



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: CSFineLineAesthetics Ltd, Melrose

Service Provider: CSFineLineAesthetics Ltd

9 May 2023

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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 CSFineLineAesthetics Ltd on Tuesday 9 May 2023. We spoke with the provider. 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 CSFineLineAesthetics Ltd, 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 very complimentary about the quality of care and treatment. Patients felt involved and informed at each stage of their treatment. Feedback was gathered and reviewed regularly to improve the service. Information on how to make a complaint was available and the service published a yearly duty of candour report.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Patients were cared for in a clean and well-maintained environment. Policies and procedures helped manage risks and maintain a safe environment. A comprehensive audit programme helped to make sure that care and treatment was in line with best practice guidelines.	✓✓ Good
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 through membership with national organisations and support from other peers. A quality improvement plan helped continually evaluate and measure the quality, safety and effectiveness of the treatments delivered.	✓✓ Good

The following additional quality indicators was/were 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	Comprehensive patient assessments were carried out before a detailed treatment plan was agreed and consented. Patient care records were clear and comprehensive. Patients felt well informed about their treatments and were very satisfied with the aftercare provided. Patient care records were kept securely.

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 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

What action we expect CSFineLineAesthetics Ltd to take after our inspection

This inspection resulted in two 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

We would like to thank the provider at CSFineLineAesthetics Ltd 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

Patients were very complimentary about the quality of care and treatment. Patients felt involved and informed at each stage of their treatment. Feedback was gathered and reviewed regularly to improve the service. Information on how to make a complaint was available and the service published a yearly duty of candour report.

The service was provided from the practitioner's own home. The treatment room door was lockable and patients were escorted straight into the room for consultations and appointments. The window had a privacy screen to make sure that patient privacy and dignity was maintained.

The service had a participation policy in place and patients were encouraged to give feedback in a variety of ways, such as:

- an electronic survey
- feedback forms
- social media reviews, and
- verbal feedback to the practitioner.

The practitioner collated all feedback received monthly as part of an audit programme and used it to evaluate and review the service. This feedback was documented and included in the service's quality improvement plan to show where improvements had been made as a result of patient feedback. For example, the practitioner had created additional appointments in the morning based on feedback from patients. We were told that improvements made were shared through social media.

We saw feedback the service had received online and feedback we received from our own online survey. This showed patients were very positive about their consultation, treatment and aftercare from the service. Patients said they felt fully involved in decisions about their care and that information was accessible and easy to follow.

Patients told us that treatment options were discussed and agreed at their initial consultation. They said they were given time to consider the options available to them before they agreed to go ahead with treatment. Comments included:

- 'I was informed and advised at every step and always felt comfortable.'
- 'I was fully briefed at initial consultation and provided with a leaflet that explained everything, then again talked through the procedure/aftercare/effects etc at point of treatment.'
- 'I felt safe and had the information required to make informed choices.'

The service had a comprehensive complaints policy. A duty of candour policy was in place which described how the service would meet its responsibility to be honest with patients when things go wrong. The service had not recorded any instances requiring it to implement duty of candour principles since registration with Healthcare Improvement Scotland. We saw that the service produced a yearly duty of candour report which was available to view through a link on its website.

- No requirements.
- No recommendations.

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

Patients were cared for in a clean and well-maintained environment. Policies and procedures helped manage risks and maintain a safe environment. A comprehensive audit programme helped to make sure that care and treatment was in line with best practice guidelines.

The environment and equipment was clean and in good repair. Good systems were in place to maintain this, including:

- completed cleaning schedules
- regular internal checks, such as fridge temperature monitoring, and
- servicing and maintenance contracts for equipment.

We saw audits of cleaning schedules, storage of medicines and documentation. The service followed Health Protection Scotland’s national guidance to reduce infection risks for patients, in line with its infection prevention and control policy. Personal protective equipment was single-use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A contract was in place for the safe disposal of sharps and other clinical waste. All waste was securely stored until uplifted and we saw that the service kept all waste transfer receipts.

A comprehensive fire risk assessment was in place and equipment was checked regularly as part of the audit programme, including fire extinguisher and smoke alarms. Risk assessments were also in place, such as for:

- medicines storage
- slips, trips and falls, and
- water temperature.

The medical fridge had a built-in thermometer and we saw an up-to-date daily temperature log to make sure temperature-sensitive medicines were stored appropriately. The fridge was linked remotely to the practitioner's phone so that in the event of a change in temperature or power failure, the practitioner would be notified immediately and could take the appropriate action. A small stock of emergency medicines was kept securely in the treatment room to respond to complications or adverse reactions to treatment and checked regularly as part of the audit programme.

