

# Announced Inspection Report: Independent Healthcare

**Service:** Espacio Medical Aesthetics, Edinburgh

**Service Provider:** Dr Liliana Limited

28 June 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 Espacio Medical Aesthetics on Wednesday 28 June 2023. We spoke with the manager during the inspection. We received feedback from 17 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

We did not request a self-evaluation from the service before the inspection.

### What we found and inspection grades awarded

For Espacio Medical 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	Patients told us they felt fully informed throughout their treatment process. Although feedback received from patients was analysed, patients should be informed how this was then used to improve the service. Patients should have information readily available to them on how to make a complaint.	✓ Satisfactory
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment and equipment were in a good state of repair. Quality assurance processes were in place to ensure the environment was clean, such as cleaning checklists. The	✓ Satisfactory

	service's audit programme should be further developed. Medical devices must be stored according to the manufacturer's guidance. A programme of equipment maintenance and servicing must be in place.	
<b>Domain 9 – Quality improvement-focused leadership</b>		
9.4 - Leadership of improvement and change	The service kept up to date with legislation and best practice guidance through membership of various aesthetic forums. Staff kept in touch on a regular basis, through informal and formal methods. A quality improvement plan should be developed to help the service evaluate performance and identify areas for improvement.	✓ Satisfactory

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

<b>Additional quality indicators inspected (ungraded)</b>	
<b>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</b>	
<b>Quality indicator</b>	<b>Summary findings</b>
5.2 - Assessment and management of people experiencing care	Patient care records showed detailed processes for patient consultations and assessments. However, patient care records must include details of the practitioner who carried out the treatment.
<b>Domain 7 – Workforce management and support</b>	
7.1 - Staff recruitment, training and development	Processes were in place, including all required background checks, to ensure staff were recruited safely, in line with the service's recruitment policy. The service's induction programme should be further developed, and a process put in place to regularly check staff remain safe to work 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 Dr Liliana Limited to take after our inspection**

This inspection resulted in three requirements and eight 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)

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

We would like to thank all staff at Espacio Medical 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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**Patients told us they felt fully informed throughout their treatment process. Although feedback received from patients was analysed, patients should be informed how this was then used to improve the service. Patients should have information readily available to them on how to make a complaint.**

Patients could access information on treatments from the service's website and social media pages. We saw that information leaflets were also available in the waiting area of the clinic. Patients telephoning for guidance on treatments have the option to have this information emailed to them. Depending on what treatment the patient was enquiring about, reception staff may make a consultation appointment to allow them to talk through their options with a practitioner. Following this, there was an opportunity for the patient to take some time to consider the treatment options over a number of weeks, if required. The cost of treatment was available on the service's website and was documented in patient care records.

Patients were able to book their appointments online and were sent a health questionnaire and consent form to read through and complete at home before their appointment.

The service had an up-to-date participation policy, which described the importance of obtaining patient feedback. We were told that patients were prompted to email feedback following their treatment. This allowed patients to score the service out of five and provide additional comments. We saw there had been a good response rate over recent months with mainly positive responses. In 2022, the service had issued a more detailed questionnaire and we saw patient responses were positive and this also had a good return rate.

We were told that feedback was also often given verbally by patients and on the service's social media pages.

We were told that feedback was reviewed every week and discussed between the manager and the lead practitioner (owner). We saw from minutes of the 3-monthly staff meetings that this was then discussed at these meetings.

The service had an up-to-date duty of candour policy (where healthcare professionals have a responsibility to be open and honest with a patient if something goes wrong). The service's annual report had been published on its website.

We saw an up-to-date safeguarding (public protection) policy and a complaints policy. These were available for staff to access at the reception area. We were told that the service had not received any complaints since the service was registered in March 2023.

Patients who completed our online survey told us:

- 'Always found the staff very friendly and explain everything about the treatments.'
- 'We thoroughly discussed all options.'
- '... is very knowledgeable and explains all relevant information with good detail.'

### **What needs to improve**

While we saw some staff training was in place, this should be developed further to include training in adult safeguarding (public protection), managing complaints and the principles of duty of candour (recommendation a).

No information for patients on how they could make a complaint was available in the service or on the service's website. As the service had recently moved premises, we were told that the service's website was being upgraded. Information on how to make a complaint should be easily available to patients (recommendation b).

While the service continued to gather and review patient feedback, there should be a structured process of informing patients of how their feedback has been used to improve the service (recommendation c).



- No requirements.

#### **Recommendation a**

- The service should introduce staff training in safeguarding (public protection), managing complaints and the principles of duty of candour.

#### **Recommendation b**

- The service should ensure that information is available for patients on how to make a complaint.

#### **Recommendation c**

- The service should develop a structured process of informing patients about how their feedback has been 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

**The environment and equipment were in a good state of repair. Quality assurance processes were in place to ensure the environment was clean, such as cleaning checklists. The service's audit programme should be further developed. Medical devices must be stored according to the manufacturer's guidance. A programme of equipment maintenance and servicing must be in place.**

The service had recently moved into a new property which had undergone a significant refurbishment. The environment was clean and well maintained.

