



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: 656 Aesthetics, Aberdeen

Service Provider: 656 Aesthetic Ltd

7 August 2023

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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	19
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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 656 Aesthetics on Monday 7 August 2023. We spoke with the aesthetics practitioner (service manager) during the inspection. We received feedback from seven patients through an online survey we had asked the service to issue to its patients for us before the inspection and we spoke with one patient during the inspection.

Based in Aberdeen, 656 Aesthetics 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 656 Aesthetics, 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 displayed its vision, aims and objectives in the clinic. Patients have the opportunity to discuss their aesthetic and wellbeing concerns at appointments. Although the service reviewed their aims and objectives through patient discussion, the outcome should be recorded.	✓ Satisfactory

Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Summary findings		Grade awarded
The service actively sought patient feedback and used this information to continually improve in line with its participation policy. Systems were in place to monitor and manage risk and complaints. Medication was in-date and checked regularly. Maintenance contracts were in place. The provider must ensure that medicines are not prescribed without a face to face consultation. A regular audit programme should be developed.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The environment was clean and well equipped. Patients reported that the service was clean and tidy. Patients reported good levels of satisfaction and told us they felt safe in the service. The medication fridge was clean and in working order. The service had recorded no accidents, significant or serious incidents. Appropriate cleaning products should be used to clean clinical wash hand basins. Next of kin or emergency contact details must be recorded in patient care records.		✓✓ Good

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

Further information about the Quality Assurance Framework can also be found on our website at: https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect 656 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 one requirement and seven recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should record the outcome of discussions with patients when reviewing the service vision, aims and objectives (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 4.7</p>

Implementation and delivery	
Requirement	
1	<p>The provider must ensure that medicines that require a face-to-face consultation are not prescribed without a face-to-face consultation (see page 14).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)

Recommendations

- b** The service should ensure that all policies reflect Scottish legislation and best practice guidance (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- c** The service should ensure that contact details for the service out of hours are included on aftercare leaflets for patients (see page 14).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

- d** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented (see page 15).

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

- e** The service should regularly update its service improvement plan (see page 15).

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

Results

Requirements

None

Recommendations

- f** The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Results (continued)

- g** The service should ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 18).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

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

656 Aesthetics Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank the owner (practitioner) at 656 Aesthetics 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
Key question we ask: <i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service displayed its vision, aims and objectives in the clinic. Patients have the opportunity to discuss their aesthetic and wellbeing concerns at appointments. Although the service reviewed their aims and objectives through patient discussion, the outcome should be recorded.

Clear vision and purpose

The service displayed its vision, aims and objectives at reception for patients to see. The service encouraged patients to read these. The service's vision is to help people feel better about their appearance, and therefore themselves in a safe environment.

The services aims and objectives were:

- To offer wide range of safe and effective cosmetic treatments, such as toxin treatment, dermal fillers and skin boosters information management.
- To prioritise patient safety.
- To customise treatment plans to address each patient's unique aesthetic goals and concerns and fit their own budget.
- To provide a welcoming and comfortable environment, putting patients at ease during their visits, with no pressure to proceed with anything they aren't 100% sure of.
- To focus on patient education by providing detailed information about treatments, potential outcomes, and aftercare instructions.
- To use the latest technologies and evidence-based practices to deliver the best possible aesthetic outcomes.
- To continuously evaluate and improve the clinic's services based on patient feedback and industry advancements.
- To help patients feel more confident and satisfied with their appearance through safe and effective cosmetic treatments.

The service reviewed these yearly, through discussions with patients, which was recorded in its service improvement plan.

Treatments in the service were appointment-only and a high number of patients were returning customers. The owner (practitioner) told us they aim for an open conversation about the patient's expectations and requirements and that appointments are deliberately longer to allow time for the consultation.

What needs to improve

We were told that the service reviewed its vision statement, along with its aims and objectives every year through discussions with patients. However, the outcome of these discussions were not recorded (recommendation a).

- No requirements.

Recommendation a

- The service should record the outcome of discussions with patients when reviewing the service vision, aims and objectives.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
Key question we ask: <i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

The service actively sought patient feedback and used this information to continually improve in line with its participation policy. Systems were in place to monitor and manage risk and complaints. Medication was in-date and checked regularly. Maintenance contracts were in place. The provider must ensure that medicines are not prescribed without a face to face consultation. A regular audit programme should be developed.

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

Patients could message or email the service with any enquiries they had.

The service used a variety of methods to collect patient feedback in line with its patient participation policy. For example, patients were asked to complete a feedback survey on the service's website after their appointment. Informal feedback was also gathered from conversations with patients through social media and we saw that the service regularly reviewed feedback which was recorded on a spreadsheet.

The service actively sought feedback from patients about their overall experience of the service and used this information to inform its improvement activities. We saw improvements that the service had made as result of feedback obtained from its website, included giving the option of playing music during treatments and the introduction of skin treatments. Improvements were then discussed with patients during consultations and treatments.

- 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.

The service manager was aware of the notification process and what they should notify Healthcare Improvement Scotland (HIS) of. A clear system was in place to record and manage accident and incident reporting. We saw that the service had not had any accidents or incidents.

We saw systems and processes in place to deliver safe person-centred care including:

- information management
- complaints
- duty of candour
- emergency arrangements policy, and
- medication.

Cleaning schedules were in place and we saw the practitioner had regularly completed these.

Maintenance contracts for fire safety equipment, boiler and fire detection system were up to date. Electrical and fire safety checks were monitored regularly. The service had a clinical waste contract in place.

