

# Announced Inspection Report: Independent Healthcare

**Service:** No.1 Aesthetics, Dalmuir

**Service Provider:** Gem Aesthetics Ltd

12 April 2022

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

© Healthcare Improvement Scotland 2022

First published June 2022

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

**[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)**

## Contents

<b>1</b>	<b>A summary of our inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>What we found during our inspection</b>	<b>7</b>
<hr/>		
	<b>Appendix 1 – Requirements and recommendations</b>	<b>15</b>
	<b>Appendix 2 – About our inspections</b>	<b>19</b>
<hr/>		

## 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 No.1 Aesthetics on Tuesday 12 April 2022. We spoke with a number of staff during the inspection. Before the inspection, we asked the service to display a poster asking patients to provide us with feedback on the service. We did not receive any feedback from patients to our online survey. 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. Although requested, the service did not submit a self-evaluation before the inspection.

### What we found and inspection grades awarded

For No.1 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	The service was clean, equipment was maintained and effective measures were in place to reduce infection risks. An audit programme would help inform service improvement. Manufacturer's guidance for the preparation and reconstitution of botulinum toxin should be followed. Botulinum toxin must be disposed of in line with European waste management legislation.	✓ 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	A system must be introduced to review the quality of the service. A quality improvement plan should be developed to demonstrate improvements made. A formal system to show how feedback from patients and staff is used to inform service improvement should be developed.	✓ 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	Patients received an assessment before treatment. Treatments were explained and the risks discussed before patients agreed to treatment. Patient care records must document face-to-face consultations and discussions between the prescriber or practitioner and the patient. Consent to share information with the patient's GP or other healthcare professionals, and for taking photographs, should be discussed and recorded.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Pre-employment safety checks must be completed for all staff, including those granted practicing privileges. A recruitment policy must be developed to promote safe recruitment practice. All staff must be issued with a contract of employment or a practicing privileges agreement.

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 Gem Aesthetics Ltd to take after our inspection**

This inspection resulted in five 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Gem Aesthetics Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at No.1 Aesthetics 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

**The service was clean, equipment was maintained and effective measures were in place to reduce infection risks. An audit programme would help inform service improvement. Manufacturer's guidance for the preparation and reconstitution of botulinum toxin should be followed. Botulinum toxin must be disposed of in line with European waste management legislation.**

The clinic environment was clean and equipment fit for purpose. The landlord was responsible for the maintenance of the building, fire safety equipment and building security. This included routine fire alarm testing and yearly maintenance of the fire equipment and intruder alarm. Insurance documents for public and employer liability were in date.

We saw the service had implemented infection prevention and control measures to reduce infection risks in line with its infection prevention and control policy. The service had a good supply of personal protective equipment, such as disposable masks, aprons and gloves. A contract was in place for the safe disposal of medical sharps, such as needles, syringes and other medical waste. Antibacterial hand wash and disposable hand towels were used to promote good hand hygiene.

No medicines were stored in the clinic. The nurse practitioners and their independent prescribers were responsible for the safe procurement, prescribing, administration and recording of medicines. Patient care records we reviewed documented the batch number and expiry date for the medicines used. This would allow healthcare practitioners to respond to any medicine alerts or report adverse events.

The practitioners carried an emergency medicines kit containing adrenaline and hyalase to allow them to respond to any complications or allergic reactions from treatment. Patients could contact their practitioner out of hours if they had any concerns following their treatment.

The service had recently developed a public protection policy (to safeguard adults at risk of harm) and had a duty of candour statement (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong).

### **What needs to improve**

Whilst a clinical waste contract was in place for the safe removal and disposal of clinical waste, this did not include the correct European waste category code (EWC 18-01-08) for the segregation and disposal of botulinum toxin. This medicine is categorised as cytostatic and hazardous under waste legislation (requirement 1).

No serious accidents or incidents had been reported in the service. However, no system was in place to record and manage accident and incident reporting (recommendation a).

Whilst a range of policies and procedures were in place to help the service deliver care safely, these were not regularly reviewed or updated. A regular programme of review would help to make sure policies and procedures are up to date and in line with current legislation and best practice (recommendation b).

The fire risk assessment had not been reviewed or updated since the service was first registered in February 2019 (recommendation c).

