

Announced Inspection Report: Independent Healthcare

Service: Argyll Aesthetics, Oban

Service Provider: Shirley MacNeil

24 January 2023

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
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	Appendix 1 – Requirements and recommendations	18
	Appendix 2 – About our inspections	22
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Argyll Aesthetics on Tuesday 24 January 2023. We spoke with the owner who is also the sole practitioner for the service during the inspection. We received feedback from 13 patients through an online survey we had asked the service to issue for us before the inspection.

This was our first inspection to this service.

The inspection team was made up of one inspector.

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

What we found and inspection grades awarded

For Argyll Aesthetics, 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 positive about the quality of their care and treatment. Patients were fully informed about treatment options before agreeing to treatment. A formal approach to gathering feedback from patients should be introduced. Information about how to make a complaint should be easily accessible to patients.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The clinic was clean and well maintained. Audits, risk assessments, accident and incident reporting systems should be formalised. The clinical waste contract must be updated for the safe disposal of Botulinum toxin and this medicine should be used in line with manufacturer's guidance.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with current best practice through training and development. A quality improvement plan should be developed to formalise quality assurance systems and demonstrate a culture of continuous quality improvement.	✓ Satisfactory

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

Additional quality indicators inspected (ungraded)	
Quality indicator	Summary findings
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.2 - Assessment and management of people experiencing care	Patients were fully assessed and their consent to treatment was obtained. Patients were involved in decisions about their care. Risks and benefits had been explained to patients before treatment. Patient care records should include the patients' next of kin or emergency contact. Consent to share information with the patients GP or other healthcare professional should be included as part of the consent process.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	The service had a practicing privileges policy in place and the prescriber had a contract. While most pre-employment checks had been carried out, a Disclosure Scotland background check had not been completed.

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 Shirley MacNeil to take after our inspection

This inspection resulted in two requirements and nine recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

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

We would like to thank all staff at Argyll Aesthetics 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 positive about the quality of their care and treatment. Patients were fully informed about treatment options before agreeing to treatment. A formal approach to gathering feedback from patients should be introduced. Information about how to make a complaint should be easily accessible to patients.

The service received feedback from patients about their care and treatment verbally, through website reviews, social media or email. We saw that feedback was positive and we received similar comments from 13 patients who completed our survey before the inspection. Patients told us they had been treated with dignity and respect. They also told us they felt fully informed and involved in all decisions around their treatment. Comments included:

- 'Treated very well with dignity and respect.'
- 'The practitioner talks you through everything.'
- 'Talks through everything and makes sure you understand and encourages you to ask questions. The consultations are done in a private room.'

The service made sure that patients' privacy, dignity and confidentiality was maintained. All consultations and treatments were appointment-only and one patient was treated at a time. Access to the service was from a controlled door-entry system and the treatment room door was lockable. This maintained patient privacy and dignity in line with its privacy and dignity policy.

Patients could contact the service using social media, email or telephone to make an appointment or ask about treatments. The service's website provided information about available treatments and costs. An initial consultation with

the practitioner allowed prospective patients to discuss suitable treatment options and their expectations from treatment. Patients told us they could take as much time as they needed before agreeing to their treatment.

A complaints policy was available to patients on request and included contact details for Healthcare Improvement Scotland. The service had not received any complaints since it was registered with Healthcare Improvement Scotland in December 2020. A duty of candour procedure set out how the service would meet its professional responsibility to be honest with patients if something went wrong. We were told the service had not had any instances that required it to implement duty of candour principles.

What needs to improve

The service's participation policy described how patient feedback would be gathered and used to improve the service. This included asking patients to complete a patient experience questionnaire about their care and treatment. However, this questionnaire had not been introduced (recommendation a).

The complaints policy was not displayed in the service or on its website. While we were told the practitioner discussed the complaints process with patients, this was not documented in the patient care records we reviewed (recommendation b).

Recommendation a

- The service should ensure it gathers patient feedback in line with its participation policy.

Recommendation b

- The service should ensure that its complaints policy is easily accessible to patients in the clinic and on its website.

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. Audits, risk assessments, accident and incident reporting systems should be formalised. The clinical waste contract must be updated for the safe disposal of Botulinum toxin and this medicine should be used in line with manufacturer's guidance.

Patients were cared for in a clean and safe environment. Equipment was in a good state of repair and maintenance contracts were in place for heating, portable appliances and fire safety equipment. Patients told us the clinic environment was very clean and the treatment room welcoming and comfortable. Patients also stated the practitioner always washed their hands and wore personal protective equipment (PPE), such as a mask, gloves and an apron before they received any treatment.

The service followed national infection prevention and control standards to reduce the risk of infection for patients. The treatment room was cleaned before and after each clinic session, as well as between patient appointments. Cleaning products and equipment used were in line with standard infection prevention and control precautions. Single-use medical devices, such as syringes and needles were used for treatments to reduce the risk of cross infection. Anti-bacterial handwash and disposable hand towels were used to promote good hand hygiene. The service's infection prevention and control policy was in line with national guidance.

