Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Jane's Aesthetics, Castlemilk

Service Provider: Jane Izat

30 August 2024

NHS SCOTLAND

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1 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 Jane's Aesthetics on Friday 30 August 2024. We spoke with the manager (practitioner) during the inspection. We received feedback from 25 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Castlemilk, Jane's 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 Jane's Aesthetics, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The service's vision was to provide treatments in a safe manner and ensure patient safety. Information about the service's vision should be shared with patients.	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures set out the way the service would deliver safe care, including managing complaints. The service kept up to date with current best practice through training and development. Medicines governance processes, including obtaining informed consent from patients, must be followed. Botulinum toxin should be administered according to the manufacturer's guidance. Risk assessments and a risk register would help to manage and reduce risks in the service. A regular programme of audits should be introduced to help the service continually improve. A quality improvement plan should be implemented.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The clinic environment and equipment were clean and well maintained, with good infection control measures in place. Patients were very positive about their experience. Several areas for improvement were needed with patient care record keeping. This included documenting patients' GP, next of kin or emergency contact details, consent for taking and sharing photographs and for sharing information with patients' GPs and other healthcare professionals in an emergency, and the provision of aftercare.	✓ 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: Guidance for independent healthcare service providers – Healthcare Improvement Scotland

Further information about the Quality Assurance Framework can also be found on our website at: The quality assurance system and framework – Healthcare Improvement Scotland

What action we expect Jane Izat 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 three requirements and six recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should ensure that information about the service's vision is available to patients (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
1	The provider must ensure that when unlicensed medicines are used that good medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 15). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
2	The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This must include: - a comprehensive risk register, and - appropriate risk assessments to protect patients and staff (see page 16). Timescale – by 24 April 2025 *Regulation 13(2)(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
b	The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place (see page 16). 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 regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery (continued)	
Recommendations	
d	The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results	
Requirement	
3	The provider must ensure patients' GP, next of kin or emergency contact details and consent for sharing relevant information with the patient's GP and other healthcare professionals in an emergency are documented in the patient care record (see page 19). Timescale – immediate *Regulation 4(1)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
e	The service should record the provision of aftercare information in the patient care record (see page 19). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9
f	The service should record consent for taking and sharing photographs in the patient care record (see page 19). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
[Find an independent healthcare provider or service – Healthcare Improvement Scotland]

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

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

2 What we found during our inspection

Key Focus Area: Direction

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

Our findings

The service's vision was to provide treatments in a safe manner and ensure patient safety. Information about the service's vision should be shared with patients.

Clear vision and purpose

The service's vision was to provide treatments in a safe manner and ensure patient safety.

What needs to improve

While the service had a vision, this information was not readily available to patients in the service (recommendation a).

We discussed key performance indicators with the manager (practitioner). These would help the service identify and measure the effectiveness of the quality of the service provided. Example of key performance indicators could include:

- patient feedback
- patient return and non-return rates
- revenue growth, and
- social media engagement rate.

This information would help achieve the service's aim of continuously improving. We will follow this up at future inspections.

- No requirements.

Recommendation a

- The service should ensure that information about the service's vision is available to patients.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures set out the way the service would deliver safe care, including managing complaints. The service kept up to date with current best practice through training and development.

Medicines governance processes, including obtaining informed consent from patients, must be followed. Botulinum toxin should be administered according to the manufacturer's guidance. Risk assessments and a risk register would help to manage and reduce risks in the service. A regular programme of audits should be introduced to help the service continually improve. A quality improvement plan should be implemented.

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

Key information about the treatments offered, including risks and benefits, was available in the service's treatment room.

The service had a patient participation policy and patients could provide verbal feedback at any time during treatment.

What needs to improve

The service had recently introduced a more structured approach to gathering patient feedback. This included asking all patients to complete a feedback questionnaire following treatment. However, the impact of this engagement with patients had not been measured at the time of our inspection. We will follow this up at future inspections.

- No requirements.
- No recommendations.

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 manager (practitioner) recognised the importance of people's dignity and respect. All consultations were by appointment and only one patient was treated in the service at a time, maintaining confidentiality. Controlled access to the treatment room and screening of windows meant patients' privacy and dignity was not compromised.

