



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Follow-up Inspection Report: Independent Healthcare

**Service:** S.O Youthful Beauty Aesthetics, Leven

**Service Provider:** S.O Youthful Aesthetics Ltd

31 January 2024

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# 1 A summary of our follow-up inspection

## Previous inspection

We previously inspected S.O Youthful Beauty Aesthetics on 3 October 2023. That inspection resulted in four requirements and 10 recommendations. As a result of that inspection, S.O Youthful Beauty Aesthetics Ltd produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at:

[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)

## About our follow-up inspection

We carried out an announced follow-up inspection to S.O Youthful Beauty Aesthetics on Wednesday 31 January 2024. The purpose of the inspection was to follow up on the progress the service has made in addressing the four requirements and ten recommendations from the last inspection. This report should be read along with the October 2023 inspection report.

We spoke with the owner (practitioner) during the inspection.

The inspection team was made up of one inspector.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

		Grade awarded
<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	✓ Satisfactory
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	✓ Satisfactory
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	Unsatisfactory

The grading history for S.O Youthful Beauty Aesthetics can be found on our website.

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)

We found that the provider had complied with some of the requirements made at our previous inspection. It had also taken steps to act on some of the recommendations we made.

Of the four requirements made at the previous inspection on October 2023, the provider has:

- met three requirements, and
- not met one requirement.

### **What action we expect S.O Youthful Beauty Aesthetics Ltd 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 one requirement and two recommendations which remain outstanding, and three new recommendations.

Direction
<b>Requirements</b>
None
<b>Recommendation</b>
<p><b>a</b> The service should develop clear measurable objectives for the delivery of care that it provides. These should be regularly evaluated to ensure they align with the service’s aims (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.19</p>

Implementation and delivery
<b>Requirements</b>
None
<b>Recommendations</b>
<p><b>b</b> The service should further develop its practicing privileges policy to outline the responsibilities of the service to carry out ongoing professional monitoring and checks to ensure staff remain safe to work in the service (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>
<p><b>c</b> The service should develop a programme of regular audits to cover key aspects of care and treatment, including compliance with the infection control policy. Audits must be documented and improvement action plans implemented (see page 12).</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>

## Implementation and delivery (continued)

- d** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements in the service (see page 12).

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

This was previously identified as a recommendation in the October 2023 inspection report for S.O Youthful Beauty Aesthetics.

## Results

### Requirement

- 1** The provider must ensure a record is made in the patient care record of the date and time of every consultation with examination, the outcome of the consultation or examination. The details of every treatment provided with details of every medicine ordered for the patient with date and time when it was administered (see page 13).

Timescale – by 16 April 2024

*Regulation 4(2)(a)(b)(c)*

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

This was previously identified as a requirement in the October 2023 inspection report for S.O Youthful Beauty Aesthetics.

### Recommendation

- e** The service should ensure that all relevant annual checks are carried out on the nurse prescriber and relevant staff information is stored in staff files (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

This was previously identified as a recommendation in the October 2023 inspection report for S.O Youthful Beauty Aesthetics.

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)

S.O Youthful Beauty Aesthetics Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at S.O Beauty Aesthetics for their assistance during the inspection.



## 2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 3 October 2023.

### 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

#### *Clear vision and purpose*

#### **Recommendation**

*The service should develop clear and measurable aims and objectives for patients to access.*

#### **Action taken**

The service did not have measurable objectives in place or a formal way to assess its aims and objectives (**see recommendation a on page 6**).

## 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

#### Quality improvement

##### Recommendation

*The service should further develop its practicing privileges policy to set out how it will safely grant practicing privileges to other healthcare professional to work on behalf of the service.*

##### Action taken

We saw the service had developed and implemented its practicing privileges policy. The policy set out how the service would carry out pre-employment checks and ongoing performance reviews of healthcare professionals granted practicing privileges in the service. However, the service did not have a formal system in place to make sure that staff who are working under practicing privileges remained safe to work the service. The policy should be further developed to include:

- checks to make sure medical indemnity insurance remains up to date
- ongoing professional monitoring
- professional registration checks carried out every year, and
- regular Disclosure Scotland PVG background updates (**see recommendation b on page 6**).

##### Recommendation

*The service should ensure that information about how to raise a concern or a complaint about the service is readily available to patients.*

##### Action taken

The service displayed its complaints policy and complaints information in the treatment room for patients to access.

