



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: New Image Aesthetics, Larbert

Service Provider: Yvette's Limited

9 November 2023

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

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First published January 2024

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	9
<hr/>		
	Appendix 1 – About our inspections	18
<hr/>		

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 New Image Aesthetics on Thursday 9 November 2023. We spoke with the service manager, who is the sole practitioner during the inspection. We received feedback from three 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 Larbert, New Image 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 New Image 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 practitioner is a registered nurse and an independent nurse prescriber. The service had clear aims and objectives detailed in its business plan. Aims and objectives should be available for patients to view. A process should be developed and implemented to review and assess its aims and objectives.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to improve. Clear systems and processes were in place to monitor and manage complaints and risk. Maintenance contracts were in place. A formal process of reviewing patient feedback should be in place. An audit programme should be implemented. A quality improvement plan should be developed.	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and well equipped. Patients reported good levels of satisfaction, told us they felt safe in the service and that the service was clean and tidy. Patient care records were well completed. The medication fridge was clean and in working order. The service had recorded no accidents or serious incidents. Appropriate cleaning materials were used to clean all areas in the clinic. Adequate personal protective equipment was available for use.	✓✓ Good

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 Yvette's Ltd 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 six recommendations.

Direction	
Requirements	
None	
Recommendations	
a	The service should ensure the identified aims and objectives are available for all patients to view (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should develop and implement a process for reviewing its aims and objectives and assessing their effectiveness (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
None	
Recommendations	
c	<p>The service should develop a formal process for recording and reviewing patient feedback. This should include informing patients how their feedback has been used to improve the service (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 4.19</p>
d	<p>The service should publish an annual duty of candour report (see page 14).</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>
e	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 15).</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>
f	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).</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>

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

We would like to thank all staff at New Image 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 practitioner is a registered nurse and an independent nurse prescriber. The service had clear aims and objectives detailed in its business plan. Aims and objectives should be available for patients to view. A process should be developed and implemented to review and assess its aims and objectives.

Clear vision and purpose

The service aim was to provide holistic care provided in a caring manner working closely in partnership with patients to deliver the best possible (and most up to date) person-centred treatments, focusing on best practice, safety and wellbeing. This included supporting patients to meet realistic outcomes and expectations.

We saw that the service had agreed the following objectives:

- increasing the number of staff to increase treatment options for patients
- ongoing staff training, and
- developing a quality improvement plan.

The manager and owner was the sole practitioner and an experienced registered nurse and independent nurse prescriber. The service had a business plan, which included information on its goals of:

- expanding in size
- increasing patient numbers, and
- offering practicing privileges to other clinicians (staff not employed directly by the provider but given permission to work in the service).

What needs to improve

The service's aims and objectives were not available for patients to view (recommendation a).

The service did not have a process in place to review its aims and objectives and assess their effectiveness (recommendation b).

- No requirements.

Recommendation a

- The service should ensure the identified aims and objectives are available for all patients to view.

Recommendation b

- The service should develop and implement a process for reviewing its aims and objectives and assessing their effectiveness.

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

Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to improve. Clear systems and processes were in place to monitor and manage complaints and risk. Maintenance contracts were in place. A formal process of reviewing patient feedback should be in place. An audit programme should be implemented. A quality improvement plan should be developed.

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

The service had a participation policy identifying how patient feedback would be collected and how this would be used to improve the service. Feedback from patients about their overall experience of the service was gathered in several ways. For example, an anonymous comments box was available in the corridor outside the clinic door. Patients could also provide verbal feedback directly to the practitioner or could post online reviews. We were told additional screens had been fitted to the windows of the treatment room following verbal patient feedback.

While the service did not have a website, it did have a social media page. We were told that new patients had used the service after recommendations from friends and after reading reviews on social media sites. All consultations were appointment-only.

Patients could contact the service in a variety of ways, including telephone calls, email enquiries, text messages and online enquiries through the service's social media pages.

From patient care records we reviewed, we saw that initial consultations included a discussion about:

- the benefits and risks of treatment
- the patient's desired outcomes, and
- treatment costs.

A variety of aftercare leaflets were available and shared with patients after treatment. This made patients aware of who to contact if they had any questions or queries about the treatment they had received. This allowed patients to make an informed decision about their care and treatment.

What needs to improve

We noted the patient comments box was not regularly used, despite the practitioner encouraging patients to leave reviews and comments. We found no evidence that feedback was being recorded and analysed, which made it difficult for the service to draw any conclusions that could be used to drive improvement. We discussed with the service the importance of having a structured approach to reviewing patient feedback in line with its participation policy. This should include:

- recording and analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation c).

■ No requirements.

Recommendation c

- The service should develop a formal process for recording and reviewing patient feedback. This should include informing patients how their feedback has been used 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 service had policies and procedures in place to support the safe delivery of person-centred care. These included those for:

- complaints
- duty of candour
- emergency arrangements policy
- information management, and
- medication.

