

# Announced Inspection Report: Independent Healthcare

**Service:** Rejuvenate Clinic, Perth

**Service Provider:** Rejuvenate Medical Clinic Ltd

26 January 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](mailto:his.contactpublicinvolvement@nhs.scot)

© Healthcare Improvement Scotland 2023

First published March 2023

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>16</b>
	<b>Appendix 2 – About our inspections</b>	<b>17</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 Rejuvenate Clinic on Thursday 26 January 2023. We spoke with the owner (sole practitioner) during the inspection. We received feedback from 14 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 (one inspector observing only).

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. The service submitted a comprehensive self-evaluation.

### What we found and inspection grades awarded

For Rejuvenate Clinic, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients were satisfied with the quality of care and treatment received. Patients were fully consulted before a plan of care was agreed. Feedback was gathered in various forms and reviewed. Information for patients about how to make a complaint was easily accessible.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The care environment and patient equipment was clean and well maintained. Policies and procedures helped to maintain a safe environment. Medicines were disposed of in line with manufacturers' and best practice guidance. Safety checks must be in place for the laser protection advisor. A detailed audit plan should be in place.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. Peer networks supported continuous learning. A quality improvement plan had been developed.	✓✓ Good

The following additional quality indicator was 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 had a full consultation and assessment before they received treatment. Consent to treatment and photography was confirmed with patients before treatments were carried out. Patient care records were well completed. Aftercare provided to patients should be documented in patient care records.

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 Rejuvenate Medical Clinic Ltd to take after our inspection**

This inspection resulted in one requirement and two 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 requirement 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)

Rejuvenate Medical Clinic Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Rejuvenate Clinic for their assistance during the inspection.

## 2 What we found during our inspection

### Outcomes and impact

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

#### Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

#### Our findings

#### Quality indicator 2.1 - People's experience of care and the involvement of carers and families

---

**Patients were satisfied with the quality of care and treatment received. Patients were fully consulted before a plan of care was agreed. Feedback was gathered in various forms and reviewed. Information for patients about how to make a complaint was easily accessible.**

The clinic was located in a renovated Perth and Kinross Heritage Trust building with parking facilities located close to the clinic, with a dedicated entry door to the back of the building. The entry system was sensor-controlled and patients could be seen approaching the clinic. The local council was responsible for maintaining the paths and surrounding road to the service. The service had one large reception area and two treatment rooms. One treatment room had been converted in line with laser legislation. Locks on the main door and the treatment room doors protected patients' privacy, dignity and confidentiality.

The service's website provided detailed information on the aesthetic treatments available, and costs. We were told patients also used the service based on recommendations from friends and also from reviews on social media sites. The practitioner provided verbal and written information following any enquiries, including information about treatment options before patients agreed to treatments. Patients also had access to an initial online consultation at no additional cost.

The service had a patient participation policy in place and patients were encouraged to leave feedback in a variety of ways. This included paper forms and on social media. The service's online system also contacted patients automatically one hour after treatments and encouraged them to leave feedback. The practitioner reviewed all feedback received and used this to

evaluate and review the service. Feedback we saw showed that patients were satisfied with their treatment.

Feedback from our online survey showed that patients were pleased with the service and were fully involved in decisions about their care. Treatment options were discussed and agreed with patients at their initial consultation. Patients said they could take time to consider the options available to them before they agreed to go ahead with the treatment. Comments from our survey included:

- ‘The practitioner listens and provides [their] honest and expert opinion with regards to treatments and the potential outcome in order to manage expectations.’
- ‘I felt my concerns were listened to, and advice was given accordingly.’
- ‘I was offered options and fully explained action of treatment and options.’

The service had not received any complaints since it was first registered with Healthcare Improvement Scotland in March 2020. Its complaints policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint. Information on making complaints was readily available in the reception area of the clinic. Patients who completed our online survey all knew they could complain to Healthcare Improvement Scotland.

A duty of candour policy described how the service would meet its responsibility to be honest with patients when things go wrong. We noted the service had not recorded any instances requiring it to implement duty of candour principles since registration with Healthcare Improvement Scotland. The service produced a yearly duty of candour report in line with current guidelines.

- No requirements.
- No recommendations.



## 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 care environment and patient equipment was clean and well maintained. Policies and procedures helped to maintain a safe environment. Medicines were disposed of in line with manufacturers' and best practice guidance. Safety checks must be in place for the laser protection advisor. A detailed audit plan should be in place.**

Patients were cared for in a clean and safe environment. We saw good systems in place to maintain this, including:

- completed cleaning schedules
- equipment servicing and maintenance contracts, and
- regular internal checks, such as fridge-temperature monitoring.

The service followed Health Protection Scotland's national guidance to reduce infection risks for patients, in line with its infection prevention and control policy.

All equipment used, including personal protective equipment, was single-use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to promote good hand hygiene. A contract was in place for the safe disposal of sharps and other clinical waste.

Patients who responded to our online survey were very satisfied with the standard of cleanliness. Comments included:

- Lovely, warm environment, exceptionally clean and easy parking
- Always clean, organised and tidy. Inspires confidence by the professional, clinical atmosphere
- Lovely private and clinical setting

The National Trust for Scotland was responsible for building maintenance, fire safety equipment, building security and we saw fire exit signs displayed.

The service had a system in place for documenting accidents, incidents and for reporting notifiable incidents or adverse events to the relevant regulatory authorities. No accidents, incidents or adverse events had occurred in the service since it was registered with Healthcare Improvement Scotland. Patients told us they trusted the practitioner and were confident they had the skills and knowledge to deliver high quality care.

