

Announced Inspection Report: Independent Healthcare

Service: Clarendon Aesthetics, Dundee

Service Provider: Kerry Donald

14 February 2023

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 26 February 2019

Recommendation

We recommend that the service should develop more detailed written information about the service which will help patients to make a more informed decision about their preferred treatment.

Action taken

The service had more detailed information about available treatments on its social media site. Patients who made enquiries were sent cost information electronically.

Recommendation

We recommend that the service should develop a risk assessment which includes relevant hazards and actions to minimise potential risks.

Action taken

The service had detailed policies and procedures in place identifying potential risks for patients. However, not all risks had been identified and assessed. This recommendation is reported in Quality Indicator 5.1 (see recommendation c and recommendation d).

Recommendation

We recommend that the service should complete annual appraisals with any member of staff employed in the service.

Action taken

The service carried out staff appraisals every year.

Recommendation

We recommend that the service should develop and implement a quality improvement plan.

Action taken

The service had started work on a quality improvement plan. However, this needed to be further developed. This recommendation is reported in Quality Indicator 9.4 (see recommendation h).

2 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 Clarendon Aesthetics on Tuesday 14 February 2023. We spoke with three members of staff during the inspection. We received feedback from 26 patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up 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 comprehensive self-evaluation.

What we found and inspection grades awarded

For Clarendon 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 satisfied with the quality of care received and were fully consulted before treatment was agreed. Feedback was gathered, reviewed and used to improve the service. A participation policy should be developed. Information about how to make a complaint should be easily accessible.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment and patient equipment was clean and well maintained. Staff had a good understanding of risk management principles, with detailed policies and procedures in place. Quality assurance processes included appropriate audits. Medicines were disposed of in line with guidance. An adult support and protection policy should be developed. An environmental risk assessment and risk register should be implemented. A yearly audit plan should be introduced.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with best practice guidance in a variety of ways. Peer networks also supported continuous learning. Formal staff meetings and meetings were recorded. The quality improvement plan should be further improved.	✓ Satisfactory

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	Patients had a full consultation and assessment before treatment. Consent to treatment, photography and sharing information with other healthcare professionals was obtained before treatment. Written and verbal aftercare information was provided. The service should document discussion of aftercare for all patients receiving treatments.

Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Systems and processes were in place to help make sure staff recruitment was safe and effective. Induction and appraisal programmes were in place. Staff were encouraged to identify and complete training. Pre-employment checks for all staff should be carried out and in place.

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 Clarendon Aesthetics to take after our inspection

This inspection resulted in one requirement and eight 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

Clarendon Aesthetics, the provider, must address the requirement and make the necessary improvements as a matter of priority.

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

3 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 satisfied with the quality of care received and were fully consulted before treatment was agreed. Feedback was gathered, reviewed and used to improve the service. A participation policy should be developed. Information about how to make a complaint should be easily accessible.

The service was an annex to the practitioner's own home with a dedicated entry door to the front of the building. Locks on the main door and the treatment room door protected patients' privacy, dignity and confidentiality. The large reception area was separate to the treatment room and could be used for patients recovering from treatments if necessary. The service saw only one patient at a time.

The service had returning patients and new patients who had found it based on social media reviews and recommendations. The practitioner provided verbal and written information about the service following any enquiries, as well as information about treatment options before patients agreed to treatments. The service also used social media to share information.

On patient consultations were on a face to face basis for patients who wished to proceed with treatments, however the service had an opportunity for patients who wished to discuss treatments on line instead of telephoning the service. This meant the patient could see the practitioner on the screen to discuss. This was also available for patients review appointments if they were unable to make the appointment in person. All information discussed was made available to patients after enquiries, this was sent on to patients electronically.

Patients were encouraged to give verbal feedback to the practitioner and leave reviews on social media. The practitioner told us they reviewed all feedback

received and used it informally to evaluate and review the service. We were told that improvements had been made based on patient feedback, such as adding additional skin treatments. Feedback we saw showed that patients were satisfied with their treatment and the service had met their expectations.

Respondents to our online survey stated they had been pleased with the service and were fully involved in decisions reached about their care. Treatment options were discussed and agreed with patients at their initial consultation. Patients said they could take time to consider the options available to them before they agreed to go ahead with the treatment. Comments from our survey included:

- ‘The practitioner gave me the pros and cons that come with any treatment and warned me about any side effects that may arise. I was fully involved in the decision making of my treatment.’
- ‘The practitioner always listens to my needs and concerns and always advises me the potential outcomes, benefits and cons of techniques.’

The service had not received any complaints since it was first registered with Healthcare Improvement Scotland in July 2017. Its complaints policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint. All the respondents to our online survey knew they could complain to Healthcare Improvement Scotland.

A duty of candour policy described how the service would meet its responsibility to be honest with patients when things go wrong. The service had not recorded any instances requiring it to implement duty of candour principles since registration with Healthcare Improvement Scotland in July 2017. The service produced a yearly duty of candour report.