From speaking with the practitioners, we could not be sure that botulinum toxin reconstituted (to restore a dry substance to a fluid form that can be used for injection) on the day a patient presented for treatment was consistently disposed of in line with manufacturer's guidance. The manufacturer will only assure the physical and chemical stability of the medicine for 24 hours if stored in a fridge, after which it should be discarded (recommendation d).

### **Requirement 1 – Timescale: immediate**

- The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with the EWC code 18-01-08, to ensure it complies with appropriate waste legislation.



### Recommendation a

- The service should implement a system to record accidents and incidents.

### Recommendation b

- The service should introduce a formal system for regularly reviewing policies and procedures.

### Recommendation c

- The service should review the fire risk assessment for the service every year.

### Recommendation d

- The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

## Our findings

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

---

**Patients received an assessment before treatment. Treatments were explained and the risks discussed before patients agreed to treatment. Patient care records must document face-to-face consultations and discussions between the prescriber or practitioner and the patient. Consent to share information with the patient's GP or other healthcare professionals, and for taking photographs, should be discussed and recorded.**

A mix of paper and electronic patient care records were used to record the care and treatment provided. We could only review the paper format of patient care records, as the service could not access the electronic records on the day of our inspection.

In the five patient care records we reviewed, we saw evidence of each patient's past medical history, prescribed medicines and allergies. Staff we spoke with confirmed they had an initial consultation with patients to assess and discuss realistic treatment options before patients agreed to go ahead with treatment. In all patient care records reviewed, we saw that the patient and practitioner had signed forms before any treatment had been provided. Patients were invited to attend a review appointment 2 weeks after their treatment to check they were satisfied with the outcome.

Staff we spoke with confirmed they provided verbal information to patients about the risks and benefits before their treatment, as well as aftercare advice. We saw that some patients had prescription-only treatments, such as botulinum toxin. Staff told us their prescriber carried out a face-to-face consultation with patients to assess their suitability for this treatment before they prescribed the prescription-only medicine.

### **What needs to improve**

We saw no record of face-to-face consultations between the prescriber and the patient in the files we reviewed for patients who had received prescription-only treatments. Staff told us the prescribers completed their own paperwork. However, this was not included in the patient care records.

The patient care records we reviewed also only provided limited information about the patient's journey. For example, they did not include:

- a summary of the outcomes from the initial consultation
- the agreed treatment plan, and
- the planned aftercare (requirement 2).

Patient care records did not include consent to share information with their GP or other healthcare professionals, or consent to take 'before or after' photographs of treatment (recommendation e).

### **Requirement 2 – Timescale: immediate**

- The provider must ensure that all consultations, including those by healthcare practitioners, are fully documented in the patient care record. This must include the date and time of every consultation with, or examination of, the patient by a healthcare professional and the name of that healthcare professional.

### **Recommendation e**

- The service should ensure that patient consent to photography and sharing information with their GP and other healthcare professionals is documented in the patient care record for each episode of care.

## 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

**Pre-employment safety checks must be completed for all staff, including those granted practicing privileges. A recruitment policy must be developed to promote safe recruitment practice. All staff must be issued with a contract of employment or a practicing privileges agreement.**

The service employed:

- a receptionist who was also a cleaner
- a beauty therapist, and
- three registered nurse practitioners granted practicing privileges (staff not employed directly by the provider but given permission to work in the service).

As the nurse practitioners were non-prescribers, each had their own registered independent prescriber. The prescribers assessed and prescribed for patients whose treatment required prescription-only medicines. The owner and manager of the independent healthcare service also operated a semi-permanent make-up service in the premises.

From the staff recruitment files we reviewed, we saw evidence of industry-specific training certificates, professional registration checks and indemnity insurance for the three nurse practitioners. We also saw that each file included a copy of the professional registration check for their designated prescriber.

Staff we spoke with had completed aesthetic training and we saw evidence of practitioners attending further courses to improve their skills and knowledge. Staff aspired to deliver a high standard of care and treatment for their patients, supported by evidence-based research and best practice. Some were members of industry-specific organisations. This helped them keep up to date with developments or changes in aesthetic practice.

### **What needs to improve**

While the service had a practicing privileges policy, there was no overarching recruitment policy to inform and direct safe recruitment (requirement 3).

