

# Announced Inspection Report: Independent Healthcare

**Service:** Esthetique (Inverness) Limited

**Service Provider:** Esthetique (Inverness) Limited

30 September 2021

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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 Esthetique (Inverness) Ltd on Thursday 30 September 2021. We spoke with two members of staff. We received feedback about the service from three patients. 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 comprehensive self-evaluation.

## What we found and inspection grades awarded

For Esthetique (Inverness) 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	Policies and procedures were in place to ensure treatment was delivered in a clean and safe environment. Enhanced cleaning practices had been introduced, and the service was following national infection prevention and control guidance. An audit programme ensured key aspects of the service were being delivered safely.	✓✓ Good

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 practitioners had a very clear vision of the future of the service. Although they had a good understanding of continuous quality improvement, a quality improvement plan would help improve the quality of the service provided, and ensure the delivery of safe and effective treatments.	✓✓ Good

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	Patient care records included details of comprehensive assessments and consultations. The records were audited, up to date and legible. Consent to treatment and for sharing information with other healthcare professionals was documented.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	The practitioners kept themselves up to date with their professional revalidation and continuing professional development.

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)

## **What action we expect Esthetique (Inverness) Limited to take after our inspection**

This inspection resulted in one recommendation (see Appendix 1).

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 all staff at Esthetique (Inverness) 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

**Policies and procedures were in place to ensure treatment was delivered in a clean and safe environment. Enhanced cleaning practices had been introduced, and the service was following national infection prevention and control guidance. An audit programme ensured key aspects of the service were being delivered safely.**

Before attending an appointment, patients were sent a COVID-19 pre-appointment screening questionnaire to complete. Patients were told not to attend their appointment if they suspected they had symptoms of COVID-19. When patients arrived at the reception of the health club where the service is based, they were asked to confirm they had no COVID-19 symptoms and to provide their details for track and trace.

The clinic environment was clean and well equipped. The infection prevention and control policy was comprehensive and reflected best practice guidance. Effective measures were in place to reduce the risk of infection, such as COVID-19 transmission.

The service shared the treatment room with other services. We saw that each service had their own cleaning measures and equipment in place. Esthetique (Inverness) Ltd had developed its own enhanced cleaning schedules. Cleaning of the clinic environment and equipment was carried out between patients, with a thorough clean at the beginning and end of their time in the treatment room. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment, including gloves, fluid-resistant face masks, aprons and single-use items such as syringes and needles.

A waste contract was in place for the safe disposal of syringes, needles and other clinical waste.

A range of policies and procedures were in place to help the service deliver care safely. Policies and procedures were regularly reviewed to make sure they remained up to date.

A duty of candour policy was in place setting out how the provider would meet its professional responsibility to be honest with patients if something went wrong. The practitioners had a good knowledge of what this meant for the service.

An audit programme was in place with regular audits carried out on areas such as patient care records, the general environment, health and safety, and hand hygiene. We saw examples of completed audits and saw areas for improvement had been identified and acted on.

We saw evidence of a number of environmental and treatment risk assessments. This included common problems associated with fillers, blood spillages and needlestick injuries. The practitioners met every month with their landlord to discuss any risks which the service generated or if there were risks posed by any of the other services which shared the room and building.

We saw that each patient's care record included a risk assessment where any complications and the action that the patient should take were discussed.

The service had an emergency bag which was removed when the practitioners had finished working in the treatment room. The practitioners were both trained in adult life support and a policy was in place which covered common complications from treatments and the action needed to deal with them.

The service used an online and local pharmacy to provide any prescription medicines. This was done on a supply and demand basis to ensure that no medicines were stored in the treatment room.

The landlord was responsible for the servicing and maintenance of the building. This included gas safety, fixed electrical safety and fire safety. The service had not had any incidents or accidents since registration in October 2018. The practitioners were aware of their responsibilities to report certain incidents to Healthcare Improvement Scotland.



Feedback from patients included:

- 'It was so lovely to have such professional treatment.'
  - '... calm and reassuring manner made the whole experience stress free and relaxing.'
  - 'Oodles of professionalism and personality.'
- 
- No requirements.
  - No recommendations.

### Our findings

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

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**Patient care records included details of comprehensive assessments and consultations. The records were audited, up to date and legible. Consent to treatment and for sharing information with other healthcare professionals was documented.**

The practitioners carried out a full assessment with patients before any treatment took place. The assessment included reviewing and discussing both physical and psychological factors to make sure patients had realistic expectations of the proposed treatment plan.

We reviewed four patient care records. We saw that all patients had received a thorough consultation and assessment. The consultation included medical history, pre-existing health conditions and known allergies. Consultation and pre-treatment screening was also carried out for COVID-19. Patient care records were clear and easy to read.

Consent for each treatment had been obtained and recorded. Consent to record and contact the patient's GP or next of kin had also been obtained, in case they were required in an emergency. Treatment reviews took place and were recorded in the patient care record.

The service used paper patient care records. We were told that all patient care records were removed from the treatment room and stored at one of the practitioner's homes in a locked cabinet.

Patients were provided with verbal aftercare advice before leaving the treatment room and this was followed this up by email. Patients could also be provided with aftercare leaflets, if they wished. If a patient did experience a complication or had a query about aftercare, they could telephone the service at any time to arrange support.

- No requirements.
- No recommendations.

## **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**

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##### **The practitioners kept themselves up to date with their professional revalidation and continuing professional development.**

The service was co-owned and managed by two registered nurses who were also independent nurse prescribers. We saw evidence of up-to-date Protecting Vulnerable Groups (PVG) checks for the practitioners.

We also saw evidence of their revalidation and continuing professional development in aesthetics and through their other NHS employment. They told us this helped them to continue to deliver effective treatment in the service. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the Nursing and Midwifery Council, every 3 years.

We saw there was peer supervision and recorded evidence where the practitioners assessed each other's practice.

- 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 practitioners had a very clear vision of the future of the service. Although they had a good understanding of continuous quality improvement, a quality improvement plan would help improve the quality of the service provided, and ensure the delivery of safe and effective treatments.**

The service was a member of the Aesthetic Complications Expert (ACE) Group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions.

The service told us that it had formed partnerships with other aesthetic practitioners in the area to help discuss treatments, procedures or complications, and to provide peer support and best practice guidance when needed.

An audit of returning patients was carried out. The practitioners felt this gave a very good indication of how patients felt about the service. They also provided various methods for patients to provide feedback to help drive improvements.

The practitioners had a very good awareness of continuous quality improvement and of how it would benefit the service they provided. They told us they had made the decision to limit the type of treatments offered to ensure they could focus on, and become expert in, specific areas.

### **What needs to improve**

A quality improvement plan would help to structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation a).

- No requirements.

### **Recommendation a**

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

## 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 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
a	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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>

## 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)

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](mailto:his.contactpublicinvolvement@nhs.scot)

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