

Announced Inspection Report: Independent Healthcare

Service: Aesthetica Stirling, Stirling

Service Provider: Jade Conway

28 September 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 November 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
----------	------------------------------------	----------

2	What we found during our inspection	9
----------	--	----------

	Appendix 1 – About our inspections	16
--	---	-----------

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 Aesthetica Stirling on Thursday 28 September 2023. We spoke with owner (practitioner). This was our first inspection to this service.

Based in Stirling, Aesthetica Stirling is independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Aesthetica Stirling, 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
We were told that the service's vision was to develop the service to provide patient-centred, high standard and evidence-based care. The service should document its aims and objectives. Discussions between the practitioner and independent prescriber should be recorded.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
An anonymous feedback box was available outside the treatment room. Clear procedures were in place for managing complaints. A participation policy should be developed. A duty of candour report should be completed yearly and published. A practicing privileges contract must be developed for the independent prescriber. A programme of risk assessments must be introduced. A regular audit programme and a quality improvement plan should be developed.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The environment was modern, clean and well equipped.		✓ 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 Jade Conway 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 two requirements and six recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should have a formal means of assessing and measuring the outcome of the objectives to ensure it was achieving its vision and purpose (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.7</p>
b	<p>The service should record a summary of discussions in meetings and any actions arising (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery	
Requirement	
1	<p>The provider must ensure that practicing privilege contracts are introduced, to ensure safe delivery of care with individual responsibility and accountability clearly identified (see page 13).</p> <p>Timescale – by 28 January 2024</p> <p><i>Regulation 12</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must develop effective systems that demonstrate the proactive management of risk (see page 14).</p> <p>Timescale – by 28 January 2024</p> <p><i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
c	<p>The service should develop a participation policy to document its approach to gathering and using patient feedback to drive improvement (see page 11).</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>
d	<p>The service should publish an annual duty of candour report so that any information about duty of candour incidents are available for their patients (see page 13).</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>
e	<p>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 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery (continued)

- f** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 14).

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

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

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

We would like to thank all staff at Aesthetica Stirling 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
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

We were told that the service's vision was to develop the service to provide patient-centred, high standard and evidence-based care. The service should document its aims and objectives. Discussions between the practitioner and independent prescriber should be recorded.

Clear vision and purpose

We were told that the service's vision was to develop the service and provide patient-centred care. The owner (practitioner) would achieve this through treatment planning with the patients, attending aesthetic training courses and benchmarking the service with peer clinics to review and reflect on treatments.

The service did not use social media, we discussed displaying its vision, aims and objectives in the clinic. We will review this at the next inspection.

What needs to improve

From speaking with the practitioner, we found that the service had a clear vision, along with aims and objectives. However, the service did not have a formal means of assessing and measuring the outcome of the objectives to make sure it was achieving its vision and purpose (recommendation a).

- No requirements

Recommendation a

- The service should have a formal means of assessing and measuring the outcome of the objectives to ensure it was achieving its vision and purpose.

Leadership and culture

The service is staffed with the owner (practitioner). An independent prescriber worked along with the practitioner under practicing privileges. Practicing privileges is where staff are not employed directly by the provider but given

permission to work in the service. The independent prescriber prescribed prescription-only medications, such as anti-wrinkle injections and dermal fillers.

The practitioner is registered with the General Dental Council and the independent prescriber is registered with the Nursing and Midwifery Council.

While the service had not carried out any treatments since March 2021, we were told that the practitioner was in regular contact with the independent prescriber.

What needs to improve

We saw no formal records of discussions between the practitioner and the independent prescriber (recommendation b).

- No requirements

Recommendation b

- The service should record a summary of discussions in meetings and any actions arising.

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

An anonymous feedback box was available outside the treatment room. Clear procedures were in place for managing complaints. A participation policy should be developed. A duty of candour report should be completed yearly and published. A practicing privileges contract must be developed for the independent prescriber. A programme of risk assessments must be introduced. A regular audit programme and a quality improvement plan should be developed.

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

Patients could leave feedback in an anonymous feedback and suggestion box located in the service.

What needs to improve

Although the service had not treated any patients since its registration in March 2021, a participation policy should be in place. We discussed with the service the importance of having a structured approach to patient feedback. This should include how the service would:

- gather feedback
- review and analyse feedback received
- implement changes based on feedback to make improvements, and
- measure the impact of improvements made (recommendation c).

■ No requirements.

Recommendation c

- The service should develop a participation policy to document its approach to gathering and using patient feedback to drive improvement.

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.

A clear governance structure and policies set out the agreed ways of working and supported the service to deliver safe, compassionate, person-centred care. We saw systems and processes in place for:

- complaints
- duty of candour
- emergency arrangements
- infection control
- information management, and
- safeguarding.

An infection prevention and control policy was in place and the service had a good awareness infection prevention and control practices. The correct cleaning products were used to clean equipment. We saw that cleaning schedules were in place.

Maintenance contracts were up to date. We saw that the service had clinical and domestic waste bins and a clinical waste contract in place.

An incident and accident book was available to record all accidents and incidents. The service manager was aware of the notification process to Healthcare Improvement Scotland (HIS).

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. The complaints procedure was displayed in the clinic.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. The service had a duty of candour policy in place.

While the service had not administered or prescribed any medications at time of the inspection, we saw a medication management policy in place. The temperature of the medicine fridge was monitored and recorded daily.

Arrangements were in place to deal with medical emergencies. This included a policy for dealing with emergencies, with attached algorithms and first aid supplies.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). We saw that the service had a password-protected electronic system in place to store patient care records. This protects confidential patient information in line with the service's information management policy.

The owner (practitioner) had recently complete a course on micro-needling and had planned dates to attend refresher training in anti-wrinkle injections and dermal filler.

What needs to improve

The service did not have a practicing privileges contract in place with the independent prescriber. Although the independent prescriber had not prescribed any medications for the service, a practicing privileges contract, setting out the responsibilities and expectations between the service and the prescriber must be in place (requirement 1).

While a duty of candour policy was in place, the service had not published a yearly duty of candour report (recommendation d).

Requirement 1 – Timescale: by 28 January 2024

- The provider must ensure that practicing privilege contracts are introduced, to ensure safe delivery of care with individual responsibility and accountability clearly identified

Recommendation d

- The service should publish an annual duty of candour report so that any information about duty of candour incidents are available for their patients.

Planning for quality

A clear system was in place to record and manage accident and incident reporting.

In the event that the service was unable to operate, we were told that the patients would be referred to another service.

What needs to improve

We saw no evidence of a proactive risk assessment and management process, such as a risk register and risk assessments. This would help to make sure care and treatment was delivered safely through identifying and reducing any risks to patients (requirement 2).

We found no evidence of completed audits to review the safe delivery and quality of the service. An audit programme would help the service demonstrate how it identified and implemented improvements (recommendation e).

The service did not have a formal quality improvement plan in place. A formal quality improvement plan would help the service to structure and record its improvement processes. This could include outcomes identified from:

- accidents and incidents
- audits
- complaints
- education and training events, and
- patient feedback (recommendation f).

Requirement 2 – Timescale: by 28 January 2024

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

Recommendation e

- 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 f

- 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
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment was modern, clean and well equipped.

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.

The clinic environment was clean, well maintained and of a high standard. We were told only single-use equipment would be used.

The owner (practitioner) knew which products to use to clean the general environment and sanitary fittings, including sinks and reusable equipment.

A medication fridge was in place, which was clean and in working order. The service had a temperature-recording logbook, where fridge temperature was recorded daily. We saw that this had been completed and was up to date.

- No requirements
- No recommendations.

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:

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.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