

# Announced Inspection Report: Independent Healthcare

**Service:** Dr Carol Macmillan With The Moment  
Cosmetic Medical Practice Ltd, Dundee

**Service Provider:** With The Moment Cosmetic  
Medical Practice

7 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 1 November 2018.**

### **Recommendation**

*We recommend that the service should gather feedback about patient experience at least every year to increase involvement of patients and inform service improvement.*

### **Action taken**

The service distributed questionnaires to patients every year to obtain their feedback about the service and inform service improvement.

### **Recommendation**

*We recommend that the service should update its safeguarding policy to ensure a clear protocol is in place to respond to adult or child protection concerns.*

### **Action taken**

The service had updated its safeguarding policy and a clear protocol was in place to respond to adult or child protection concerns.

### **Recommendation**

*We recommend that the service should develop a quality improvement plan*

### **Action taken**

The service had developed a quality improvement plan. This recommendation is reported in Quality indicator 9.4 (see recommendation c)

## 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 Dr Carol Macmillan With the Moment Cosmetic Medical Practice Ltd on Tuesday 7 February 2023. We spoke with the owner (who is the sole practitioner). We received feedback from nine patients through an online survey we had asked the service to issue for us before the inspection.

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 Dr Carol Macmillan With the Moment Cosmetic Medical Practice Ltd, 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 positive about the quality of care and treatment they received in the service. Patients felt well informed and involved in all decisions about their treatment. The participation policy should be updated to include all methods of gathering feedback used.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Patients were cared for in a clean and safe environment. Infection control risks were managed in line with national guidance. Appropriate measures were in place for managing risk. The audit programme should be further developed.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with current legislation and best practice. A quality improvement plan was in place. The quality improvement plan could be further developed to measure the impact of service changes.	✓✓ Good

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	Patients were fully assessed, and a detailed consent process was carried out before any treatment took place. Patients told us they were fully informed and involved in decisions about their care and treatment.

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 With the Moment Medical Practice Ltd to take after our inspection**

This inspection resulted in three recommendations. See Appendix 1 for a full list of the 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)

We would like to thank Dr Carol Macmillan With the Moment Cosmetic Medical Practice Ltd 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**

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**Patients were positive about the quality of care and treatment they received in the service. Patients felt well informed and involved in all decisions about their treatment. The participation policy should be updated to include all methods of gathering feedback used.**

The service maintained patients' privacy, dignity and confidentiality. Consultations were appointment-only and the service treated only one patient at a time. Windows were adequately screened and the main entrance to the clinic was secured when patients were receiving treatment. The service was registered with the Information Commissioner's Office (ICO) (an independent authority for data and privacy rights) to make sure it handled confidential patient data safely and securely.

Patients had an initial consultation with the practitioner to determine their suitability for treatment. Patients told us this was a thorough process that covered everything they needed to know to help them make an informed decision, including:

- costs
- the expected outcomes from treatment, and
- their proposed treatment plan.

Patients said they did not feel pressured and were encouraged to take time to consider their options or seek further information before they agreed to treatment.

Patients could use different methods to give feedback about their experience, such as:

- email
- patient experience questionnaire
- social media, and
- telephone.

Results from 15 of the service's patient experience questionnaires completed in November 2022 showed high levels of patient satisfaction about the quality of the service. We received similar positive comments from nine patients who responded to our own survey. Comments included:

- 'All information was provided and very comfortable with advice given.'
- 'Very discrete and professional. So knowledgeable and trust her, which is really important for this type of treatment.'

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. We were told there had been no incidents that required the need for the service to implement the duty of candour procedure. The service completed a yearly duty of candour report in line with its policy.

The service's complaints policy was displayed in the clinic. The policy was available to patients on request and included the contact details for Healthcare Improvement Scotland. While a process was in place to record and respond to any complaints, no complaints had been received since the service was registered with Healthcare Improvement Scotland in March 2017.

### **What needs to improve**

The service had a participation policy in place. However, it did not include all the methods it used to gather patient feedback. For example, it did not include the yearly questionnaire it asked patients to complete about their care and treatment. The policy also did not describe how it would use this information to improve the service (recommendation a).

- No requirements.

### **Recommendation a**

- The service should update its participation policy to include all the methods it uses to obtain feedback from patients and describe how this information is used to improve 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

**Patients were cared for in a clean and safe environment. Infection control risks were managed in line with national guidance. Appropriate measures were in place for managing risk. The audit programme should be further developed.**

Patients were cared for in a clean and safe environment. Equipment was in a good state of repair and maintenance contracts were in place for heating, portable appliances and fire safety equipment. Patients told us the clinic was clean, comfortable and private.

The service followed Health protection Scotland's national guidance to reduce infection risks for patients in line with its infection prevention and control policy. The treatment room was cleaned before and after each clinic session and between patient appointments. Personal protective equipment, such as disposable gloves and masks and single-use equipment (for example, needles and syringes) were used to prevent the risk of cross-infection. A contract was in place to make sure clinical waste and sharps were disposed of safely. This included the safe disposal of hazardous waste, such as Botulinum toxin. Antibacterial handwash and disposable paper hand towels were used to promote good hand hygiene.

The practitioner was solely responsible for the safe:

- administration
- prescribing
- procurement, and
- storage of medicines in the service.

Medicines were obtained from an appropriately registered supplier and all medicines were stored securely. The service kept a small amount of prescription-only medicines, such as Botulinum toxin and medicines required for use in the event of a complication or allergic reaction to treatment. Stock medicines were organised in order of expiry dates. The practitioner audited the 'cold-chain' management of temperature-sensitive medicines the pharmacy supplier delivered. This provided assurance they had been maintained at the correct temperature when delivered to the clinic. We saw the temperature of the fridge was recorded every day to make sure medicines were stored at the correct temperature.

