



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Guild Aesthetics, Dundee

**Service Provider:** Angela Guild

26 November 2021

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## 1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

### About our inspection

We carried out an announced inspection to Guild Aesthetics on Friday 26 November 2021. We spoke with a number of staff during 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 limited self-evaluation.

### What we found and inspection grades awarded

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

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Patients were cared for in a clean and safe environment with systems and processes in place to maintain safety. A programme of regular audits should be developed to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.	✓ Satisfactory

<b>Domain 9 – Quality improvement-focused leadership</b>		
<b>Quality indicator</b>	<b>Summary findings</b>	<b>Grade awarded</b>
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 its membership with national groups and training events. training events. A quality improvement plan would help to improve the quality of the service provided, and help make sure the delivery of treatments is safe and effective.	✓ Satisfactory

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

<b>Additional quality indicators inspected (ungraded)</b>	
<b>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</b>	
<b>Quality indicator</b>	<b>Summary findings</b>
5.2 - Assessment and management of people experiencing care	All patients received an assessment before any treatment was carried out. Treatments were fully explained and any associated risks discussed. Emergency contact details were recorded in the patient care record. The service should record consent to share information with the GP

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)

### **What action we expect Angela Guild to take after our inspection**

This inspection resulted in eight 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 Guild for their assistance during the inspection.

## 2 What we found during our inspection

### Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

#### **Our findings**

#### **Quality indicator 5.1 - Safe delivery of care**

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**Patients were cared for in a clean and safe environment with systems and processes in place to maintain safety. A programme of regular audits should be developed to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.**

The service had appropriate policies in place and reviewed them regularly. These included:

- duty of candour
- infection prevention and control
- medication policy
- privacy and dignity, and
- safeguarding.

Patients completed COVID-19 screening questionnaires before their appointments. Any patient suspecting they had symptoms of COVID-19 were advised not to attend the appointment. Other precautionary measures in place included:

- alcohol-based hand rub
- temperature checks on arrival, and
- use of protective personal equipment.

The clinic environment was clean and well equipped. Effective measures were in place to reduce the risk of infection, such as enhanced cleaning and restricted access to the premises. The clinic environment and equipment was cleaned between patients, as well as a thorough daily and weekly clean. The clinical handwash basin was cleaned with a 1000 ppm chlorine solution in line with guidance and we saw that this was recorded on a cleaning checklist. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment, including:

- aprons
- fluid-resistant face masks
- gloves, and
- single-use items, such as syringes and needles.

A waste contract was in place for the safe disposal of syringes, needles and other clinical waste. Equipment, such as the treatment couch was in good condition. Stock cupboards were well organised and not overfilled with surplus stock or equipment. We saw that contracts were in place for the regular servicing of the building and maintenance of electrical equipment, including portable appliance testing.

All patients who responded to our online survey told us they were extremely satisfied with the environment and the standard of cleanliness. Some comments included:

- ‘Feel safe and comfortable in this clinic, it is always spotlessly clean and tidy.’
- ‘Extremely satisfied! The clinic was spotless and very safe, clean environment.’
- ‘Extremely clean and sanitary environment.’
- ‘The treatment room was very clean, tidy and organised.’

We saw a safe system for the procurement, prescribing, storage and administration of medicines. The pharmacy wholesaler was MHRA listed. All medicines were stored securely in a locked cupboard or a drug refrigerator and were in-date.

Arrangements were in place to deal with medical emergencies. This included training, first aid supplies and having medicines available that could be used in an emergency, such as adrenaline.



### **What needs to improve**

While a fire risk assessment was in place, we did not see a structured process for completing risk assessments or managing risk generally in the service (recommendation a).

We saw that the service did not carry out any audits. A structured program of regular audits should be introduced for key areas, such as medication, patient care records and the care environment (recommendation b).

While the service had not had any incidents or accidents since registration in June 2018, no log book was available to record these (recommendation c).

All medication was in-date. However, we did not see a formal process for recording that the medication was checked, such as a medication checklist (recommendation d).

We found that botulinum toxin was not disposed of correctly (recommendation e).

- No requirements.

### **Recommendation a**

- The service should put appropriate measures in place to identify and manage risk in the service and outcomes recorded in the existing quality improvement plan.

### **Recommendation b**

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented, improvement action plans implemented and outcomes recorded in the existing quality improvement plan.

