



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Vicsan Aesthetics, Aberdeen

Service Provider: Vicky Guthrie

12 February 2024

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 2 March 2020

Recommendation

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

Action taken

The service had a participation policy in place. However, it was not clear how the service gathered structured feedback and used it to drive improvement. This recommendation is reported in Domain 3: Co-design, co-production (see recommendation b on page 15).

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

The service did not have a quality improvement plan in place. This recommendation is reported in Domain 5: Planning for quality (see recommendation d 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 Vicsan Aesthetics on Monday 12 February 2024. We spoke with Dr Vicki Guthrie (owner of the service and sole practitioner) during the inspection. We received feedback from 12 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Cults, Aberdeen, Vicsan Aesthetics is an independent clinic providing non-surgical treatments including anti-wrinkle injections and skin care treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Vicsan 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 had a stated aim on its website. The sole practitioner is an experienced registered doctor. Clear and measurable objectives should be developed for the service.	✓ Satisfactory	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Information about treatments offered was available on the service's website and patients were informed about treatment options. A range of policies were in place. A fire safety risk self-assessment had been completed. An incident and accident logbook was available. A proactive approach must be taken for the assessment and management of risk. Patient feedback should be formally gathered and used to improve the service. A quality improvement plan should be developed.	✓ Satisfactory	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The environment was clean and well equipped. Patients reported good levels of satisfaction, told us they felt safe in the service and that the service was clean and tidy. Medications were in-date. The service had recorded no accidents or serious incidents. Adequate personal protective equipment was available for use.</p> <p>Patients' emergency contact details must be recorded. The outcome of every consultation must be recorded. Any stock of medication that the service holds must be able to be prescribed to individual patients. When unlicensed medicines are used, the rationale for use and informed patient consent must be recorded. Botulinum toxin must be disposed of in line with European waste management legislation. Clinical handwash sinks should be cleaned in line with national guidance.</p>	✓ 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 Vicki Guthrie 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 six requirements and eight recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should develop and implement a process for measuring, recording and reviewing its vision, purpose, aims and objectives (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 develop effective systems that demonstrate that proactive management of risk (see page 18). Timescale – by 12 April 2024 <i>Regulation 13 (2) (a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>

Implementation and delivery (continued)

Recommendations

- b** The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service (see page 15).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
- This was previously identified as a recommendation in the March 2020 inspection report for Vicsan Aesthetics.
- c** The service should review and update its policies and procedure manual to ensure it includes the correct regulations governing independent healthcare services in Scotland, customise and align each policy to Scottish legislation and 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 4.19
- d** The service should develop a quality improvement plan (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 March 2020 inspection report for Vicsan Aesthetics.
- e** The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 18).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

Results

Requirements

- 2** The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 22).

Timescale – by 12 May 2024

Regulation 4(1)

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

- 3** The provider must ensure provider must ensure that patient care records set out how patients' health, safety and welfare needs will be met. As a minimum, this must include:

(a) the date and time of every consultation with, or examination of, the patient by a healthcare professional and the name of that healthcare professional.

(b) the outcome of that consultation or examination (see page 22).

Timescale – by 12 May 2024

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

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

- 4** The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 22).

Timescale – by 12 June 2024

Regulation 3(d)(iv)

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

Results (continued)

Requirements

- 5** The provider must ensure that as an independent clinic, any stock of medication that they hold, must be able to be prescribed to individual patients (see page 22).

Timescale – by 12 June 2024

Regulation 3(d)(iv)

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

- 6** The provider must follow national guidance for the safe management and disposal of clinical waste including cytostatic sharps (see page 22).

Timescale – by 12 March 2024

Regulation 3(d)(iii)

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

Recommendations

- f** The service should service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records (see page 22).

Health and Social Care Standards: I am fully involved in all decisions about my care and support. Statement 2.14

- g** The service should service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basin (see page 23).

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

- h** The service should develop a checklist to capturing the regular cleaning of the clinic (see page 23).

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

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

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

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

3 What we found during our inspection

Key Focus Area: Direction

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

Our findings

The service had a stated aim on its website. The sole practitioner is an experienced registered doctor. Clear and measurable objectives should be developed for the service.

Clear vision and purpose

The service's stated aim on its website was to 'soften the lines and wrinkles of the face but at the same time keep people looking as natural as possible'. Treatments were appointment-only and we were told that the service had many returning patients, as well as new patients from word-of-mouth recommendations.

The service provided anti-wrinkle injections and advanced skin treatments. An experienced doctor, registered with the General Medical Council (GMC) owned and ran the service as the sole practitioner. The doctor (practitioner) attended aesthetic training seminars and was a member of social media forums and for aesthetics and aesthetics practitioners. This helped the service keep up to date with changes in the aesthetics industry, legislation and best practice guidance.

What needs to improve

While it did have a stated aim, the service did not have clear and measurable objectives in place (recommendation a).

- No requirements.

Recommendation a

- The service should develop and implement a process for measuring, recording and reviewing its vision, purpose, aims and objectives.