All equipment was in good condition. Appropriate fire safety equipment and signage was in place. External contractors regularly tested and maintained the fire alarm and smoke detectors.

Appropriate and up-to-date policies and procedures helped to support the safe delivery of care, including:

- infection prevention and control
- safeguarding (public protection), and
- medicine management.

A good supply of single-use equipment was available and used to prevent the risk of cross-infection. The service also had a good supply of personal protective equipment, including gloves, aprons and face masks. A contract was in place with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles. We saw appropriate sharps bins were being used.

We saw completed cleaning schedules which detailed the various areas to be cleaned daily by staff. Appropriate cleaning products and equipment were used. We were told that the service was also cleaned twice a week by an external cleaning company.

Monthly checks on medicine expiry dates took place. All medicines were ordered electronically and obtained from appropriately registered suppliers. We saw a medicine fridge was in place and daily checks were carried out to ensure that the fridge temperature was maintained. The service kept some prescription-only medicines as stock, including medicine required in an emergency. All medicines were stored securely.

A number of recent audits had been carried out, with supporting action plans where necessary, to monitor the quality of care and the safety of the service. These included:

- medicine management
- waste management
- infection prevention and control, and
- patient care records.

The service's electronic risk register helped to ensure all risks to patients and staff were being reviewed. This included risk assessments for:

- the outside steps leading to the front door
- moving and handling
- lone working, and
- fire safety.

These risk assessments were appropriately rated using a risk matrix tool to determine the severity of the risk. Associated action plans had also been developed with staff delegated to take forward any required action.

Comments from patients who completed our online survey included:

- 'Clinic is beautiful and immaculate.'
- 'Very clean, bright and inviting.'
- 'Very professional friendly staff and well organised.'

### **What needs to improve**

We found single-use syringes of dermal filler in the fridge labelled with the date and a patient's name on them. We were told these had been previously used in a treatment and were being stored for the patient's second treatment (requirement 1).

There was no evidence of a servicing and maintenance programme for some equipment used during patient treatments, for example microneedling treatments and LED light therapies (requirement 2).

While a regular checklist was completed on medicine expiry dates, this did not include checking expiry dates for single-use equipment. During the inspection, we found a small amount of single-use equipment was out of date. We highlighted this to staff and this equipment was removed immediately (recommendation d).

Although a number of initial audits had recently been carried out, a rolling programme of regular audits would ensure key aspects of care and treatment are being continuously reviewed (recommendation e).

### **Requirement 1 – Timescale: immediate**

- The provider must ensure that medical devices, including dermal fillers, are stored and used according to the manufacturer's guidelines at all times.

### **Requirement 2 – Timescale: immediate**

- The provider must put in place a schedule for the regular servicing and maintenance of all equipment.

### **Recommendation d**

- The service should ensure expiry dates of all single-use equipment are checked on a regular basis.

### **Recommendation e**

- The service should develop a rolling programme of audits ensuring ongoing practices and processes are reviewed. Audits should be documented and improvement action plans implemented.

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

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**Patient care records showed detailed processes for patient consultations and assessments. However, patient care records must include details of the practitioner who carried out the treatment.**

Patient care records were stored securely on a password-protected electronic system. This system allowed emails to be automatically sent to patients with appropriate treatment information attached, for example information on aftercare. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

We reviewed five patient care records. Patients were asked to complete an electronic health questionnaire before attending their appointment. This included information on their past medical history, history of vaccinations, regular medicines, allergies and previous aesthetic treatments. This document was signed and dated by the patient.

All records reviewed had patient contact details including patient name, address, mobile telephone number, next of kin and GP contact details.

Each patient had a thorough consultation documented, including details on the patient's concerns and their wishes for treatment. There was a documented discussion about the risks and benefits of treatment. The practitioner completed a detailed facial assessment and a treatment plan. This included injectable medicines to be used, the areas to be injected and the volumes of medicine to be used. Following treatment, a facial diagram was completed and batch numbers and expiry dates of medicines used were documented.

Patients also completed a comprehensive consent form for the treatment they were planning. We saw this was completed every time for every treatment and included risks and benefits of the treatment, as well as consent to take photographs and to share information with their GP. This was signed and dated by both the patient and the practitioner.

Following treatment, each patient received an email containing information on the aftercare specific to their treatment. This included the service's out-of-hours contact details should they require it.

Patients who completed our online survey told us:

- 'I feel very confident that my wellbeing and physical appearance are in the very safest of hands.'
- 'My needs and input are always discussed when creating a treatment plan.'
- 'I wouldn't go anywhere else.'

### **What needs to improve**

We were told one individual practitioner did not write their own patient care records and had a member of staff complete these in the treatment room during the patient's appointment. This meant the clinical information that was documented electronically was logged under the name of the member of staff transcribing the records at the time of the appointment. This resulted in there being no evidence of this practitioner having carried out the treatment (requirement 3).

