

Announced Inspection Report: Independent Healthcare

Service: Emerald Facial Aesthetics, Bonnyrigg

Service Provider: Emerald Facial Aesthetics Ltd

17 January 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 Emerald Facial Aesthetics on Tuesday 17 January 2023. We spoke with the service manager and received feedback from 12 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 two inspectors.

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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Emerald Facial 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 available in the service and on its website. Patient feedback was reviewed regularly to help continually improve the quality of care. The duty of candour policy must be reviewed, staff training provided and annual duty of candour reports published. The complaints poster and service website should be updated.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment and equipment were well maintained. A range of policies and procedures were in place to help the service deliver care safely. If teeth whitening treatments are provided they must be carried out legally. Policies must be reviewed and amended.	✓ 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 quality improvement plan was in place and staff took part in regular team building.	✓ Satisfactory

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Quality indicator	Summary findings
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.2 - Assessment and management of people experiencing care	All patients received a consultation and assessment before treatment took place. Patient care records were of a good standard. Treatment plans should be accurately dated and include a record of discussions about costs.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Recruitment, induction and training policies were in place. Pre-employment information must be kept in individual staff member's files. The provider must carry out its own background checks on employees at pre-employment.

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 Emerald Facial Aesthetics Ltd to take after our inspection

This inspection resulted in five requirements and three 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

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

We would like to thank all staff at Emerald Facial 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

Patient information was available in the service and on its website. Patient feedback was reviewed regularly to help continually improve the quality of care. The duty of candour policy must be reviewed, staff training provided and annual duty of candour reports published. The complaints poster and service website should be updated.

Information was provided to patients about the types of investigations available, as well as their benefits and risks, on its website and in the clinic. Patients could contact the service using social media and book appointments through the service's website or over the telephone. The website had a clear list of prices, and information was also available at reception.

The service operated an appointment system for all consultations, investigations and treatments. Lockable treatment rooms and screening of windows meant patient privacy and dignity was not compromised.

Patients were given time to consider treatment, investigation options and ask questions before agreeing to treatment. Patients could have their treatment or investigations on the same day as the consultation or come back for a second appointment. This helped to make sure patients had realistic expectations of the proposed treatment or investigation.

A patient satisfaction survey was given to patients after each visit. We were told feedback was evaluated every month and fed back to staff at meetings. We saw an example of using patient feedback to improve the service in its recent move to a new premises. This move had happened after it received patient feedback about the lack of lighting and feeling unsafe when leaving the previous premises.

All patients who completed our online survey agreed they had been treated with dignity and respect. Patients also stated they had been provided with information in a format they could understand. Comments included:

- ‘Absolutely I was nervous and felt I was handled with compassion and care.’
- ‘Made to feel extremely comfortable at all times.’
- ‘Yes every aspect of the procedure was catered to what I wanted and what was safe for me personally. I was advised what would look best and I totally agreed.’

A complaints policy was available to patients on request and information on the complaints procedure was available in the reception area. We noted the service had not received any complaints since it was registered in January 2020.

What needs to improve

The service’s duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when things go wrong) did not set out what the provider would do to meet its responsibilities. Staff awareness of the duty was poor and yearly duty of candour reports were not published (requirement 1).

The service’s website contained out-of-date information. This included advertising treatments that the service no longer provided, such as two different fat dissolving treatments. The service’s new address details had not been updated on the website. Staffing details were also outdated (recommendation a).

The complaints poster displayed in the reception area had incorrect name and contact details for Healthcare Improvement Scotland. It also stated that complaints could be escalated to Healthcare Improvement Scotland if patients were not satisfied (recommendation b).

Requirement 1 – Timescale: by 13 April 2023

- The provider must review its duty of candour policy so that it clearly sets out how the provider will meet its responsibilities to be honest with patients if things go wrong. Staff must be trained in the duty of candour principles and annual duty of candour reports must be published.

Recommendation a

- The service should update its website to make sure information relating to its address, staffing and treatments offered is an accurate representation.

Recommendation b

- The service should update its complaint poster with the correct name and contact details for Healthcare Improvement Scotland and make it clear that patients have the right to contact Healthcare Improvement Scotland at any time.

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 equipment were well maintained. A range of policies and procedures were in place to help the service deliver care safely. If teeth whitening treatments are provided they must be carried out legally. Policies must be reviewed and amended.

The service was moving to a new address at the time of our inspection. We inspected the new premises. While some final decorating was still taking place, we saw photographic evidence immediately after the inspection that showed the premises had been appropriately refurbished.

The environment and clinical areas were clean and well maintained. All equipment was in a good state of repair. Treatment rooms were well ventilated and in good condition with washable walls and floors. Single-use equipment was used for clinical procedures to prevent the risk of cross-infection. Clinical waste, including sharps (such as needles and syringes) was managed appropriately and a waste management contract was in place.

