

Announced Inspection Report: Independent Healthcare

Service: Estheva Limited, Stirling

Service Provider: Estheva Limited

31 January 2023

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

© Healthcare Improvement Scotland 2023

First published March 2023

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

www.healthcareimprovementscotland.org

Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
<hr/>		
	Appendix 1 – Requirements and recommendations	19
	Appendix 2 – About our inspections	20
<hr/>		

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 Estheva Limited on Tuesday 31 January 2023. We spoke with the owner and manager of the service during the inspection. We received feedback from 18 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 and one inspector observing.

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 comprehensive self-evaluation.

What we found and inspection grades awarded

For Estheva Limited, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients were very complimentary about the service and felt able to make informed decisions about their treatment. Patient feedback was gathered and reviewed regularly to help continually improve the service. Clear procedures were in place for managing complaints. Key policies were in place to help ensure patients were treated with dignity and respect.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The clinic was clean and well maintained. Appropriate risk management and safety assurance processes were in place, including risk assessments and patient safety policies such as infection prevention and control, and medicines management. An audit programme helped to make sure that care and treatment was in line with best practice guidelines.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service stayed up to date with advances in the sector through its membership of peer and professional groups. A quality improvement process helped to continually evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.	✓✓ Good

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Comprehensive patient assessments were carried out before a detailed treatment plan was agreed and consented. Patient care records were clear and comprehensive. Patients were well informed about their treatments.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Staff had been safely recruited and appropriate ongoing annual checks were carried out. Training and development opportunities were available for staff.

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 Estheva Limited to take after our inspection

This inspection resulted in no requirements or recommendations.

We would like to thank all staff at Estheva Limited for their assistance during the inspection.

2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Patients were very complimentary about the service and felt able to make informed decisions about their treatment. Patient feedback was gathered and reviewed regularly to help continually improve the service. Clear procedures were in place for managing complaints. Key policies were in place to help ensure patients were treated with dignity and respect.

After making a booking, we saw that patients were emailed detailed information about the requested treatments. This also included an aesthetic interest questionnaire and a medical history form. This information was then discussed during the consultation process to help patients make an informed decision before going forward with any treatment. Discussions also included risks, side effects and expected outcomes of treatment as well as aftercare. After the consultation, patients were emailed a copy of their treatment plan covering everything that had been discussed and consented to during the appointment.

Information about services and treatments available were clearly displayed on the service's website including:

- costs
- duration of treatment
- pain and pain relief
- side effects
- duration of results, and
- recovery time.

Information leaflets were also available in the clinic. Results from our online survey showed that patients felt fully informed and involved in decisions about their treatment. Comments included:

- 'A great deal of time, care and attention was given in the explanation and options available.'
- 'Went over everything from start to finish.'
- 'Staff were ... clear in their explanation and answered all my questions throughout the course of treatment.'

We saw that all feedback received from patients verbally, from social media reviews and from a suggestions box in the clinic was positive. All patient feedback was documented and reviewed monthly. We saw an example of a patient's suggestion for a treatment that was not currently offered by the service. This was added to the service's quality improvement plan for further consideration and discussion by staff, and the new treatment was then made available. Changes made as a result of patient feedback were shared on social media.

A complaints policy detailed the process for managing a complaint and provided information on how a patient can make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. Contact details for patients to make a complaint were available on the service's website and displayed in the clinic.

A complaints log was used to record the details of any complaints, the resolution and any subsequent actions taken by the service. For example, as a result of a complaint, an additional question relating to patients' medical history was now being asked and documented during the consultation process. The service was also a member of the Cosmetic Redress Scheme who can provide support to the service to achieve complaint resolution.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). An annual duty of candour report had been produced and published on the service's website. The service had not had any instances requiring the need to implement duty of candour principles. All staff had completed duty of candour training.

The service also had a chaperone policy, and a dignity and respect policy. Ultrasound appointments were well spaced so that only one family were in the reception area at a time. There was also an exit, separate to the main clinic, which patients could use in the event of bad news. The service could access a

British sign language interpreter and foreign language interpreters, if required. In response to our online survey, all patients said they were treated with dignity and respect. Comments included:

- 'I was listened to very well and respected, made to feel comfortable.'
- 'Staff always took time to ensure I was comfortable and aware of what was going on.'

A safeguarding (public protection) policy, which included the local safeguarding contact, ensured a clear protocol was in place to respond to any adult or child protection concerns.

What needs to improve

We saw that a structured patient feedback questionnaire had been developed to further evaluate the service and help identify any areas for improvement. We will follow up progress with this at future inspections.

- No requirements.
- No recommendations.

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 clinic was clean and well maintained. Appropriate risk management and safety assurance processes were in place, including risk assessments and patient safety policies such as infection prevention and control, and medicines management. An audit programme helped to make sure that care and treatment was in line with best practice guidelines.