All patients who responded to our online survey agreed they were treated with dignity and respect. Comments included:

- 'Always makes me feel supported and respected.'
- 'I was embarrassed to seek help but talking to (the practitioner] was effortless and there was no judgement.'

The manager (practitioner) was responsible for managing the servicing and maintenance of the building. This included electrical installation and portable appliance testing for electrical appliances and equipment to ensure they were safe to use. Appropriate fire safety equipment and signage was in place.

All patients had a face-to-face consultation to assess their suitability for treatment before a treatment plan was prepared or any treatment was administered. Patients were involved in planning their treatment. During their consultation appointment, discussions took place about the risks and benefits, costs and likely outcome of the desired treatment. Consent from patients was discussed and a consent form completed, which was signed by both the patient and practitioner. Patients were given time to consider treatment options and ask questions before agreeing to treatment. This helped to make sure patients had realistic expectations of the proposed treatment.

As part of their treatment plan, patients were invited to attend a follow-up appointment. This allowed the service to make sure patients were happy with the results and provide any additional treatment or advice. Patients were given the service's contact details in case of any complications.

All patients who responded to our online survey agreed they were involved in decisions about their care and treatment, and were given sufficient time to reflect on their treatment options before consenting to treatment. Comments included:

- 'Discussed treatment and options prior to treatment to enable best possible outcome.'
- '… always thoroughly explains all different types of treatments fully and allows me to choose which I would prefer.'
- '… provided all the info to allow me to make an informed decision.'

- ‘No pressure to start treatment.’
- ‘… allowed me time to make my decision and waited until I contacted her.’

Patient care records were kept in paper and electronic formats. Appropriate procedures were in place to make sure that information was held securely and to prevent unauthorised access. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

Safe management processes were in place for ordering, storing, prescribing and administering all medicines. All medicines were obtained from appropriately registered suppliers. Medicines were stored securely in a locked medical refrigerator. A system was in place to make sure medicines were being stored at the correct temperature.

Arrangements were in place to make sure that the manager (practitioner) could quickly support patients in the event of a medical emergency such as a complication or adverse reaction from treatment. This included a first aid kit and emergency medication. The manager (practitioner) had been trained to deliver basic life support in the event of a medical emergency.

The service kept a register of its policies and procedures. All were in date, and were reviewed and updated regularly to reflect current legislation and best practice. We saw that some of the policies in place included those for:

- health and safety
- infection prevention and control
- medicines management, and
- safeguarding (public protection).

The service’s complaints policy was available in the service, included up-to-date contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. We were told the complaints procedure was explained to patients during their consultation. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered in May 2022.

The service had a duty of candour policy in place. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. A yearly duty of candour report was available in the treatment room. The most recent report showed that no duty of candour incidents had occurred. A safeguarding (public protection) policy described the actions to take in case of an adult protection concern.

While the service had not had any incidents or accidents since registration, systems were in place to record any that may occur. The manager (practitioner) was aware of their responsibility to notify Healthcare Improvement Scotland of certain events in line with our notifications guidance, and relevant incidents under health and safety legislation.

The service is owned and managed by an experienced nurse practitioner and independent prescriber who is registered with the Nursing and Midwifery Council (NMC). The manager (practitioner) engaged in regular continuing professional development through the NMC registration and revalidation process. 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 NMC every 3 years.

There was a focus on continuous learning and improvement. The manager (practitioner) was currently completing an advanced nursing course. This course enables registered nurses to further their career by undertaking focused study on decision making, leadership and clinical knowledge, skills and attributes within specific areas of practice.

The service was a member of a variety of industry specific and national organisations. This included the British Association of Cosmetic Nurses (BACN), the Association of Scottish Aesthetic Practitioners and the Aesthetic Complications Expert (ACE) Group. These groups provide support if complications arise after a patient's treatment, and provide learning opportunities, support and advice for its members.

The service subscribed to aesthetics journals and forums, and attended training days provided by pharmaceutical companies. This helped the service keep up to date with current product knowledge, techniques and best practice.

