

Announced Inspection Report: Independent Healthcare

Service: Just Dreaming Aesthetics, Bonnyrigg

Service Provider: Just Dreaming Aesthetics Limited

4 October 2023

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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 Just Dreaming Aesthetics on Wednesday 4 October 2023. We spoke with the service manager (practitioner) during the inspection. We received feedback from 13 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 Bonnyrigg, Just Dreaming 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 Just Dreaming 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 had documented aims and objectives that were focused on continually improving the service. Patient satisfaction and safety was at the centre of any consultations and subsequent treatments. The aims and objectives of the service should be regularly reviewed to ensure they are being met.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Policies and procedures were in place to support safe and effective delivery of care, as well as a quality improvement plan to support continuous improvement in the service.</p> <p>Although the service encouraged feedback from patients, a more structured approach to gathering feedback should be developed. Cleaning schedules need further development. The complaints process should be more widely available to patients and a duty of candour report should be published. A regular programme of audits should be developed, and the risk assessments programme should be expanded to ensure that care and treatment is delivered in a safe environment.</p>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and well equipped. Patients told us the service was organised and tidy and they felt safe in the service. All patient care records we reviewed were fully completed. Fridge temperature checks should be recorded at the time they are taken along with any actions required.	✓ 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 Just Dreaming Aesthetics Limited 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 eight recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should ensure a process is in place to make sure the identified aims and objectives are measurable, and are being regularly reviewed and met (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 4.7</p>

Implementation and delivery	
Requirements	
None	
Recommendations	
b	<p>The service should develop a structured approach to gathering feedback, including how this then influences improvements and ensure that any feedback is shared with people using the service (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support: Statement 4.8</p>
c	<p>The service should develop the existing cleaning schedule to include evidence of products used and demonstrate cleaning has been carried out (see page 14).</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>
d	<p>The service should make its complaints process more widely available to patients, including publishing information on how to make a complaint on its website (see page 14).</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>
e	<p>The service should produce and publish an annual duty of candour report (see page 14).</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>
f	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment, including medicines management, patient care records and the care environment. Audits should be documented and improvement action plans implemented (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 4.19</p>

Implementation and delivery (continued)	
Recommendations	
g	<p>The service should expand its current programme of risk assessments used in the service to ensure that care and treatment is delivered in a safe environment. All risk assessments should then be regularly reviewed and updated (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 4.11</p>

Results	
Requirements	
None	
Recommendation	
h	<p>The service should have a system in place for ensuring all fridge temperature checks carried out are recorded at the time along with any actions taken (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>

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

We would like to thank all staff at Just Dreaming 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 had documented aims and objectives that were focused on continually improving the service. Patient satisfaction and safety was at the centre of any consultations and subsequent treatments. The aims and objectives of the service should be regularly reviewed to ensure they are being met.

Clear vision and purpose

The service's aims and objectives were kept in a folder in the treatment room which patients were encouraged to read. They were also available on the service's social media page. The service's vision was to deliver safe care, and support wellbeing using skills and knowledge obtained through continuous learning to improve patient outcomes.

An experienced nurse practitioner and independent prescriber, registered with the Nursing and Midwifery Council (NMC), owned and ran the service.

All treatments offered in the service were on an appointment only basis. We were told the practitioner aimed for a person-centred approach with each patient. This included discussion about individual expectations and requirements, and costs. It was important to the service that patient outcomes met expectation, and follow-up calls and messages with patients after each treatment helped to monitor this. This was also reflected in the feedback the service received through online reviews.

What needs to improve

While the service had set out aims and objectives, they should ensure objectives are measurable and reviewed regularly. Having clear objectives and a process in place to do this would provide reassurance that the service's aims and objectives are being met (recommendation a).

- No requirements.

Recommendation a

- The service should ensure a process is in place to make sure the identified aims and objectives are measurable, and are being regularly reviewed and met.

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

Policies and procedures were in place to support safe and effective delivery of care, as well as a quality improvement plan to support continuous improvement in the service.

