

Announced Inspection Report: Independent Healthcare

Service: Dalziel Aesthetics Limited, Motherwell

Service Provider: Dalziel Aesthetics Limited

1 March 2022

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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	15
	Appendix 2 – About our inspections	18
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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 Dalziel Aesthetics Limited on Tuesday 1 March 2022. We spoke with the owner (practitioner). We received feedback from six 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 Dalziel Aesthetics Limited, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The environment was clean, safe and helped maintain patient privacy. However, the wearing of personal protective equipment needs to be improved, and cleaning schedules should be developed. An audit programme should be introduced to review the safe delivery and quality of the service.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The service kept up to date with current best practice through ongoing training and development. Good peer networks also supported continuous learning. Regular reviews of the quality of treatment provided must be carried out and a quality improvement plan developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.	✓ Satisfactory

The following additional quality indicator was 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	Patient care records included details of consultations and agreed treatment plans. Although consent to treatment and photography was gained from patients, consent to share information with other healthcare professionals, if required, should also be sought. Patients' GP and emergency contact details should also be recorded. Patient care records must contain the initial consultation with the service's nurse prescriber.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	No staff were employed in the service, but a practicing privileges policy and agreement was in place. Appropriate background checks had been carried out on the nurse prescriber.

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 Dalziel Aesthetics Limited 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

Dalziel Aesthetics Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

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

2 What we found during our inspection

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 was clean, safe and helped maintain patient privacy. However, the wearing of personal protective equipment needs to be improved, and cleaning schedules should be developed. An audit programme should be introduced to review the safe delivery and quality of the service.

Patients were cared for in a clean and safe environment. An infection prevention and control policy was in place and clinical staff had good awareness of infection prevention and control practices and measures. The practitioner told us about the continued additional cleaning carried out to reduce the risk of COVID-19 transmission. Patient appointments were arranged with appropriate gaps between times to allow for appropriate cleaning to be carried out.

The door to the service was locked in between patients and the treatment room door appropriately closed and locked in between appointments for privacy and dignity.

Patients completed a COVID-19 screening questionnaire at their first consultation with the practitioner. Patients were advised not to attend the clinic if they had any of the pre-existing symptoms.

The service followed Health Protection Scotland's national guidance to reduce infection risks for patients, in line with its infection prevention and control policy. Personal protective equipment such as disposable gloves, and medical devices including needles and syringes, were single use to reduce the risk of cross-infection. Alcohol-based hand gel and disposable paper towels were used

to promote good hand hygiene. A contract was in place for the safe disposal of sharps and other clinical waste.

The service's medicine management policy contained information to demonstrate safe administration, storage, procuring and prescribing of medications. The practitioner was solely responsible for the management of medicines in the service. Other non-refrigerated medicines such as dermal fillers were stored in drawers and cupboards in the treatment room. We saw that medicines to be used by individual patients were correctly labelled. Emergency medicines were available to respond to any complication or adverse reactions to treatment. Patients could contact the practitioner out of hours if they had any concerns following their treatment.

The practitioner was aware of the reporting process to Healthcare Improvement Scotland. We were told no accidents, incident or adverse events had occurred in the service since registration in June 2019. The service's complaints policy advised patients they could complain to Healthcare Improvement Scotland at any time.

Patients spoke very positively about the service. Feedback from our online survey included the following comments:

- 'The practitioner is great at what he does and always offers consults before going ahead with a procedure.'
- 'The organisation and sanitisation of the facilities couldn't be better.'
- 'The premises are always immaculate and clean.'

What needs to improve

Waste transfer notes were not used in the service when disposing of botulinum toxin (recommendation a).

The clinic appeared clean and we were told it was cleaned regularly by staff. We noted that appropriate products were being used to clean the environment, including sanitary fittings. However, no cleaning schedules were in place (recommendation b).

We saw no evidence of audit activity carried out in the service. A programme of regular audit should be implemented which, as a minimum, should include:

- medicine management, including checking expiry dates of equipment and medicines
- patient care records, and
- health and safety.

The medical fridge had a built-in thermometer to ensure the correct temperature was maintained for the storage of particular medicines. Temperature recording sheets had been developed. However, we found these were not being completed. This should form part of the service's audit programme (recommendation c).

We saw no evidence of a system to review or update policies, for example when legislation changed. All policies, with the exception of the infection prevention and control and COVID 19 policies, were out of date and had no imminent review date (recommendation d).

We saw no evidence of the practitioner using full personal protective equipment when carrying out treatments with patients. Although disposable gloves and face masks were used, we were told the use of aprons was no longer standard practice in the service. This is not in line with current national guidance about the need for personal protective equipment to be worn to protect both staff and patients (recommendation e).

- No requirements.

Recommendation a

- The service should arrange for a waste transfer note to be used for all hazardous waste segregated and disposed of in line with national waste legislation.

Recommendation b

- The service should develop cleaning schedules that include details on cleaning products, processes, the people responsible for cleaning and records of completion.

Recommendation c

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

Recommendation d

- The service should introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance.

Recommendation e

- The service should ensure compliance with Health Protection Scotland's *National Infection Prevention and Control Manual* for personal protective equipment.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records included details of consultations and agreed treatment plans. Although consent to treatment and photography was gained from patients, consent to share information with other healthcare professionals, if required, should also be sought. Patients' GP and emergency contact details should also be recorded. Patient care records must contain the initial consultation with the service's nurse prescriber.

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' past medical history was carried out before they received any treatment. This included gathering information about any pre-existing medical conditions, prescribed medicines and allergies. This also included a discussion with each patient to establish and achieve realistic expectations and agree the most suitable options available to them. Patients told us they received good advice and information before, during and after their treatment.