- No requirements.
- No recommendations.

Planning for quality

The manager (practitioner) had informal support networks with other aesthetic practitioners. These helped to provide peer support, advice and best practice and an opportunity to discuss any treatments, procedures or complications.

If the clinic became unavailable for use for any reason, we were told that patients would be notified and referred to a suitable alternative local service.

What needs to improve

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 outwith its Summary of Product Characteristics and is therefore termed as unlicensed use. However, there was no evidence in the patient care records 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 was administered (requirement 1).

The service had not carried out any risk assessments and did not have a risk register. The development of a risk register would help to record details of all risks in one place and their potential impact. A risk register would also help to make sure risks were regularly reviewed and updated with appropriate processes in place to help manage any risks identified (requirement 2).

The service used botulinum toxin vials for single patient use that were then kept for up to 2 weeks for the patient's follow-up appointment. This is not in line with the manufacturer's or best practice guidance (recommendation b).

We found no evidence of audits taking place to review the safe delivery and quality of service. For example, audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation c).

There was no quality improvement plan in place. This would help to structure and record service improvement processes and outcomes, and allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation d).

Requirement 1 – Timescale: immediate

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

Requirement 2 – Timescale: by 24 April 2025

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This must include:
  - a comprehensive risk register, and
  - appropriate risk assessments to protect patients and staff.

Recommendation b

- The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

Recommendation c

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

Recommendation d

- 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 clinic environment and equipment were clean and well maintained, with good infection control measures in place. Patients were very positive about their experience.

Several areas for improvement were needed with patient care record keeping. This included documenting patients' GP, next of kin or emergency contact details, consent for taking and sharing photographs and for sharing information with patients' GPs and other healthcare professionals in an emergency, and the provision of aftercare.

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 limited self-evaluation before the inspection.

The clinic environment and equipment were clean, well maintained and in a good state of repair. The correct cleaning products were used in line with national guidance, for example chlorine-based cleaning products for sanitary fixtures and fittings.

We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of alcohol-based hand rub and appropriate personal protective equipment (such as disposable gloves and aprons) were available. Posters in the treatment room provided guidance on the correct hand washing procedure.

All patients who responded to our online survey were satisfied with the facilities and equipment in the service. Comments included:

- ‘Treatment room was perfect, very clean and professional.’
- ‘Excellent facilities, very welcoming.’

We reviewed five patient care records and saw that assessments and consultations were carried out before treatment started. These included taking a full medical history, with details of any health conditions, pregnancy, medications, allergies and previous treatments to help plan care and treatment according to individual need. Risks and benefits of the treatment were explained. A consent to treatment form was completed for all new and returning patients. All entries in the patient care records were legible, signed and dated.

For aesthetic procedures, treatment plans included facial mapping with a description of the treatment and diagram of the areas treated, including dosage, batch numbers and expiry dates of the medicines used. This would allow tracking if any issues arose with the medications used. We were told that patients were given verbal and written aftercare advice at the time of treatment.

Feedback from our online survey was very positive about the experience patients had at the service. Comments included:

- ‘Would highly recommend.’
- ‘… was extremely diligent and always checking in post consultation. Would not hesitate to use again.’
- ‘Always very professional and informative, safe practice.’

What needs to improve

Some patient care records we reviewed were inconsistently completed. Patients’ GP, next of kin or emergency contact details and consent for sharing relevant information with the patient’s GP and other healthcare professionals in an emergency was not always recorded (requirement 3).

The provision of aftercare information was not documented in patient care records. This would allow more detailed recording of all patient care provided (recommendation e).

Consent for taking and sharing patient’s photographs was not documented in patient care records (recommendation f).

Requirement 3 – Timescale: immediate

- The provider must ensure patients' GP, next of kin or emergency contact details and consent for sharing relevant information with the patient's GP and other healthcare professionals in an emergency are documented in the patient care record.

Recommendation e

- The service should record the provision of aftercare information in the patient care record.

Recommendation f

- The service should record consent for taking and sharing photographs in the patient care record.

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: [The quality assurance system and framework – Healthcare Improvement Scotland]

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

Email: his.ihcregulation@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

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