the offer.

The service's audit programme included an audit of patient care records.

What needs to improve

While we were told that patients were given written aftercare information, this was not recorded in the patient care record (recommendation b).

The service did not routinely record the patient's GP or next of kin details in the patient care record, or record if the patient had withheld this information (recommendation c).

The service handled patient data. However, it had not checked to see if it was required to register with the Information Commissioners Office (recommendation d).

- No requirements.

Recommendation b

- The service should record in the patient care record that written aftercare information has been given to the patient.

Recommendation c

- The service should record in the care record the patients GP details and those of the next of kin in case they are required. If the patient withholds this information this should be recorded in the patient care record.

Recommendation d

- The service should complete the online assessment to check if it needs to register with the Information Commissioners Office to make sure patient data is handled in a safe and secure way.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

A system was in place to carry out appropriate checks when granting practice and privileges to other practitioners. Checks completed must be recorded in practitioner staff files.

The service had a medicines prescriber and two aesthetic practitioners who worked under practice and privileges arrangements. The service had a practice and privileges policy and we saw signed written agreements in place.

A document in each staff file set out which checks would be completed, including:

- insurances
- qualifications
- professional registration
- Protecting Vulnerable Groups (PVG) check, and
- references.

The service had used a third party to obtain PVG checks.

We were told that staff were asked to provide evidence that they had completed mandatory training and that the staff induction included orientation to the building and confirmation that they had familiarised themselves with the service's policies.

What needs to improve

The service had a document that set out the pre-employment checks it would carry out. However, we saw no evidence in the staff files documenting:

- when the checks had been completed
- whether they had been satisfactory, and
- when the checks would be repeated.

The practitioner's PVG number was also not recorded (requirement 1).

The service manager told us that they planned to ask to see copies of the practitioner's most recent appraisal, and a copy of this would be kept in the staff member's file. We will follow this up at future inspections.

Requirement 1 – Timescale: immediate

- The service must ensure that when checks are completed to give other practitioners practice and privileges, they are recorded in the practitioner's staff file. It should also record when these checks will be repeated.

- No recommendations.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Staff meetings and other communication systems are in place to make sure staff were kept up to date with what was happening in the service. Feedback from patients was reviewed and was positive. A quality improvement plan would help manage actions taken on improvements identified.

The service had set up an electronic messaging group so that the service manager could keep the other practitioners updated when they could not attend face-to-face meetings.

We saw documented evidence of meetings between the service manager and the other practitioners who worked in the service. Results from audits, any incidents or accidents and risks were discussed at these meetings.

The service manager told us they would support practitioners with their appraisals and revalidation if required. Practitioners would also be supported with identified training needs. The manager told us that they kept up to date with online courses and tutorials. Certificates of courses attended were displayed in the clinic.

Patients were asked to leave feedback on the service's social media pages, which the service manager regularly reviewed. Patient feedback was discussed at the meetings between the service manager and the practitioners. We were told that any potential improvements from feedback would also be discussed and agreed at these meetings. Patient feedback from our online survey and that we saw on the service's social media page was positive. The service had also been previously nominated for an aesthetic business award.

What needs to improve

The service did not have a quality improvement plan in place to record areas for improvement it had identified (recommendation e).

- No requirements.

Recommendation e

- The service should service should develop and implement a quality improvement plan to help monitor and drive identified areas for improvement.

Appendix 1 – Requirements and recommendations

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 at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
a	<p>The service should continue to review and develop its audit programme so that actions are clear and can be used to drive improvement (see page 9).</p> <p>Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.19</p>
b	<p>The service should record in the patient care record that written aftercare information has been given to the patient (see page 10).</p> <p>Health and Social Care Standards: My support, my care. I am fully involved in all decisions about my care and support. Statement 2.9</p>
c	<p>The service should record in the care record the patients GP details and those of the next of kin in case they are required. If the patient withholds this information this should be recorded in the patient care record (see page 10).</p> <p>Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.18</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

- d** As the service used electronic devices the service should complete the online assessment to check if it needs to register with the Information Commissioners Office to make sure patient data is handled in a safe and secure way (see page 10).

Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.18

Domain 7 – Workforce management and support

Requirement

- 1** The service must ensure that when checks are completed to give other practitioners practice and privileges, they are recorded in the practitioner's staff file. It should also record when these checks will be repeated (see page 12).

Timescale – immediate

Regulation 8(1)

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

Recommendations

None

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

- e** The service should service should develop and implement a quality improvement plan to help monitor and drive identified areas for improvement (see page 14).

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

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach 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: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

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Gyle Square
1 South Gyle Crescent
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Email: his.ihtregulation@nhs.scot

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