

# Announced Inspection Report: Independent Healthcare

**Service:** Ashburn Aesthetics, Redding

**Service Provider:** Emma Inch

23 June 2022

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## Contents

<b>1</b>	<b>A summary of our inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>What we found during our inspection</b>	<b>7</b>
<hr/>		
	<b>Appendix 1 – Requirements and recommendations</b>	<b>15</b>
	<b>Appendix 2 – About our inspections</b>	<b>17</b>
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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 Ashburn Aesthetics on Thursday 23 June 2022. We spoke with the manager (sole practitioner) for the service. We received feedback from four 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 comprehensive self-evaluation.

### What we found and inspection grades awarded

For Ashburn Aesthetics, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients were satisfied with the quality of care and treatment received from the service. Patients were fully consulted before a plan of care was agreed. Although the service proactively gathered patient feedback, this should be more formally reviewed to show how this is used to improve the service.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Satisfactory systems were in place to ensure the safe delivery of care to patients, including relevant policies and procedures. Although the service had started to audit patient care records, a comprehensive and wider audit programme would help ensure the service delivered consistent safe care and treatment for patients.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. Good peer networks also supported continuous learning. A quality improvement plan helped to measure the quality, safety and effectiveness of the service delivered. However, a more structured process to review how the service is delivered should be implemented.	✓ Satisfactory

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	Patients had a full consultation and assessment before they received treatment. Consent to treatment and photography was obtained from patients. Written and verbal aftercare information was provided for all patients. Although patient care records were well completed, patients' next of kin or emergency contact details should be documented.

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

Further information about the Quality Framework can also be found on our website at:

[https://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach/quality\\_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

### **What action we expect Emma Inch to take after our inspection**

This inspection resulted in five recommendations. See Appendix 1 for a full list of the 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

We would like to thank all staff at Ashburn Aesthetics for their assistance during the inspection.

## 2 What we found during our inspection

### Outcomes and impact

This section is where we report on how well the service meets people's needs.

#### Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

#### Our findings

#### Quality indicator 2.1 - People's experience of care and the involvement of carers and families

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**Patients were satisfied with the quality of care and treatment received from the service. Patients were fully consulted before a plan of care was agreed. Although the service proactively gathered patient feedback, this should be more formally reviewed to show how this is used to improve the service.**

The clinic was located as an annex in a residential address with a dedicated entry door to the side of the building. The treatment room was easily accessed from this entrance helping to promote privacy, dignity and confidentiality of patients.

The service used social media to advertise treatments, and to review comments and feedback from patients. There were many returning patients and new patients using the service based on these reviews. The practitioner provided verbal and written information about the service following any enquiries, as well as information about treatment options before patients agreed to any treatments.

The service had a participation policy and patients were encouraged to give feedback to the practitioner. Feedback was also gathered using social media. The practitioner had documented the verbal feedback received and used this to evaluate and review the service. This feedback showed that patients were satisfied their treatment had met their expectations. Other patients said it had improved their self-confidence.

Feedback from our online survey showed that patients were very pleased with the service and spoke highly about the skills, knowledge and professionalism of the practitioner. They said they were satisfied with the advice and information received before treatment, and had been fully informed about the treatment's risks and benefits. Patients also stated they had been fully involved in decisions reached about their care.

Treatment options were discussed and agreed with patients at their initial consultation. Patients said they could take time to consider the options available to them before they agreed to go ahead with the treatment.

Comments received from our online survey included:

- 'The practitioner kept me fully informed. There was an area I was unsure of having treatment on and she provided relevant advice and left the decision up to me.'
- 'The practitioner is fantastic at ensuring you are comfortable with the treatment decision and gives more than adequate time to reflect and decide.'
- 'My appointments are always very relaxed and I am confident the practitioner would never pressure me into anything.'

The service had not received any complaints since it was first registered with Healthcare Improvement Scotland in October 2019. The service's complaints policy was displayed in the treatment room and made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint. Feedback from our online survey showed that all patients knew they could complain to Healthcare Improvement Scotland.

### **What needs to improve**

The service did not follow its participation policy as patient feedback was not being formally recorded or evaluated. This would help the service identify and implement improvements and measure the impact of these changes (recommendation a).

The service had not yet developed a duty of candour policy to show how it would meet its professional responsibilities to be honest with patients if things went wrong (recommendation b).

- No requirements.

### **Recommendation a**

- The service should develop a structured process of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service.

### **Recommendation b**

- The service should develop and implement a duty of candour policy.



## 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

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**Satisfactory systems were in place to ensure the safe delivery of care to patients, including relevant policies and procedures. Although the service had started to audit patient care records, a comprehensive and wider audit programme would help ensure the service delivered consistent safe care and treatment for patients.**

Patients were cared for in a clean and safe environment. Good systems were in place to maintain this. These included:

- completing cleaning schedules, and using the correct cleaning materials and cleaning solutions, and
- ensuring servicing and maintenance contracts were maintained.

All equipment used, including personal protective equipment, was single use to prevent the risk of cross-infection. We saw appropriate disposal of sharps, such as needles and syringes, and clinical waste. An infection prevention and control policy was in place, and the practitioner had a good awareness of infection prevention and control practices and measures. This included continuing to make sure COVID-19 precautions remained in place.

The practitioner was responsible for building maintenance, fire safety equipment and building security. The service had completed a fire risk assessment.

Appropriate insurance cover was in place.

Patients who responded to our online survey were very satisfied with the standard of cleanliness. Comments included:

- 'Immaculate treatment room and high standards of cleanliness.'
- 'Very clean and sterile environment. Sanitiser was provided and gloves worn by the practitioner.'
- 'Clinically clean facilities fully sterilised equipment used for all treatments. Very relaxing environment.'

