

# Announced Inspection Report: Independent Healthcare

**Service:** Face Renew, Ellon

**Service Provider:** FR Clinical Limited

1 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 12 March 2019.**

### **Recommendation**

*We recommend that the service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.*

### **Action taken**

The service had a participation policy in place. This recommendation is reported in Quality Indicator 2.1 (see recommendation a).

### **Recommendation**

*We recommend that the service should provide information for patients on how to make a complaint.*

### **Action taken**

The service had an appropriate complaints policy in place.

### **Recommendation**

*We recommend that the service should develop and implement a duty of candour policy.*

### **Action taken**

We saw that the service had a duty of candour policy in place and had published a copy of the yearly duty of candour report.

### **Recommendation**

*We recommend that the service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.*

### **Action taken**

The service had completed one documentation audit. This recommendation is reported in Quality Indicator 5.1 (see recommendation b).

**Recommendation**

*We recommend that the service should update its infection prevention and control policies to reference current legislation and best practice guidance.*

**Action taken**

While the service had an infection prevention and control policy in place, it did not reference best practice guidance. This recommendation is reported in Quality Indicator 5.1 (see recommendation c).

**Recommendation**

*We recommend that the service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients' care records.*

**Action taken**

Patient care records did not document patient consent for sharing information with their GP and other medical staff in an emergency, if required. This recommendation is reported in Quality Indicator 5.2 (see recommendation g).

**Recommendation**

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

**Action taken**

The service had a quality improvement plan was in place. However, it contained limited detail. This recommendation is reported in Quality Indicator 9.4 (see recommendation i).

## 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 Face Renew on Wednesday 1 February 2023. We spoke with the service owner.

The inspection team was made up of two inspectors, one of whom was observing the inspection.

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 Face Renew, 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 felt they were treated with dignity, respect and were fully informed about their treatment options. Patients told us they were happy with the care they received. A clear and accessible complaints process was in place. The service should follow its own participation policy for collecting feedback. | ✓ Satisfactory |

| 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 with systems and processes in place to maintain safety. A regular audit programme should be implemented. Sanitary fittings should be cleaned in line current guidance.   | ✓ Satisfactory |
| Domain 9 – Quality improvement-focused leadership                             |  |                |
| 9.4 - Leadership of improvement and change                                    | The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. A more detailed quality improvement plan would help the service to evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. | ✓ Satisfactory |

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

| Additional quality indicators inspected (ungraded)                            |   |
|---|---|
| Domain 5 – Delivery of safe, effective, compassionate and person-centred care |   |
| Quality indicator   | Summary findings  |
| 5.2 - Assessment and management of people experiencing care                   | The service kept patient care records securely. Patients were fully included and well informed about their treatments. Appropriate procedures were in place so patients could consent to treatment in line with current legislation. Consent should be recorded to allow information-sharing. |
| Domain 7 – Workforce management and support                                   |   |
| 7.1 - Staff recruitment, training and development                             | Pre-employment safety checks must be completed for all staff that are granted practicing privileges 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 FR Clinical Limited to take after our inspection**

This inspection resulted in one requirement and nine 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 requirement 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)

FR Clinical 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 Face Renew 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 felt they were treated with dignity, respect and were fully informed about their treatment options. Patients told us they were happy with the care they received. A clear and accessible complaints process was in place. The service should follow its own participation policy for collecting feedback.**

The service's informative website provided information about the procedure available, including what to expect afterwards and a clear explanation of costs. We saw that patients were given information in emails and during the consultation process to allow them to make a fully informed decision. Patients had time to consider treatment options and ask questions before agreeing to treatment.

Results from our online survey showed that patients felt involved in their treatment and were confident in the service. Comments included:

- 'Information was very clear, was told about all risks if any and also good advice for aftercare.'
- 'Received lots of information and had a follow up within 2 weeks.'
- 'Always full understanding/explanation.'
- 'Very good advice.'

The service maintained patient privacy and dignity. Consultations were appointment-only and only one patient was treated at a time, maintaining confidentiality. The treatment room door was locked when patients were receiving treatments.

We saw that the service displayed a vascular poster, which detailed the anatomy and physiology of blood supply to the face. The practitioner used this to explain to clients why they would not inject aesthetic products into certain areas.

After treatment, patients were given appropriate aftercare information leaflets, including the practitioners contact number and they could phone for advice at any time. Aftercare leaflets were on display at reception. The service had an up-to-date complaints policy, which referred to Healthcare Improvement Scotland as an alternative process for complaints. Complaints information was also available as a leaflet that was displayed near the front door.

