Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: SLS Medical Aesthetics, Ayr

Service Provider: SLS Medical Aesthetics Limited

16 February 2022

NHS SCOTLAND

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First published April 2022

www.healthcareimprovementscotland.org

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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 SLS Medical Aesthetics on Wednesday 16 February 2022. We spoke with the owner who is the sole practitioner for the service. We received feedback from 10 patients through an online survey we had asked the service to issue for us before the inspection.

This was our first inspection to this service. The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a limited self-evaluation.

What we found and inspection grades awarded

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

Key quality indicators inspected		
Quality indicator	**Summary findings**	**Grade awarded**
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The service is clean and well maintained. Effective measures were in place to reduce infection risks. All medicines must be stored securely when the clinic is not in use. A programme of audits should be introduced to help inform and direct service improvements. Manufacturer's guidance for the preparation and reconstitution of botulinum toxin should be followed.	✓ Satisfactory

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The practitioner kept up to date with changes in the aesthetic industry, legislation and best practice. However, quality assurance systems and processes should be further developed to inform and direct service improvement.	✓ Satisfactory

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

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.2 - Assessment and management of people experiencing care	Patients received an assessment and gave consent before treatment. Consent to take photographs and share information with patients' GPs should be obtained and documented in the patient care record. Next of kin or emergency contacts should also be recorded. A face-to-face consultation must take place with the patient and the prescriber for prescription-only treatments.

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 SLS Medical Aesthetics Limited to take after our inspection

This inspection resulted in three requirements and eight recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a

condition of registration. See Appendix 1 for a full list of the requirements and 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

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

We would like to thank the owner-practitioner of SLS Medical Aesthetics 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

The service is clean and well maintained. Effective measures were in place to reduce infection risks. All medicines must be stored securely when the clinic is not in use. A programme of audits should be introduced to help inform and direct service improvements. Manufacturer's guidance for the preparation and reconstitution of botulinum toxin should be followed.

Patients were cared for in a clean and safe environment. The landlord was responsible for the maintenance of the building, fire safety and building security. This included routine fire alarm and evacuation tests. The service had developed its own fire risk assessment. Public liability and medical malpractice insurance policies were in-date. The service had recently moved to new premises. Patients who responded to our survey said they felt safe and secure in the service. They also stated that the treatment room and communal facilities were clean, tidy and hygienic.

The service followed Health Protection Scotland's national guidance to reduce infection risks in line with its infection prevention and control policy. Personal protective equipment was single-use to reduce the risk of cross-infection, including:

- aprons
- gloves
- masks, and
- medical devices (such as syringes and needles).

A contract was in place for the safe disposal of clinical waste and sharps. This included the safe disposal of cytostatic or hazardous waste, such as botulinum toxin. Antibacterial hand wash and disposable hand towels were used to promote good hand hygiene.

A COVID-19 pre-screening questionnaire was completed with patients over the telephone 24 hours before their appointment. Any patient suspected of having COVID-19 symptoms was advised not to attend for treatment. The time between appointments had been increased to allow enhanced cleaning between patients. All patients were advised to wear a mask and use the antibacterial hand-rub when entering the building.

The practitioner was solely responsible for the safe procurement, prescribing, storage and administration of medicines. The medical fridge had a built-in thermometer and we saw a daily temperature log was completed to make sure that refrigerated medicines were stored safely. Other non-refrigerated medicines, such as dermal fillers were stored in a cupboard or the treatment trolley. We saw that prescribed medicines for individual patients were correctly labelled. Emergency medicines, such as hyalase and adrenaline were available so the practitioner could respond to patient complications or adverse reactions to treatment. The practitioner maintained a record of the medicines the service had in stock and their expiry dates. Patient care records documented the batch number and expiry date for medicines used to allow the practitioner to respond to medical alerts or report any adverse events.

What needs to improve

The building's contract cleaners deep cleaned the clinic twice a week. The practitioner confirmed the contractors had their own key to access the room. We were told the refrigerator containing medicines was locked and the key removed when the clinic was closed. However, other treatments and non-refrigerated medicines in the clinic were not and this could compromise the security of medicines (requirement 1).