The practitioner is an independent nurse prescriber and was solely responsible for the safe procurement, storage and administration of medicines. The service did not have a medical fridge so prescription-only medicines, such as anti-wrinkle injections, were delivered by a local pharmacist. These were transported in an appropriate storage container to maintain the correct temperature and were then used at the time of the patient's appointment. Other non-refrigerated medicines, such as dermal fillers, were stored appropriately. A small stock of emergency medicines were available in the treatment room to respond to any complications or adverse reactions to treatment. The practitioner was trained and competent to deal with such emergency situations.

The service had a system in place for documenting accidents, incidents and for reporting notifiable incidents or adverse events to the relevant regulatory authorities. No accidents, incidents or adverse events had been reported in the service since it was registered with Healthcare Improvement Scotland. Patients told us they trusted the practitioner and were confident they had the skills and knowledge to deliver high quality care.

The service's risk register was maintained and reviewed regularly. This register included risk assessments for:

- the non-compliant clinical wash hand basin, and
- parking and the entrance to the service for patients.

### **What needs to improve**

Although the service had recently carried out a single audit on patient care records, there was no evidence of any other audits taking place in the service. A programme of regular audit should be implemented which, as a minimum, should include:

- medicine management, including checking expiry dates of equipment and medicines
- patient care records

- health and safety, and
- cleaning and maintenance of the care environment (recommendation c).

■ No requirements.

### Recommendation c

- 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.

## Our findings

### Quality indicator 5.2 - Assessment and management of people experiencing care

**Patients had a full consultation and assessment before they received treatment. Consent to treatment and photography was obtained from patients. Written and verbal aftercare information was provided for all patients. Although patient care records were well completed, patients' next of kin or emergency contact details should be documented.**

Patients booked appointments either by telephone or by verbal requests. We reviewed five patient care records and saw that outcomes from patients' initial consultation and their proposed treatment plan were documented. A full assessment of patients' medical history was carried out before they received any treatment. This included gathering information about any pre-existing medical conditions, prescribed medicines and allergies. Consent to treatment and photography was also documented. Although we saw no evidence that a basic psychological assessment had been carried out, discussions with patients included setting realistic outcomes and expectations. The practitioner was able to assess patients' suitability for aesthetic treatments and therefore agree the most suitable options available to them.

Prescriptions were issued during the patient consultation process before treatments were delivered. We saw all the appropriate and necessary information documented in the patient care records. This included a record of treatment and medication batch numbers including expiry dates for medicines used.

We saw evidence that the practitioner had recently started auditing patient care records to ensure they were being fully and accurately completed.

Patients were given verbal and written advice after their treatments. Patients could contact the practitioner out of hours if they had any concerns following their treatment.

Patients appeared very satisfied with the service and the treatments they had received. Comments from our online survey included:

- 'The practitioner explains each treatment in detail.'
- 'Personal touch with the clinical procedures followed to a high degree.'
- 'Very well organised all consent forms are signed before any treatment is administered. Excellent aftercare service and always available if you have any concerns about anything.'

Patient care records were stored securely in the treatment room. The practitioner was the sole key holder, and the treatment room remained locked when not in use.

### **What needs to improve**

Patients' next of kin or emergency contact details were not being recorded in the patient care records. This information (with patient agreement) should be included in the event of an emergency situation (recommendation d).

- No requirements.

### **Recommendation d**

- The service should ensure patients' next of kin or emergency contact details are documented appropriately.

## 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 kept up to date with changes in the aesthetics industry, legislation and best practice guidance. Good peer networks also supported continuous learning. A quality improvement plan helped to measure the quality, safety and effectiveness of the service delivered. However, a more structured process to review how the service is delivered should be implemented.**

The manager is the sole practitioner of the service and is a registered nurse with the Nursing and Midwifery Council (NMC). They maintain continuing professional development in order to complete mandatory revalidation with the NMC in a variety of ways. This included maintaining and developing current clinical skills within a healthcare setting. 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.

This also included attending regular training and conferences in the aesthetic industry to keep up to date with best practice and delivery of treatments in line with evidence-based research. Should any complications arise following treatment, the service was a member of the Aesthetic Complications Expert (ACE) group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions. The practitioner regularly liaised with another local aesthetics practitioner for support and to review new procedures.

We saw evidence of quality assurance systems for reviewing the quality of care and treatment provided in the service. Informal reviews of patient feedback and the outcome from one patient care record audit helped make sure the quality of the service delivered met patient needs. A quality improvement plan helped to guide and direct continuous quality improvement activities in the service. This described how the service was committed to continually improving the service.

Comments from our online survey included:

- 'The practitioner offers the right balance of clinical information and the ability to explain treatment plans in detail but in a way that produces realistic outcomes.'
- 'Practitioner came highly recommended. She explained her background and qualifications were displayed.'

### **What needs to improve**

Although the service had a quality improvement plan, it did not include review dates to ensure outcomes were reviewed and appropriate actions had been taken (recommendation e).

- No requirements.

### **Recommendation e**

- The service should include review dates in its quality improvement plan to make sure outcomes are reviewed and appropriate actions have been taken to improve the service.

## 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 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
<b>a</b>	<p>The service should develop a structured process of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service (see page 8).</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>
<b>b</b>	<p>The service should develop and implement a duty of candour policy (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
<b>c</b>	<p>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 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
<b>d</b>	<p>The service should ensure patients' next of kin or emergency contact details are documented appropriately (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
<b>e</b>	<p>The service should include review dates in its quality improvement plan to make sure outcomes are reviewed and appropriate actions have been taken to improve the service (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>



## 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](http://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](http://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:

**Healthcare Improvement Scotland**

Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

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