

Announced Inspection Report: Independent Healthcare

Service: Hebridean Aesthetics, Stornoway

Service Provider: Lesley Leng Murray

23 August 2023

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

© Healthcare Improvement Scotland 2023

First published November 2023

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

Contents

1	A summary of our inspection	4
----------	------------------------------------	----------

2	What we found during our inspection	8
----------	--	----------

	Appendix 1 – About our inspections	15
--	---	-----------

1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Hebridean Aesthetics on Wednesday 23 August 2023. We spoke with the owner (practitioner). We received feedback from 15 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Stornoway, Hebridean Aesthetics is an independent clinic providing non-surgical treatments

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Hebridean Aesthetics, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service aims to provide a safe environment where patients have the opportunity to discuss their aesthetic and wellbeing concerns. Patients told us their experiences were positive. Clear and measurable aims and objectives should be developed and available for patients to access.	✓ Satisfactory

Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Summary findings		Grade awarded
Patients could learn about available treatments in a variety of ways. Policies and processes were up to date. A risk management programme should be developed. The service should develop a more structured programme of clinical audits to demonstrate ongoing improvement.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The environment was well maintained and processes were in place to give patients a positive experience. Patient records showed a comprehensive patient assessment was carried out.		✓ Satisfactory

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 Assurance Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Lesley Leng Murray to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in one requirement and five recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop clear and measurable aims and objectives for patients to access (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.19</p>

Implementation and delivery	
Requirement	
1	<p>The provider must complete risk assessments of risks identified in the service and develop a risk register (see page 12).</p> <p>Timescale – immediate</p> <p><i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
b	<p>The service should develop a more structured process of gaining regular patient feedback with a process of informing patients of how their feedback has been used to improve the service (see page 9).</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>
c	<p>The service should ensure that patients know how to make a complaint (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>

Implementation and delivery (continued)

- d** The service should develop a regular programme of clinical audits to demonstrate ongoing service improvement (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

- e** The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement (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

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

Lesley Leng Murray, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Hebridean Aesthetics for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service aims to provide a safe environment where patients have the opportunity to discuss their aesthetic and wellbeing concerns. Patients told us their experiences were positive. Clear and measurable aims and objectives should be developed and available for patients to access.

Clear vision and purpose

The service told us its aim was to deliver a high standard of care and treatment tailored to the patient's needs, with patient safety and wellbeing at the centre of all decisions. Treatments were appointment-only and a high number of patients were returning customers. The practitioner told us they aimed to have an open conversation about the patient's expectations and requirements. Appointments were deliberately longer to allow time for the consultation.

The owner and manager of the service is a registered nurse, qualified as an independent prescriber. They worked as a lone aesthetic practitioner, providing:

- advanced skin treatments
- facial aesthetic treatments, and
- vitamin supplement injections.

What needs to improve

The owner (practitioner) should develop clear and measurable aims and objectives for providing the service. These should be visible to patients in the service and on its website (recommendation a).

- No requirements.

Recommendation a

- The service should develop clear and measurable aims and objectives for patients to access.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patients could learn about available treatments in a variety of ways. Policies and processes were up to date. A risk management programme should be developed. The service should develop a more structured programme of clinical audits to demonstrate ongoing improvement.

Co-design, co-production (patients, staff and stakeholder engagement)

The service had an up-to-date participation policy which referred to the process of feedback. We were told that feedback was obtained from patients through email, social media and verbally. A suggestion box was available at the entrance of the clinic. We were told feedback was always positive.

A variety of treatment information leaflets were available in the service for patients to read.

What needs to improve

While the service gathered feedback, it did not have a process to inform patients of the outcomes of their feedback (recommendation b).

- No requirements.

Recommendation b

- The service should develop a more structured process of gaining regular patient feedback with a process of informing patients of how their feedback has been used to improve the service.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The manager understood the process of notifying Healthcare Improvement Scotland of any changes in the service.

Service policies were up to date with a version control process in place. Policies were updated every 3 years or when guidance changed.

There was an up-to-date infection prevention and control policy in place which refers to the standard infection control precautions in place. This included hand hygiene, sharps management and use of personal protective equipment (PPE). A good supply of single-use equipment was available this is used to prevent the risk of cross-infection. 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.

There was a process of ordering medicines in the service. Patient prescription-only medicines were not held in stock on the premises. All medications were ordered from appropriately-registered suppliers and ordered for individual patients. A system was in place to record the temperature of the dedicated clinical fridge to make sure medications were stored at the correct temperature. There was a small number of emergency medicines held in stock, these were stored appropriately and in-date.

We were told there had been no incidents or accidents in the service since registration in September 2021.

We saw up to date complaints policy, safeguarding and duty of candour policy. Duty of candour is where healthcare professionals have a responsibility to be open and honest with a patient if something goes wrong. This had not been triggered in the last year. A current duty of candour statement was available on the service website. The complaints process was available on the service website. We were told no complaints had been received since registration in September 2021.