While no accidents or incidents had occurred since the service was first registered in 2019, no logbook was available to record this information (recommendation a).

During our inspection, we found the remainder of a botulinum toxin vial in the fridge, used to treat a patient 2 weeks earlier. The practitioner told us the medicine was to be used as a 'top-up' for the same patient at their follow-up appointment. Manufacturer guidance states that a top-up dose should be administered from a new vial, and reconstituted on the day the patient presents for administration of the top-up treatment. The manufacturer will only assure

physical and chemical stability of the medicine for 24 hours if stored in the fridge, after which it should be discarded (recommendation b).

The practitioner told us they had audited some of the patient care records. However, the outcome from this audit was not documented. Auditing key parts of the service, including medicines management, patient care records and infection control practices would help identify improvements to be made (recommendation c).

The service had updated some of its policies and procedures in response to changes in legislation, such as data protection regulation and duty of candour (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong). However, a more formal system for regularly reviewing policies and procedures should be implemented (recommendation d).

Requirement 1 – Timescale: immediate

- The provider must ensure that all medicines and treatments are stored securely in line with its medicines management policy.

Recommendation a

- The service should implement an accident and incident log book.

Recommendation b

- The practitioner should follow manufacturer's guidance for the reconstitution of Botulinum toxin.

Recommendation c

- 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.

Recommendation d

- A more formal system for regularly reviewing policies and procedures should be implemented.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients received an assessment and gave consent before treatment. Consent to take photographs and share information with patients' GPs should be obtained and documented in the patient care record. Next of kin or emergency contacts should also be recorded. A face-to-face consultation must take place with the patient and the prescriber for prescription-only treatments.

All patients received an assessment before treatment. The practitioner told us that treatments were explained and any associated risks fully discussed with each patient at their initial consultation. During the COVID-19 pandemic, virtual consultations had been introduced to gather information from the patient before they attended the clinic for further assessment or treatment. Virtual consultations helped reduce the number of patients coming into the service.

Since moving to the new premises, the practitioner had introduced an electronic patient care record system. Electronic patient information was password-protected. We reviewed five patient care records and saw that each record included information about:

- allergies
- past medical history
- prescribed medicines, and
- any previous treatments.

The practitioner told us that patients received verbal information about the risks and benefits before treatment, as well as aftercare advice. Aftercare leaflets were available for patients to take away if they wished.

Patients were asked to give their consent to treatment and sign their consent form electronically before any treatment was administered. In all five patient care records we reviewed, the patient and the practitioner had signed these consent forms. A review appointment was offered to patients 2 weeks after their treatment to check their satisfaction with the outcome of their treatment.

All patients who responded to our survey stated they were fully informed and involved in all decisions about their care and treatment. Some of the comments included:

- 'The practitioner went through everything including the potential risks and benefits, expected outcome from treatment and gave me advice about aftercare.'
- 'Very informative practitioner and covered all the questions I had.'
- 'The practitioner explained everything about Botox, the dos and don'ts following my treatment and made me feel very relaxed.'
- 'I have had this treatment previously however each time I am fully informed on all aspects from start to finish.'

What needs to improve

From patient care records we reviewed, we could not be sure which patients had virtual or an in-person consultation with the practitioner, who is also the sole prescriber for the service. Some patient care records we looked at confirmed that patients had received prescription-only treatments, such as botulinum toxin. The prescriber must carry out a face-to-face consultation before prescribing injectable cosmetic treatments to patients, in line with guidance (requirement 2).

Our survey results showed that patients felt well informed and involved in their treatment, including how to contact the practitioner out of hours. However, the patient care records we reviewed provided limited information about the patient's journey. For example, outcomes from the initial consultation, agreed treatment plan and the planned aftercare following treatment were not documented in any patient care record we reviewed (recommendation e).