### **What needs to improve**

The service had a participation policy, which included how patient feedback would be gathered from patients through a structured questionnaire. However, the service did not follow its own policy as clients could only leave feedback through social media (recommendation a).

- No requirements.

### **Recommendation a**

- The service should follow the process set out in its own participation policy for gathering, recording and evaluating patient feedback, and using the outcomes to drive improvements in the service.

## Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

### Our findings

#### Quality indicator 5.1 - Safe delivery of care

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**Patients were cared for in a clean and safe environment with systems and processes in place to maintain safety. A regular audit programme should be implemented. Sanitary fittings should be cleaned in line current guidance.**

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

- duty of candour
- information management
- medication management, and
- safeguarding (public protection).

We saw that the service followed its infection prevention and control policy. Effective measures were in place to reduce the risk of infection. Cleaning of the clinic environment and equipment was carried out in between patient appointments, as well as a programme of regular deep-cleaning daily.

To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment, such as face masks, gloves and aprons.

A suitable waste contract was in place for the safe disposal of swabs, syringes, needles and other clinical waste and waste transfer notes were kept in line with guidance. Sharps bins were compliant with the European Waste Codes (EWC).

The service had a good knowledge of management of blood spillages and had blood spillage kits to use.

All patients who responded to our survey agreed the environment was clean and in a good state of repair. Comments included:

- 'Always clean.'
- 'Very clean.'

All medicines were obtained from suppliers registered with the General Pharmaceutical Council (GPhC). The service kept a small amount of prescription-only medicines as stock, including medicine required in an emergency. A system was in place to record the temperature of the clinical fridge to check that medicines were stored at the correct temperature. All medicines were in-date and we saw that monthly checks were carried out.

Processes had been implemented to make sure care was delivered safely. This included an accident book used to record any accidents or incidents that occurred and an incident-recording-and-review process. The practitioner had a good understanding of their responsibilities for reporting accidents, incidents and adverse events.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). We saw that the service had published a yearly duty of candour report on its website. The service had not had any instances requiring it to implement duty of candour principles.

Appropriate fire safety equipment and signage was in place. The service had a fire risk assessment, fire plan and fire safety policy in place. The fire and security system was maintained yearly. A system was in place to test portable electrical devices every year.

### **What needs to improve**

Since our last inspection, the service had carried out one audit of client documentation. However, we saw no evidence that the service followed a regular audit schedule. An audit programme should include, as a minimum:

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

The service had an infection prevention and control policy in place. However, it did not reference Healthcare Improvement Scotland's *Healthcare*

*Associated Infection (HAI) Standards (May 2022) or Health Protection Scotland's National Infection Prevention and Control Manual (recommendation c).*

We did not see any documented evidence that clinical wash hand basins were cleaned with 1000ppm chlorine solution in line with national guidance (recommendation d).

The service did not use single-use mop heads (recommendation e).

A fire risk assessment and chemical risk assessments were in place. However, the service did not have any other risk assessments documented, such as for slips, trips and falls (recommendation f).

- No requirements.

#### **Recommendation b**

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

#### **Recommendation c**

- The service should update its infection prevention and control policy to reference current legislation and best practice guidance.

#### **Recommendation d**

- The service should ensure that in line with national guidance, appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks.

#### **Recommendation e**

- The service should ensure that single-use mop heads are used.

#### **Recommendation f**

- The service should develop a risk assessment which includes relevant hazards and actions to minimise potential risks.

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

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**The service kept patient care records securely. Patients were fully included and well informed about their treatments. Appropriate procedures were in place so patients could consent to treatment in line with current legislation. Consent should be recorded to allow information-sharing.**

The service used paper records at the time of our inspection. We saw that paper-format patient care records were stored securely in a locked filing cabinet. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to help make sure confidential patient information was safely stored.

We reviewed five patient care records in paper format and saw that the practitioner used different patient care documents for different treatments. Patient care records we reviewed included the patient's:

- address
- date of birth
- emergency contact details
- GP details, and
- name.

We saw that each patient care record included past medical history, allergies and past experience of aesthetic treatments. All entries were legible and patient care records had a small documented consultation and brief treatment plan. Patient care records also included a detailed consent form which set out the risks and benefits for the treatment. Most patient care records had a consent form the practitioner and patient had signed and dated.

Where appropriate, the nurse prescriber documented the details of their assessment in the patient care record.

