



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Palm Aesthetics, Cumbernauld

Service Provider: Elizabeth Stoddart

29 August 2023

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

© Healthcare Improvement Scotland 2023

First published November 2023

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

Contents

1	Progress since our last inspection	4
<hr/>		
2	A summary of our inspection	6
<hr/>		
3	What we found during our inspection	12
<hr/>		
	Appendix 1 – About our inspections	22
<hr/>		

1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 4 September 2019

Recommendation

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

Action taken

Although there was evidence of the service encouraging and receiving feedback from patients, a formal participation policy was still not in place, and feedback was not recorded or analysed. As a result, it was not clear exactly how feedback was used to improve the service. This recommendation is reported in Domain 3 (Co-design, co-production) (see recommendation b on page 15).

Recommendation

The service should ensure that medicines are used in line with the manufacturer's guidance.

Action taken

We saw that medicines were now stored and used in line with manufacturer's guidance.

Recommendation

The service should develop a programme of regular audits of patient care records to ensure that all appropriate information is being recorded. Audits should be documented and improvement action plans implemented.

Action taken

We saw the service now carried out audits of patient care records.

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 now carried out audits of medicines, patient care records, and cleaning of premises and equipment. However, there was still no formal audit programme in place. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation f on page 18).

Recommendation

The service should develop a quality improvement strategy 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

Although there was evidence of improvements made to the service, it still did not have a quality improvement plan to demonstrate how improvements would be recorded and assessed for their outcomes, impact on the service and benefit to patients. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation g on page 18).

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 Palm Aesthetics on Monday 28 August 2023. We spoke with the service owner (practitioner). We received feedback from 76 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Cumbernauld, Palm 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 Palm 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's purpose was to provide safe, patient-centred and high quality care from an experienced practitioner. Patients were included in every aspect of their care to best ensure treatment outcomes. The service should regularly assess how it is meeting its objectives.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Although the service encouraged feedback from patients and used this to improve the service, a participation policy should be developed. The practitioner worked with peer groups to keep up to date with best practice. There was evidence of patient-centred improvements made. A range of policies, some audits and risk assessments helped to ensure the service was safe. The audit programme should be expanded and a quality improvement plan should be developed.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The environment and patient equipment were clean and well maintained, and effective processes were in place to ensure the service continued to be clean and well maintained. Patients were positive and complimentary about the service. Gaps in the treatment room floor must be filled, and risk assessments must be developed for the clinical wash hand basin and ventilation system, until these can be upgraded to comply with current standards.		✓ 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

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 Elizabeth Stoddart 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 four requirements and seven recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should develop and implement a process for reviewing its vision, purpose, aims and objectives and assessing their effectiveness (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.7

Implementation and delivery

Requirement

- 1** The provider must update the complaints policy to make it clear that patients can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process (see page 17).

Timescale – immediate

Regulation 15(6)(b)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

- b** The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to improve the service (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

This was previously identified as a recommendation in the September 2019 inspection report for Palm Aesthetics.

- c** The service should develop a process for keeping patients informed of the impact their feedback has on the service (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

- d** The service should develop and implement a duty of candour policy, and ensure an annual report is produced and made available to patients (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

- e** The service should update its infection control policy to reference 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

Implementation and delivery (continued)

Recommendations

- f** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 18).

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

This was previously identified as a recommendation in the September 2019 inspection report for Palm Aesthetics.

- g** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18).

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

This was previously identified as a recommendation in the September 2019 inspection report for Palm Aesthetics.

Results

Requirements

- 2** The provider must ensure all gaps in the treatment room flooring are filled with a suitable material to prevent the entry of pests (see page 20).

Timescale – by 20 February 2024

Regulation 10(2)(b)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 3** The provider must develop a risk assessment for the use of the clinical wash hand basin and tap in the treatment room and implement the appropriate controls until a compliant sink can be installed (see page 20).

Timescale: immediate

Regulation 3(d)(i)(ii)

The Healthcare Improvement Scotland (Requirements as to Independent Healthcare services) Regulations 2011

Results (continued)	
Requirements	
4	<p>The provider must carry out a risk assessment on its ventilation system in the treatment room to mitigate against any risk associated with using a non-compliant system until this can be upgraded to conform with national guidance for specialised ventilation for healthcare premises (see page 21).</p> <p>Timescale: immediate</p> <p><i>Regulation 10(2)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011</i></p>
Recommendations	
None	

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

Elizabeth Stoddart, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Palm 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's purpose was to provide safe, patient-centred and high quality care from an experienced practitioner. Patients were included in every aspect of their care to best ensure treatment outcomes. The service should regularly assess how it is meeting its objectives.