Patient care records did not document their consent to share information with their GP or other healthcare professionals, or consent to take 'before and after' photographs of treatment. The service had no record of patients' next of kin or emergency contact in the event of a complication or emergency (recommendation f).

Requirement 2 – Timescale: immediate

- The prescriber must ensure that a physical, face-to-face consultation takes place with the patient before injectable cosmetic treatments are prescribed. A record of this consultation must also be documented in the patient care record.

Recommendation e

- The service should document patient consent to photography and sharing information with the patient's GP and other healthcare professionals in the patient care record for each episode of care. A record of the patient's next of kin or emergency contact should also be documented.

Recommendation f

- The electronic patient record system should be reviewed to ensure that a summary of all discussions between the patient and the practitioner are documented in the patient care record. This includes the outcome of consultations, treatment plan, aftercare advice and planned follow-up appointments.

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 practitioner kept up to date with changes in the aesthetic industry, legislation and best practice. However, quality assurance systems and processes should be further developed to inform and direct service improvement.

The service is owned and managed by an experienced nurse practitioner and independent supplementary prescriber registered with the Nursing Midwifery Council (NMC). The practitioner engaged in regular continuing professional development, managed through the NMC registration and revalidation process. Revalidation is where nurses have to meet the requirements of their professional registration through submitting evidence of their competency, training and development to their professional body, such as the NMC every 3 years.

We saw evidence to confirm the practitioner attended regular training as part of their ongoing professional development, as well as industry specific training. They also subscribed to journals to keep up to date with legislation and best practice in aesthetics to make sure treatments were delivered in line with evidence-based research.

The practitioner told us they had developed informal networks with other local aesthetic practitioners through a virtual support group. This created opportunities for the practitioner to discuss and share information with other aestheticians and provided peer support, as well as best practice guidance when needed.

Patients told us the practitioner was knowledgeable and always very professional. Comments from our survey included:

- 'The practitioner's clinical background and knowledge instilled confidence in me.'
- 'Very professional from booking the appointment to receiving treatment.'

What needs to improve

The service had a participation policy in place and received verbal feedback from patients after treatment. However, it had not developed a formal process for collecting and analysing feedback from patients in line with its participation policy, such as a patient experience questionnaire (recommendation g).

A quality improvement plan would help the service structure improvement activities, record the outcomes and measure the impact of service improvements. This would allow the service to demonstrate a quality-improvement-focused approach to future service changes (recommendation h).

Recommendation g

- The service should develop a more structured approach for gathering, recording and evaluating patient feedback to drive service improvement.

Recommendation h

- The service should develop and implement a quality improvement plan, to inform and direct service improvement.

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	
Requirements	
1	The provider must ensure that all medicines and treatments are stored securely in line with its medicines management policy (see page 9). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
2	The prescriber must ensure that a physical, face-to-face consultation takes place with the patient before injectable cosmetic treatments are prescribed. A record of this consultation must also be documented in the patient care record (see page 11). Timescale – immediate *Regulation 4(2)(a)(b)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)	
Recommendations	
a	The service should implement an accident and incident log book (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14.
b	The practitioner should follow manufacturer's guidance for the reconstitution of Botulinum toxin (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
c	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 (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
d	A more formal system for regularly reviewing policies and procedures should be implemented (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
e	The service should document patient consent to photography and sharing information with the patient's GP and other healthcare professionals in the patient care record for each episode of care. A record of the patient's next of kin or emergency contact should also be documented (see page 12). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14
f	The electronic patient record system should be reviewed to ensure that a summary of all discussions between the patient and the practitioner are documented in the patient care record. This includes the outcome of consultations, treatment plan, aftercare advice and planned follow-up appointments (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

Domain 9 – Quality improvement-focused leadership	
Requirements	
	None
Recommendations	
g	The service should develop a more structured approach for gathering, recording and evaluating patient feedback to drive service improvement (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
h	The service should develop and implement a quality improvement plan, to inform and direct service improvement (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: **www.healthcareimprovementscotland.org**

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

After

More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

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

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