A medical emergency kit was available in the service. The practitioner was suitably skilled and experienced to deliver advanced life support in the event of a medical emergency.

Appropriate control measures were in place to manage clinical and environmental risks in the service. While the service had not had any accidents or incidents since registration, a system was in place to record any that may occur. The practitioner was aware of their responsibility to notify Healthcare Improvement Scotland of certain events and relevant incidents to other regulatory bodies under health and safety legislation. A range of policies and procedures were in place to help the service deliver care safely. The practitioner regularly audited medicines stock, expiry dates and patient care records. We saw the service updated its fire risk assessment every year.

### **What needs to improve**

While we saw completed audits for key aspects of the service, a more structured programme should be developed and include:

- a record of the audits completed
- the frequency of each audit, and
- the outcomes (recommendation b).

■ No requirements.

### **Recommendation b**

- The service should further develop its audit system to include the frequency and outcome of each audit completed.

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

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**Patients were fully assessed, and a detailed consent process was carried out before any treatment took place. Patients told us they were fully informed and involved in decisions about their care and treatment.**

Patients told us they were well informed about the risks, benefits and were involved in all decisions about their treatment plan. Some of the comments included:

- ‘.....is very good at explaining procedures and options. The potential outcomes are clear and well explained. She is very approachable and knowledgeable.’
- The doctor goes out her way to ensure the right solution to a problem; sometimes that means explaining why a treatment is not suitable, for which I am grateful.’
- ‘I found the doctor to be extremely courteous and professional. She gave me a full and detailed consultation.’

Patient care records were stored securely in a locked filing cabinet in line with the service’s information management policy. This was in line with the service’s ICO registration to make sure confidential patient data is safe and secure.

We reviewed five patient care records and saw that each patient had a physical face-to-face consultation carried out. This included a comprehensive assessment and treatment plan that was agreed before they agreed to treatment.

We saw that patient assessments included detailed information about patients’:

- allergies
- past medical history
- pre-existing medical conditions, and
- prescribed medicines.

This information was reviewed and updated each time patients attended the clinic for treatment. We saw that each patient care record included a facial map of where treatments had been injected and the amount used. The batch

numbers and expiry dates of the medicines used were documented in all patient care records we reviewed. This meant the service could quickly respond to any medical alerts or report any adverse events.

Consent to treatment forms were completed for all new and returning patients and each patient received their own copy. The patient and the practitioner had signed and dated the consent forms in all the files we reviewed. The consent form included information about risks, aftercare advice and the practitioner's out-of-hours contact number if patients experienced any difficulties or had any concerns following their treatment. Consent to share information with the patient's GP or other healthcare professional and for taking photographs was also obtained.

- 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 legislation and best practice. A quality improvement plan was in place. The quality improvement plan could be further developed to measure the impact of service changes.**

The service is owned and managed by an experienced medical practitioner who is registered with the General Medical Council (GMC). The service engaged in regular continuing professional development. This was managed through the GMC's registration and revalidation process, as well as yearly appraisals.

To keep up to date with changes in aesthetic practice, the practitioner:

- attended industry-specific events and conferences
- participated in other professional development activities associated with their NHS role, and
- subscribed to journals.

We saw the practitioner applied experiential learning from further education activities and medicolegal work. This helped make sure the service delivered safe and evidence-based person centred care in line with current legislation and best practice.

Most patients had attended the clinic for years. New patient referrals were mainly from word-of-mouth recommendations of existing patients. Patients were very complimentary about the practitioner's experience, knowledge, professionalism and skill in aesthetic practice.

Some comments included:

- 'Treatment is first class by a caring professional.'
- 'The service is well run with patient centred care.'
- 'The doctor is an exemplar in her sector, far superior to any other similar service I've used.'

Since our previous inspection in 2018, the service had developed a quality improvement plan to inform and direct improvements in the service. Reviewing the service's 2022 quality improvement plan, we saw that it included:

- some key improvements in the service
- the actions taken to achieve this, and
- the timescale for completion.

Key improvements included a yearly questionnaire issued to patients to share their views and opinions about the service. We were told that some patients had chosen the colour schemes for the clinic before it was redecorated. A policy review system was introduced to make sure policies were reviewed every year or in line with changes in legislation.

### **What needs to improve**

The service did not measure the impact of service changes and document the outcome of them. This would help to demonstrate a continuous approach to quality improvement (recommendation c).

- No requirements.

### **Recommendation c**

- The service should measure the impact of service changes and document the outcomes in its quality improvement plan.

## 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	
Recommendation	
a	<p>The service should update its participation policy to include all the methods it uses to obtain feedback from patients and describe how this information is used to improve the service (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>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendation	
<b>b</b>	<p>The service should further develop its audit system to include the frequency and outcome of each audit completed (see page 12).</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>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
<b>c</b>	<p>The service should measure the impact of service changes and document the outcomes in its quality improvement plan (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

## Appendix 2 – About our inspections

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

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

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

### Before inspections

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

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



Before

### During inspections

We use inspection tools to help us assess the service.

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

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



During

### After inspections

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

Healthcare Improvement Scotland Announced Inspection Report

Dr Carol Macmillan With the Moment Cosmetic Medical Practice Ltd, With the Moment Medical Practice Ltd: 7 February 2023

## 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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## 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)