Clear vision and purpose

The service stated its purpose was to provide non-surgical aesthetics treatments to patients within the safe environment of a medical centre.

Its day-to-day objectives were to deliver advanced treatments by a qualified and experienced practitioner, and where patient satisfaction was the key to measuring success. To achieve these objectives, the main priorities were:

- to offer treatments tailored to patients' needs and always put them at the centre of all decisions
- to provide the safest environment for patients
- to ensure best practice through training
- to manage patients' expectations through consultation, providing clear information, including aftercare, encouraging questions and involving them in the whole process, and
- to ensure patients freely give full consent for all treatments delivered.

As a sole practitioner, to assess if the service was meeting its objectives, the patients' experience was important to them. We noted that the service had return visits from many patients and received positive feedback.

What needs to improve

The service did not have a formal means of assessing its purpose, vision, aims and objectives to ensure it was effectively meeting its patients' needs (recommendation a).

- No requirements.

Recommendation a

- The service should develop and implement a process for reviewing its vision, purpose, aims and objectives and assessing their effectiveness.

Key Focus Area: Implementation and delivery

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

Although the service encouraged feedback from patients and used this to improve the service, a participation policy should be developed. The practitioner worked with peer groups to keep up to date with best practice. There was evidence of patient-centred improvements made. A range of policies, some audits and risk assessments helped to ensure the service was safe. The audit programme should be expanded and a quality improvement plan should be developed.

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

The service encouraged feedback from patients in a variety of ways: These included:

- through social media
- informal discussions during and after treatments, and
- a suggestions box in the service.

Patients were given the practitioner's number as a 24-hour contact for use in the event of emergencies, as well as for advice and feedback.

What needs to improve

Although we saw that the service encouraged feedback from patients, there was no participation policy to show how feedback was gathered, recorded, analysed and used to improve the service. This had been identified as a recommendation at a previous inspection in September 2019 (recommendation b).

We did not see a process for informing patients about improvements made as a result of their feedback (recommendation c).

- No requirements.

Recommendation b

- The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to improve the service.

Recommendation c

- The service should develop a process of keeping patients informed of the impact their feedback has on 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 had a number of policies in place to help deliver safe, person-centred care. These included:

- safeguarding (public protection)
- health and safety
- infection control
- confidentiality and data protection, and
- adverse event management.

The service operated from one treatment room within an NHS health centre. We saw that appropriate electrical safety checks were regularly carried out, for example portable appliance testing. Fire extinguishers had been checked within the previous year. Fire assessments and gas boiler maintenance were carried out by the health centre management.

We saw that systems were in place to manage and record incidents and accidents. The practitioner was aware that certain events had to be notified to Healthcare Improvement Scotland.

Emergency procedures were in place. There was an emergency kit and emergency medicines which were regularly checked. The practitioner was trained in basic life support.

The practitioner was also a member of the Aesthetic Complications Expert (ACE) group. This group of practitioners regularly report on any difficulties encountered and the potential solutions.

We saw a complaints policy displayed in the service. The service had not received any complaints, and no complaints had been submitted to Healthcare Improvement Scotland.

The service is owned and managed by the nurse practitioner, who is registered with the Nursing and Midwifery Council (NMC). The practitioner was registered with Disclosure Scotland as a member of the Protecting Vulnerable Groups (PVG) scheme. The practitioner was also registered with the NMC as an independent nurse prescriber for the treatments offered, as appropriate. The practitioner kept up to date with best practice through ongoing training provided by suppliers.

All consultations were face to face and arranged through social media or by telephone. A full consultation took place before any treatment was delivered. A full medical history was taken including:

- previous treatments
- medications
- pregnancy, and
- allergies.

Patients were given information on all treatments requested including:

- treatment options
- costs
- risks and benefits, and
- aftercare advice.

Patients were offered a cooling-off period between the consultation and treatment. After the practitioner and patient agreed a treatment plan, full consent was obtained from the patient before any treatment could go ahead.

Patient care records were on paper and held securely in locked drawers.

What needs to improve

The service's complaints policy did not clearly state that patients could complain to Healthcare Improvement Scotland at any stage of the complaint process (requirement 1).

