

Announced Inspection Report: Independent Healthcare

Service: JR Aesthetics

Service Provider: Julie Robertson

23 April 2023

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
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	Appendix 1 – Requirements and recommendations	16
	Appendix 2 – About our inspections	19
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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 JR Aesthetics on Sunday 23 April 2023. We spoke with the service manager (nurse practitioner) during the inspection. We received feedback from 13 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 JR 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 satisfied with their care and treatment. Clear procedures were in place for managing complaints and responding to duty of candour incidents. Patient feedback should be formally evaluated and used to inform improvements.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The service was clean. Equipment was maintained and fit for purpose. Patients who completed our survey told us they trusted staff to deliver safe care and treatment. All recommended electrical remedial works must be completed. Safe disposal of clinical waste in line with legislation must be documented. Prescription-only medicines should always be stored and administered according to the manufacturer's guidance. Cleaning schedules should be further developed.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.	✓ Satisfactory

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	Patients had a consultation and assessment before treatments. Patient consultations included discussions about risks, benefits and possible complications of treatment that allowed them to give informed consent. Patient care records must be fully completed.

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 Julie Robertson to take after our inspection

This inspection resulted in three requirements and six recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Julie Robertson, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at JR 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 satisfied with their care and treatment. Clear procedures were in place for managing complaints and responding to duty of candour incidents. Patient feedback should be formally evaluated and used to inform improvements.

The clinic was a small, personal service with many regularly returning patients. All consultations were appointment-only and only one patient was treated at a time to help maintain confidentiality.

All patients received a face-to-face consultation in the clinic and had to complete a consultation and consent form before they received treatment. This included information about their procedure and any pre-treatment instructions. During consultations, we were told that patients were given appropriate treatment options, as well as information about the risks and benefits of proposed treatments. Patients were given time to consider treatment options and ask questions before agreeing to treatment. All patients had to come back for a second appointment. This helped to make sure patients had time to consider if they wished to proceed with the proposed treatment.

We saw aftercare leaflets that were given to patients at the end of their treatment. These included aftercare instructions, out-of-hours contact details in case of any possible complications and included the service's complaints procedure.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. At the time of our inspection, the service had not received any complaints in the previous 12 months. A duty of candour policy (where

healthcare organisations have a professional responsibility to be honest with people when something goes wrong) was in place.

The service's participation policy stated that patients could give their feedback verbally, through its social media pages or leaving comments in a suggestion box in the service. The service had also recently introduced an online review system. All patient comments we saw on social media were positive.

Feedback from our online survey showed that patients were very pleased with the service. They told us they had been very satisfied with the advice and information received before treatment and had been fully informed about their treatment risks and benefits. Patients also stated they had been fully involved in decisions reached about their care and time taken for decision-making was welcomed. Comments from our online survey included:

- '[The practitioner] fully explained the treatment, talked through possible side effects, checked my medical history and explained what to do/not to do after the treatment.'
- 'There is no assumption of treatment. I am able to go away and think about it if need be and come back when I'm ready.'
- '[The practitioner] always treats me with dignity and respect during every service I have had from her.'

What needs to improve

The service had a participation policy in place. However, patient feedback was not formally documented or analysed (recommendation a).

While a duty of candour policy was in place, the service had not published a yearly duty of candour report (recommendation b).

- No requirements.

Recommendation a

- The service should further develop how it reviews and records patient feedback and engagement and use it to drive performance.

Recommendation b

- The service should produce an annual duty of candour report, showing the learning from its duty of candour incidents that year and publish them on its website.

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 service was clean. Equipment was maintained and fit for purpose. Patients who completed our survey told us they trusted staff to deliver safe care and treatment. All recommended electrical remedial works must be completed. Safe disposal of clinical waste in line with legislation must be documented. Prescription-only medicines should always be stored and administered according to the manufacturer's guidance. Cleaning schedules should be further developed.

The clinic environment was clean and equipment was in a good state of repair. We saw servicing and maintenance contracts in place for fire safety equipment and portable electrical equipment. The landlord was responsible for the servicing and maintenance of the building and the heating system.

The service had a fridge thermometer and temperature log in place to make sure medicines were stored at the correct temperature. The fridge used to store medicines was clean and tidy.

An infection prevention and control policy was in place that outlined appropriate standard infection control procedures appropriate to the service. Anti-bacterial handwash and disposable hand towels were used to promote good hand hygiene for staff and patients. We saw a good supply of personal protective equipment was available, such as aprons, gloves and masks. The equipment we saw was in-date.

The clinic used single-use, disposable equipment for all treatments. The service had a contract in place to manage clinical waste and sharps bins were available. The service manager was able to describe the process for cleaning patient equipment and the treatment room.

We received positive feedback from patients who responded to our online survey. They said the clinic environment was always very clean and welcoming. Comments included:

- 'Very comfortable. Also, good clean clinical area with clean surroundings and clear workspaces.'
- 'Facilities and equipment are very clean and professional.'
- 'Environment was very comfortable and relaxing.'

Emergency equipment was available, such as an emergency kit and drugs for managing any potential complications. While the service had not had any incidents or accidents since registration, an accident reporting procedure and book was kept to record any incidents.

The service had a safe administration of medicine policy and a system in place for prescribing, storing and administering medicines. All medicines were stored securely in a locked refrigerator once prescribed and ordered for the patient.

The clinic did not hold a regular stock of any medications. The service manager was the prescriber and obtained their medications from a registered pharmacy. Medication batch numbers were documented in patient care records to allow the service to respond to any medicine alerts or adverse events.

A programme of audits was in place which included audits of:

- environment cleanliness
- patient care records, and
- waste management.

