



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Aesthetica (Medical Cosmetics), Falkirk

Service Provider: Aesthetica (Medical Cosmetics) Ltd

10 August 2021

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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 Aesthetica (Medical Cosmetics) on Tuesday 10 August 2021. We spoke with the service manager (practitioner) during the inspection. We received feedback from 37 patients through an online survey we had asked the service to issue for us before 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 satisfactory self-evaluation.

What we found and inspection grades awarded

For Aesthetica (Medical Cosmetics), the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Effective systems were in place to manage risks and to ensure treatments were delivered in a suitably clean and well maintained environment. Care was being delivered in line with best practice guidelines. Arrangements were in place to deal with aesthetic complications. Patient feedback about the service was overwhelmingly positive.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The service manager was an experienced nurse manager and aesthetics practitioner who was clearly committed to continually improving how the service was delivered. The service's quality improvement plan was supported by an effective audit programme. This showed the improvements that had taken place or were planned. The service regularly engaged with patients and peer services to benchmark and keep up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national groups.	✓✓ Good

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	A comprehensive clinical assessment was carried out with patients before any treatment was agreed. Patient care records were thorough, clear and showed arrangements for aftercare. They were regularly audited and any required action was quickly taken. Consent was thoroughly discussed and recorded for each treatment episode. Patient care records documented both GP and emergency contact details, along with consent to share information, if required.

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 Aesthetica (Medical Cosmetics) Ltd to take after our inspection

This inspection resulted in no requirements and no recommendations.

We would like to thank all staff at Aesthetica (Medical Cosmetics) 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

Effective systems were in place to manage risks and to ensure treatments were delivered in a suitably clean and well maintained environment. Care was being delivered in line with best practice guidelines. Arrangements were in place to deal with aesthetic complications. Patient feedback about the service was overwhelmingly positive.

The clinic environment was clean, well equipped and fit for purpose. The infection prevention and control policy was comprehensive and reflected best practice guidance. Effective measures were in place to reduce the risk of infection, such as COVID-19 transmission. Measures included enhanced cleaning and restricted access to the premises. Cleaning of the clinic environment and equipment was carried out between patients, with a thorough daily and weekly clean. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment, including gloves, fluid-resistant face masks, aprons and single-use items such as syringes and needles.

A waste contract was in place for the safe disposal of syringes, needles and other clinical waste. Equipment, such as the treatment couch, was in good condition. Stock cupboards were well organised and not overfilled with surplus stock or equipment. Contracts were in place for the regular servicing and maintenance of electrical equipment, including portable appliance testing. Fire safety equipment and the heating system were regularly tested and maintained by external contractors.

A safe and effective system was in place for the procurement, prescribing and administration of medicines. Medicines were stored in a suitable medicines fridge, which was monitored every day to ensure effective temperature ranges were maintained. An effective stock control system was in place to make sure

medicines and single-use items remained in date. We reviewed four patient care records and saw that each had a record of what medicine had been prescribed, the date it was used, the batch number and the expiry date. Emergency aesthetic medicines were easily accessible and staff carried out weekly checks.

An effective governance system was in place, as well as good systems to identify and manage risks to staff and patients. Staff had a good understanding of adult and child protection, knowing what to do if they had any concerns. Regular reviews and updates of policies and procedures took place. These included:

- child protection
- protecting vulnerable adults, and
- duty of candour.

Staff knew what information they had to share with Healthcare Improvement Scotland and had a good track record of doing this.

A comprehensive programme of regular environmental and clinical audits were carried out to make sure the safe delivery of the service was continually monitored. Audits included infection prevention and control, medicines management, water purity, stock control and incidents. Any action to be taken as a result of audits was carried out quickly and effectively.

Feedback from our survey was very positive about patients' experience of using the service. Patients told us that staff treated them with warmth, dignity and respect. Patients told us the environment was always clean and they felt safe using the service. All patients who responded agreed they had been:

- extremely satisfied with the cleanliness and the environment, and
- informed about the risks and benefits before going ahead with treatment.