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

Information about treatments offered was available on the service’s website and patients were informed about treatment options. A range of policies were in place. A fire safety risk self-assessment had been completed. An incident and accident logbook was available. A proactive approach must be taken for the assessment and management of risk. Patient feedback should be formally gathered and used to improve the service. A quality improvement plan should be developed.

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

The service’s website provided information on treatments, costs and information on the service. Patients could use a messaging app to contact the service with enquiries or contact directly through its social media account or website.

A participation policy was in place, which set out how patient feedback would be collected and how this would be used to inform its improvement activities. We were told that patients could give their feedback verbally to the practitioner or through a messaging app.

We were told that new patients had used the service after recommendations from friends. All consultations were appointment-only.

What needs to improve

While the service had a participation policy in place, we found no evidence that feedback was recorded and analysed. It was unclear how the service gathered structured, formal feedback or how it was used to help make improvements to its practice. A more structured approach to patient feedback would allow the service to demonstrate how it:

- records and analyses results
- implements changes to drive improvement, and
- measures the impact of improvements (recommendation b).

Recommendation b

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

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service had policies and procedures in place to support the delivery of person-centred care. These included those for:

- complaints
- duty of candour
- emergency arrangements policy
- information management, and
- medication.

The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of. A clear system was in place to record and manage accident and incident reporting. We saw that the service had not had any accidents or incidents since its registration with Healthcare Improvement Scotland in March 2018.

Arrangements were in place to deal with medical and aesthetic emergencies, including up-to-date training and first aid supplies. We saw that portable appliance testing (PAT) was carried out regularly and the service had an up-to-date electrical safety certificate.

The service did not store any medicines in the clinic. We were told that all medication was stored in a locked filing cabinet at the practitioner's home and transported securely to the clinic in a locked bag which we saw at the inspection. Medicines were obtained from an appropriately registered supplier and the service was registered to receive alerts from MHRA. A stock-control system allowed the service to monitor medicines and supplies.

Maintenance contracts for fire safety equipment and fire detection systems were up to date. Electrical and fire safety checks were monitored regularly. The service had a clinical waste contract in place with the local medical centre for the supply and disposal of clinical waste.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service had a published a yearly duty of candour report in the clinic.

Patient care records were transported in a locked bag, which we saw at the inspection and we were told that they were stored securely at home in a locked filling cabinet. This protected confidential patient information in line with the service's information management policy.

We were told that a face-to-face consultation and assessment was carried out to assess patients' suitability for treatment. The initial consultation included a discussion about:

- benefits and risk of treatment
- desired outcomes of the patient
- information about aftercare, and
- treatment costs.

We saw that an aftercare leaflet for anti-wrinkle injections was available and we were told that it was given to patients after treatment. This included information about who to contact if they had any questions or queries about the treatment they had received.

The practitioner attended additional masterclass sessions and conferences to help keep up to date with changes in the aesthetics industry, legislation and best practice guidance. They also engaged in regular continuing professional development and had completed their revalidation. This is managed through the General Medical Council (GMC) registration and revalidation process, as well as regular appraisals. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the GMC every 3 years. The practitioner also kept up to date with appropriate training, such as for:

- adult support and protection
- equality and diversity, and
- infection control.

What needs to improve

The service had a variety of policies in place, which had all been reviewed since our last inspection. However, some policies lacked some details. For example:

- The safeguarding policy did not contain details of who the service would contact (such as the local authority adults support and protection unit).
 - The complaints policy did not state that patients could complain to Healthcare Improvement Scotland at any point during the complaint process.
 - The information management policy did not detail destruction arrangements for notes.
 - The infection control policy did not detail all the standard infection control procedures (SICPs) as detailed in the *National Infection Prevention and Control Manual* (recommendation c).
- No requirements.

Recommendation c

- The service should review and update its policies and procedure manual to ensure it includes the correct regulations governing independent healthcare services in Scotland, customise and align each policy to Scottish legislation and national guidance.

Planning for quality

A stock control system was in place to monitor the supply of medicines and their expiry date.

We saw evidence of completed medication and infection control audits.

What needs to improve

While the service had a fire risk assessment in place, no other risk assessments were in place to protect patients. A risk management process would demonstrate that all risks had been considered and help to make sure the service was safe. Risk assessments must be completed to address all possible risks in the service, such as the risk of:

- clinical waste
- transportation of medication
- transportation of supplies, and
- trips and falls (requirement 1).

The service had not developed a quality improvement plan. A quality improvement plan would help the service to structure and record its service improvement processes and outcomes. It would also allow the service to

measure the impact of any service changes and demonstrate a continuous cycle of improvement (recommendation d).

We were told that, in case of emergencies such as sickness, flood or power failure, there was a contingency arrangement in place that would provide patients with an option to continue their treatment plans with an alternative practitioner. However, the contingency plan arrangements were not documented (recommendation e).

While we saw evidence of some completed audits, the service did not carry out audits of patient care records. We discussed this with the service and were told that a patient care record audit would be carried out. We will follow this up at future inspections.