A safe system was in place for procuring, prescribing, storing and recording medicines. Temperature-sensitive medicines were stored in a lockable fridge with a built-in thermometer. We saw that fridge temperatures were checked and recorded daily and maintained at the correct temperature.

A prescriber was registered with the General Dental Council and based in the central belt of Glasgow. They attended the clinic for 3–4 days at a time every month to carry out physical face-to-face consultations with patients requesting prescription-only injectable cosmetic treatments, such as Botulinum toxin.

The service had recently reviewed the arrangements for administering non-prescription injectable cosmetic treatments, such as dermal fillers. We were told the prescriber would stay on-site while the practitioner carried out these treatments. They also stayed on-site for a short time afterwards in case they had to quickly respond to any medical emergencies, such as a complication or adverse reaction.

The batch numbers and expiry dates for treatments used was documented in all patient care records we reviewed. This would help the service to respond to any medicine alerts or adverse events. The fridge and the medicine cupboard were clean, tidy and not overstocked. We found all items in stock were in-date. The service used an MHRA-registered pharmacy supplier.

The service reviewed its policies every 2 years or in response to legislation changes. The practitioner described the procedures for reporting adults at risk of harm or abuse in line with adult support and protection legislation and the service's safeguarding policy.

What needs to improve

The service had a clinical waste contract in place for the safe removal and disposal of clinical waste. However, this did not include the correct European waste category code (EWC 18-01-08) for the segregation and disposal of Botulinum toxin. This medicine is categorised as cytostatic and hazardous under waste legislation (requirement 1).

The service had not experienced any reported accidents since it was first registered. However, a system for recording accidents, incidents and lessons learned had not been developed (recommendation c).

We were told the service continually audited the safety and cleanliness of the environment, as well as regularly auditing the expiry dates of medicines and treatments. However, we saw no evidence of an audit programme to record findings or the resulting actions taken to address and improve any issues identified. As a minimum, audits should include oversight of infection control practice, such as:

- hand hygiene
- medicines management (including prescribing arrangements), and
- patient care records (recommendation d).

The service was able to describe how it managed environmental and clinical risks in the service. However, we saw limited evidence of risk assessments used to record and monitor actions taken to reduce risk in the service (recommendation e).

Botulinum toxin reconstituted (restored from a dry substance to a fluid for injection) on the day a patient presented for treatment was not always disposed of in line with manufacturer's guidance. The manufacturer will only assure the physical and chemical stability of the medicine for 24 hours if stored in a fridge, after which it should be discarded (recommendation f).

Requirement 1– Timescale: immediate

- The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with the European Waste Category (EWC) 18-01-08, to ensure it complies with appropriate waste legislation.

Recommendation c

- The service should develop an accident, incident and lessons learned recording system.

Recommendation d

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

Recommendation e

- The service should formally document all risk assessments carried out and demonstrate the actions taken to reduce risks.

Recommendation f

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

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients were fully assessed and their consent to treatment was obtained. Patients were involved in decisions about their care. Risks and benefits had been explained to patients before treatment. Patient care records should include the patients' next of kin or emergency contact. Consent to share information with the patients GP or other healthcare professional should be included as part of the consent process.

Patients told us they felt well informed and had received enough information about the risks and benefits of treatments, treatment options and aftercare. Some comments we received from patients included:

- 'Very professional and very good at explaining everything you need to know about treatment.'
- 'Very professional and helpful with my treatment choices.'
- 'Plenty of time to reflect on treatment options before I decided to go ahead with it.'

From patient care records we reviewed, we saw that patients had an initial consultation and assessment with the practitioner to determine their suitability for treatment. The assessment considered:

- allergies
- any previous treatments
- medical history, and
- pre-existing medical conditions.

The practitioner also told us the first appointment was an opportunity to meet with patients to discuss:

- expectations from treatment
- possible side-effects
- treatment options, and
- aftercare arrangements.

Patients were given written information to take away and a cooling-off period was encouraged before they committed to going ahead with treatment. Where prescription-only injectable treatments were recommended, the prescriber and the practitioner met the patient together in-person for a further consultation. During this meeting, the initial assessment was reviewed before the prescriber issued a prescription for treatment.

Patient care records were paper-based and stored securely in a locked filing cabinet. We reviewed five patient care records and saw that the consent-to-treatment process included information about the risks and benefits of treatment. Patients signed their initials to confirm they had read, understood and discussed these before treatment with the practitioner. Consent for taking photographs was also obtained. The patient, practitioner and prescriber (where applicable) had signed the consent forms we reviewed. Each patient care record included a facial map which documented where medicines had been injected and the amount of medicine administered.