Patients were encouraged to have an initial consultation free of charge to discuss their expectations and to allow the practitioner to make an initial assessment. Patient care records were on an electronic format accessible only by using a protected password. Patients were sent a copy of the consent form and a health questionnaire electronically before they attended their appointment. Patients enquiring about vitamin supplement treatments were sent electronic questionnaires about their symptoms before treatment. Aftercare information was sent to patients electronically and patients were aware of the practitioners contact details should they require advice out of hours.

Patients who completed our survey told us:

- ‘The aftercare was explained to me, and I was also given a leaflet to refer to, or to remind me. At every point I was told what would happen how it would happen, and what to expect.’
- ‘Any questions no matter how big or small are answered and explained fully before moving forward.’

The service was registered with the Information Commissioners office (ICO) (an independent authority for data protection and privacy rights).

The service had a website and social media pages that detailed treatments available and the costs. Information on each treatment allowed patients to review their options when considering the service. We were told that patients would visit for a free consultation and had the opportunity to consider the planned treatment for a number of weeks before going ahead with it.

The practitioner is registered with the Nursing and Midwifery Council (NMC) and is required to register with the NMC every year and to complete a revalidation process every 3 years where they send evidence of their competency, training and feedback from patients and peers in order to remain a registered nurse practitioner.

The practitioner was qualified to provide a national medical weight loss programme (NMWLP). However, the NMWLP was on hold at the time of our inspection due to a national supply issue of the injectable treatments.

They are a member of a number of aesthetic forums for example the Aesthetic Complications Expert group (ACE) and aesthetic practitioner forums on social media. They have professional support from peers on Stornoway and on the mainland.

What needs to improve

The service had a complaints policy in place. However, the complaints policy published on the service’s website had out-of-date contact details for Healthcare Improvement Scotland. Information for patients about how to make a complaint was not available in the clinic. Patients should be made aware of how to make a complaint or highlight a concern about their care or treatment (recommendation c).

- No requirements.

Recommendation c

- The service should ensure that patients know how to make a complaint.

Planning for quality

We were told the practitioner regularly reviewed expiry dates on medicines and single-use equipment. We saw an up-to-date clinical governance policy that referred to clinical audits and risk assessment of the service.

What needs to improve

We saw a current fire risk assessment was in place. However, we saw no other risk assessments in place to protect patients and staff. A risk management process must be in place in the service. This would demonstrate that all risks had been considered and help to make sure the service was safe. Risk assessments must be completed and a risk register developed, addressing all possible risks in the service. For example, the risk of trips and falls (requirement 1).

We were told that the practitioner had reviewed the process of documenting patient care records and had recently moved to an electronic format but there was no documented evidence that patient records had been audited. During the inspection we noted that a small amount of single-use equipment was out of date, this was removed immediately. There should be a programme of clinical audits to ensure ongoing quality improvement. This could include:

- environmental
- medicine management, and
- patient care records (recommendation d).

The owner (practitioner) had made short notes on the consideration of switching from paper to electronic patient care records. A working quality improvement plan should be developed to highlight all ongoing improvements within the service with actions in place (recommendation e).

Requirement 1 – Timescale: immediate

- The provider must complete risk assessments of risks identified in the service and develop a risk register.

Recommendation d

- The service should develop a regular programme of clinical audits to demonstrate ongoing service improvement.

Recommendation e

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

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment was well maintained and processes were in place to give patients a positive experience. Patient records showed a comprehensive patient assessment was carried out.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

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.

The environment was clean and in a good state of repair. The service had a good supply of personal protective equipment available, including gloves, aprons and face masks. We saw cleaning processes were in place and were told that a deep-clean was carried out once a week.

We reviewed five patient care records and saw a comprehensive record was made for each, which included the patient's:

- contact details
- date of birth, and
- name.

We also saw that patients were asked for GP and next of kin contact details. There was evidence in each record that the patient consented to this information being shared in the event of an emergency.

We saw that patients had signed the pre-treatment questionnaires. The practitioner had also signed the consent forms. The patient's past medical history and current medicines were obtained, including known allergies.

During patient appointments, a consultation was carried out which documented their expectations and the treatment plan. For patients receiving aesthetic treatment, a face map was completed that highlighted the areas that had been injected and the volumes used. Each patient care record we reviewed showed that the batch number and expiry dates of the medicines used.

Patient who completed our survey told us they felt the owner (practitioner) put them at ease, they could ask any questions and were given time to make decisions. Patients told us:

- 'I was not rushed and I felt that I had all the time I needed to ask questions, or just to discuss the procedure.'
- 'At every point I was told what would happen how it would happen, and what to expect.'
- 'Well informed, made to feel so relaxed, setting was perfect'.
- 'Lovely environment - very comfortable, and bright and clean.'

- No requirements.
- No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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

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