From the staff files we reviewed, we saw that pre-employment checks were not being carried out in line with legislation, best practice and the service's practicing privileges policy. For example, only one of the staff had a Protection of Vulnerable Groups (PVG) update carried out before they were employed in the service. References from current or previous employers or a practicing privileges agreement were not recorded in any staff files we looked at. We were told verbal references were obtained before staff started working in the service. However, we saw no evidence to support this (requirement 4).

### **Requirement 3 – Timescale: 1 July 2022**

- The provider must develop and implement a recruitment policy to ensure it follows guidelines for safer recruitment before staff work in the service.

### **Requirement 4 – Timescale: immediate**

- The provider must ensure that a system is in place to make sure pre-employment checks are carried out in line with legislation and that information is recorded in staff records.
- 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

**A system must be introduced to review the quality of the service. A quality improvement plan should be developed to demonstrate improvements made. A formal system to show how feedback from patients and staff is used to inform service improvement should be developed.**

The service was managed by the owner of Gem Aesthetics Ltd and provided by three nurse practitioners, registered with the Nursing and Midwifery Council (NMC). The practitioners are required to engage in regular continuing professional development, managed through the NMC registration and revalidation process. Revalidation is where nurses have to meet the requirements of their professional registration through submitting evidence of their competency, training and development to their professional body, such as the NMC, every 3 years.

We saw the practitioners were trained aesthetic nurses and some were members of industry-specific groups such as the British Association of Cosmetic Nurses (BACN) and the Aesthetic Complications Expert (ACE) Group. This is a group of practitioners who provide guidance to help prevent complications in cosmetic treatments, and produce reports on difficulties encountered and the potential solutions. The practitioners told us they received support and advice from their independent prescribers when patients received prescription-only treatments.

### What needs to improve

The service had no overarching quality assurance structures in place and no formal system to gather feedback or review the quality of the service delivered. For example, an audit programme would help to measure quality and identify areas for improvement (requirement 5).

A quality improvement plan would help to structure and record the service's improvement activities and outcomes. This would allow the service to demonstrate continuous quality improvement and measure the impact of any improvements made (recommendation f).

**Requirement 5 – Timescale: 1 July 2022**

- The provider must implement a suitable system of regularly reviewing the quality of the service.

**Recommendation f**

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

## 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

- 1** The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with the EWC code 18-01-08, to ensure it complies with appropriate waste legislation (see page 8).

Timescale – immediate

*Regulation 3(d)(iii)*

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

- 2** The provider must ensure that all consultations, including those by healthcare practitioners, are fully documented in the patient care record. This must include the date and time of every consultation with, or examination of, the patient by a healthcare professional and the name of that healthcare professional (see page 10).

Timescale – immediate

*Regulation 4(2)(a)(b)(c)*

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

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

### Recommendations

<b>a</b>	<p>The service should implement a system to record accidents and incidents (see page 9).</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>
<b>b</b>	<p>The service should introduce a formal system for regularly reviewing policies and procedures (see page 9).</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>
<b>c</b>	<p>The service should review the fire risk assessment for the service every year (see page 9).</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>d</b>	<p>The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place (see page 9).</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>
<b>e</b>	<p>The service should ensure that patient consent to photography and sharing information with their GP and other healthcare professionals is documented in the patient care record for each episode of care (see page 10).</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	
3	<p>The provider must develop and implement a recruitment policy to ensure it follows guidelines for safer recruitment before staff work in the service (see page 12).</p> <p>Timescale – by 1 July 2022</p> <p><i>Regulation 8(1)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
4	<p>The provider must ensure that a system is in place to make sure pre-employment checks are carried out in line with legislation and that information is recorded in staff records (see page 12).</p> <p>Timescale – immediate</p> <p><i>Regulation 8</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

Domain 9 – Quality improvement-focused leadership	
Requirement	
5	<p>The provider must implement a suitable system of regularly reviewing the quality of the service (see page 14).</p> <p>Timescale – by 1 July 2022</p> <p><i>Regulation 13(1)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

## Domain 9 – Quality improvement-focused leadership (continued)

### Recommendation

- f** The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 14).

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](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)

You can read and download this document from our website.  
We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

## Healthcare Improvement Scotland

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

0131 623 4300

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0141 225 6999

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)