

# Announced Inspection Report: Independent Healthcare

**Service:** DermaGlow Aesthetics, Kilmarnock

**Service Provider:** DermaGlow Aesthetics

12 July 2023

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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 DermaGlow Aesthetics on Wednesday 12 July 2023. We spoke with the service owner (practitioner) during 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 DermaGlow 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	Patient information was provided as part of the consultation and consent process. Patients could give feedback through social media or paper questionnaires. The service should gather this feedback to help improve the service.	✓ Satisfactory

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 and equipment were clean and well maintained. A range of policies was in place to help the service deliver care safely to patients. The service should develop a formal audit programme.	✓ 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 formal quality improvement plan should be developed to help evaluate and measure the quality, safety and effectiveness of the service provided. Staff meetings should be documented.	✓ 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 were fully assessed and consented before any treatment took place. Consent should include consent for sharing information with patients' GPs and other healthcare professionals in an emergency. GP and emergency contact details should be recorded in the patient care records.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	No staff were employed in the service. An independent nurse prescriber worked alongside the practitioner. The service must follow its own practicing privileges policy. Staff files must be kept for all staff working in the service.

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](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](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

### **What action we expect DermaGlow Aesthetics to take after our inspection**

This inspection resulted in three requirements and 12 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

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

We would like to thank all staff at DermaGlow 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

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**Patient information was provided as part of the consultation and consent process. Patients could give feedback through social media or paper questionnaires. The service should gather this feedback to help improve the service.**

Consultations could be booked online or over the telephone. All consultations were face-to-face. Following a full consultation, patients could be treated on the day or choose to have time to consider the treatment (a cooling-off period), and re-book for a later date. Treatments and consultations were carried out in a treatment room with a lockable door and a screened window to help maintain patient privacy and dignity.

Patients were given leaflets specific to each treatment, describing the treatments and their risks. Aftercare information and a 24-hour telephone number for the practitioner was also given to patients at time of consultation and after treatments on printed cards. An email was sent post consultation and treatment.

The service's participation policy set out how it would involve patients in their treatment and include them in all decisions about their treatment. Patients could give feedback through social media and were offered paper patient satisfaction questionnaires. We saw examples of improvements made after feedback, such as the introduction of aftercare cards.

Patients who completed our online survey agreed they had been treated with dignity and respect. Patients also stated they had been given adequate information about treatments, risks and benefits, costs and aftercare. Comments included:

- 'Explained everything to me in a professional manner of potential risks the outcome etc would highly recommend.'
- 'Explained the full procedure at the consultation, what was involved, any side effects and the recommended areas to have treated. She was very professional and informative throughout.'
- 'Very respectful and friendly and put me at ease.'

A duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong) was in place. We saw that a recent yearly report had been published and was available to patients. The service had experienced no incidents that triggered the duty of candour process.

The service's complaints policy was available to patients on request. The policy made it clear that patients could complain to Healthcare Improvement Scotland at any time. The service had not received any complaints since it was registered with Healthcare Improvement Scotland in December 2021.

### **What needs to improve**

While patients could request the complaints policy, it was not readily available in the service (recommendation a).

Patient feedback was received. However, we saw no evidence of how the service reviewed and analysed it (recommendation b).

- No requirements.

### **Recommendation a**

- The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment.

### **Recommendation b**

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



## 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

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**The environment and equipment were clean and well maintained. A range of policies was in place to help the service deliver care safely to patients. The service should develop a formal audit programme.**

The treatment room and equipment were clean and well maintained. Single-use equipment was used for clinical procedures to prevent the risk of cross-infection. We saw a good supply of personal protective equipment available, stored safely and located close to the point of care, such as face masks, disposable gloves and aprons.

The service had a suitable waste disposal arrangement in place for the safe disposal of waste materials, including sharps.

We saw that the service had a fire policy in place and carried out regular fire safety checks.