We did not see a duty of candour policy and the service had not produced an annual duty of candour report. Even if there have been no incidents requiring

the need to implement the duty of candour procedure, a report is still required (recommendation d).

The service's infection control policy did not include reference to Health Protection Scotland's *National Infection Prevention and Control Manual* or Healthcare Improvement Scotland's *Healthcare Associated Infection (HAI) Standards* (recommendation e).

Requirement 1 – Timescale: immediate

- The provider must update the complaints policy to make it clear that patients can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.

Recommendation d

- The service should develop and implement a duty of candour policy, and ensure an annual report is produced and made available to patients.

Recommendation e

- The service should update its infection control policy to reference national guidance.

Planning for quality

The service had a comprehensive risk management strategy including a policy, procedure, risk assessment template and register of risk assessments undertaken, for example needlestick injuries.

In the event that the service could not operate, whether temporarily or permanently, we were told the practitioner could refer patients to other nearby services.

What needs to improve

Although we saw evidence of some audits carried out on medicines, patient care records, and cleaning of premises and equipment, there was no formal audit programme to determine what and when audits would take place. This had been identified as a recommendation at a previous inspection in September 2019 (recommendation f).

The service had made some improvements such as training on new products and implementing a risk management process. However, there was no formal quality improvement strategy to record improvements made to help plan for future improvements. This had been identified as a recommendation at a previous inspection in September 2019 (recommendation g).

- No requirements.

Recommendation f

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

Recommendation g

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

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

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

Our findings

The environment and patient equipment were clean and well maintained, and effective processes were in place to ensure the service continued to be clean and well maintained. Patients were positive and complimentary about the service. Gaps in the treatment room floor must be filled, and risk assessments must be developed for the clinical wash hand basin and ventilation system, until these can be upgraded to comply with current standards.

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 satisfactory self-evaluation.

The environment and equipment were clean and well maintained. We saw that the service had implemented a cleaning schedule and was using appropriate cleaning equipment and products in line with national standards. Personal protective equipment such as gloves, aprons and face masks were available and close to the point of care. We saw that clinical waste, including botulinum toxin needles, was disposed of appropriately.

The treatment room and wider premises were private and secure, with a lockable door to the treatment room and screened windows. This ensured patients' privacy and dignity were protected.

We reviewed five patient care records covering different treatments. The patient care records were comprehensive and included patients' consents, assessments and medical histories, and treatments agreed and provided. Consent forms included consent for recording patients' GPs, emergency/next of kin contact details, and consent to share information with other healthcare professionals. The patient care records also included details of medicines used and expiry dates. We saw from the records we reviewed that the medicines administered were all in date.

Patients who responded to our online survey were positive about their experiences with the service. Comments included:

- ‘Was given very thorough information throughout and also given follow up appointment to check everything was good and I was pleased with treatment.’
- ‘Very professional and informative from consultation, expectations to procedure and aftercare advice.’
- ‘If I was asking for a different treatment I was able to go away and decide which allowed me to consider advice given.’
- ‘The room was private and I was listened to regarding my questions about the treatment.’
- ‘High standards of cleanliness and hygiene applied. Care taken always.’

What needs to improve

The treatment room floor had gaps between the flooring and walls. This meant that the room could not be effectively cleaned. All gaps should be sealed to ensure pests are not able to enter (requirement 2).

The clinical wash hand basin and tap in the treatment room was installed before current legislation about sanitary fittings in healthcare premises and did not meet current standards. A risk assessment would help the service to ensure appropriate actions were taken for the current clinical wash hand basin and tap, such as ensuring they were adequately cleaned, until able to be upgraded (requirement 3).

The treatment room was served by natural ventilation from two windows. This did not meet the current ventilation requirements (requirement 4).

Requirement 2 – Timescale: by 20 February 2024

- The provider must ensure all gaps in the treatment room flooring are filled with a suitable material to prevent the entry of pests.

Requirement 3 – Timescale: immediate

- The provider must develop a risk assessment for the use of the clinical wash hand basin and tap in the treatment room and implement the appropriate controls until a compliant sink can be installed.

Requirement 4 – Timescale: immediate

- The provider must carry out a risk assessment on its ventilation system in the treatment room to mitigate against any risk associated with using a non-compliant system until this can be upgraded to conform with national guidance for specialised ventilation for healthcare premises.
- No recommendations.

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

You can read and download this document from our website.
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

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org