We saw documented evidence in each patient care record of the lot number and expiry date of the medicines used and aftercare was recorded as given to patients.

### What needs to improve

A service may at times need to inform a patient's GP about something relevant to their treatment, such as an adverse reaction to a medicine or a complication. In order to share information, the service needs the patient's consent. The layout of the service's consent form did not allow this patient consent to be recorded (recommendation g).

- No requirements.

### Recommendation g

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records.

## 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

**Pre-employment safety checks must be completed for all staff that are granted practicing privileges to work in the service.**

The service had a practicing privileges policy in place for staff not employed directly by the provider but given permission to work in the service. One practitioner worked for the service under its practicing privileges arrangement and we saw a signed written agreement in place.

### What needs to improve

We saw no evidence of recruitment checks carried out for staff. As a minimum, the service should check staff members':

- Disclosure Scotland – Protecting Vulnerable Groups status
- insurance policies are up to date
- qualifications
- NMC registration
- two references, and
- vaccination history (requirement 1).

**Requirement 1 – Timescale: immediate**

- The provider must carry out pre-employment checks in line with current legislation and best practice guidance to make sure it does not employ any person that is unfit.
  
- 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 changes in the aesthetics industry, legislation and best practice guidance. A more detailed quality improvement plan would help the service to evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.**

The service was owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). This requires them to register with the NMC every year and to complete a revalidation process every 3 years where they gather evidence of their competency, training and feedback from patients and peers in order to remain a registered nurse practitioner. The practitioner also belongs to aesthetic forums, such as the British Association of Cosmetic Nurses; along with subscriptions to various aesthetic journals, including 'Plastic Maxillofacial Aesthetics' journal. The practitioner planned to attend an aesthetic product supplier-funded conference, with the opportunity to network with other practitioners and be updated on new products.

The practitioner had applied to gain a qualification as an independent nurse prescriber and was awaiting confirmation of acceptance. Once completed, this will allow them to prescribe prescription-only medicines, such as Botulinum toxin.

#### What needs to improve

The aesthetics practitioner regularly met with the nurse prescriber to share learning and discuss updates in current practice. However, minutes of this were not recorded (recommendation h).

While a service improvement plan was in place, it did not detail all the improvements that the service had implemented. Recording all of the improvement processes and outcomes would help to improve the quality of the

service provided. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement. The improvement plan should be informed from audits and risk assessments (recommendation i).

- No requirements.

#### **Recommendation h**

- The service should record minutes of any staff meetings.

#### **Recommendation i**

- The service should develop and implement a more detailed 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 follow the process set out in its own participation policy for gathering, recording and evaluating patient feedback, and using the outcomes to drive improvements in 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 4.8</p> |

| Domain 5 – Delivery of safe, effective, compassionate and person-centred care |   |
|---|---|
| Requirements  |   |
| None  |   |
| Recommendations   |   |
| <b>b</b>  | <p>The service should update its infection prevention and control policy to reference current legislation and best practice guidance (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p> <p>This was previously identified as a recommendation in the March 2019 inspection report for Face Renew.</p>                                       |
| <b>c</b>  | <p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 13).</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> <p>This was previously identified as a recommendation in the March 2019 inspection report for Face Renew.</p> |
| <b>d</b>  | <p>The service should ensure that in line with national guidance, appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>  |
| <b>e</b>  | <p>The service should ensure that single-use mop heads are used (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>  |
| <b>f</b>  | <p>The service should service should develop a risk assessment which includes relevant hazards and actions to minimise potential risks (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>   |

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

- g** The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records (see page 15).

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

This was previously identified as a recommendation in March 2019 inspection report for Face Renew.

## Domain 7 – Workforce management and support

### Requirement

- 1** The provider must carry out pre-employment checks in line with current legislation and best practice guidance to make sure it does not employ any person that is unfit (see page 16).

Timescale – immediate

*Regulation 8*

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

### Recommendations

None

| Domain 9 – Quality improvement-focused leadership |   |
|---|---|
| Requirements                                      |   |
| None  |   |
| Recommendations                                   |   |
| <b>h</b>  | <p>The service should record minutes of any staff meetings (see page 18).</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>   |
| <b>i</b>  | <p>The service should develop and implement a more detailed quality improvement plan (see page 18).</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> <p>This was previously identified as a recommendation in March 2019 inspection report for Face Renew.</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)



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or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

## Healthcare Improvement Scotland

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

0131 623 4300

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0141 225 6999

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