



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Little Reds Aesthetics, Falkirk

**Service Provider:** Little Reds Aesthetics Ltd

2 March 2022

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## 1 Progress since our last inspection

### What the provider had done to meet the requirements we made at our last inspection on 24 July 2019

#### Requirement

*The provider must ensure a record is made in the patient care record, as closely as possible to the time of the relevant event, of the following matters:*

- *the date and time of every consultation with, or examination of, the service user by a healthcare professional and the name of that healthcare professional*
- *the outcome of that consultation or examination*
- *details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the healthcare professional responsible for providing it, and*
- *every medicine ordered for the service user and the date and time at which it was administered or otherwise disposed of.*

#### Action taken

The provider had reverted back to using a paper patient care record template that included:

- date and time of consultation and examination by healthcare professionals and the outcome of that consultation
- details of every treatment, and
- date and time of every medication.

From the five patient care records we reviewed, we saw all of this information was now being recorded. **This requirement is met.**

### What the service had done to meet the recommendations we made at our last inspection on 24 July 2019

#### Recommendation

*The service should continue to collect patient feedback and evaluate its findings to show how patient feedback is used to inform service improvement.*

#### Action taken

The service now gathered feedback through testimonials on social media as it had found paper and online feedback surveys were not being completed by patients. All feedback was reviewed, and we noted that no improvements had been identified. However, patient reviews and testimonials on independent

online review websites were written in a free text format with no structured questions asked. Therefore, while the information was useful, it may be difficult for the service to draw any conclusions that could be used to drive improvement.

### **Recommendation**

*The service should update its infection control policies to include reference to blood spillages.*

### **Action taken**

We saw an updated infection prevention and control policy which detailed how the service would manage a blood spillage.

### **Recommendation**

*The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients' care records.*

### **Action taken**

Updated patient care records included recording of patients' GP and emergency contact details in case of any emergencies.

### **Recommendation**

*The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.*

### **Action taken**

An audit programme was now in place. For example, recent audits of patient care records showed where improvements required to be made and a date for the next audit was in place.

### **Recommendation**

*The service should develop a quality improvement plan.*

### **Action taken**

A quality improvement plan had been implemented. A recent example of action taken to further improve the service had been to develop an online appointment booking system for patients.

## 2 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 Little Reds Aesthetics on Wednesday 2 March 2022. We spoke with the service manager (practitioner) during the inspection. We received feedback from seven patients through an online survey we had asked the service to issue for us before the inspection.

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. Although requested, the service did not submit a self-evaluation before the inspection.

### What we found and inspection grades awarded

For Little Reds Aesthetics, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Patients were cared for in a clean and safe environment. Systems were in place to maintain safety and patients were satisfied with the environment and standard of cleanliness. However, a cleaning schedule should be developed for the staff areas that are shared with other businesses.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
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 membership with national groups, attending conferences and training opportunities. A quality improvement plan helped to improve the quality of the service provided, and ensure the delivery of safe and effective treatments.	✓ Satisfactory

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	All patients received a comprehensive assessment before treatment was carried out. Treatments were fully explained and alternative options offered where appropriate. Consent was recorded in the patient care record. All appropriate sections of the patient care record should be signed by the practitioner.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	A practicing privileges contract was in place for the independent prescriber. Ongoing personal development and sharing of information between the practitioner and prescriber should be formalised.

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)

### **What action we expect Little Reds Aesthetics Ltd to take after our inspection**

This inspection resulted in three recommendations. See Appendix 1 for a full list of the 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](http://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 Little Reds Aesthetics for their assistance during the inspection.



### 3 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**

**Patients were cared for in a clean and safe environment. Systems were in place to maintain safety and patients were satisfied with the environment and standard of cleanliness. However, a cleaning schedule should be developed for the staff areas that are shared with other businesses.**

We saw that the clinic environment was clean and well maintained. An infection prevention and control policy was in place and the practitioner used single-use equipment to minimise the risk of cross infection. A clinical waste contract was in place to remove and dispose of sharps and clinical waste. We saw a completed and up-to-date cleaning schedule for cleaning areas of the clinic.

All patients who responded to our online survey said they were satisfied with the cleanliness of the environment. They told us:

- 'It was clean, friendly and welcoming.'
- 'Very clean.'
- 'Nice clean room.'

We saw a safe system for the prescribing, storing and administration of medication. All medicines were ordered or prescribed for individual patients and securely stored in a locked cupboard or locked fridge until used. We saw that temperature recording was carried out to ensure medications were being stored at the correct temperature. Emergency arrangements were in place and medicines that could be used in an emergency were available for the practitioner to use.