A safe system was in place for the procurement, prescribing and storage of medicines. The practitioner was registered with the Nursing and Midwifery Council (NMC) and carried out all treatments. The practitioner used a prescriber working under practicing privileges (staff not directly employed by the provider but given permission to work in the service) to prescribe prescription-only medicines, such as anti-wrinkle injections. The prescriber was present during consultations and treatments where prescriptions were recommended for treatment or where may be required in the event of an adverse outcome. This is in line with current legislation. Medicines we looked at were in-date and stored securely in a locked refrigerator or cupboard. The service maintained a daily temperature log to help make sure refrigerated items were stored at the correct temperature.

Feedback from respondents to our online survey included:

- 'Very clean and professional environment.'
- 'Facilities and equipment spotless.'

### **What needs to improve**

We were told that building management was responsible for boiler and electrical maintenance. However, the service did not have copies of all maintenance reports certificates to make sure the premises were kept in a good state of repair (recommendation c).

The clinical handwash basin and taps did not meet current guidelines (recommendation d).

The service did not have a risk assessment in place to mitigate the risks of using and cleaning a non-compliant clinical handwash basin (recommendation e).

We saw some audits carried out, such as a medicines audit and a cleaning audit. However, the service did not have a comprehensive audit programme in place (recommendation f).

We were told that regular risk assessments were carried out. Examples given included daily checks for defects on the treatment couch and making sure the stairway leading to the treatment room was free of hazards. However, without documenting the potential hazards and measures taken to minimise or eliminate them, these could only be described as daily environmental checks, not risk assessments (recommendation g).

- No requirements.

### **Recommendation c**

- The service should obtain copies of boiler and electrical maintenance certificates from building management.

### **Recommendation d**

- The service should upgrade its clinical handwash basin as part of future planned refurbishment.

### **Recommendation e**

- The service should carry out a risk assessment on the sink in the treatment room to mitigate any risk associated with using non-compliant clinical wash hand basins.

### Recommendation f

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

### Recommendation g

- The service should develop a comprehensive risk register to support the management and review of identified risks and potential hazards.

## Our findings

### Quality indicator 5.2 - Assessment and management of people experiencing care

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**Patients were fully assessed and consented before any treatment took place. Consent should include consent for sharing information with patients' GPs and other healthcare professionals in an emergency. GP and emergency contact details should be recorded in the patient care records.**

We saw evidence of initial assessments, which formed part of the consent documentations. The assessments included those for:

- allergies
- pregnancy
- medical history
- medications, and
- previous treatments.

All consultations included a face plan and explained costs. Follow-up consultations were offered to patients.

We reviewed four patient care records in electronic format during our inspection. Patient care records we reviewed demonstrated the comprehensive initial assessments and details of the treatments given, including prescribing records, batch numbers and expiry dates. We saw examples of aftercare information given to patients for each treatment.

### What needs to improve

While we saw records of treatments given, we were unable to review the prescriber's consultation records during our inspection as they were kept in a different location (requirement 1).

The patient care records did not include GP and emergency contact details (recommendation h).

Obtaining consent for sharing information with patients' GPs or emergency contacts was not part of the service's consent process (recommendation i).

The service held information and photographs electronically. However, it was not registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure it handled confidential patient information safely and securely (recommendation j).

#### **Requirement 1 – Timescale: by 5 December 2023**

- The provider must ensure all consultation records are held within the service, including prescriber consultations.

#### **Recommendation h**

- The service should record GP and emergency contact details in the patient care records unless patients do not consent to this.

#### **Recommendation i**

- The service should obtain consent to share with patients' GPs and emergency contacts, and record this in the patient care records.

#### **Recommendation j**

- The service should complete the online assessment should register with the Information Commissioner's Office if patient information is to be held digitally, to make sure patient data is handled in a safe and secure way.

## 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. An independent nurse prescriber worked alongside the practitioner. The service must follow its own practicing privileges policy. Staff files must be kept for all staff working in the service.**

An independent nurse prescriber was granted practicing privileges. The service had a practicing privileges policy and we saw a signed contract was in place for the prescriber. We were told pre-employment checks were completed before they began work in the service. This included proof of identity, the right to work in the UK, qualifications, Disclosure Scotland checks and yearly registration with the Nursing and Midwifery Council (NMC).

