

# Announced Inspection Report: Independent Healthcare

**Service:** Flawless Skin Aesthetics, Dumfries

**Service Provider:** Flawless Skin Aesthetics

31 October 2023

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## 1 Progress since our last inspection

### What the provider had done to meet the requirements we made at our last inspection on 11 September 2019

#### Requirement

*The provider must ensure the date and time of every consultation and treatment is recorded in the patient care record.*

#### Action taken

The service had implemented an electronic patient care record system that automatically captured the date and time of entries. **This requirement is met.**

### What the service had done to meet the recommendations we made at our last inspection on 11 September 2019

#### Recommendation

*The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback and taking actions to demonstrate that service improvements have been made.*

#### Action taken

A participation policy had been developed and implemented. Patients gave feedback through the use of electronic questionnaires and the service had made improvements based on feedback received.

#### Recommendation

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

#### Action taken

The service had carried out audits of patient care records and patient feedback.

**Recommendation**

*The service should develop a quality improvement plan that demonstrates a structured approach to carrying out and recording improvement activities and evaluating the impact of change on the quality of the service.*

**Action taken**

The service measured quality using audits and implemented actions based on its findings. We saw evidence of quality improvement activities, such as in its communication with patients. However, it had not developed a formal quality improvement plan. This recommendation is reported in Domain 5: Planning for quality (see recommendation f on page 17).

## **2 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 Flawless Skin Aesthetics on Tuesday 31 October 2023. We spoke with the manager during the inspection. We received feedback from 16 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Dumfries, Flawless Skin 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 Flawless Skin 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>	
<b>Summary findings</b>		<b>Grade awarded</b>
The service had a clear mission statement that was shared with patients. Patients have the opportunity to discuss their aesthetic and wellbeing concerns at appointments. A yearly report should be produced to document improvements made and future goals.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Appropriate policies are in place for the safe delivery of patient care. Patient feedback was regularly gathered and acted on. Patients received enough information to make informed choices and consent. An audit programme is in place. An appropriate waste contract must be implemented. A formal quality improvement plan should be implemented to support continuous improvement. The service should publish its duty of candour report.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The clinic environment and equipment is clean and well maintained. Patients were positive and complimentary about the service and the staff. A risk assessment must be completed on the clinical hand wash basin and tap. Appropriate cleaning products should be used for cleaning all sanitary fittings.		✓ Satisfactory

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 Assurance Framework can also be found on our website at:

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## What action we expect Flawless Skin Aesthetics 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 two requirements and seven recommendations.

Direction	
Requirements	
None	
Recommendations	
<b>a</b>	<p>The service should develop an annual report to capture the improvements and developments of the past year and state what will be the indicators of success and development in the coming year (see page 13).</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>b</b>	<p>The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of 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 4.8</p>

Implementation and delivery	
Requirement	
<b>1</b>	<p>The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with the European Waste Category (EWC) 18-01-08, to ensure it complies with appropriate waste legislation (see page 16).</p> <p>Timescale – by 10 January 2024</p> <p><i>Regulation 3(d)(iii)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
<b>c</b>	<p>The service should publish its duty of candour report on its website or social media (see page 16).</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 register with the Information Commissioner's Office (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
<b>e</b>	<p>The service should ensure Botulinum toxin is used in line with the manufacturers and best practice guidance, including a stand-alone consent signed by the practitioner and the patient (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
<b>f</b>	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 17).</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>

Results	
Requirement	
<b>2</b>	<p>The provider must carry out a risk assessment on the sink in the treatment room to mitigate any risk associated with using a non-compliant clinical hand wash basin and consider a refurbishment programme to upgrade this basin (see page 19).</p> <p>Timescale – by 10 January 2024</p> <p><i>Regulation 3(d)(i)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
<b>g</b>	<p>The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 4.11</p>

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)

Flawless Skin Aesthetics, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank staff at Flawless Skin Aesthetics for their assistance during the inspection.

### 3 What we found during our inspection

#### Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

#### Our findings

**The service had a clear mission statement that was shared with patients. Patients have the opportunity to discuss their aesthetic and wellbeing concerns at appointments. A yearly report should be produced to document improvements made and future goals.**

#### *Clear vision and purpose*

The service's mission statement was 'to provide a gold star bespoke service to all clients' and this was displayed on its website. The service's aims and objectives were:

- to continue to provide a high quality, bespoke, safe service to the population on Dumfries and Galloway, and
- to have a flexible approach for appointments.

We saw that the service had key performance indicators (KPIs) to measure the outcomes from their aims and objectives. The KPIs were focused on

- accidents and incidents
- adverse events
- complaints
- patient feedback, and
- the number of returning patients.

Treatments in the service were appointment-only and a high number of patients were returning customers. The owner (practitioner) told us they aimed 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**

While we saw evidence of the service measuring outcomes to inform the cycle of improvement of the service it would be helpful if an Annual Report was

developed to allow the service to present all the outcomes for the previous year and capture the improvements and developments planned for the year ahead (recommendation a).

- No requirements.

### Recommendation a

- The service should develop an annual report to capture the improvements and developments of the past year and state what will be the indicators of success and development in the coming year.

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

### Our findings

**Appropriate policies are in place for the safe delivery of patient care. Patient feedback was regularly gathered and acted on. Patients received enough information to make informed choices and consent. An audit programme is in place. An appropriate waste contract must be implemented. A formal quality improvement plan should be implemented to support continuous improvement. The service should publish its duty of candour report.**

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

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 an electronic questionnaire after their appointment. Informal feedback was also gathered from conversations with patients through social media and we saw that the service regularly reviewed feedback.

The service actively sought feedback from patients about their overall experience 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 Saturday appointments, which it had not previously offered.