Audits were carried out at different intervals and recorded. We saw examples of some recent audits.

We were told the service reviewed its policies every year or in response to changes in legislation. All policies reviewed had been recently updated.

What needs to improve

The service had maintenance contracts in place for servicing fire safety equipment and for the safety testing of all portable electrical appliances. However, urgent remedial works had not been completed following the EICR (electrical installation condition report) from 3 October 2022 (requirement 1).

A clinical waste contract was in place for waste management. However, the sharps waste contract did not include the safe disposal of cyto-toxic or cyto-static medications. This must be reflected in the service's waste management contract (requirement 2).

The majority of medicine management was in line with the safe administration of medicines. However, we found evidence of opened, re-constituted vials of anti-wrinkle medicines in the service's medicine fridge (recommendation c).

The service described the process for the cleaning of equipment and treatment room. However, no cleaning schedule was in place to evidence this (recommendation d).

Appropriate cleaning products should be used for all sanitary fittings in the service in line with current guidance (recommendation e).

Requirement 1 – Timescale: immediate

- The provider must demonstrate that all remedial action highlighted from the fixed electrical check carried out on 3 October 2022 is carried out.

Requirement 2 – Timescale: immediate

- The provider must provide evidence of the safe disposal of clinical waste and containers used to dispose of sharps in line with hazardous waste legislation.

Recommendation c

- The service should ensure that prescription-only medicines are always stored and administered according to the manufacturer's guidance.

Recommendation d

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins.

Recommendation e

- The service should develop cleaning schedules and should include details of cleaning products, processes and records of completion of cleaning.

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a consultation and assessment before treatments. Patient consultations included discussions about risks, benefits and possible complications of treatment that allowed them to give informed consent. Patient care records must be fully completed.

Appropriate aftercare was given and follow-up appointments offered. Patients told us they felt well informed and received a lot of information about treatment options, risks, benefits and aftercare arrangements before going ahead with treatment. Some comments we received from patients included:

- '[The practitioner] explains all of the information I need to know pre-service (procedure, risks, benefits) and then asks me if I'd still like to go ahead. We also discuss approach pre-treatment to ensure I get the best results.'
- '[The practitioner] is very thorough in her explanation and what was achievable.'

Patients had an initial face-to-face consultation with the practitioner. This was a full assessment to determine their suitability for treatment and before any recommendations were made about treatment options. The consultation included taking a full medical history from the patient, to review:

- any areas which would highlight potential risks associated with the treatment, such as pregnancy or breast-feeding
- medication the patient was taking
- pre-existing health conditions, and
- previous treatments.

In the five patient care records we reviewed, we saw a record of the initial consultation, and an assessment of each patient's past medical history. We saw that consent-to-treatment forms included the risks and benefits, consent for sharing information with the patients GP or other health care professionals and for taking photographs in the clinic. Consent forms were signed in all patient care records we reviewed.

Patient care records were stored securely in a lockable filing cabinet in the clinic room. The service had a data protection, confidentiality and information

security policy in place and was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

What needs to improve

While we saw evidence that patient care record audits were carried out every 6 months, not all patient care records we reviewed were fully completed. For example, some patient care records were missing information documenting discussions about:

- aftercare
- cost
- risks and benefits, and
- treatment plans.

The five patient care records we reviewed all contained a face-to-face consultation and consent forms had been signed. However, the consultation forms used did not capture patients':

- allergies
- GP details
- mental health concerns
- next of kin and emergency contact details (requirement 3).

Requirement 3 – Timescale: immediate

- The provider must ensure that patient care records are fully completed.
- No recommendations.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

The service was owned and managed by an experienced nurse practitioner registered with the NMC, who was also a member of several aesthetic forums. The practitioner is also a registered as an independent prescriber with the NMC.

The practitioner kept up to date with best practice through online training and development and attending training events. This made sure the service was aware of changes in the aesthetics industry, legislation and best practice guidance. They told us they attended study days provided by a UK-registered pharmacy and that they also participated in peer discussion sessions.

They also engaged in the NMC revalidation process. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC, every 3 years.

What needs to improve

The service did not have a system in place to review the quality of the service delivered. Regular reviews of feedback, complaints, incidents or audits of the service would help make sure the service delivered is of a quality appropriate to meet its patients' needs. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation f).

- No requirements.

Recommendation f

- The service should develop a quality improvement plan to formalise and direct the way it drives performance.

Appendix 1 – Requirements and recommendations

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

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

Domain 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
a	The service should further develop how it reviews and records patient feedback and engagement and use it to drive performance (see page 8). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
b	The service should produce an annual duty of candour report, showing the learning from its duty of candour incidents that year and publish them on its website (see page 8). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

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

Requirements

- 1** The provider must demonstrate that all remedial action highlighted from the fixed electrical check carried out on 3 October 2022 is carried out (see page 11).

Timescale – immediate

Regulation 10(2)(b)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
- 2** The provider must provide evidence of the safe disposal of clinical waste and containers used to dispose of sharps in line with hazardous waste legislation (see page 11).

Timescale – immediate

Regulation 3(a)(i)(iii)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
- 3** The provider must ensure that patient care records are fully completed (see page 13).

Timescale – immediate

Regulation 4(2)(a)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

- c** The service should ensure that prescription-only medicines are always stored and administered according to the manufacturer's guidance (see page 11).

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

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

- d** The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins (see page 11).

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

- e** The service should develop cleaning schedules and should include details of cleaning products, processes and records of completion of cleaning (see page 11).

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

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

- f** The service should develop a quality improvement plan to formalise and direct the way it drives performance (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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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