We saw that patients received verbal and written aftercare instructions after their treatment. We saw a copy of the aftercare information given to patients. This included an out-of-hours contact telephone number for the practitioner.

What needs to improve

In the patient care records we reviewed, the patients' next of kin or an emergency contact was not consistently recorded (recommendation g).

Consent to share information with the patient's GP or other healthcare professionals was not included in the service's consent process (recommendation h).

- No requirements.

Recommendation g

- The service should ensure that patient care records include the patients' next of kin or emergency contact information for the patient.

Recommendation h

- The service should update its consent process and forms to include consent to share information with the patient's GP or other healthcare professionals.

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

The service had a practicing privileges policy in place and the prescriber had a contract. While most pre-employment checks had been carried out, a Disclosure Scotland background check had not been completed.

The service employed a prescriber under a practicing privileges (staff not employed directly by the provider but given permission to work in the service) arrangement in line with its practicing privileges policy.

When we reviewed the recruitment file for the prescriber, we saw evidence of a contract and pre-employment background checks, such as:

- evidence of PVG membership
- references, and
- yearly professional registration checks.

We also saw copies of training certificates and insurance stored in the recruitment file.

We were told the practitioner and the prescriber had a good working relationship. We were told they met regularly to plan clinics so the prescriber could assess and prescribe for patients requesting prescription-only injectable cosmetic treatments.

What needs to improve

We saw no evidence of a Disclosure Scotland background check carried out for the prescriber before they started working in the service (requirement 2).

Requirement 2– Timescale: immediate

- The provider must ensure that it follows guidelines on safer recruitment. This must include carrying out the relevant Disclosure Scotland background check for staff employed in the service. This includes staff with practicing privileges.

- 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 kept up to date with current best practice through training and development. A quality improvement plan should be developed to formalise quality assurance systems and demonstrate a culture of continuous quality improvement.

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

The practitioner told us they attended regular training in-person or through online learning platforms. We saw the practitioner refreshed their skills and knowledge in mandatory life support and adult support and protection training every year.

The service belonged to industry-specific groups, such as The British Association of Cosmetic Nurses (BACN), the Aesthetic Complications Expert (ACE) group and subscribed to aesthetic journals. It also participated in forums with other aesthetic practitioners to share information. The practitioner attended industry-specific conferences to keep up to date with changes in aesthetic practice and legislation. We were told the prescriber provided a valuable support network for the practitioner to reflect on practice, review treatments and patient outcomes. This helped make sure the service delivered safe and effective treatments supported by evidence-based research and best practice.

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

- ‘The practitioner is very knowledgeable and puts me at ease. I have confidence in their training and ability to perform the procedures I elect to have.’
- ‘Very professional service and an absolutely lovely attitude.’

We were told the practitioner was considering a range of ways to support improvements in the service. For example, we saw the practitioner had applied to enroll on the nurse prescribing course in 2023. Discussions had taken place between the practitioner and the prescriber to formalise and validate clinical audits to support clinical governance.

What needs to improve

In its self-evaluation document, the service acknowledged the need to introduce a formal approach to quality improvement. A quality improvement plan would help structure improvement initiatives, record outcomes and measure the impact of service change. This would allow the service to demonstrate a culture of continuous quality improvement (recommendation i).

- No requirements.

Recommendation i

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

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
a	<p>The service should ensure it gathers patient feedback in line with its participation policy (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
b	<p>The service should ensure that its complaints policy is easily accessible to patients in the clinic and on its website (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

Requirement

- 1** The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with the European Waste Category (EWC) 18-01-08, to ensure it complies with appropriate waste legislation (see page 11).

Timescale – immediate

Regulation 3(d)(iii)

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

Recommendations

- c** The service should implement an accident and incident log book (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

- d** The service should formalise audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented (see page 11).

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

- e** The service should formally document all risk assessments carried out and demonstrate the actions taken to reduce risks (see page 11).

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

- f** The service should ensure Botulinum toxin is used in line with the manufacturer's guidance and update its medicines management policy to accurately reflect the processes in place (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

- g** The service should ensure that patient care records include the patients' next of kin or emergency contact information for the patient (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- h** The service should update its consent process and forms to include consent to share information with the patient's GP or other healthcare professionals (see page 13).

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

Domain 7 – Workforce management and support

Requirement

- 2** The provider must ensure that it follows guidelines on safer recruitment. This must include carrying out relevant Disclosure Scotland background checks for staff employed in the service. This includes staff with practicing privileges (see page 14).

Timescale – immediate

Regulation 9

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

Recommendations

None

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
i	<p>The service should develop and implement a quality improvement plan, to inform and direct service improvement (see page 17).</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>

Appendix 2 – About our inspections

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

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

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

Before inspections

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

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



Before

During inspections

We use inspection tools to help us assess the service.

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

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



During

After inspections

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

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

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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