We saw that consent to treatment and taking photographs was discussed and documented in each of the patient care records we reviewed. A record of the treatment delivered, aftercare arrangements and future follow-up appointments was also clearly recorded. All documentation was signed and dated by the practitioner with batch numbers and expiry dates of the medicine used attached to patient notes.

Patients were given verbal and written advice after their treatments, including information about contacting the practitioner out of hours if required. We were told patients were given the opportunity to book a follow-up appointment to check they were satisfied with the results of their treatment.

Patient care records were stored in a locked filing cabinet in the practitioner's home office with the practitioner the sole key holder to this cabinet. Access to any electronic information was password protected to comply with data protection legislation.

Patients appeared very satisfied with the service and the treatments they had received. Comments from our online survey included:

- 'He explained everything about the procedure before completing it and made sure I was comfortable the whole way through the treatment. He asked me what my goals were and gave me a timeline on how long it would take for me to reach my goal.'
- 'All decisions were made by me with the risks and benefits advised by the practitioner prior to the treatment.'
- 'The practitioner is... completely professional at all times.'

What needs to improve

All patients were assessed and reviewed by the service's nurse prescriber at another independent healthcare service regulated by Healthcare Improvement Scotland. They were responsible for prescribing drugs for treatments. However, the information following the patient consultation with the prescriber was not stored along with the practitioner's patient care records (requirement 1).

In the patient care records we reviewed, we saw no evidence of patients' GP details, next of kin or emergency contact details or consent to share information with their GP or other healthcare professionals, for example in an emergency situation (recommendation f).

Requirement 1 – Timescale: immediate

- The provider must ensure that all patient information, including information from the prescriber consultation, is recorded in a single patient care record.

Recommendation f

- The service should ensure patients' GPs and next of kin or emergency contact details, as well as patient consent for sharing information with their GP and other medical staff in an emergency, if required, is documented in patient care records.

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

No staff were employed in the service, but a practicing privileges policy and agreement was in place. Appropriate background checks had been carried out on the nurse prescriber.

No staff were employed in the service. However, a practicing privileges policy had been introduced as a nurse prescriber was granted practicing privileges (staff not employed directly by the provider but given permission to work in the service). Although the practitioner delivered the treatments, they were not a certified nurse prescriber. Therefore, an agreement was in place with a prescriber who provided this element of the service.

The service had carried out appropriate background and identity checks on the prescriber. This included checks on their professional registration, qualifications, identification, and to ensure appropriate up-to-date insurance was in place.

- 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 kept up to date with current best practice through ongoing training and development. Good peer networks also supported continuous learning. Regular reviews of the quality of treatment provided must be carried out and a quality improvement plan developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.

The practitioner is a registered nurse with the Nursing and Midwifery Council (NMC). They maintain continuing professional development in order to complete mandatory revalidation with the NMC in a variety of ways. This includes maintaining and developing current clinical skills within a healthcare setting and complete a revalidation process. 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.

This also includes attending regular training and conferences in the aesthetic industry to keep up to date with best practice and delivery of treatments in line with evidence-based research.

What needs to improve

We saw no overarching quality assurance structures in place, and no system for reviewing the quality of the service being delivered. We saw no evidence of actual or potential lessons learned from complaints, incidents or audits which would help improve service delivery. Regular review of the service will help make sure the service delivered is of a quality appropriate to meet the needs of patients (requirement 2).

We were told the practitioner and nurse prescriber met regularly, though informally, to address any issues that may occur in the service and to discuss

best practice and identify areas for improvement. However, there was no record of formal or informal meetings taking place between the practitioner and the nurse prescriber. Meetings should include sharing information and updates about the service and any clinical governance issues. This would allow staff to contribute to how the service continues to develop (recommendation g).

The service did not have a formal quality improvement plan in place. This would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would enable the service to clearly demonstrate a culture of continuous quality improvement (recommendation h).

Although the service had a participation policy, there was no information or evidence of formally collecting, addressing or evaluating patient feedback available. A more formal method for collecting and evaluating patient feedback would help the service to identify any required improvements and measure the impact of these changes on the service. Feedback can be used to improve the quality of care provided, how the service is delivered and to inform patients of their positive impact (recommendation i).

Requirement 2 – Timescale: by 1 May 2022

- The provider must implement a suitable system of regularly reviewing the quality of the service.

Recommendation g

- The service should formally record the minutes of any meetings. These should include a documented action plan highlighting those responsible for any actions to be taken forward.

Recommendation h

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Recommendation i

- The service should continue to use its participation policy to formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service.

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

Requirement

- 1** The provider must ensure that all patient information, including information from the prescriber consultation, is recorded in a single patient care record (see page 11).

Timescale – immediate

Regulation 4(2)(a)(b)

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

Recommendations

- a** The service should arrange for a waste transfer note to be used for all hazardous waste segregated and disposed of in line with national waste legislation (see page 9).

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

- b** The service should develop cleaning schedules that include details on cleaning products, processes, the people responsible for cleaning and records of completion (see page 9).

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)

Recommendations

- c** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented (see page 9).

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

- d** The service should introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance (see page 9).

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

- e** The service should ensure compliance with Health Protection Scotland's *National Infection Prevention and Control Manual* for personal protective equipment (see page 10).

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

- f** The service should ensure patients' GPs and next of kin or emergency contact details, as well as patient consent for sharing information with their GP and other medical staff in an emergency, if required, is documented in patient care records (see page 11).

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 9 – Quality improvement-focused leadership

Requirement

- 2** The provider must implement a suitable system of regularly reviewing the quality of the service (see page 14).

Timescale – 1 May 2022

Regulation 13(2)(b)

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

Recommendations

- g** The service should formally record the minutes of any meetings. These should include a documented action plan highlighting those responsible for any actions to be taken forward (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

- h** 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

- i** The service should continue to use its participation policy to formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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