

Announced Inspection Report: Independent Healthcare

Service: Houz of Aesthetics, Aberdeen

Service Provider: Houz of Aesthetics Ltd

2 September 2022

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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 Houz of Aesthetics on Friday 2 September 2022. We spoke with a number of staff during the inspection. This was our first inspection to this service.

The inspection team was made up of 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 Houz of 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 were very complimentary about the service and were able to make fully informed decisions about their treatment. Patient feedback was actively sought to help improve the quality of the service provided. A clear and accessible complaints process was in place.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment was clean and well maintained. Effective measures were in place to reduce the risk of infection. Clinical governance processes helped the service to provide assurance of safe care and treatment, including regular programme of audits. A risk management system must be implemented.	✓✓ Good
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 through its membership with local groups and national organisations. A quality improvement plan with appropriate action plans was produced to help evaluate and measure the quality, safety and effectiveness of the service provided.	✓✓ 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	Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Patients were fully included and well informed about their treatments. The service kept in regular contact with patients following treatment to check on their progress.

Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Safe recruitment processes were in place to make sure staff employed in the service were fit to practice. Staff were supported to carry out a range of training to help them carry out their roles effectively.

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Houz of Aesthetics Ltd to take after our inspection

This inspection resulted in one requirement and one recommendation. 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 recommendation.

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

Houz of Aesthetics Ltd the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Houz of 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

Patients were very complimentary about the service and were able to make fully informed decisions about their treatment. Patient feedback was actively sought to help improve the quality of the service provided. A clear and accessible complaints process was in place.

The service's informative website included details about the procedure available, including what to expect afterwards and a clear explanation of costs. We saw that patients were also given information through email and during the consultation process so they could 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:

- 'The practitioner will always make sure I have a realistic view on how and what I should get. She has a real eye for details and I would trust her decision on how to achieve what I want. But I always leave with exactly how I want.'
- 'The practitioner was honest about what could be achieved and ensured that I was comfortable with my decision before starting any treatment.'
- 'Throughout the whole process the practitioner explained to me what would happen during the procedure and what to expect and what to do for aftercare.'

The service made sure that patients' privacy and dignity was maintained. All consultations were appointment-only and only one patient was treated at a

time, maintaining confidentiality. The treatment room door was locked when patients were being treated.

The service had a comprehensive up-to-date participation policy. Patients had the opportunity to provide feedback to the service in a number of ways, including online or in written form. We were told and saw that feedback received was reviewed regularly and acted on. Examples included:

- moving to larger premises, and
- employing another nurse prescriber to administer anti-wrinkle treatments.

After treatment, patients received an email with appropriate aftercare information, including information about how to raise a concern or make a complaint. Patients who left feedback electronically also received an automated email telling them how to contact the service and how to make a complaint. The service had an up-to-date complaints policy which referred to Healthcare Improvement Scotland as an alternative process for complaints. This information was available on the service's website and a complaints form was available in the clinic.

We noted the service had not received any complaints since registration in March 2020.

Duty of candour is where healthcare organisations have a responsibility to be honest with patients if something goes wrong. The service had an up-to-date duty of candour policy and we were told the service had not had any instances requiring it to implement duty of candour principles.

- No requirements.
- No recommendations.

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 was clean and well maintained. Effective measures were in place to reduce the risk of infection. Clinical governance processes helped the service to provide assurance of safe care and treatment, including regular programme of audits. A risk management system must be implemented.

The clinic environment and equipment was clean, well maintained and fit for purpose. Appropriate systems were in place to help make sure the clinic environment was kept clean, tidy and well maintained. All equipment was in good condition, and external contractors regularly tested and maintained the heating systems and electrical appliances. Appropriate fire safety equipment and signage was in place.

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

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

We saw that the service worked in line with its infection prevention and control policy. Effective measures were in place to reduce the risk of infection. An infection control audit was carried out monthly and showed good compliance with the service's infection prevention and control policy and national guidance. Cleaning of the clinic environment and equipment was carried out in-between patient appointments, as well as a programme of regular deep cleaning. Appropriate cleaning products were used. Daily cleaning schedules were fully

completed and these were regularly audited to make sure the standard of cleanliness was maintained.

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

Clinical hand wash sinks were cleaned in line with current best practice. All staff including cleaners had a good knowledge of standard infection control precautions. A suitable waste contract was in place for the safe disposal of swabs, syringes, needles and other clinical waste. Waste transfer notes were kept, in line with guidance.

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

- 'Houz of Aesthetics looks immaculate and very clean. Equipment is obviously brand new and sealed. Everything feels super professional and safe.'
- 'The place has just been remodelled and looked so clean and professional, everything looked clean and fresh.'
- 'Everything was extremely clean and well presented.'

The service had a system in place for procuring, prescribing, storing and administering medicines. Emergency medicines were stored securely in a locked cupboard and were in-date and not overstocked. An effective stock control and rotation system allowed the service to regularly monitor the medicines supply. Medicines cupboards were clean, tidy and not overstocked. A first aid kit and emergency medicine kit were available so the service could quickly deal with any medical emergencies, such as a complication or adverse reaction from treatment.

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 and single-use patient equipment was in-date and we saw monthly checks were carried out.

A variety of processes had been implemented to make sure care was delivered safely. This included an accident book used to record any accidents or incidents that took place and an incident-recording and review process.

The practitioners had a good understanding of their responsibilities for reporting accidents, incidents and adverse events.