### **Recommendation c**

- The service should implement a log book to record any accidents or incidents.

### **Recommendation d**

- The service should implement a medication checklist.

## Recommendation e

- The service should ensure botulinum toxin is disposed of in line with the manufacturers and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

## Our findings

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

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**All patients received an assessment before any treatment was carried out. Treatments were fully explained and any associated risks discussed. Emergency contact details were recorded in the patient care record. The service should record consent to share information with the GP.**

We reviewed five patient care records. We saw evidence of a medical history, medications and allergies documented. GP details were recorded in the records reviewed. The practitioner gave patients information about risks and benefits before treatment started and this was also documented in the patient care record. Patients were asked to consent to treatment. We saw that the practitioner and patients had signed these records.

Patient care records were in paper format. A review appointment was offered if required to make sure that patients were satisfied with the outcome of their treatment.

All patients who responded to our survey stated that they had been involved in decisions about their care and treatment, and given time to reflect on their treatment option before consenting to the treatment. Comments included:

- ‘Yes, everything was explained fully. I was given time to decide my options prior to giving consent.’
- ‘Absolutely, I was fully informed about the treatment and was given as much time as I needed to make a decision.’
- ‘Never rushed always well informed.’
- ‘We had a thorough discussion pre-treatment where I could ask any questions. All answers were provided and I wasn't rushed in any way.’

### **What needs to improve**

Consent to share information with GP in the patient care record was not documented (recommendation f).

Patients were given verbal and written aftercare information after treatment, included the emergency contact details of the practitioner. However, this was not documented in the patient care record (recommendation g).

- No requirements.

### **Recommendation f**

- The service should record consent to share information with the service user's GP in the patient care record.

### **Recommendation g**

- The service should record in the patient care record that aftercare has been provided to patients following treatment.

## 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

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**The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national groups and training events. A quality improvement plan would help to improve the quality of the service provided, and help make sure the delivery of treatments is safe and effective.**

An experienced nurse practitioner, registered with the Nursing and Midwifery Council (NMC) owned and managed the service. They are also a member of several forums.

The practitioner kept up to date with best practice through ongoing training and development, attending a number of training events and subscribing to an aesthetics journal. This made sure the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. Update-training in infection prevention and control and basic life support was carried out every year. They also engaged in the NMC revalidation process.

The service told us about improvements made from patient feedback, such as purchasing speakers for playing music through patient treatments.

#### What needs to improve

While the service told us about improvements made as a result of feedback, it did not have a formal quality improvement plan in place to structure and record service improvement processes and their outcomes. A quality improvement plan would allow the service to measure the impact of change and demonstrate a culture of continuous improvement. The improvement plan should be informed from audits and risk assessments (recommendation h).

We were told of a peer group where the practitioner and another aesthetics practitioners met every 4 months to share learning and discuss updates in current practice. However, minutes of this were not recorded. We will follow this up at future inspections.

- No requirements.

#### **Recommendation h**

- The service should develop and implement a quality improvement plan, which should be informed from audits and risk assessments and patient feedback to formalise and direct the way it drives and measures improvements.

## 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	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>a</b>	The service should put appropriate measures in place to identify and manage risk in the service and outcomes recorded in the existing quality improvement plan (see page 9).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
<b>b</b>	The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented, improvement action plans implemented and outcomes recorded in the existing quality improvement plan (see page 9).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
<b>c</b>	The service should implement a log book to record any accidents or incidents (see page 9).  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> The service should implement a medication checklist (see page 9).</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>
<p><b>e</b> The service should service should ensure botulinum toxin is disposed of in line with the manufacturers and best practice guidance and update its medicines management policy to accurately reflect the processes in place (see page 10).</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>
<p><b>f</b> The service should record consent to share information with the service user’s GP in the patient care record (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 4.11</p>
<p><b>g</b> The service should record in the patient care record that aftercare has been provided to patients following treatment (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 4.11</p>

<p><b>Domain 9 – Quality improvement-focused leadership</b></p>
<p><b>Requirements</b></p>
<p>None</p>
<p><b>Recommendation</b></p>
<p><b>h</b> The service should develop and implement a quality improvement plan, which should be informed from audits and risk assessments and patient feedback to formalise and direct the way it drives and measures improvements (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>

## 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](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:

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