

# Announced Inspection Report: Independent Healthcare

**Service:** Jennifer Gilmartin Aesthetics (Falkirk),  
Falkirk

**Service Provider:** Jennifer Gilmartin Aesthetics Ltd

11 January 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 three 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 Jennifer Gilmartin Aesthetics (Falkirk) on 11 January 2022. We spoke with the practitioner, who is the service manager during the inspection. We received feedback from five patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

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 Jennifer Gilmartin Aesthetics (Falkirk), the following grades have been applied to three key quality indicators.

Key quality indicators inspected		
Quality indicator	Summary findings	Grade awarded
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Treatments were delivered in a suitable environment and in line with best practice guidelines. Effective systems were in place to manage risks to patients and staff. Suitable arrangements were in place to deal with aesthetic treatment complications. Patient feedback about the service was positive.	✓✓ Good

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service manager was an experienced dentist and aesthetics practitioner, keen to look for ways to improve the service. The service had a realistic quality improvement plan and an effective programme of audits. The service manager kept up to date with their training, professional registration and developments in the aesthetics industry.	✓✓ Good

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.2 - Assessment and management of people experiencing care	A clinical assessment was carried out with patients before any treatment was agreed. Patient care records were clear and showed aftercare had been discussed with patients. Patient care records were clear and consent was obtained and recorded for each treatment episode.	

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)

### What action we expect Jennifer Gilmartin Aesthetics Ltd to take after our inspection

This inspection resulted in no requirements or recommendations.

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)

We would like to thank all staff at Jennifer Gilmartin Aesthetics (Falkirk) for their assistance during the inspection.

## 2 What we found during our inspection

### 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

**Treatments were delivered in a suitable environment and in line with best practice guidelines. Effective systems were in place to manage risks to patients and staff. Suitable arrangements were in place to deal with aesthetic treatment complications. Patient feedback about the service was positive.**

The clinic environment was visibly clean and well maintained. It was well equipped and fit for purpose. The infection prevention and control policy reflected best practice guidance. Effective measures were in place to reduce the risk of infection, such as COVID-19 transmission. Measures included enhanced cleaning between patients and restricted access to clinical areas. Cleaning of the clinic environment and equipment was carried out between patients, along with a daily and weekly deep clean. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment available, including:

- fluid-resistant face masks
- gloves, and
- single-use items, such as syringes and needles.

A safe and effective system was in place for the procurement, prescribing and administration of medicines. Medicines were stored in a medicines fridge and the temperature of this was monitored and recorded. An effective stock control system was in place to make sure medicines and single-use items were in-date. All five patient care records we reviewed had a clear record of:

- the medicine prescribed
- the date it was used
- the batch number, and
- the expiry date.

Emergency aesthetic medicines were easily accessible and regularly checked to make sure they were in-date. The service had no reported complications following treatment but if a patient experienced a complication or had a query about aftercare, they could telephone the service to arrange support.

A waste contract was in place for the safe disposal of syringes, needles and clinical waste. Equipment, such as the treatment couch was in good condition. Stock was well organised and in-date. Contracts were in place for regular portable-appliance testing. External contractors serviced and maintained fire safety equipment.

An effective governance system helped identify and manage risks to staff and patients. Policies and procedures were regularly reviewed and updated.

The service manager knew what to do if they had any adult protection or child protection concerns. They also understood what information they had to share with Healthcare Improvement Scotland and other regulatory bodies, such as the Medicines and Healthcare products Regulatory Agency (MHRA).

A programme of environmental and clinical audits were carried out to make sure the safe delivery of care was monitored and reviewed. Audits included medicines management and stock control. These audits showed the service had good compliance and oversight of practice and procedures. Actions to be taken as a result of audits were carried out quickly and effectively.

Feedback from our survey about patients' experience of using the service was positive. Patients told us the environment was always clean and the service manager treated them with dignity and respect. All patients who responded to the survey agreed that the environment was suitable and they had been given honest and professional advice. Comments included:

- 'It was very clean and professional ... a lovely place to visit.'
- 'Very knowledgeable and experienced.'
- 'I feel safe and confident in her hands.'
- 'Completely honest and professional throughout any treatment and the end result has been exactly what I wanted.'



- No requirements.
- No recommendations.

## Our findings

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

**A clinical assessment was carried out with patients before any treatment was agreed. Patient care records were clear and showed aftercare had been discussed with patients. Patient care records were clear and consent was obtained and recorded for each treatment episode.**

Patients completed a pre-treatment questionnaire before their consultation appointment, which was then discussed with them during the consultation. The practitioner carried out a full assessment with patients before any treatment took place. The assessment included both physical and psychological factors to make sure patients had realistic expectations of the proposed treatment plan. The practitioner made patients aware of the suitability of treatment, benefits, risks and cost. Treatment would not proceed if patients had unrealistic expectations.

A consultation and assessment had been documented in the five patient care records we reviewed. The consultation included medical history, pre-existing health conditions and known allergies. Consultation and pre-treatment screening was also carried out for COVID-19. Patient care records were clearly written and stored securely. Consent for each treatment had been obtained and recorded. Consent to record and contact other medical professionals in case of an emergency had been documented. Comments from patients who responded to our online survey included:

- ‘...in-depth consultation was given prior to treatment.’
- ‘was attentive and listened to my needs and thoroughly explained my treatments, cost and the outcome.’
- ‘...is always very honest about all treatments and has advised me against some procedures I do not need.’

Patients were given verbal and written aftercare advice following their treatment and were invited for a post-treatment consultation.

Patient care records had been audited to make sure best practice guidelines were followed. The audit showed that consent had been discussed and patients were given enough information to inform their decision-making. A recent

medication administration audit had been completed and showed clear traceability records for prescribed medicines.

- No requirements.
- 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

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**The service manager was an experienced dentist and aesthetics practitioner, keen to look for ways to improve the service. The service had a realistic quality improvement plan and an effective programme of audits. The service manager kept up to date with their training, professional registration and developments in the aesthetics industry.**

The service manager was a dentist registered with the General Dental (GDC) and a member of the Aesthetics Complications Expert Group (ACE). This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions. The service manager was able to evidence their record of continual professional development in facial aesthetics.

The service's quality improvement plan covered all aspects of the service. The quality improvement plan was in place to help improve the quality of the service provided. The service listened to the views of patients and peers. This information was used to inform the quality improvement plan which, alongside the audit programme, helped to continually improve the service.

The service manager was open to new ideas and responsive to challenges and obstacles. Based on patient feedback, they were planning to review the clinic opening hours and change the appointment booking system, so it would be easier for patients to book their appointments. Based on recent audit results, the service had introduced an additional process to check the recording of batch numbers for all the medicines they used. This meant that, if a manufacture alert was released about a specific batch, they would quickly know where and when that batch had been used and could review each associated treatment.

The service manager planned to link with a regional or local peer support network, so they could benchmark their service and develop shared ideas. As COVID-19 restrictions reduced, they planned to resume their attendance at national and international conferences and learning events. They had offered to support another aesthetics practitioner with competency-based learning sessions.

- 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.

This inspection resulted in no requirements and no recommendations.
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## 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)

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