What needs to improve

While the service had a complaints policy in place, information about how to make a complaint was not easily accessible for patients (recommendation a).

The service collected and reviewed feedback. However, it did not have a formal participation policy or process in place for this (recommendation b).

- No requirements.

Recommendation a

- The service should ensure that information about how to make a complaint about the service is easily accessible and available to patients.

Recommendation b

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

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 environment and patient equipment was clean and well maintained. Staff had a good understanding of risk management principles, with detailed policies and procedures in place. Quality assurance processes included appropriate audits. Medicines were disposed of in line with guidance. An adult support and protection policy should be developed. An environmental risk assessment and risk register should be implemented. A yearly audit plan should be introduced.

Patients were cared for in a clean and safe environment. Good systems were in place to maintain this, including:

- completed cleaning schedules
- regular internal checks, such as fridge temperature monitoring, and
- servicing and maintenance contracts for equipment.

The service followed Health Protection Scotland's national guidance to reduce infection risks for patients, in line with its infection prevention and control policy.

All equipment used, including personal protective equipment was single-use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to promote good hand hygiene. A contract was in place for the safe disposal of sharps and other clinical waste.

Patients who responded to our online survey were very satisfied with the standard of cleanliness. Comments included:

- 'The clinic is a 5 star environment for cleanliness and hygiene.'
- 'The clinic was extremely clean, the products that Clarendon are using are up with the best in the industry. I thoroughly enjoy my visits with Clarendon as you always leave happy after a luxury treatment.'
- 'Clinic is welcoming, obviously clean and well maintained. The practitioner regularly checks that I feel comfortable. The equipment is of a very high standard.'

The practitioner was responsible for building maintenance, fire safety equipment and building security. We saw a completed fire risk assessment in place. The use of fire exit signs were in place.

The medical fridge had a built-in thermometer, which was checked on days the treatment room was used for delivery treatments to patients. A daily temperature log was kept to make sure medicines that needed to be refrigerated were stored at a safe temperature. Other non-refrigerated medicines, such as dermal fillers were stored appropriately. A small stock of emergency medicines were available in the treatment room to respond to any complications or adverse reactions to treatment.

Patients could contact the practitioner out of hours if they had any concerns following their treatment.

Appropriate insurance cover was in place.

The practitioner was responsible for the safe procurement, storage and administration of medicines. The medicine management policy contained information to demonstrate safe administration, storage, procuring and prescribing of medications.

A system was in place for documenting accidents, incidents and for reporting notifiable incidents or adverse events to the relevant regulatory authorities. No accidents, incidents or adverse events had occurred in the service since it was registered with Healthcare Improvement Scotland. Patients told us they trusted the practitioner and were confident they had the skills and knowledge to deliver high quality care.

Regular audits were carried out, included audits for:

- cleaning and maintenance of the care environment
- health and safety (risk register), and
- medicines management, including checking expiry dates of equipment and medicines and fridge temperatures.

What needs to improve

While the service had detailed policies and procedures in place identifying potential risks for patients, it did not have a safeguarding or adult support and protection policy in place (recommendation c).

We saw no evidence of identified environmental risks for staff or patients using the service (recommendation d).

The service carried out audits. However, it did not have an audit plan or programme which set out which audits should be completed for the year to make sure regular checks are completed at regular intervals (recommendation e).

During our inspection, we noted that the service's fire risk assessment indicated two medium risk areas. We were told these would be addressed in the following 3 months. We will follow this up at future inspections.

- No requirements

Recommendation c

- The service should develop and implement an adult support and protection policy.

Recommendation d

- The service should complete an environmental risk assessment and risk register to ensure the safety of patients and those working in the service.

Recommendation e

- The service should review its current processes and introduce a formal detailed annual audit programme.

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a full consultation and assessment before treatment. Consent to treatment, photography and sharing information with other healthcare professionals was obtained before treatment. Written and verbal aftercare information was provided. The service should document discussion of aftercare for all patients receiving treatments.

Patients booked appointments over the telephone, verbally and through social media platforms. We reviewed five patient care records and saw that outcomes from patients' initial consultation and their proposed treatment plan were documented. A full assessment of patients' medical history was carried out before they received any treatment. This included gathering information about:

- a basic psychological assessment
- allergies
- pre-existing medical conditions, and
- prescribed medicines.

Patient care records had documented detailed discussions and conversations with patients, setting realistic outcomes and expectations. The practitioner was able to assess patients' suitability for aesthetic treatments and then agree the most suitable options available to them.

Patient care records were kept in paper and electronic versions. Hard copies were kept in a dedicated cabinet in the treatment room, to which the owner (practitioner) was the sole key holder. The electronic record keeping system was password-protected and access to the system was restricted to key staff members. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Patients' consent to treatment, as well as taking photographs and sharing of information with other health care professionals was documented in patient care records we reviewed. We also saw details required in case of an emergency situation in patient care records. A record of the treatment delivered, including batch numbers and expiry dates for medications used was clearly recorded. Aftercare arrangements and future follow-up appointments were also documented.