Requirement 1 – Timescale: by 12 April 2024

- The provider must develop effective systems that demonstrate that proactive management of risk.

Recommendation d

- The service should develop a quality improvement plan.

Recommendation e

- The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

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 was clean and well equipped. Patients reported good levels of satisfaction, told us they felt safe in the service and that the service was clean and tidy. Medications were in-date. The service had recorded no accidents or serious incidents. Adequate personal protective equipment was available for use.

Patients' emergency contact details must be recorded. The outcome of every consultation must be recorded. Any stock of medication that the service holds must be able to be prescribed to individual patients. When unlicensed medicines are used, the rationale for use and informed patient consent must be recorded. Botulinum toxin must be disposed of in line with European waste management legislation. Clinical handwash sinks should be cleaned in line with national guidance.

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.

We saw the clinic was clean, tidy and well maintained. We saw that appropriate cleaning wipes were used and that a single-use mop was used to clean the clinic floor. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available for use and in plentiful supply. Clinical waste was disposed of appropriately.

Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring. All respondents stated the clinic was clean and tidy. Some comments we received from patients included:

- ‘The treatment room is always well presented, clean and tidy.’
- ‘Room was very clean and all equipment was prepared and sterile.’
- ‘Everything was very clean and well prepared.’
- ‘High standard of facilities always provided. Never any issues.’

We saw a system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic.

Patients who responded to our online survey told us they were very satisfied with the care and treatment they received from the service and felt involved in the decisions about their care. Some comments we received included:

- ‘My practitioner explained everything in detail with aftercare advice too. I have total confidence in her knowing that she has knowledge.’
- ‘She is always very professional and I feel safe in every appointment. A consultation is always provided at the start and she talks through each step as she goes finishing with aftercare.’
- ‘After speaking to her, I felt totally at ease, she was very informative and explained the process and procedure. I am going back for a top up.’

We reviewed five patient care records and saw evidence that pre-treatment consultations for patients included a review of previous treatments and any additional treatments that would be carried out. Treatments’ efficacy, benefits and side effects were also discussed at these consultations. Written consent was obtained in all patient care records we reviewed and we saw that patients were given aftercare information.

The five patient care records we reviewed showed that patient details were recorded, such as their:

- address
- date of birth
- GP details
- name, and
- past medical history.

The patient and practitioner had signed and dated the patient consent forms in patient care records we reviewed. Details of the treatments were recorded, including the dose of anti-wrinkle injections administered along with the

medicine batch numbers and expiry dates. The practitioner had signed and dated their entries.

What needs to improve

Patient care records we reviewed did not include details about patients' next of kin or emergency contact (requirement 2).

Face-to-face consultations between the prescriber (practitioner) and the patient were not recorded for patients who had received prescription-only treatments. The patient care records we reviewed also provided limited information about the patient's journey. For example, patient care records did not include:

- a summary of the outcomes from the initial consultation
- the agreed treatment plan, and
- the planned aftercare (requirement 3).

We saw the service used bacteriostatic saline to reconstitute the vials of botulinum toxin; this is when a liquid solution is used to turn a dry substance into a specific concentration of solution. The bacteriostatic saline used is an unlicensed product and the use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outside of its 'Summary of Product Characteristics' and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. However, we saw no evidence in the patient care record that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients, nor that informed consent had been sought before treatment administered (requirement 4).

The service was able to prescribe medication. Two vials of bacteriostatic saline had an individual's name recorded on it. It was not clear how this medication would be prescribed to another patient (requirement 5).

The service had an agreement in place with the local health centre for the removal and disposal of clinical and special (hazardous) wastes. However, sharps contaminated with botulinum toxin were not disposed of using the correct European waste catalogue (EWC) code. Botulinum toxin is a cytostatic medicine and must be disposed of correctly (requirement 6).

Patient care records did not document patients' consent to share their details with other healthcare professionals in the event of an emergency situation, or whether this consent had not been given (recommendation f).

The service did not use the correct cleaning product for cleaning sanitary fittings (including clinical wash hand basins) in line with national guidance (recommendation g).

The service did not have a cleaning checklist in place to record regular cleaning of the clinic (recommendation h).

Requirement 2 – Timescale: by 12 May 2024

- The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented.

Requirement 3 – Timescale: by 12 May 2024

- The provider must ensure provider must ensure that patient care records set out how patients' health, safety and welfare needs will be met. As a minimum, this must include:

(a) the date and time of every consultation with, or examination of, the patient by a healthcare professional and the name of that healthcare professional.

(b) the outcome of that consultation or examination.

Requirement 4 – Timescale: by 12 June 2024

- The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent.

Requirement 5 – Timescale: by 12 June 2024

- The provider must ensure that as an independent clinic, any stock of medication that they hold, must be able to be prescribed to individual patients.

Requirement 6 – Timescale: by 12 March 2024

- The provider must follow national guidance for the safe management and disposal of clinical waste including cytostatic sharps.

Recommendation f

- The service should service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records.

Recommendation g

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

Recommendation h

- The service should develop a checklist to capturing the regular cleaning of the clinic.

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.



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

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