Policies were reviewed yearly and where legislation or current guidelines had been updated or changed. These were kept electronically, as well as in paper format in an information folder for patients to view in the waiting area.

The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of. A clear system was in place to record and manage accident and incident reporting. We saw that the service had not had any accidents or incidents since its registration with Healthcare Improvement Scotland in November 2021.

Arrangements were in place to deal with medical and aesthetic emergencies. This included up-to-date training, first aid supplies and medicines available that could be used in an emergency.

Maintenance contracts for fire safety equipment, the boiler and fire detection systems were up to date. Electrical and fire safety checks were monitored regularly. The service had a clinical waste contract in place.

Information about how to make a complaint was clearly displayed in the waiting area. This included details on how to contact Healthcare Improvement Scotland. No complaints had been received since the service was registered with Healthcare Improvement Scotland.

The service had a safeguarding (public protection) policy in place. The practitioner had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations. Patient care records were electronic and password-protected. This protected confidential patient information in line with the service's information management policy.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer support, additional training masterclass sessions and attending conferences. The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed through the Nursing and Midwifery Council (NMC) registration and revalidation process, as well as yearly appraisals. 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. They also kept up to date with appropriate training, such as for adult support and protection, equality and diversity and infection control.

We saw evidence of the practitioner's personal and professional development displayed in the service. We also saw evidence of completed online training modules.

The practitioner had peer support from another practitioner to discuss treatments, procedures or complications and was part of several online aesthetic practitioners groups. These provided additional information on complications and adverse reactions from aesthetic treatments in the UK and Ireland. The practitioner was also a member of the Aesthetics Conference UK Group (ACE).

What needs to improve

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. While the service had a duty of candour policy in place, we saw no evidence of a published yearly duty of candour report (recommendation d).

- No requirements.

Recommendation d

- The service should publish an annual duty of candour report.

Planning for quality

The service had a proactive approach to managing risk. Appropriate risk assessments were in place to effectively manage risk in the service, including those for:

- COVID-19 or future pandemics
- environmental assessments (including slips, trips and falls)
- fire, and
- Health and Safety Executive risks (Control of Substances Hazardous to Health (COSHH)).

The service had a risk register in place. Risk assessments were easy to follow and we saw that each risk had been regularly reviewed and that all necessary action plans were in place.

We saw evidence that the practitioner had recently moved from using paper-based patient care records to a full electronic system. This assisted with gathering all information required and also for ease of use, having vital information easily accessible at a glance.

The service had a contingency plan in place to help make sure patients could access aesthetic treatments from peers and aesthetic colleagues, should the service cease to operate.

What needs to improve

We were told the practitioner regularly reviewed areas in the service, including cleaning schedules, fridge temperatures and patient care records. However, we saw no evidence of completed formal audits or an audit programme in place. These should include:

- infection prevention and control
- medicine management
- patient care records, and
- risk management (recommendation e).

We were told the service did not have a quality improvement plan. A formal quality improvement plan would help the service to structure and record its improvement processes. This could include outcomes identified from:

- accidents and incidents audits
- complaints
- education and training events, and
- patient feedback (recommendation f).

■ No requirements.

Recommendation e

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

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

The environment was clean and well equipped. Patients reported good levels of satisfaction, told us they felt safe in the service and that the service was clean and tidy. Patient care records were well completed. The medication fridge was clean and in working order. The service had recorded no accidents or serious incidents. Appropriate cleaning materials were used to clean all areas in the clinic. Adequate personal protective equipment was available for use.

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.

We saw the clinic was clean and tidy and well maintained. Cleaning schedules were in place, fully completed and up to date. All equipment for procedures was single-use to prevent the risk of cross-infection.

Personal protective equipment was readily available to staff and in plentiful supply. Clinical waste and used sharps equipment was disposed of appropriately.

Patients who responded to our online survey told us they felt safe and were reassured by the cleaning measures in place to reduce the risk of infection in the service. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'Very clean, comfortable and welcoming.'
- 'Sterile and comfortable.'
- 'Lovely clinic and very clean.'

We saw a safe system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic. The medicines fridge was clean and in good working order. A temperature recording logbook was used to record fridge temperatures daily. This made sure medicines were stored at the correct temperature. The logbook was fully completed and up to date. We noted no medication was stored in the service on the day of our inspection.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Some comments we received included:

- 'Always treated as an individual.'
- 'Felt respected and cared for.'
- 'I was made comfortable, and everything was explained to me. Options given to ask questions as well, I felt very safe.'

The five patient care records we reviewed showed that patients received a face-to-face consultation about their expectations before treatments were offered. A comprehensive assessment included past medical history, as well as risks, benefits and side effects of treatments. Patient care records were legible, accurate and up to date. Details of patients' next of kin, GP and emergency contact were documented, as well as consent to share information with other healthcare professionals as needed. The practitioner had signed and dated their entries. Medicine batch numbers and expiry dates were also noted.

- No requirements.
- No recommendations.

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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