### **Requirement 3 – Timescale: immediate**

- The provider must ensure a record is made in the patient care records that includes the name of the healthcare professional responsible for providing the treatment.
- 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**

**Processes were in place, including all required background checks, to ensure staff were recruited safely, in line with the service's recruitment policy. The service's induction programme should be further developed, and a process put in place to regularly check staff remain safe to work in the service.**

The service currently employed a number of clinical and administrative staff, and we saw an up-to-date recruitment policy. Staff files were in paper format and stored securely within a locked filing cabinet. We reviewed six staff files.

Each file reviewed had:

- a curriculum vitae (CV)
- references
- training certificates
- a Disclosure Scotland Protecting Vulnerable Groups (PVG) check, and
- statements from the professional registered body.

Each staff member had a signed contract of employment which detailed information on annual leave, sick time and hours of work. These were signed by both the employee and the owner/practitioner.

Each new staff member underwent a 6-month probationary period and had the opportunity to shadow colleagues. During this time, regular face-to-face appraisals were carried out to support the individual. Once the probationary period was complete, the appraisal programme extended to every 12 months. We saw each staff member had undergone an appraisal process which included agreed personal development objectives.

Each staff file reviewed contained evidence of training certificates. We saw that a number of staff had completed inhouse training, including first aid and fire warden training.

### **What needs to improve**

In some staff files we reviewed, we saw that a training checklist had been completed and signed off. The checklist should be developed further to be part of a formal induction programme for all new staff (recommendation f).

There was no system in place for checking staff's ongoing professional registration, for example Nursing and Midwifery Council (NMC) revalidation and PVG checks (recommendation g).

- No requirements.

### **Recommendation f**

- The service should develop an induction programme for all new staff.

### **Recommendation g**

- The service should introduce a system for regularly checking professional registration and Protecting Vulnerable Groups (PVG) status.

## 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 legislation and best practice guidance through membership of various aesthetic forums. Staff kept in touch on a regular basis, through informal and formal methods. A quality improvement plan should be developed to help the service evaluate performance and identify areas for improvement.**

The service was owned and led by a medical practitioner who was registered with the General Medical Council as a GP. They were a member of the British College of Aesthetic Medicine and we saw up-to-date training certificates. The practitioner completed their appraisal through the NHS appraisal system.

The service was a member of a number of aesthetic forums, including 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. We were told the practitioner and aesthetic nurse had recently attended aesthetic conferences in Dublin and Glasgow.

Staff used an online encrypted messaging service to stay in regular daily contact. The manager and the practitioner met informally every week to talk through aspects of the service, including patient feedback.

Formal team meetings were held every 3 months. Staff were asked to contribute to the team meeting agenda. We saw agendas, minutes and action plans were in place where applicable. Issues discussed included the service's re-branding process, patient feedback and website updates.

We were told a team building day was to be held in July 2023.



We saw evidence of staff being promoted within the team, for example an administrative staff member had been promoted to manager. The aesthetic nurse was being supported and mentored to qualify as a non-medical prescriber. This course was due to be completed in 2-3 months and would allow the nurse to prescribe certain medicines.

### **What needs to improve**

We saw a number of changes and improvements had been taking place to develop the service in recent months, for example the new premises and upgrading the website. However, a formal quality improvement plan would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would enable the service to clearly demonstrate a culture of continuous quality improvement (recommendation h).

- No requirements.

### **Recommendation h**

- The service should develop and implement a quality improvement plan to demonstrate and direct the way it 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 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
<b>a</b>	The service should introduce staff training in safeguarding (public protection), managing complaints and the principles of duty of candour (see page 9).  Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14
<b>b</b>	The service should ensure that information is available for patients on how to make a complaint (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
<b>c</b>	The service should develop a structured process of informing patients about how their feedback has been used to improve the service (see page 9).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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

### Requirements

- 1** The provider must ensure that medical devices, including dermal fillers, are stored and used according to the manufacturer's guidelines at all times (see page 12).

Timescale – immediate

*Regulation 3(d)*

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

- 2** The provider must put in place a schedule for the regular servicing and maintenance of all equipment (see page 12).

Timescale – immediate

*Regulation 3(a)*

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

- 3** The provider must ensure a record is made in the patient care records that includes the name of the healthcare professional responsible for providing the treatment (see page 14).

Timescale – immediate

*Regulation 4(2)(c)*

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

### Recommendations

- d** The service should ensure expiry dates of all single-use equipment are checked on a regular basis (see page 12).

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

- e** The service should develop a rolling programme of audits ensuring ongoing practices and processes are reviewed. Audits should be documented and improvement action plans implemented (see page 12).

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

Domain 7 – Workforce management and support	
Requirements	
None	
Recommendations	
<b>f</b>	<p>The service should develop an induction programme for all new staff (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>
<b>g</b>	<p>The service should introduce a system for regularly checking professional registration and Protecting Vulnerable Groups (PVG) status (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
<b>h</b>	<p>The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement (see page 17).</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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