Suitable systems and processes were in place for the safe use of intense pulse light therapy (IPL). A laser protection advisor was in place to make sure the service followed laser safety guidance. The most recent report found the service was fully compliant. Staff using the machine staff had completed appropriate laser safety training. 'Local rules' were displayed, which are the local arrangements to manage laser safety usually developed by the laser protection advisor. The service had a nominated laser protection supervisor in place.

What needs to improve

While a fire risk assessment and IPL risk assessment was in place, the service did not have an effective process in place for risk management. All risks to patients and staff in the service must be effectively managed continuously. Pro-active risk management processes must be developed, which include a comprehensive risk register and appropriate risk assessments to protect patients and staff (requirement 1).

Requirement 1 – Timescale: by 2 December 2022

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Patients were fully included and well informed about their treatments. The service kept in regular contact with patients following treatment to check on their progress.

We reviewed five electronic patient care records and found all were comprehensive, including information for patients' GP and emergency contact details. Patients completed an initial online consultation form, including a medical history questionnaire and COVID-19 wellness screening. This was discussed with the patient during their initial consultation to make sure patients had realistic expectations of the proposed treatment plan. Risks and benefits of the treatment were explained before treatment. Treatment plans included facial mapping with a description of the treatment and diagram of the areas treated, including batch numbers and expiry dates of the medicine used. The treatment plans were reviewed and updated at each treatment.

Patients were asked to consent to treatment, sharing information with their GP if required and consent to have their photograph taken and shared for marketing purposes.

Patients were given verbal and written aftercare advice after their treatment and were invited for a post-treatment consultation. Patients were also provided with out-of-hours contact details for the practitioner.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). The service used electronic records which were stored securely on electronic devices. Access to any electronic information was password-protected to ensure confidentiality of patient information was maintained, in line with data protection legislation.

The service regularly audited patient records and developed action plans where appropriate.

Patients stated they were very satisfied with the service and the treatments they had received. Comments from our online survey included:

- 'I was talked through the options and given time to decide which treatments I wanted.'
- 'The practitioner always goes above and beyond and always makes sure I am 100% happy with a treatment and is always very professional and respectful.'
- 'I was spoken through clearly and shown what was going to happen.'

■ 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

Safe recruitment processes were in place to make sure staff employed in the service were fit to practice. Staff were supported to carry out a range of training to help them carry out their roles effectively.

All appropriate recruitment checks including Protecting Vulnerable Groups (PVG) had been carried out before staff started work, in line with the service's recruitment policy. Both nurses were registered with the Nursing and Midwifery Council and completed all mandatory training as part of their professional registration.

The nurse prescribers were enthusiastic in their approach to developing the service. They ensured both they and the manager were available during all first time patient consultations and thereafter for patients who were more anxious about their treatment.

The nurse prescribers was responsible for updating the management of medication policy and kept up to date with current best practice treatments associated with aesthetics. The nurse prescribers along with the service manager were also keen to participate in additional training to support the service in introducing a new range of skin care treatments to complement existing treatments.

The nurse prescriber and manager set aside time at the end of clinic sessions to discuss patient care and treatment options, what went well and anything that could have gone better. They also met more formally every 3 months to discuss and record strengths as well as ways in which the service could improve.

The service manager attended a variety of aesthetic training events and courses and shared their knowledge with the nurse prescriber. This helped to promote good practice and minimise risk in the service.

What needs to improve

We were told that frequent discussions between the nurse prescribers and the service manager were held where they frequently discussed service provision

along with their learning and development. However, a formal yearly appraisal had not been recorded (recommendation a).

- No requirements

Recommendation a

- The service should complete annual appraisals with any member of staff employed in the service.

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 through its membership with local groups and national organisations. A quality improvement plan with appropriate action plans was produced to help evaluate and measure the quality, safety and effectiveness of the service provided.

The service manager told us they regularly reflected on patient feedback received and used that to drive improvement. For example:

- moving to larger premises to allow more patients to attend for treatment due to have more treatment rooms, and
- employing another nurse prescriber to allow patients greater flexibility when booking an appointment.

We saw evidence that the service held staff meetings approximately every 3 months. We saw that different aspects of the service were discussed at this meeting, including:

- complaints
- infection prevention and control, and
- how improvements to the patient experience could be made.

The service kept up to date with changes in the aesthetics industry, legislation and best practice through subscribing to forums and attending a variety of training days provided by pharmaceutical companies.

The manager encouraged staff to be part of service evaluation and development. This enhanced leadership in the service and provided a positive

working environment where both practitioners felt valued by each other. The service manager had completed all mandatory training as part of their professional registration, as well as a range of aesthetic training to make sure their skills were up to date.

The service was owned and managed by a nurse 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. They were also a member of a number of aesthetic forums.

The service held regular staff meetings. Minutes of staff meetings showed that staff could express their views and were encouraged to share new methods of working or changes in practice to support service development.

From staff files, we saw that all registered nurses the service employed had their NMC registration checked and completed revalidation, if required.

The service had reviewed findings from inspections that had taken place in other similar services, and used this information to inform its own policy and procedure development.

- No requirements.
- No recommendations

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirement	
1	<p>The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 11).</p> <p>Timescale – by 2 December 2022</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	
	None

Domain 7 – Workforce management and support	
Requirements	
None	
Recommendation	
a	<p>The service should complete annual appraisals with any member of staff employed in the service (see page 14).</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>

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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