Staff were responsible for cleaning between patient appointments and at the beginning and end of each day. We saw maintenance contracts were in place for regular testing of portable electrical appliances and the electrical installation. New fire extinguishers, a fire blanket and smoke detectors had been installed.

A safe system was in place for the procurement, prescribing and storage of medicines. The medicines we looked at were in-date and stored securely in a locked refrigerator or drawer. Fridge temperatures were checked and recorded daily to make sure medicines were stored at the correct temperature.

All patients that responded to our online survey described a positive experience of using the service. Comments included:

- '[...] is probably the most approachable practitioner I've been to. I shopped about before I committed and I'm delighted that I went for Emerald.'
- 'Staff are approachable and professional but you also feel like you are with a friend. I love my treatments and they listened to me and made a plan rather than just inject and go. I also appreciated that I had a consultation for Botox I didn't know it was prescribed. I always went to salons and most not nurses and never had a consultation so that surprised me. Now I don't mind paying the little extra.'

What needs to improve

Teeth whitening treatments were being provided at the service, by an employee who was a non-healthcare professional. It is illegal for teeth whitening to be provided by anyone other than:

- a dentist registered with the General Dental Council (GDC), or
- a GDC registered dental nurse or dental hygienist working under the direction of a dentist

Mouth trays used in the treatment process were also not single-use and could not be effectively decontaminated between each use. The service manager provided a written confirmation after our inspection that teeth whitening treatments had permanently ceased. This matter has been shared with the GDC as the regulator for illegal teeth whitening treatments (requirement 2).

Most of the service's policies related to a care home and contained inaccurate or irrelevant information. For example, the safeguarding policy did not describe the process for making a report to the relevant police and social services departments if abuse was identified or suspected. We also saw no consistent naming convention or review process for any of the policies (requirement 3).

Requirement 2 – Timescale: immediate

- The provider must ensure that no teeth whitening treatments are carried out from the service, unless they are provided by a GDC registered dentist, or a dental nurse/dental hygienist working under the direction of a GDC registered dentist.

Requirement 3 – Timescale: by 13 April 2023

- The provider must review and amend its policies and procedures, making sure each one is relevant to the service and how it operates. All policies should have a consistent naming convention, author and review process.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

All patients received a consultation and assessment before treatment took place. Patient care records were of a good standard. Treatment plans should be accurately dated and include a record of discussions about costs.

The nurse practitioner saw all patients for a consultation before any treatments took place. Patients were given detailed information about the risks and benefits of treatment and information about these discussions was recorded in patient care records. Patients were given time to reflect between consultation and treatment to allow them to decide if they wanted to go ahead with treatment.

The five patient care records we reviewed showed evidence of thorough consultation, assessment and treatment plans. Each patient care record included the patient's medical history, allergy status and any medications they were using. The patient care records recorded any medicines used and diagrams showed the exact volume of the medicines administered to each area.

Electronic consent was obtained from patients for appropriate information about their care and treatment to be shared with other health care professionals, if required. Additional consent was requested for taking photographs for patient care records and separately for use on social media platforms.

Patients were given verbal aftercare advice at the time of treatment and had access to written aftercare advice via the service's website. Any advice given was recorded in patient care records, along with any complication management advice. Patients were offered a review appointment 2 weeks after their treatment and if further treatment was necessary, this was recorded in the patient care record.

All patients that responded to our online survey said they were given enough information to help them make a decision about their care and treatment.

Comments included:

- 'Always given a full consultation prior to proceeding with any treatments. Risks and benefits outlined. Given all aftercare advice.'
- 'Received all information to allow me to make an informed decision.'
- '[...] offered up all advice and Information. I also have means of contacting if needed.'

Patient care records were electronic and held on a password-protected tablet. This meant they were kept confidential and only visible to the health care professionals in the service. The service was registered with the Information Commissioner's office (an independent authority for data protection and privacy rights).

The service manager carried out patient care record audits every month and we saw evidence of these in the service's audit folder.

What needs to improve

While the patient care records we reviewed were of a generally good standard, we found some gaps in information. No discussions about treatment costs had been recorded. We also found an issue with the patient care record platform the service used, which meant that the dates of entry were automatically altered every time a record was viewed. The service manager had raised this with the platform developer as an urgent issue to rectify (recommendation c).

Recommendation c

- The service should record all discussions about treatment costs in patient care records and ensure all patient care records are dated correctly.

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

Recruitment, induction and training policies were in place. Pre-employment information must be kept in individual staff member's files. The provider must carry out its own background checks on employees at pre-employment.

Recruitment, induction and training policies were in place and the service employed four members of staff. This included the service manager who was a registered nurse and the lead practitioner, one further registered nurse, a beauty therapist and a receptionist.