### **Recommendation**

*The service should review and updates its infection prevention and control policy to make sure it is in line with Healthcare Improvement Scotland's Infection Prevention and Control Standards (2022) and Health Protection Scotland's National Infection Prevention and Control Manual.*

### **Action taken**

The service had updated its infection prevention and control policy to include information on Healthcare Improvement Scotland's *Infection Prevention and Control Standards (2022)* and Health Protection Scotland's *Infection Prevention and Control Manual*.

### **Recommendation**

*The service should review and develops its safeguarding policy to include contact details of the local authority.*

### **Action taken**

The service had updated its safeguarding policy to include the contact details of the local authority.

### **Recommendation**

*The service should review and develop its dealing with emergencies and resuscitation policy to include clear and specific guidance for adverse events from dermal filler treatments. It should also include the service's responsibility to notify Healthcare Improvement Scotland.*

### **Action taken**

The service had updated its dealing with emergencies and resuscitation policy to include appropriate guidelines for dealing with adverse events from treatments, such as dermal fillers. The policy included the responsibility of the service to notify Healthcare Improvement Scotland of any dermal-filler complications.

## ***Planning for quality***

### **Requirement – Timescale: immediate**

*The provider must develop risk assessments and document action plans to ensure the safety and wellbeing of patients and staff.*

#### **Action taken**

Risk assessments had been developed to make sure patients and the environment are safe. Risk assessments included those for:

- access to nurse prescriber for dermal filler complications
- fire risk assessment, and
- health and safety. **This requirement is met.**

#### **Recommendation**

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

#### **Action taken**

The service had not developed a programme of audits (**see recommendation c on page 6**).

#### **Recommendation**

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

#### **Action taken**

The service had not developed a quality improvement plan (**see recommendation d on page 7**).

## 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

#### Requirement – Timescale: immediate

*The provider must ensure a record is made in the patient care record of the date and time of every consultation with examination, the outcome of the consultation or examination. The details of every treatment provided with details of every medication ordered for the patient with the date and time it was administered.*

#### Action taken

The four patient care records were not consistently completed. For example:

- Patients who required a prescription medicine for their treatment, such as Botulinum toxin require a face-to-face consultation with the independent nurse prescriber. Patient care records did not document evidence of a nurse prescriber consultation, assessment or prescription.
- The aesthetic practitioner did not consistently record the medicine batch numbers, dosage or expiry dates.
- While patient care records had facial mapping treatment plans in place and the areas treated were recorded, this did not include the units administered to each area.

During our inspection, the aesthetic practitioner told us that patients known to the service would not receive a new face-to-face consultation and assessment with the independent nurse prescriber when receiving aesthetics treatments, such as botulinum toxin. Patients who require a prescription medicine for their treatment, such as botulinum toxin require a face-to-face consultation and assessment with the independent nurse prescriber. A new prescription must also be written for this treatment **This requirement is not met (see requirement 1 on page 7).**

### **Requirement – Timescale: immediate**

*The provider must ensure that there is a responsible healthcare professional available in the service who is able to prescribe and administer prescription-only medicines as part of a response to complications or an emergency situation, if required.*

### **Action taken**

From the patient care records we reviewed, we saw the aesthetic practitioner had documented that the independent nurse prescriber was present when patients were treated with dermal fillers. **This requirement is met.**

### **Requirement – Timescale: immediate**

*The provider must ensure that all staff working in a registered healthcare service, including those with practicing privileges, have appropriate and documented, background and safety checks in place.*

### **Action taken**

We saw the service had carried out background safety checks on the nurse prescriber. This included checks on:

- identification
- professional registration, and
- references

We saw the provider had recently registered Disclosure Scotland and we were told a Protecting Vulnerable Groups (PVG) status had been requested for the independent nurse prescriber. **This requirement is met.**

### **Recommendation**

*The service should amend its patient care record forms to enable the recording of the patient's next of kin, GP and consent to share information with their GP and other health professional where necessary.*

### **Action taken**

Patient care records had been amended to include patients' next of kin and GP contact details. Consent to share information with the patients' GPs and other health professionals where necessary was also obtained.

### **Recommendation**

*The service should ensure that all relevant annual checks are carried out on the nurse prescriber and relevant staff information is stored in staff files.*

### **Action taken**

The service had created a staff file for the independent nurse prescriber, which included a check of their professional registering body. However, we did not see evidence of up-to-date insurance policies or a completed yearly appraisal (**see recommendation e on page 7**).

## Appendix 1 – About our inspections

Our quality of care approach and the quality assurance 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](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: [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:

### **Healthcare Improvement Scotland**

Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** [his.ihsregulation@nhs.scot](mailto:his.ihsregulation@nhs.scot)

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