Although the service encouraged feedback from patients, a more structured approach to gathering feedback should be developed. Cleaning schedules need further development. The complaints process should be more widely available to patients and a duty of candour report should be published. A regular programme of audits should be developed, and the risk assessments programme should be expanded to ensure that care and treatment is delivered in a safe environment.

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

Patients could get in touch with the service through social media or on the service's website. Information about each treatment allowed patients to review their treatment options before making any decisions. The service's website detailed aesthetic services it offered, such as anti-wrinkle injections and dermal fillers. Information leaflets were available in the treatment room. The service's contact details, including out of hours, were provided with all information leaflets.

The service's participation policy stated that it encouraged patients to provide feedback by actively asking those who used the service. Feedback from patients was mainly done through social media or face to face. The service was currently considering how it could gather feedback in other ways such as through a feedback survey. We were told it intended to email a survey directly out to patients and then display the results of this survey in the treatment room. The service was currently looking at survey templates and software for this.

We were told there had been some recent improvements carried out, some of which had been made as a result of feedback obtained from patients, for example new worktops.

What needs to improve

While the various online and verbal methods used to gather feedback were useful, it was difficult for the service to draw any conclusions that could be used to drive improvement as we found no evidence that feedback was being recorded and analysed, and results shared with people using the service. A more structured approach to patient feedback should include:

- recording and analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation b).

■ No requirements.

Recommendation b

- The service should develop a structured approach to gathering feedback, including how this then influences improvements and ensure that any feedback is shared with people using 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 service was aware of the notification process and of the circumstances in which it should notify Healthcare Improvement Scotland. A system was in place for the recording and managing of any incidents or accidents that may occur in the service. We saw there had not been any since the service registered with Healthcare Improvement Scotland in November 2021.

We saw policies and procedures were in place to deliver safe, person-centred care, including:

- information management
- complaints
- duty of candour
- emergency arrangements, and
- medication.

A cleaning schedule was in place and the service told us it used cleaning products with chlorine-releasing agents for the cleaning of all sanitary fittings, in line with national infection prevention and control guidance.

Maintenance contracts for fire safety equipment, the boiler and the fire detection system were up to date. Electrical and fire safety checks were monitored regularly. The service had an appropriate clinical waste contract in place.

Arrangements were in place to deal with medical and aesthetic emergencies, including an emergency medicines kit. We were told this was checked regularly to ensure medicines remained in-date. The practitioner was trained in advanced life support.

The complaints policy informed people they could complain to Healthcare Improvement Scotland at any time. The service had received no complaints from patients since registration and Healthcare Improvement Scotland had received no formal complaints about the service.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The practitioner fully understood their duty of candour responsibilities and the service had a duty of candour policy.

The service had a safeguarding policy, and the practitioner had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

The service had recently introduced an electronic patient care record system. Patient care records were stored on an electronic device and were password-protected. This protected confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights), and we saw that it worked in line with data protection regulations.

Patients had a face-to-face consultation with the practitioner where they completed a consent form, which was signed by both the patient and practitioner. The service discussed aftercare with patients and also emailed them this information. The practitioner followed up with patients after their treatment with either a telephone call or text message and were also available on social media.

The practitioner kept up to date with appropriate training, such as equality and diversity, and infection control. They also had various aesthetic training certificates displayed in the treatment room and their completed prescribing certificate. The practitioner was a member of a number of aesthetic forums, for example the British Association of Cosmetic Nurses (BACN), the Aesthetic

Complications Expert (ACE) Group and an aesthetic practitioner forum on social media. The service engaged in discussion through these forums around best practice guidance involving treatments, procedures or complications. They also attended webinars and conferences where possible, and we saw certificates of attendance.

What needs to improve

Although the service had a cleaning schedule, there should be evidence to show when and how equipment is cleaned (recommendation c).

Information about how to make a complaint should be easily available to those using the service, for example on the service's website (recommendation d).