Comments included:

- 'The treatment room had the highest standard of cleanliness, it was evident the room had been cleaned between clients and I observed a high standard of infection control measures during my treatment.'
 - 'Very clean, hygienic, without seeming too clinical.'
- No requirements.
 - No recommendations.

Quality indicator 5.2 - Assessment and management of people experiencing care

A comprehensive clinical assessment was carried out with patients before any treatment was agreed. Patient care records were thorough, clear and showed arrangements for aftercare. They were regularly audited and any required action was quickly taken. Consent was thoroughly explored and recorded for each treatment episode. Patient care records documented both GP and emergency contact details, along with consent to share information, if required.

Staff carried out a full assessment with patients before any treatment took place. The assessment included both physical and psychological factors to make sure patients had realistic expectations of the proposed treatment plan. Patients completed a thorough self-evaluation and pre-treatment questionnaire before their consultation appointment. Staff then discussed these documents with them before developing a treatment plan. Treatment would not proceed if patients had unrealistic expectations or if a clinical risk was indicated.

We reviewed four patient care records. We saw that all patients had received a thorough consultation and assessment. The consultation included medical history, pre-existing health conditions and known allergies. Consultation and pre-treatment screening was also carried out for COVID-19. Patient care records were clear, typed and stored in a secure electronic database. Consent for each treatment had been obtained and recorded. Consent to record and contact the patient's GP or next of kin had also been obtained, in case they were required in an emergency. Treatment reviews took place and were recorded in the patient care record.

Patients who responded to our online survey said:

- 'Takes her time explaining everything to you, answering any questions you have and providing you with information and consent forms to fill in to show that you've read everything and understand everything.'
- 'I had a thorough consultation prior to my treatment, the information was delivered in terms I could easily understand with the opportunity to ask questions at relative points.'
- '... explains everything about your procedure in a way that you can understand.'

Patients were provided with verbal aftercare advice before leaving the treatment room and this was followed this up by email. Patients could also be provided with aftercare leaflets, if they wished. If a patient did experience a complication or had a query about aftercare, they could telephone the service at any time to arrange support.

Patient care records were audited every month to make sure best practice guidelines were followed. The audits showed that consent was thoroughly discussed and patients were given the right information at the right time to inform their decision making. They showed a traceability record for prescribed medicines.

- No requirements.
- 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

The service manager was an experienced nurse manager and aesthetics practitioner who was clearly committed to continually improving how the service was delivered. The service's quality improvement plan was supported by an effective audit programme. This showed the improvements that had taken place or were planned. The service regularly engaged with patients and peer services to benchmark and keep up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national groups.

The service manager was a registered nurse. They demonstrated a record of continual professional development both within and outwith the field of aesthetics. They were a member of the British Association of Cosmetic Nurses (BACN) and belonged to a local peer network of aesthetic practitioners. The network provided learning and development opportunities, peer supervision and professional support. This regional and national engagement allowed the service manager to benchmark the service.

The service was a member of the Aesthetics Complications Expert Group (ACE). This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions.

Quality improvement was an important factor in all aspects of the service. A quality improvement plan detailing realistic and achievable outcomes was in place to help improve the quality of the service provided. The service routinely gathered the views of patients and peers. This information was analysed and used to inform the quality improvement plan which, alongside the comprehensive audit programme, helped to continually improve the service.

For example, based on patient feedback, the improvement plan detailed proposals to move the service to a location with more accessible car parking.

A new electronic patient care record system had been introduced. The service used this to run a number of useful reports. These included reports to identify the most commonly preferred treatments that patients wanted and what their preferred outcomes were. By continually reviewing these reports, the service manager was able to make improvements to how the service was run. For example, the pre-treatment health questionnaire was updated, which was then incorporated into the patient care record system.

- No requirements.
- No recommendations.

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.

This inspection resulted in no requirements and no recommendations.

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.



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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Email: his.ihtregulation@nhs.scot

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