

Announced Inspection Report: Independent Healthcare

Service: Mackenzie Aesthetics, Stornoway

Service Provider: Liza Mackenzie

24 August 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 Mackenzie Aesthetics on Thursday 24 August 2023. We spoke with the practitioner (owner) 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 Stornoway, Mackenzie 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 Mackenzie 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 is owned and managed by a prescribing aesthetic nurse practitioner, aiming to provide a service where patients feel valued and are treated with dignity. Patients told us they had a positive experience.	✓ Satisfactory

Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Summary findings		Grade awarded
The service had a process of gaining feedback from patients. Policies and processes were updated when required. The complaints process should be easily accessible for patients. A risk management process should be developed.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
Patient records were stored securely. The patient care records should be developed further to include evidence of an assessment and full contact details. The consultation room was in a good state of repair. The provider should ensure the building remains safe for patients.		Unsatisfactory

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 Liza Mackenzie 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 four requirements and seven recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop clear and measurable aims and objectives for patients to access (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.19</p>

Implementation and delivery	
Requirement	
1	<p>The provider must develop a risk register highlighting all risks in the service (see page 12).</p> <p>Timescale – immediate</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	
b	<p>The service should develop a process of informing patients of how their feedback has helped to improve the service (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 4.19</p>
c	<p>The service should ensure patient know how to make a complaint should they have concerns about their experience (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 4.20</p>

Implementation and delivery (continued)

- d** The service should ensure a duty of candour report is published every year for patients to review (see page 12).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
- e** The service should develop a regular programme of clinical audits to demonstrate ongoing service improvement (see page 13).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
- f** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 13).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results

Requirements

- 2** The provider must ensure the premises are kept in a good state of repair both externally and internally (see page 15).
- Timescale – immediate
- Regulation 10 (2) (b)*
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
- 3** The provider must ensure that a record is made in each patient care record of the consultation and assessment (see page 15).
- Timescale – immediate
- Regulation 4(2)(b)*
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Results (continued)

- 4** The provider must ensure that full contact details are obtained for each patient including GP and next of kin contact details and gain consent for sharing these in the event of an emergency (see page 15).

Timescale – immediate

Regulation 4(1)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendation

- g** The service should develop checklists capturing the regular cleaning of the clinic and checks on expiry dates of single-use equipment (see page 15).

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

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

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

We would like to thank all staff at Mackenzie 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 is owned and managed by a prescribing aesthetic nurse practitioner, aiming to provide a service where patients feel valued and are treated with dignity. Patients told us they had a positive experience.

Clear vision and purpose

The service told us it aimed to provide the highest standard of care in a relaxed and professional environment. It also aimed to make sure patients felt valued and were treated with dignity and respect during and after their treatment. Treatments were appointment-only and a high number of patients were returning patients.

An aesthetic nurse practitioner, qualified as an independent prescriber was the owner and manager of the service. It registered with Healthcare Improvement Scotland in September 2021 to provide aesthetic treatments, such as anti-wrinkle injections, dermal fillers and advanced skin care.

What needs to improve

The owner (practitioner) should develop clear and measurable aims. These should be visible to patients in the service and on its website. A measurable tool should be used to demonstrate how these aims are achieved (recommendation a).

- No requirements.

Recommendation a

- The service should develop clear and measurable aims and objectives for patients to access.

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

The service had a process of gaining feedback from patients. Policies and processes were updated when required. The complaints process should be easily accessible for patients. A risk management process should be developed.

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

The service had a participation policy in place which referred to the different opportunities to provide feedback. For example, patients could give their feedback on social media or complete a feedback questionnaire that was provided on the website. Patients were encouraged to complete this after their treatment. All feedback we saw was positive.

The service had an active website and social media pages where treatment information and costs were available, allowing patients the opportunity to review information before contacting the service. Patients made contact with the practitioner over the telephone or on an encrypted platform with queries before and after treatment.

What needs to improve

While the service gathered feedback, it did not have a process to inform patients of the outcomes of their feedback (recommendation b).

- No requirements.

Recommendation b

- The service should develop a process of informing patients of how their feedback has helped to improve 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 practitioner (owner) was fully aware of the process of notifying Healthcare Improvement Scotland of any changes occurring in the service.

Service policies were up to date with a version-control process in place. This included up-to-date policies for safeguarding and its complaints process. No complaints had been received since the clinic was registered in September 2021.

Duty of candour is where healthcare professionals have a responsibility to be open and honest with a patient if something goes wrong. We saw the service also had an up-to-date duty of candour policy in place.

The service's up-to-date infection prevention and control policy referred to the standard infection control precautions it had in place in line with national guidance. This included hand hygiene, sharps management and use of personal protective equipment (PPE). A contract was in place with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles.

When the aesthetic practitioner (owner) was not providing the service, other services shared the consulting room. However, the practitioner had their own supply of appropriate cleaning products and equipment. We were told that cleaning was carried out in between patients and the floor was mopped at the end of the clinic day.