The practitioner was solely responsible for the safe procurement, prescribing, storage and administration of medicines. The medicine management policy contained information to demonstrate the safe:

- administration
- prescribing
- procuring, and
- storage of medicine.

We saw a system in place for the recording of any incidents or adverse events. The service had not had any incidents or adverse events since its registration with Healthcare Improvement Scotland.

Patients told us:

- 'The purpose made treatment room is very welcoming. It is a bright, airy and very clean space.'
- 'Everything about this service is professional and well organised.'
- '..very professional, and knowledgeable about all treatments, kind and caring explains every step of the way puts you at ease, such a lovely atmosphere, it's always a pleasure to receive my treatment.'

The service had a chaperone policy and a dignity and respect policy in place. In response to our online survey, all patients said they were treated with dignity and respect.

What needs to improve

The service did not prepare reconstituted Botulinum toxin vials in line with best practice or the manufacturer's guidance (recommendation a).

- No requirements.

Recommendation a

- The service should ensure Botulinum toxin is used in line with the manufacturer's and best practice guidance.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out before a detailed treatment plan was agreed and consented. Patient care records were clear and comprehensive. Patients felt well informed about their treatments and were very satisfied with the aftercare provided. Patient care records were kept securely.

We reviewed three electronic patient care records and found all were comprehensive, including information for patients' GPs and emergency contact details. Patients completed an initial online consultation form, including a medical history questionnaire and mental health screening. This was discussed with the patient during their face-to-face consultation to make sure patients had realistic expectations of the proposed treatment plan. Risks and benefits of the treatment were explained, as well as costs. The practitioner had another discussion at the point of treatment to make sure patients were well and happy to continue. We saw documentation of prescribed medicines, including dose, batch numbers and expiry date in patient care records.

Treatment plans included a description of the treatment. We saw that patients were asked to give their consent to:

- have their photograph taken for their file
- sharing information with their GP or other healthcare professional if required, and
- treatment.

Patients were provided with the practitioner's contact number following treatment and advised to call if they had any concerns or in the event of an emergency. Verbal and written aftercare was provided and documented in the patient care record.

Patient comments included:

- ‘..friendly and caring practitioner who put me at ease the minute I walked through the door right up until the minute I left.’
- ‘Everything about treatment was explained in understandable language and all my questions were answered fully.’
- ‘..having received info on the treatment options I was given time to decide without feeling rushed or pressured.’
- ‘..very accessible should you have any queries beyond your actual appointment.’

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Electronic patient care records were stored securely on an electronic device. Access to this device was password-protected to maintain the confidentiality of patient information, in line with data protection legislation. The device was stored securely when not in use. The service regularly audited patient care records.

What needs to improve

Patient care records were detailed. However, discussions about medicines used outside of the manufacturer's recommended guidelines (off license) as part of a treatment, were not documented as part of the consultation process (recommendation b).

- No requirements.

Recommendation b

- The service should ensure it has documented fully, all discussions with the patient in the patient care record when using a medicine outside of the manufacturer's guidelines (off license).

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 through membership with national organisations and support from other peers. A quality improvement plan helped continually evaluate and measure the quality, safety and effectiveness of the treatments delivered.

The sole practitioner of the service was a registered nurse and independent prescriber with the Nursing and Midwifery Council (NMC).

The practitioner was also 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 was a member of several online support forums, as well as one which involved similar aesthetic services locally through peer support and sharing of information.

The practitioner attended regular training and conferences in the aesthetic industry to help continue their professional development. This included reading peer reviewed articles, which helped them keep up to date with best practice and delivery of treatments in line with evidence-based research. Evidence of completed training was displayed in the service.

We saw evidence of quality assurance systems in place to review the quality of care and treatment provided. Formal and informal reviews of patient feedback and outcome from audits helped to make sure the quality of the service delivered met patient needs. A quality improvement plan helped to inform continuous quality improvement activities and described how the service was committed to continuous improvement. The practitioner regularly benchmarked the service against other services, comparing them through the HIS website as part of the quality improvement plan. A recent improvement to the service was the introduction of a revised booking system to make it easier to

book appointments. The service planned to evaluate this as part of its ongoing improvement activities.

- 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.

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

Recommendations

- a** The service should ensure Botulinum toxin is used in line with the manufacturer’s and best practice guidance (see page 11).

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

- b** The service should ensure it has documented fully, all discussions with the patient in the patient care record when using a medicine outside of the manufacturer’s guidelines (see page 12)

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

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:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

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Email: his.ihtregulation@nhs.scot

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