New employees were given an employee handbook that contained all information relating to the way the service operated. All new staff completed a 6-month induction where they shadowed the service manager to make sure the employee was competent before working independently.

Staff training was currently available through another local business. However, the service manager was in the process of organising more formalised training now that it was operational at the new premises.

Staff appraisals took place every year and we saw an example of an appraisal that had recently taken place.

Staff meetings were carried out each month and we saw minutes from the last two meetings. Topics covered included staff reflective practice, patient feedback.

What needs to improve

While the service kept employee files, some key pre-employment documentation was missing. This included:

- copies of employment references
- identification verification
- insurance, and
- professional registration status.

These are an integral part of a safe recruitment process and must be held on file to demonstrate they have been carried out. Also, while professional registration status was checked every 6 months, staff member's insurance renewals were not checked and recorded (requirement 4).

The provider had not carried out its own background checks on its employees at recruitment. As the employer, the provider is responsible for carrying out background checks with Disclosure Scotland or employing an umbrella company to do this on its behalf. This must be done as part of the recruitment process to ensure people are safe to work in the service. Checks must also be repeated at least every 5 years, to make sure people remain safe to work in the service (requirement 5).

Requirement 4 – Timescale: immediate

- The provider must obtain key pre-employment information for each employee and ensure that this information is kept on the employee's individual file. Each staff member's insurance renewal should also be checked every year to make sure it remains current.

Requirement 5 – Timescale: immediate

- The provider must apply to Disclosure Scotland for appropriate background checks to be carried out on every member of staff, or employ an umbrella company to carry out these checks on its behalf. These checks should be repeated at least every 5 years to make sure individuals remain safe to work in the service. All future new employees must have these background checks undertaken as part of the recruitment process, before they start working in the service.

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 quality improvement plan was in place and staff took part in regular team building.

The service manager held an SVQ in leadership and had completed an advanced aesthetics course and several complications courses. They had also qualified as a nurse prescriber since registration in January 2020. This meant that they could prescribe all medicines used in the service and no longer had to rely on an external prescriber to do this.

The service manager engaged in regular continuing professional development with the Nursing and Midwifery Council (NMC). This was managed through the NMC registration and revalidation processes. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body. The service manager was also a member of the Aesthetic Complications Expert (ACE) group and the British Association of Cosmetic Nurses and took part in monthly industry-specific support groups and regular online aesthetic forums.

A quality improvement plan was in place that was reviewed every year. This included topics, such as:

- accidents, incidents and adverse events
- audit results
- patient feedback, and
- staff meetings.

Team building took place once every month where staff had a day away from the clinic or attended an event together. This was the service manager's way of showing their appreciation.

■ No requirements.

- No recommendations.

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

Requirement

- 1** The provider must review its duty of candour policy so that it clearly sets out how the provider will meet its responsibilities to be honest with patients if things go wrong. Staff must be trained in the duty of candour principles and annual duty of candour reports must be published (see page 8).

Timescale – by 13 April 2023

Regulation 3(a)

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

Recommendations

- a** The service should update its website to make sure information relating to its address, staffing and treatments offered is an accurate representation (see page 9).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

Domain 2 – Impact on people experiencing care, carers and families (continued)

- b** The service should update its complaint poster with the correct name and contact details for Healthcare Improvement Scotland and make it clear that patients have the right to contact Healthcare Improvement Scotland at any time (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

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

Requirements

- 2** The provider must ensure that no teeth whitening treatments are carried out from the service, unless they are provided by a GDC registered dentist, or a dental nurse/dental hygienist working under the direction of a GDC registered dentist (see page 11).

Timescale – immediate

Regulation 3(a)

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

- 3** The provider must review and amend its policies and procedures, making sure each one is relevant to the service and how it operates. All policies should have a consistent naming convention, author and review process (see page 12).

Timescale – by 13 April 2023

Regulation 3(d)

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

Recommendation

- c** The service should record all discussions about treatment costs in patient care records and ensure all patient care records are dated correctly (see page 13).

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

Domain 7 – Workforce management and support

Requirements

- 4** The provider must obtain key pre-employment information for each employee and ensure that this information is kept on the employee's individual file. Each staff member's insurance renewal should also be checked every year to make sure it remains current (see page 15).

Timescale – immediate

Regulation 8

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

- 5** The provider must apply to Disclosure Scotland for appropriate background checks to be carried out on every member of staff, or employ an umbrella company to carry out these checks on its behalf. These checks should be repeated at least every 5 years to make sure individuals remain safe to work in the service. All future new employees must have these background checks undertaken as part of the recruitment process, before they start working in the service (see page 15).

Timescale – immediate

Regulation 8(c)

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

Recommendations

None

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

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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