The service had a process in place for ordering medicines. Patient prescription-only medicines were not held in stock on the premises. All medications were ordered from appropriately-registered suppliers and ordered for individual patients. A system was in place to record the temperature of the dedicated clinical fridge to make sure medications were stored at the correct temperature. The service had a small number of emergency medicines held in stock, which were stored appropriately and in-date.

Patient care records were stored electronically under a password-protected process. Patients had the opportunity to have a consultation free of charge to discuss their expectations from the treatment and to allow the practitioner to make an initial assessment. The patient could have a cooling-off period to reconsider the treatment over a number of weeks. Following the treatment, patients could contact the practitioner directly if they had any concerns.

The practitioner (owner) is registered with the Nursing and Midwifery Council and is required to register with the NMC every year and to complete a revalidation process every 3 years where they send evidence of their

competency, training and feedback from patients and peers in order to remain a registered nurse practitioner.

They are a member of a number of aesthetic forums, such as the Aesthetic Complications Expert group (ACE) and attended aesthetic practitioner forums on social media. They subscribed regularly to aesthetic journals.

What needs to improve

The website was informative about treatments available in the service. However, it did not include information on how to make a complaint to the service. The complaints process should be available on the website to allow patients to review (recommendation c).

Even where no incidents occur requiring the need to implement the duty of candour procedure, a yearly report should be produced and made available to the public on the service's website (recommendation d).

The service should check with the Information Commissioner's Office (an independent authority for data protection and privacy rights) if it is required to register with them. We will follow this up at future inspections.

- No requirements.

Recommendation c

- The service should ensure patient know how to make a complaint should they have concerns about their experience.

Recommendation d

- The service should ensure a duty of candour report is published every year for patients to review.

Planning for quality

The practitioner (owner) told us they had a number of ideas for further professional development and training and treatments to offer in the future, including body piercing and permanent make-up.

What needs to improve

The service did not have a process in place to manage risk. The service should develop a process of risk assessments. The service must develop a risk register addressing all possible risks in the service, such as the risk of trips and falls. This would demonstrate that all risks had been considered and help make sure the service is safe (requirement 1).

While we saw that there was regular checklists checking expiry dates of emergency medicines and fridge temperatures. The service should develop this further to include a regular programme of clinical audits to ensure ongoing quality improvement. This could include patient care records, infection prevention and control environmental checks (recommendation e).

The service did not have a quality improvement plan in place that highlighted the ongoing improvements in the service and implemented actions (recommendation f).

Requirement 1 – Timescale: immediate

- The provider must develop a risk register highlighting all risks in the service.

Recommendation e

- The service should develop a regular programme of clinical audits to demonstrate ongoing service improvement.

Recommendation f

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

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

Patient records were stored securely. The patient care records should be developed further to include evidence of an assessment and full contact details. The consultation room was in a good state of repair. The provider should ensure the building remains safe for patients.

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.

The environment was clean and the consultation room in a good state of repair and the environment was clean. We saw a checklist recording the expiry date of the emergency medicines that confirmed the emergency medicines were all in date.

Patient care records included a document addressing the patient's medical history and current medication, including allergies and we saw that patients completed this form. We saw a disclaimer and consent document that addressed risks and benefits of the treatment, which the patient and practitioner had signed in all patient care records we reviewed. The volumes used were recorded on a face-map for patients having injectable treatments. The batch number and expiry dates were recorded appropriately.

A good supply of single-use equipment was available, to prevent the risk of cross-infection. The service also had a good supply of PPE, including gloves, aprons and face masks. We saw appropriate sharps bins were in use.

Patients who completed our online survey told us:

- ‘The place is always clean and friendly.’
- ‘[The practitioner] is professional and reassuring and the setting comfortable.’
- ‘Easy to talk to, approachable and easily contacted.’

What needs to improve

The clinic consultation room was on the first floor of a hairdressing salon. The carpeted stairs to the clinic were in need of an upgrade to avoid the risk of falls. This was discussed with the practitioner (owner) and a risk assessment must be carried out immediately (requirement 2).

Patient care records were lacking in information. For example, the practitioner had not documented a consultation or assessment of the patient before treatments (requirement 3).

One patient care record we reviewed only had an email address recorded for the patient as a point of contact. Patients were not asked for GP or next-of-kin contact details in the event of an emergency. Full contact details must be obtained for each patient (requirement 4).

The checklist for the service should be developed further to include a cleaning checklist and a checklist to record the expiry date of single-use equipment (recommendation g).

Requirement 2 – Timescale: immediate

- The provider must ensure the premises are kept in a good state of repair both externally and internally.

Requirement 3 – Timescale: immediate

- The provider must ensure that a record is made in each patient care record of the consultation and assessment.

Requirement 4 – Timescale: immediate

- The provider must ensure that full contact details are obtained for each patient including GP and next of kin contact details and gain consent for sharing these in the event of an emergency.

Recommendation g

- The service should develop checklists capturing the regular cleaning of the clinic and checks on expiry dates of single-use equipment.

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

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