#### **What needs to improve**

While the service collected patient feedback and made improvements based on the suggestions received, it did not have a formal way to share its improvement activities with patients (recommendation b).

- No requirements.

### **Recommendation b**

- The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service.

### **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 was aware that, as a registered independent healthcare service it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notification guidance. The service had submitted appropriate notifications when required.

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

- information management
- health and safety
- emergency arrangements policy
- medication management, and
- infection prevention and control.

Maintenance contracts for fire safety equipment and fire detection system were up to date. A fire risk assessment was carried out every year. Fire safety signage and fire safety equipment was in place and we saw a safety certificate for fixed electrical wiring.

A complaints policy detailed the process for managing a complaint and timescales the service would follow. The policy stated that patients could complain to Healthcare Improvement Scotland at any stage of the process, this was also on the service's website. The service had not received any complaints since its registration. Information about how to make a complaint was available to patients in the clinic room.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. The service had a duty of candour policy in place.

We saw a safe system in place for prescribing, procuring, storing and administering medicines in line with the service's medicine management policy.

A first aid kit and emergency medication was available in the clinic, along with emergency protocols in the case of an emergency complication. As a member of aesthetic professional organisations, the service could access additional support if a complication occurred from cosmetic treatments. Patients received advice on what to do in the event of an emergency as part of their aftercare information.

The prescriber received alerts and reports from the Medicines and Healthcare products Regulatory Agency (MHRA).

Patient care records were stored on a password-protected electronic database.

On the day of treatment, patients received a face-to-face consultation where they completed a consent form, which they and the practitioner signed. Patients had a cooling-off period given before treatment, to consider the information received before agreeing to treatment. Discussions at the consultations included:

- expected outcomes of treatments
- full medical history
- risks and side effects, and
- aftercare.

Printed information was available in the clinic for patients, including aftercare information for each treatment with an emergency contact number. Patients were also emailed this information after their treatments.

The manager was a member of national groups, such as the Aesthetics Complications Expert Group (ACE). This group of practitioners regularly reported on any difficulties encountered and the potential solutions. It also provided learning opportunities and support for its members. The service manager had completed ongoing training as part of their Nursing and Midwifery Council (NMC) registration and attended online and in-person aesthetic training events. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

### **What needs to improve**

An appropriate waste management contract was not in place (requirement 1).

The service had not published its yearly duty of candour report (recommendation c).

The service was not registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) (recommendation d).

The service used preserved saline when preparing Botulinum toxin for patients. This is not in line with the manufacturer's guidance, which requires preservative-free saline. This also requires a stand-alone consent in order patient aware of practice and in agreement (recommendation e).

#### **Requirement 1 – Timescale: by 10 January 2024**

- The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with the European Waste Category (EWC) 18-01-08, to ensure it complies with appropriate waste legislation.

#### **Recommendation c**

- The service should publish its duty of candour report on its website or social media.

#### **Recommendation d**

- The service should register with the Information Commissioner's Office.

#### **Recommendation e**

- The service should ensure Botulinum toxin is used in line with the manufacturers and best practice guidance, including a stand-alone consent signed by the practitioner and the patient.

#### ***Planning for quality***

The service had a proactive approach to managing risk. Appropriate risk assessments were in place to effectively manage risk in the service, including those for COVID-19 and fire.

Audits completed included those for patient care records and patient satisfaction.

Measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment (such as disposable aprons, gloves and face masks) and alcohol-based hand gel.

A contingency plan was in place with another aesthetics clinic in case of events that may cause an emergency closure of the clinic. This would help make sure patients could continue their treatment plans. Appropriate insurances, such as public liability insurance were in-date.

### What needs to improve

While the service made improvements based on audit findings and patient feedback, it did not have a formal quality improvement plan in place. A formal quality improvement plan would help to keep track of planned improvements and allow the service to continually evaluate its performance, identify areas for improvement and take any corrective actions (recommendation f).

### Recommendation f

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

### Our findings

**The clinic environment and equipment is clean and well maintained. Patients were positive and complimentary about the service and the staff. A risk assessment must be completed on the clinical hand wash basin and tap. Appropriate cleaning products should be used for cleaning all sanitary fittings.**

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. 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 limited self-evaluation.

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

All patients who responded to our survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- 'Very clean and clinical but also welcoming.'
- 'The facilities are always extremely clean professional as well as cute and comfortable.'
- 'Relaxed clean environment.'

The five electronic patient care records we reviewed were comprehensive and accurately completed. All five patient care records we reviewed included:

- consent for keeping records of patient' GPs, emergency or next of kin contact details, as well as consent to share information with other healthcare professionals
- details of medicines used and expiry dates, and
- patient consents to treatments, assessments and medical histories, and treatments agreed and provided.

All patients who responded to our survey told us that they received enough information about their procedure and felt involved in the decisions about their care. Comments included:

- 'Had an [appointment] for a consultant and discussed requirements. Came back a week later for my [appointment] to have treatment. Felt no pressure into making my decision.'
- 'Never feel rushed she always takes her time in explaining and delivering treatment.'
- 'Always asks if you need time to think about the treatment and is never pushy.'

### **What needs to improve**

The treatment room had a non-compliant clinical wash hand basin in place. The service had not carried out a risk assessment to help mitigate the risks (requirement 2).

An incorrect cleaning product was used to clean the clinical wash hand basin (recommendation g).

### **Requirement 2 – Timescale: by 10 January 2024**

- The provider must carry out a risk assessment on the sink in the treatment room to mitigate any risk associated with using a non-compliant clinical hand wash basin and consider a refurbishment programme to upgrade this basin.

### **Recommendation g**

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins.

## 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](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:

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](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.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

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We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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