The clinic environment was modern, clean and well equipped. Equipment was in good condition and maintenance contracts in place, where appropriate. Appropriate insurances were in-date, such as public and employer liability insurance.

An infection prevention and control policy and effective measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment (such as disposable aprons, gloves and face masks) and alcohol-based hand gel. An appropriate waste management contract was in place and sharps were well managed in the service, including sharps provided to patients for home administration of treatment.

Cleaning of the treatment rooms and equipment was carried out between patient appointments, as well as a full clean of the clinic every day. Completed and up-to-date cleaning schedules were in place, as well as regular audits to check the standard of cleaning in the service. The correct cleaning products were used in line with national guidance, for example for cleaning clinical hand wash basins and any blood contamination.

Patient comments from our online survey on the cleanliness of the clinic included:

- 'Very strict hygiene evident.'
- 'Premises immaculate.'

A medicines management policy and protocols helped to make sure medicines were managed safely and effectively. The service had three registered prescribers. Patient care records we reviewed showed batch numbers and expiry dates of medicines used during treatment were being recorded, in line with best practice. This would allow tracking if any issues arose with the medications used. Medicines were stored in a suitable locked pharmacy fridge, and the fridge temperature was monitored to make sure medicines were being stored at the appropriate temperature. A stock control system for medicines and other treatment products ensured all items were within the expiry and best before dates.

The service was registered with the Medicines and Healthcare products Regulatory Agency (MHRA) to receive national safety information on medicines and medical devices.

Emergency medicines were easily accessible and emergency procedure posters included protocols for the management of aesthetics complications such as anaphylaxis and vascular occlusion (blockage of a blood vessel). The service had access to a defibrillator in case of a cardiac arrest. As a member of aesthetic professional organisations, the service could access additional support if a complication occurred from cosmetic treatments. Patients received information on what to do in the event of an emergency, and this information was also available in a patient support section of the service's website. Patients had access to a manned out-of-hours emergency contact number. Ultrasound patients were provided with the contact details of their local NHS midwifery team.

The range of patient safety policies were reviewed regularly. We saw that all staff signed to say they had read and understood the policies.

A fire safety contractor completed a fire risk assessment every year and we saw that improvement actions had been taken as a result of the most recent assessment. Fire safety signage was displayed, fire safety equipment was in place and this was serviced every year. Electrical equipment had been tested, and safety certificates were in place for the gas boiler and fixed electrical wiring.

The service was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland, as detailed in our notifications guidance.

A number of processes had been implemented to ensure the safe delivery of care. This included a clinical governance policy and risk assessments to effectively reduce any risks as far as possible. A system was in place for recording accidents or incidents. A programme of monthly audits took place, including auditing patient care records, infection prevention and control, medicines management, the clinic environment and equipment. Staff took turns to carry out the audits so that all were aware of the expected standards required in the service.

All patients who responded to our survey said they felt safe and had confidence in the service.

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out before a detailed treatment plan was agreed and consented. Patient care records were clear and comprehensive. Patients were well informed about their treatments.

A full assessment and consultation was carried out with patients before any treatment took place. Patients were fully informed to make sure they had realistic expectations of their proposed treatment plan. Treatment would not proceed if patients had unrealistic expectations, if the treatment was unnecessary or if a clinical risk was indicated. The treatment plan was emailed to patients following their consultation. There was also evidence of review of the treatment plans after a period of time, at the request of the patient or to improve outcomes.

Patients had a face-to-face consultation before attending for their treatment appointment, giving them a cooling-off period and time to consider the information they had received. We reviewed four patient care records and saw that patients were fully informed before they consented to treatment. Patients said they received adequate information on the procedure, risks and benefits and expected outcome.

Consents obtained also included:

- sharing of information with other healthcare professionals
- the taking and storing of digital images for clinical records, and
- the taking of digital images for marketing purposes.

Patient care records were fully completed. Details of treatments, including any medicines used, as well as 'before and after' photographs were recorded. An appropriate medical history was taken for the treatments being undertaken. The service had produced a body dysmorphia questionnaire to be used as part of the aesthetic consultation process. This is a mental health condition where a person spends a lot of time worrying about flaws in their appearance. We were told the questionnaire would be implemented once all staff had received training on its use.

All patients were provided with verbal and written aftercare information, instructions of what to do in an emergency and were offered a review appointment to check they were satisfied with the results of their treatment, where appropriate. A patient support document was emailed to patients following their appointment. This provided information about what to do if they had an adverse reaction to a treatment, the service's complaints procedure and how to request their medical records. Patients who responded to our online survey said:

- 'I was given ... plenty of aftercare and skincare information and advice.'
- 'I had a follow up call asking how my skin was after my treatment.'
- 'Got an aftercare email.'