Patients told us they received good advice and information before, during and after their treatment. They also told us they could take time to consider the options available to them before they agreed to go ahead with the treatment.

Patients who responded to our online survey were satisfied with the quality of care and treatment they received from the service. Comments included:

- ‘The staff present were very knowledgeable and could advise me on any questions I had to ask.’
- ‘When attending my first consultation with the practitioner, she told me all about her back ground as an experienced nurse which led her into aesthetics. Also the training courses and qualifications she has gained since being in the industry.’
- ‘The practitioner provided information on her background, training and experience in aesthetics, she regularly offers updates on her continuous development and training. All staff demonstrate exceptional knowledge and skills.’

We were told patients were given advice following treatments. The practitioner could be contacted out of hours if patients had any concerns after their treatment.

We saw evidence that the practitioner reviewed a selection of patient care records each month as part of the service’s audit programme.

What needs to improve

Not all patient care records we reviewed documented evidence of the practitioner’s discussion with patients on aftercare (recommendation f).

- No requirements.

Recommendation f

- The service should consistently document all aftercare information given to patients.

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

Systems and processes were in place to help make sure staff recruitment was safe and effective. Induction and appraisal programmes were in place. Staff were encouraged to identify and complete training. Pre-employment checks for all staff should be carried out and in place.

A sole medical practitioner owned and managed the service. One full-time, permanent member of staff was employed to provide administration support and had worked in the service for several years. We saw they had a signed contract of employment in place.

We saw evidence of pre-employment checks carried out for the member of staff. This information was held in a staff file, kept in a lockable cupboard. The practitioner was the sole key holder.

The service also has a nurse prescriber who was granted practicing privileges (staff not employed directly by the provider but given permission to work in the service).

Patients who responded to our survey stated that the service from staff was efficient, polite and courteous.

Ongoing professional development opportunities were available, including education in new processes and treatments.

What needs to improve

We saw no evidence of background or professional safety checks carried out for the nurse prescriber with practicing privileges (requirement 1).

The service did not have a formal practicing privileges policy in place. We saw no evidence of a contract or agreement in place between the owner and nurse prescriber (recommendation g).

Requirement 1 – Timescale: immediate

- The provider must ensure that all staff, including those with practicing privileges, have appropriate, and documented safety checks completed.

Recommendation g

- The service should develop and follow a practicing privileges policy that sets out how it will safely grant practicing privileges to other healthcare professionals to work on behalf of the service.

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 best practice guidance in a variety of ways. Peer networks also supported continuous learning. Formal staff meetings and meetings were recorded. The quality improvement plan should be further improved.

The manager of the service is a registered nurse with the Nursing and Midwifery Council (NMC) and completed mandatory revalidation with the NMC. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers to their professional body, such as the NMC, every 3 years.

The practitioner attended regular training and conferences in the aesthetic industry to help continue their professional development. This helped them keep up to date with best practice and delivery of treatments in line with evidence-based research. The practitioner was a member of various forums where they discussed complications from aesthetic treatments. For example, the forums included the Aesthetics Complications Expert Group (ACE) and the British Association of Cosmetic Nurses (BACN).

We saw evidence of quality assurance systems for reviewing the quality of care and treatment provided in the service. Informal reviews of patient feedback and the outcome from audits carried out helped make sure the quality of the service delivered met patient needs.

Staff meetings were recorded in minutes. The minutes had detailed information about:

- ideas for improvements
- issues in the service
- issues from treatments, and
- staff training.

What needs to improve

The service did not have a formal quality improvement plan in place at the time of our inspection. We were told that the service made improvements based on feedback from patients and the service had started to develop a quality improvement plan based on regulatory indicators. However, a patient-feedback or audit-informed formal quality improvement plan would help to document improvement activities and demonstrate a culture of continuous quality improvement (recommendation h).

- No requirements.

Recommendation h

- The service should continue to develop its quality improvement plan to help inform continuous quality improvement activities.

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 that information about how to make a complaint about the service is easily accessible and available to patients (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 4.20</p>
b	<p>The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (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 4.8</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
c	<p>The service should develop and implement an adult support and protection policy (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20</p>
d	<p>The service should complete an environmental risk assessment and risk register to ensure the safety of patients and those working in the service (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 4.11</p>
e	<p>The service should review its current processes and introduce a formal detailed annual audit programme (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>
f	<p>The service should consistently document all aftercare information given to patients (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

Domain 7 – Workforce management and support	
Requirement	
1	<p>The provider must ensure that all staff, including those with practicing privileges, have appropriate, and documented safety checks completed (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 8(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
g	<p>The service should develop and follow a practicing privileges policy that sets out how it will safely grant practicing privileges to other healthcare professionals to work on behalf of the service (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 4.24.</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
	None
Recommendation	
h	<p>The service should continue to develop its quality improvement plan to help inform continuous quality improvement activities (see page 19).</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> <p>This was previously identified as a recommendation in the February 2019 inspection report for Clarendon Aesthetics.</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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or email his.contactpublicinvolvement@nhs.scot

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