

Announced Inspection Report: Independent Healthcare

Service: Rejuvenation Facial Aesthetics, Stirling

Service Provider: Morag MacLarty

4 November 2021

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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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	6
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	Appendix 1 – Requirements and recommendations	12
	Appendix 2 – About our inspections	13
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three 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 Rejuvenation Facial Aesthetics on Thursday 4 November 2021. We spoke with the manager (practitioner) during the inspection. We received feedback from 44 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors.

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.

What we found and inspection grades awarded

For Rejuvenation Facial Aesthetics, the following grades have been applied to three key quality indicators.

Key quality indicators inspected		
Quality indicator	Summary findings	Grade awarded
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Environment is modern, suitably clean and well maintained. Care and treatment is delivered in line with best practice guidelines. Effective systems in place to manage risks associated with the treatment provided. Patient feedback about the service was very positive.	✓✓ Good

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The manager is an experienced dentist and aesthetics practitioner. They engaged with patients and peer services to inform improvements made. They stayed up to date with advances in the sector through regular training and membership of local, regional and national professional groups. The service's quality improvement plan contained measurable goals to help the service develop and grow.	✓✓✓ Exceptional

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		
5.2 - Assessment and management of people experiencing care	Comprehensive clinical assessments carried out with patients before a treatment plan was agreed. Patient care records were thorough, clear and described follow-up and aftercare arrangements. Consent was recorded for each treatment episode. Patients were fully included and well informed about their treatment plans.	

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

We would like to thank Rejuvenation Facial Aesthetics for its assistance during the inspection.

2 What we found during our inspection

Outcomes and impact

This section is where we report how well the service meets people's needs.

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

Environment is modern, suitably clean and well maintained. Care and treatment is delivered in line with best practice guidelines. Effective systems in place to manage risks associated with the treatment provided. Patient feedback about the service was very positive.

The clinic environment was modern, clean, well equipped and fit for purpose. The infection prevention and control policy was comprehensive and reflected both best practice and ongoing changes in current guidance.

Effective measures were in place to reduce the risk of infection, such as the transmission of COVID-19. Additional measures had been introduced to safely manage the risks associated with the pandemic, such as pre-screening assessments, enhanced cleaning and restricted access to the premises. Cleaning of the clinic environment and equipment was carried out between patients backed up by regular, scheduled deep-cleaning. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment which included:

- disposable aprons
- gloves, and
- single-use items, such as syringes and needles.

A suitable waste contract was in place for the safe disposal of swabs, syringes, needles and other clinical waste. Equipment, such as the treatment couch and mobile lighting was in good condition. Stock cupboards were clean and well

organised with effective stock control processes to make sure there was no surplus stock and all items remained in date. Contracts were in place for the regular servicing and maintenance of fire safety and electrical equipment, including portable appliance testing.

A safe and effective system was in place for the ordering, prescribing and administration of prescription only medicines. Medicines we checked were in-date and stored in line with the manufacturer's guidelines. Effective policies and protocols in place helped make sure medicines were managed safely and effectively. Patient care records demonstrated best practice and the effective recording of prescribed medicines. A suitable medicines fridge was monitored daily to make sure effective temperature ranges were maintained. We reviewed four patient care records and saw that each had a detailed record of the:

- treatment or medicine prescribed
- date it was used
- batch number, and
- expiry date.

Emergency aesthetic medicines were easily accessible and the manager regularly checked them to make sure they remained in-date.

A detailed and effective governance system was in place, as well as good systems to identify and manage risks to staff and patients. The manager knew what information should be shared with Healthcare Improvement Scotland and other relevant public bodies. They also had a good understanding of adult and child protection, and knew what to do if there were concerns. All policies had been reviewed regularly since the service was registered in January 2019 and when it moved to new premises in January 2020. As national guidance changed to reflect the impact of COVID-19, the service introduced and updated relevant policies.