#### What needs to improve

The service did not keep a full employment record for the prescriber. We did not see evidence of the prescriber's:

- continuous training
- immunisation status, and
- induction training (requirement 2).

We saw evidence of the prescriber's registration with Disclosure Scotland. However, the service had no means of receiving notification about the prescriber's status (requirement 3).

#### Requirement 2 – Timescale: by 5 December 2023

- The provider must retain full up-to-date records of all staff recruited and employed in the service, including those with practicing privileges. These must contain ongoing training, induction training and immunisation status.

#### Requirement 3 – Timescale: by 5 December 2023

- The provider must arrange for its own check to ensure that a practitioner is a registered PVG scheme member, before granting them 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 formal quality improvement plan should be developed to help evaluate and measure the quality, safety and effectiveness of the service provided. Staff meetings should be documented.**

The practitioner engaged in regular continuing professional development, managed through the NMC registration and revalidation process. Revalidation is where nursing staff must meet the requirements of their professional registration through gathering evidence of their competency, training and development for their professional body, the NMC, every 3 years.

We saw evidence of the practitioner's training on the treatments provided and when introducing new treatments. We were told that the prescriber also completed training to improve the service, such as training in the 'eight-point facelift' to offer this to patients.

The practitioner attended several forums for advice on treatments and management of complications. These included the British Aesthetics Nurses Group and the Aesthetic Practitioner Support Group. The practitioner had completed product training from the suppliers of the aesthetics products used in the service.

We were told the practitioner and prescriber met regularly to discuss the service.

We saw improvements recently made to the service. For example, displaying hand hygiene guidance and providing patients with aftercare cards.

### **What needs to improve**

While saw evidence of improvements made, the service did not have a formal improvement plan in place. This would allow the service to record all improvements made and planned (recommendation k).

Meetings between the service practitioner and prescriber were informal and not documented (recommendation l).

- No requirements.

### **Recommendation k**

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

### **Recommendation l**

- The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions.



## 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	
<b>a</b>	<p>The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment (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>
<b>b</b>	<p>The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service (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>

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

### Requirement

- 1** The provider must ensure all consultation records are held within the service, including prescriber consultations (see page 12).

Timescale – by 5 December 2023

*Regulation 4(2)*

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

### Recommendations

- c** The service should obtain copies of boiler and electrical maintenance certificates from building management (see page 10).

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

- d** The service should upgrade its clinical handwash basin as part of future planned refurbishment (see page 10).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

- e** The service should carry out a risk assessment on the sink in the treatment room to mitigate any risk associated with using non-compliant clinical wash hand basins (see page 10).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

- f** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must 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

- g** The service should develop a comprehensive risk register to support the management and review of identified risks and potential hazards (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

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

- h** The service should record GP and emergency contact details in the patient care records unless patients do not consent to this (see page 12).

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

- i** The service should obtain consent to share with patients' GPs and emergency contacts, and record this in the patient care records (see page 12).

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

- j** The service should complete the online assessment should register with the Information Commissioner's Office if patient information is to be held digitally, to make sure patient data is handled in a safe and secure way (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.18

## Domain 7 – Workforce management and support

### Requirements

- 2** The provider must retain full up-to-date records of all staff recruited and employed in the service, including those with practicing privileges. These must contain ongoing training, induction training and immunisation status (see page 13).

Timescale – by 5 December 2023

*Regulation 8*

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

## Domain 7 – Workforce management and support (continued)

- 3** The provider must arrange for its own check to ensure that a practitioner is a registered PVG scheme member, before granting them practicing privileges (see page 13).

Timescale – by 5 December 2023

*Regulation 9(2)*

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

### Recommendations

None

## Domain 9 – Quality improvement-focused leadership

### Requirements

None

### Recommendations

- k** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).

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

- l** The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

## 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](http://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](http://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](mailto:his.ihcregulation@nhs.scot)

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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](mailto: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](http://www.healthcareimprovementscotland.org)