Ultrasound patients received images direct to their mobile phones following their scan appointment. They were also provided with details of the sonographer that scanned them and the contact numbers for the local maternity triage departments. In the event a potential anomaly was identified in the scan that needed further investigation, pathways were in place to refer patients back to the NHS for further investigation.

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Any paper records were stored securely.

- No requirements.
- No recommendations.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Staff had been safely recruited and appropriate ongoing annual checks were carried out. Training and development opportunities were available for staff.

Policies were in place for recruitment, training and granting practicing privileges (staff not employed directly by the provider but given permission to work in the service).

We reviewed four staff files of employed staff members and those working under a practicing privileges agreement. The staff files showed that all had been safely recruited, and that relevant pre-employment checks were completed before they started working in the service. This included:

- references
- qualifications
- a risk-based Disclosure Scotland background check, and
- a fitness to practice check for healthcare practitioners.

Each staff file had a checklist to help make sure that appropriate ongoing annual checks had been carried out.

Induction training was provided and staff had opportunities for ongoing training and development. Clinical and non-clinical staff training plans were in place. Staff were encouraged to attend training and conferences. Six-monthly appraisals were carried out for employed staff where performance and personal development objectives were discussed and agreed.

We saw that staff risk assessments had been carried out where required, such as for pregnancy and COVID-19.

Patients who responded to our survey said they had confidence in the staff:

- 'Staff explained their qualifications and were clearly very knowledgeable and competent professionals.'
- 'Absolutely confident in the staff at Estheva.'
- 'I feel reassured that the staff are practicing registered nurses.'

What needs to improve

Appraisals for staff working under a practicing privileges agreement had not taken place. However, this had already been identified as an area for improvement by the service and the appraisals had been scheduled. We will follow this up at the next inspection.

- No requirements.
- No recommendations.

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 service stayed up to date with advances in the sector through its membership of peer and professional groups. A quality improvement process helped to continually evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.

The service used membership of peer and professional groups to keep up to date with changes in best practice and legislation. The service and its staff were members of the Aesthetic Complications Expert (ACE) Group, Complications in Medical Aesthetic Collaborative (CMAC) and the British Association of Cosmetic Nurses (BACN). These groups of practitioners provide guidance and support to help prevent complications in cosmetic treatments.

The service is also an accredited practitioner of Save Face, a national register for people who provide non-surgical cosmetic treatments which is accredited by the Professional Standards Authority.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. A quality improvement plan, which included short-term and long-term actions, helped the service to demonstrate a culture of continuous improvement. We saw documented evidence of areas for improvement being added to the quality improvement plan from audit findings, patient feedback, complaints and enquiries. The quality improvement plan was discussed at team meetings and also displayed in the staff room for all staff to access.

New treatments were offered in the service after research and a trial period. For example, enquiries had been received for a treatment that was not currently offered at the service. As a result, this was added to the quality improvement plan to be taken forward. The service offered the treatment for a limited period

of time, and feedback was collated from patients during and immediately after the treatments. The next planned stage was to request further feedback to assess the treatment outcomes and then decide whether to offer the new treatment on a permanent basis.

We were told that daily informal huddles took place to discuss that day's appointments. We saw documented minutes of team meetings held every 3 months. Minutes were emailed to any team members who were unable to attend. The meetings were used to discuss current treatments and products to compare treatment outcomes and clinical governance matters. Team members were encouraged to bring suggestions forward for ways to continue to improve the service.

We were told the service regularly compared itself to other services to see if any good practice, or further improvements or lessons learned, could be introduced. This was done by reviewing similar services through methods such as:

- reading Healthcare Improvement Scotland inspection reports from similar services
- looking at websites and social media of other clinics, and
- comparing to other services that some of the staff work in.

The electronic booking system was used to generate reports to analyse aspects of the service such as:

- the demand for treatments offered
- new clients, and
- returning clients.

A detailed contingency plan was in place in case of events that may cause an emergency closure of the clinic. The plan included an agreement with a local aesthetics service where patients could continue their treatment plan.

The manager, together with the manager of another service, had set up a support group to enable local aesthetics services to share information and learning between them.

We saw evidence of links with other local community businesses. For example, families attending for an ultrasound were given an information pack that included leaflets with discounts to local services such as baby photographers, parenting and hypnobirthing classes.

The quality improvement plan also included a plan to provide more information on the service's website to signpost families to support groups such as for pregnancy loss.

What needs to improve

An exit questionnaire had recently been developed to obtain the views of any team member who decided to leave the service. However, no staff survey was conducted to gather anonymous views from current staff on working in the service and to share any areas for improvement. This had already been identified by the service and was included as an action to be taken forward on the service's quality improvement plan. We will follow this up at future inspections.

- No requirements.
- No recommendations.

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.

This inspection resulted in no requirements and no recommendations.

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

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

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

0131 623 4300

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

0141 225 6999

www.healthcareimprovementscotland.org