The service had not produced and published an annual duty of candour report. Even if there have been no incidents requiring the need to implement the duty of candour procedure, a report is still required which should be easily accessible to the public (recommendation e).

- No requirements.

Recommendation c

- The service should develop the existing cleaning schedule to include evidence of products used and demonstrate cleaning has been carried out.

Recommendation d

- The service should make its complaints process more widely available to patients, including publishing information on how to make a complaint on its website.

Recommendation e

- The service should produce and publish an annual duty of candour report.

Planning for quality

We were told that the service had a good relationship with its patients and with other similar practitioners. Therefore, it would be able to recommend an alternative service to its patients in the event that the service needed to close.

Some risk assessments were in place to effectively manage risk in the service, including:

- fire safety, and
- COVID-19.

The service's quality improvement plan included:

- how it planned to improve, along with some examples of improvements made to date, and
- its continued collaboration with other services.

We saw that a new electronic patient care record system had recently been installed and a plan was in place to discard and replace some existing equipment.

What needs to improve

We saw no evidence of formal audits being carried out in the service. This would help the service provide continuous safe care and treatment for patients and identify areas for improvement. A structured programme of regular audits should be introduced for key areas such as medication, patient care records and the care environment (recommendation f).

Risk assessments should be completed and regularly reviewed to make sure that care and treatment continues to be delivered in a safe environment by identifying and taking action to reduce any risks to patients. The range of risk assessments should also be expanded, for example by developing a risk assessment for slips, trips and falls (recommendation g).

- No requirements.

Recommendation f

- The service should develop a programme of regular audits to cover key aspects of care and treatment, including medicines management, patient care records and the care environment. Audits should be documented and improvement action plans implemented.

Recommendation g

- The service should expand its current programme of risk assessments used in the service to ensure that care and treatment is delivered in a safe environment. All risk assessments should then be regularly reviewed and updated.

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 clean and well equipped. Patients told us the service was organised and tidy and they felt safe in the service. All patient care records we reviewed were fully completed. Fridge temperature checks should be recorded at the time they are taken along with any actions required.

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 ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

We saw that the clinic was clean and organised, and the environment was of a good standard and well maintained. There was a supply of personal protective equipment, such as disposable aprons and gloves, and hand gel was available. Single-use equipment was used where appropriate.

The service's medication fridge was clean and in working order, and had an alarm system that would alert the service in the event of a power failure. Prescription medicines were ordered on a named basis only, such as botulinum toxin. All named medication we looked at was ordered through UK-based pharmacies and we saw examples of receipts from orders received.

All patients who responded to our online survey told us the treatment provided was explained which included risks, benefits and outcomes. Patients also told us they felt safe in the environment and were reassured by the level of training undertaken. Patients stated the clinic was clean, tidy and organised. Some comments we received from patients included:

- 'Lovely quiet treatment room.'
- '... friendly approach.'
- '... pristine space, warm, private and comfortable.'
- '... it's professional. There is a booking system which is easy to access.'

- ‘... high standards.’
- ‘In uniform, tidy workspace.’

The four patient care records we reviewed showed that patients received a face-to-face consultation about their expectations before treatments were offered. A comprehensive assessment included past medical history, as well as risks, benefits and side effects of treatments. Patient care records were legible, accurate and up to date. Details of patients’ next of kin, GP and emergency contact were documented. Details of all medicines used included dosage, areas treated, batch number and date of expiry.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Some comments we received included:

- ‘Highly recommended and very satisfied customer.’
- ‘... very pleased... would highly recommend.’
- ‘I wouldn’t go anywhere else.’
- ‘... goes above and beyond...’

What needs to improve

Although the service had a schedule for fridge temperature recording to ensure that medicines would be stored at the correct temperature, there were no records to show these checks had been carried out along with any actions taken (recommendation h).

We were told that consent to share information with other healthcare professionals was being added to the new electronic patient care record system. We will follow this up at the next inspection.

- No requirements.

Recommendation h

- The service should have a system in place for ensuring all fridge temperature checks carried out are recorded at the time along with any actions taken.

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.
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