Appropriate and up-to-date policies and procedures helped support the safe delivery of care, including those for:

- infection prevention and control
- information management
- medication management, and
- safeguarding (public protection).

Suitable systems and processes were in place for the safe use of laser treatments and intense pulse light therapy (IPL). A laser protection advisor (LPA) was in place to make sure the service followed laser safety guidance. The most recent report found the service was fully compliant. Staff using the machine had completed appropriate laser safety training. 'Local rules' were displayed, which are the local arrangements to manage laser safety usually developed by the LPA. The service had a nominated laser protection supervisor in place.

We saw a programme of audits being carried out. This included:

- cleaning and maintenance of the care environment
- health and safety (risk register), and
- medicines management, including checking expiry dates of equipment and medicines and fridge temperatures.

### What needs to improve

While the local rules were in place for the service, we saw no evidence to support the date of agreement or expiry date for the LPA appointment or agreement. We saw no evidence to support the LPA was registered with an organisation who provides LPA certification. We also saw no evidence from this report or documentation available to demonstrate that suggestions from the LPA had been considered or addressed (requirement 1).

While the service carried out some routine audits, there was no evidence to support or identify with how the annual audit plan would be carried out (recommendation b).

### Requirement 1 – Timescale: immediate

- The provider must review systems, processes and procedures to ensure all aspects of laser safety in the service are managed.

### Recommendation a

- The service should produce evidence to support dates identified in the annual audit process. This should include evidence based on the regular audits taking place in the service. This should include information on key aspects of care and treatment.

## Our findings

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

---

**Patients had a full consultation and assessment before they received treatment. Consent to treatment and photography was confirmed with patients before treatments were carried out. Patient care records were well completed. Aftercare provided to patients should be documented in patient care records.**

After making an online booking, patients received a pre-appointment email with treatment-specific information, such as details of the procedures, including risks, benefits and aftercare information. They also received medical and consultation forms to be completed and returned before their appointment so that they could be reviewed.

We reviewed five patient care records and saw that outcomes from patients' initial consultation and their proposed treatment plan were documented.

Before patients received treatment, the practitioner carried out a full assessment of their medical history, including:

- allergies
- basic psychological assessment
- pre-existing medical conditions, and
- prescribed medicines.

Patient care records had detailed discussions and conversations with patients, setting realistic outcomes and expectations. The practitioner was able to assess patients' suitability for aesthetic treatments and then agree the most suitable options available to them.

Patient care records were stored on a password-protected electronic database. The electronic record keeping system was password-protected and access to the system was restricted to key staff members. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Patient care records we reviewed contained information on consent, sharing of information with other health care professionals and details required in case of an emergency situation.

Patients' consent to treatment and taking photographs was documented in the patient care records we reviewed. A record of the treatment delivered, including batch numbers and expiry dates for medications used was clearly recorded. Aftercare arrangements and future follow-up appointments were also documented.

Patients told us they received good advice and information before, during and after their treatment. They also told us they could take time to consider the options available to them before they agreed to treatment.

Patients were satisfied with the quality of care and treatment they received from the service. Comments from our online survey included:

- 'The practitioner is extremely knowledgeable about the treatment she offers. She keeps up to date with new methods and training. She is highly skilled in all areas of treatments on offer.'
- 'Absolute confidence, certifications visible and discussed medications and treatments showed extensive knowledge.'

- ‘The practitioner’s medical background has been essential to my care. She always seeks to research and review information to support me.’

Patients were given verbal and written advice after their treatments. Patients could contact the practitioner out of hours if they had any concerns following their treatment.

We saw evidence that the practitioner reviewed patient care records.

### **What needs to improve**

While we were told patients received information on aftercare, this was not documented in the patient care records we reviewed (recommendation b).

- No requirements.

### **Recommendation b**

- The service should ensure that each patient care record documents when aftercare information is given to the patient.

## Vision and leadership

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

### Domain 9 – Quality improvement-focused leadership

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

### Our findings

#### Quality indicator 9.4 - Leadership of improvement and change

**The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. Peer networks supported continuous learning. A quality improvement plan had been developed.**

The manager is the sole practitioner of the service and a registered nurse with the Nursing and Midwifery Council (NMC). The practitioner engaged 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, the NMC every 3 years. This included maintaining and developing current clinical skills in a healthcare setting. They also attended regular training and conferences in the aesthetic industry to keep up to date with best practice and delivery of treatments in line with evidence-based research.

The practitioner attended the Aesthetics Conference and Exhibition (ACE) every year and is a member of the British Association of Cosmetic Nurses (BACN). They are also a member of the Complications in Medical Aesthetics Collaborative (BACN) which kept them up to date with changes in the aesthetics industry, legislation and current guidance.

A quality improvement plan was in place and helped to inform the service's continuous quality improvement activities. We saw evidence of quality assurance systems for reviewing the quality of care and treatment provided in the service. Informal reviews of patient feedback and the outcome from audits carried out helped make sure the quality of the service delivered met patient needs.

■ No requirements.

- No recommendations.

## Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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

#### Requirement

- 1** The provider must review systems, processes and procedures to ensure all aspects of laser safety in the service are managed (see page 11).

Timescale – immediate

*Regulation 3(d)(v)*

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

#### Recommendations

- a** The service should produce evidence to support dates identified in the annual audit process. This should include evidence based on the regular audits taking place in the service. This should include information on key aspects of care and treatment (see page 11).

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 ensure that each patient care record documents when aftercare information is given to the patient (see page 13).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 4.11



## 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)