A comprehensive programme of regular environmental and clinical audits were carried out to make sure the service was assured it delivered safe care and treatment. Audits included:

- the environment
- infection prevention and control
- medicines management, and
- stock control.

Actions identified from audits had been carried out quickly and effectively.

Feedback from our survey was positive about patients' experience of using the service. Patients told us the environment was clean and the manager treated them with kindness, dignity and respect. Comments included:

- '...treated me with total dignity and respect, never judging me.'
- 'Clinic is spotless and she follows all COVID[-19] protocols during appointments.'
- 'The clinic is beautiful, well equipped, spotlessly clean.'

■ No requirements.

■ No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive clinical assessments carried out with patients before a treatment plan was agreed. Patient care records were thorough, clear and described follow-up and aftercare arrangements. Consent was recorded for each treatment episode. Patients were fully included and well informed about their treatment plans.

The manager carried out a full assessment with patients before any treatment took place. The assessment supported patients to make sure they had realistic expectations of the proposed treatment plan. Patients completed a self-evaluation and pre-treatment questionnaire before their consultation appointment. The manager discussed this information with them before developing a treatment plan. Treatment would not proceed if patients had unrealistic expectations, if the treatment was unnecessary or if a clinical risk was indicated.

The service had recently moved to a digital patient record system and was moving to electronic prescribing. The quality improvement plan identified this would support the service to improve. We reviewed four patient care records in detail and saw that patients received a thorough consultation and assessment. The consultation included medical history, pre-existing health conditions and known allergies as well as what the patient hoped to achieve. Consent for each treatment episode had been obtained and recorded. Patient care records were thorough, clear and showed a traceability record for prescribed medicines. Treatment reviews took place and were recorded in the patient care record.

Pre-treatment screening was also carried out for COVID-19. All records were stored securely.

Patients who responded to our online survey said:

- ‘...explained everything about the treatments, products used, the aftercare and got in touch with me following my treatment...’
- ‘Every detail was explained before, during and after....’
- ‘I was given a full medical history to complete before treatment as well as Covid screening questionnaire all in adequate time before the treatment.’

Patients were provided with verbal and written aftercare advice about their treatment. The service encouraged patients to return for a face-to-face post-treatment review. Patients could also contact the manager at any time to discuss their treatment outcomes. While there had been no complications arising from treatment given in the service, it had supported patients already experiencing complications who needed remedial treatment.

- No requirements.
- No recommendations.

Vision and leadership

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

Domain 9 – Quality improvement-focused leadership

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

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The manager is an experienced dentist and aesthetics practitioner. They engaged with patients and peer services to inform improvements made. They stayed up to date with advances in the sector through regular training and membership of local, regional and national professional groups. The service's quality improvement plan contained measurable goals to help the service develop and grow.

The manager was an experienced dentist and aesthetics practitioner. They demonstrated a strong commitment to continued professional development in aesthetics as well as other areas. They used their membership of local, regional and international peer groups to benchmark their service and to keep up to date with changes in best practice and legislation.

The service had been a member of the Aesthetic Complications Expert (ACE) Group and was now a member of the Complications in Medical Aesthetics Collaborative (CMAC Group). CMAC Group is a not-for-profit organisation established in 2020 to support clinicians worldwide in diagnosing and managing complications in medical aesthetics.

The service's quality improvement plan detailed clear goals designed to help the service grow and improve. The service routinely gathered the views of patients and peers. Feedback was analysed for themes and trends to help inform the quality improvement plan. Feedback was positive and from it, the service planned to make its address number more prominent on the building and make parking arrangements clearer in the information provided to patients. None of the respondents to our survey had any suggestions for how the service could improve.

The manager routinely worked closely with patients to identify their preferred outcomes before their treatment programme began and they revisited this in follow-up contacts to make sure patients remained satisfied. We saw they proactively initiated follow-up with patients for up to a year post-treatment. Feedback received showed that patients were appreciative of this.

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.

This inspection resulted in no requirements and no recommendations.

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

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Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

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Email: 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

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