An emergency kit was available to use in the case of aesthetic emergencies and we saw that this was regularly checked using a checklist. We saw completed checklists during our inspection.

Complaints information was clearly displayed at the reception area and was available on the website. The service had received no formal complaints from patients. Healthcare Improvement Scotland had received no formal complaints about the service. The practitioner had received training in complaints handling.

Duty of candour where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. The practitioner fully understood their duty of candour responsibilities and the service had published a yearly duty of candour report on the website. The practitioner was aware of the service's safeguarding policy, had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

The service's comprehensive website detailed aesthetic services it offered, such as anti-wrinkle injections and dermal fillers. Information leaflets were available at reception.

On the day of treatment, clients received a face-to-face consultation where they completed a consent form, which was signed by both the client and practitioner. The service shared a variety of aftercare leaflets with patients after treatment.

Patient care records were electronic and password-protected. This protected confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations.

The practitioner kept up to date with appropriate training, such as for adult support and protection, equality and diversity and infection control.

The practitioner was a member of a number of aesthetic forums for example the Aesthetic Complications Expert group (ACE) and aesthetic practitioner forums on social media.

The service worked with another aesthetic practitioner to discuss treatments, procedures or complications, and provide peer support and best practice guidance when needed.

What needs to improve

We found that a box of medication stored on the premises had an individual name recorded on the label, although the patient had not had a face to face consultation for the medicine. This medication must only be prescribed following a face to face consultation (requirement 1).

We saw that the service updated its policies regularly or in response to changes in national guidance and best practice. However, some policies did not reflect Scottish legislation or best practice, such as Health Protection Scotland's *National Infection Control Manual* or *Healthcare Associated Infection (HAI) standards 2022*. For example, the service's safeguarding policy and infection control policy (recommendation b).

While the service had comprehensive patient information leaflet, it did not include a contact phone number for the patient to contact the service out of hours for support post treatment or to discuss any concerns. Contact details were sent initially with the pre-treatment information (recommendation c).

Requirement 1 – Timescale: immediate

- The provider must ensure that medicines that require a face-to-face consultation are not prescribed without a face-to-face consultation.

Recommendation b

- The service should ensure that all policies reflect Scottish legislation and best practice guidance.

Recommendation c

- The service should ensure that contact details for the service out of hours are included on aftercare leaflets for patients.

Planning for quality

The service has a proactive approach to managing risk. Appropriate risk assessments were in place to effectively manage risk in the service, including those for:

- COVID-19
- fire, and
- slips, trips and falls.

In the event that the service was unable to operate, clients would be referred to another service.

The service's quality improvement plan was included in its business plan. From this, we saw:

- how it planned to grow
- how it planned to improve, along with some examples of improvements it had implemented
- its self-assessed strengths and weaknesses, and
- that the service had reviewed itself against other aesthetic services.

What needs to improve

The service did not carry out any formal audits. A structured programme of regular audits should be introduced for key areas, such as medication, patient care records and the care environment (recommendation d).

Although the service had a service quality improvement plan, it was not regularly updated (recommendation e).

- No requirements.

Recommendation d

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

Recommendation e

- The service should regularly update its service improvement plan.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

Key question we ask:

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

Our findings

The environment was clean and well equipped. Patients reported that the service was clean and tidy. Patients reported good levels of satisfaction and told us they felt safe in the service. The medication fridge was clean and in working order. The service had recorded no accidents, significant or serious incidents. Appropriate cleaning products should be used to clean clinical wash hand basins. Next of kin or emergency contact details must be recorded in patient care records.

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 and complete an annual return. The questions in the 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 that the service had a business plan strategy in place.

We saw that the clinic was clean and the environment was of a high standard and well maintained. Only single-use equipment was used.

A medication fridge was in place which was clean and in working order. The service had a temperature-recording log book, where fridge temperature was recorded every time a treatment was carried out. This was fully completed and up to date. Medication stored in the service was in-date. From a medication checklist, we saw this was regularly checked and recorded.

Patients who responded to our survey also told us they felt safe in the environment and were reassured by the cleaning measures in place to reduce the risk of infection in the service. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- ‘All clean and safe.’
- ‘Very efficient and comfortable environment.’

The five patient care records we reviewed showed that patients received a face-to-face consultation about their expectations before treatments were offered. A comprehensive assessment included past medical history, as well as risks, benefits and side effects of treatments. Patient care records were legible, accurate and up to date. The practitioner had signed and dated their entries.

The service had many returning and new patients, who were referred through word-of-mouth. Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Some comments we received included:

- ‘Always 100% satisfied with information given and result.’
- ‘She went over all risks and benefits and cost of the treatment being provided, what to expect after treatment and aftercare was provided.’
- ‘Plenty of time to reflect on my discussion before going ahead.’
- ‘Made sure I fully understood what was going to happen before treatment took place.’

The service had recorded no accidents, significant or serious incidents that should have been notified to HIS. This was reflected in its published yearly duty of candour report on the website, which showed that no duty of candour events had occurred.

What needs to improve

The service did not use the correct cleaning products for cleaning sanitary fittings (including clinical wash hand basins) in line with national guidance (recommendation f).

While comprehensive assessment and consent were documented, the service did not record next of kin or emergency contact details in patient care records (recommendation g).

- No requirements.

Recommendation f

- The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance.

Recommendation g

- The service should ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented.

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:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihtregulation@nhs.scot

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