Since the last inspection, the service had implemented an audit programme. Regular audits were now being carried out on patient care records and medication management. Completed audits showed where the service had made improvements and dates for follow-up audits were in place. A process was in place to review policies and procedures to make sure they were up to date with best practice and in line with current legislation.

We saw laser equipment used in the service was maintained and reviewed by a named laser protection advisor. This helps to ensure a safe environment for both patients and staff.

### What needs to improve

The staff kitchen and toilet facilities were shared with other businesses. We saw a poor standard of cleaning in the kitchen and toilets. As there was no cleaning schedule for these areas, the practitioner could not be sure when cleaning was carried out or what products were used for cleaning (recommendation a).

- No requirements.

### Recommendation a

- The service should develop a cleaning schedule for the shared kitchen and bathroom facilities used by the clinic staff to ensure these areas are cleaned effectively using appropriate cleaning products.

## Our findings

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

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**All patients received a comprehensive assessment before treatment was carried out. Treatments were fully explained and alternative options offered where appropriate. Consent was recorded in the patient care record. All appropriate sections of the patient care record should be signed by the practitioner.**

We reviewed five patient care records and found these were legible and up to date. We saw that a consultation and comprehensive assessment was carried out, including the patient's medical history. The patient care record also included risks associated with the treatment such as any previous allergic reactions. The practitioner discussed a treatment plan with the patient before treatment. Patients who required a prescription medicine for their treatment, such as botulinum toxin, also had a face-to-face consultation with the independent prescriber before attending for their treatment appointment.

All information about the prescription consultation and full patient assessment were shared between the prescriber and practitioner, so that the best care could be provided to the patient.

Patient care records showed that patients consented to their treatment and included GP and emergency contact details, and if photographs were taken. Aftercare advice given, both verbal and written, and records of written advice provided, was also documented in the patient care records.

All patients who responded to our online survey told us they had been treated with dignity and respect, and they were given time to reflect on their options for treatment. Patients told us:

- ‘... listened to my concerns and made recommendations to suit my budget.’
- ‘I had an initial consultation and was given information away with me to look over before deciding what treatment I wanted.’
- ‘I felt safe being treated by a nurse.’

Confidentiality of patient information was maintained. Paper records were kept in a locked filing cabinet which only the practitioner could access.

We were told the service was in the process of moving from an electronic patient care record system back to a paper-based system.

### **What needs to improve**

While most patient care records we reviewed were fully completed, we found that the final summary entry on the patient care record did not have a prompt to ensure this was signed and dated by the practitioner. We were told that a prompt would be added to the revised paper patient care record template (recommendation b).

- No requirements.

### **Recommendation b**

- The service should ensure all relevant sections of patient care records are signed and dated by the practitioner.

## **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**

**A practicing privileges contract was in place for the independent prescriber. Ongoing personal development and sharing of information between the practitioner and prescriber should be formalised.**

No staff were employed in the service. However, a formal practicing privileges agreement was in place between the service and an independent prescriber. The service had carried out appropriate background and identity checks on the prescriber before they commenced working in the service.

#### **What needs to improve**

Although we were told the practitioner had regular supervision meetings with the prescriber, there was no personal development plan or assurance of the prescriber keeping their skills updated (recommendation c).

- No requirements.

#### **Recommendation c**

- The service should ensure supervision meetings with the prescriber are documented to give assurance of ongoing personal development and relevant sharing of information.

## 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 membership with national groups, attending conferences and training opportunities. A quality improvement plan helped to improve the quality of the service provided, and ensure the delivery of safe and effective treatments.**

The service was provided by an aesthetic nurse who was registered with the Nursing and Midwifery Council (NMC). The practitioner completed ongoing training as part of their NMC registration requirements, including 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 also attended aesthetic conferences and training events. This made sure they kept up to date with best practice.

The practitioner was a member of national groups and received peer support from other aesthetic practitioners and best practice guidance when needed.

Since the last inspection, a quality improvement plan had been implemented. Examples of recent actions taken to improve the service was the introduction of an online booking system to make it easier for patients to book appointments.

- 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	
Requirements	
None	
Recommendations	
<b>a</b>	<p>The service should develop a cleaning schedule for the shared kitchen and bathroom facilities used by the clinic staff to ensure these areas are cleaned effectively using appropriate cleaning products (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17</p>
<b>b</b>	<p>The service should ensure all relevant sections of patient care records are signed and dated by the practitioner (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

Domain 7 – Workforce management and support	
Requirements	
None	
Recommendation	
<b>c</b>	<p>The service should ensure supervision meetings with the prescriber are documented to give assurance of ongoing personal development and relevant sharing of information (see page 12).</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](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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