

# Announced Inspection Report: Independent Healthcare

**Service:** Re-Nu Skin Clinic, Dundee

**Service Provider:** Re-Nu Skin Clinic Ltd

17 August 2023

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## **1 Progress since our last inspection**

### **What the service had done to meet the recommendations we made at our last inspection on 30 September 2019**

#### **Recommendation**

*The service should develop its infection prevention and control policy to ensure information is aligned to national infection prevention and control guidance.*

#### **Action taken**

The service's infection prevention and control policy was in line with the national infection prevention and control guidance.

#### **Recommendation**

*The service should develop and implement a suitable infection prevention and control audit programme to demonstrate how any associated risks in the service are minimised. Audits should be documented and improvement action plans implemented.*

#### **Action taken**

The service had implemented a regular infection prevention and control audit programme. We saw evidence of completed audits and improvement action plans in place.

#### **Recommendation**

*The service should develop a more robust and consistent programme of regular audits to cover key aspects of care and treatment. Audits should be documented to ensure findings can be recorded appropriately and improvement action plans implemented.*

#### **Action taken**

The service had implemented a programme of regular audits to cover the key aspects of care and treatment. We saw evidence of completed audits and improvement action plans in place.

**Recommendation**

*The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions. Minutes should be shared with all staff.*

**Action taken**

Minutes of monthly team meetings were formally recorded and shared with staff. Minutes included actions taken and those responsible for actions.

## 2 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 Re-Nu Skin Clinic on Thursday 17 August 2023. We spoke with the owner (practitioner) and staff during the inspection. We received feedback from 34 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 Dundee, Re-Nu Skin Clinic is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspectors.

What we found and inspection grades awarded  
For Re-Nu Skin Clinic, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service's well- defined leadership structure and governance framework helped deliver safe, evidence-based, person centred care. Staff we spoke with said they felt valued, respected and well supported.	✓✓ Good

Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Summary findings	Grade awarded
The service actively encouraged patients to provide feedback and results were used to make improvements where possible. Appropriate safety assurance processes were in place. Policies and procedures helped manage risks. An audit programme helped to make sure that care and treatment was in line with best practice guidelines. PVG certificates should not be kept in staff files.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
Patients were cared for in a modern, clean and well maintained environment. Patients reported they felt safe and happy with the service. Patients reported the service was clean and tidy. Information about next of kin and sharing information should be recorded in patient care records.	✓✓ 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](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](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## What action we expect Re-Nu Skin Clinic 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 in one requirement and two recommendations.

Implementation and delivery	
Requirements	
None	
Recommendations	
<b>a</b>	<p>The service should further develop its cleaning schedules to include details on cleaning products used (see page 16).</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 securely destroy original Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>



Results	
Requirement	
1	<p>The provider must document patients' next of kin and consent to share information in the patient care record (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(1)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
None	

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)

Re-Nu Skin 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 Re-Nu Skin Clinic for their assistance during the inspection.

### 3 What we found during our inspection

#### Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

#### Our findings

**The service's well- defined leadership structure and governance framework helped deliver safe, evidence-based, person centred care. Staff we spoke with said they felt valued, respected and well supported.**

#### *Clear vision and purpose*

The service had clear vision and objectives, displayed on the service website, displayed in the reception area and set out in its quality improvement plan. The plan included:

- to deliver exceptional patient care
- to deliver innovative treatments , and
- to promote skin health and confidence.

Having recently purchased an advanced skin screening system the service were working in partnership with local NHS GPs to offer a referral system to the service, for patients. This will reduce GP visits, waiting times for patients and benefit to the community.

An education event, focusing on skin cancer prevention, had been organised by the service, for patients and the local community to attend.

The service manager monitored and reviewed its key performance indicators (KPIs), with the assistance of an online programme, to ensure the service was effective and efficient in delivering patient care. Results were discussed with the staff at team meetings. Example of KPIs reviewed included:

- waiting times until appointments booked
- patient retention
- revenue per patient.

Following review of the KPIs the service are planning on extending the hours of the aesthetic practitioner to assist with the non-surgical treatments, this will give patients more appointment times and reduce waiting times.

The service used an electronic audit and impact evaluation tool to help it continually review and develop the service. Results were recorded in the service improvement plan and discussed with staff. The tool allowed the service to:

- evaluate trends in patient feedback
- monitor trends in treatments provided
- monitor patient retention, and
- track and monitor developments in skin health and treatments.

### ***Leadership and culture***

A service manager, medical staff, practitioners and reception staff worked in the service.

The service had documented leadership structure with well-defined roles, responsibilities and support arrangements. The service manager met with the staff twice daily, at the beginning and ending of the day, to give updates on the service, review the day's workload, answer any questions and give any feedback.

The owner demonstrated a strong commitment to leadership, learning and service improvement. Staff were encouraged to attend peer workshops, conferences, in-house seminars and training sessions to develop their skills.

Staff were encouraged and involved in developing the service and their roles. For example, reception staff, following appropriate training, were involved in assisting patients with skin care products.

Staff we spoke with said they felt valued, respected and well supported. Staff told us the owner (practitioner) was visible. This meant staff had direct access and could raise any issues or concerns and receive a fast response.

Minutes of the monthly staff meetings and daily safety huddle showed that staff could express their views freely and contribute to improvements in the service. The minutes of meetings and safety huddles were printed and stored in folder for all staff to access.

- No requirements.
- No recommendations.

## Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

### Our findings

**The service actively encouraged patients to provide feedback and results were used to make improvements where possible. Appropriate safety assurance processes were in place. Policies and procedures helped manage risks. An audit programme helped to make sure that care and treatment was in line with best practice guidelines. PVG certificates should not be kept in staff files.**

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

The service's participation policy described how it would gather and use patient feedback to continually improve. Patients were sent an e-mail asking for their feedback after treatments. We also saw feedback on social media and online reviews. A newsletter was published every 3 months and sent to all patients. The newsletter included details about aesthetics and treatments information, patient feedback results and a survey questionnaire.

The service had introduced a patient forum group on social media to discuss new treatments, education sessions, answer any queries and listen to feedback. This is monitored by the service to determine what new treatments they would consider offering in the service.

The service collated and reviewed all patient feedback it received, including verbally. This was discussed at monthly staff meetings and daily huddles and we saw actions taken were included in the service's quality improvement plan. Improvements and any actions taken were also published on service's website.

Since our previous inspection in September 2019, the service had introduced minor surgical treatments and employed a doctor specialising in ophthalmology, after feedback from patients.

The service adopted a supportive culture of acknowledging a healthy work-life balance for its staff, implementing a 4-day working week. This encouraged staff to prioritise their own self-care and have longer quality time off.

The service encouraged and motivated its staff by recognising and rewarding their achievements and contributions through verbal appreciation, extra days off and gifts.

- No requirements.
- No recommendations.

### ***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.

We saw evidence that the service regularly reviewed its policies and clinical protocols to make sure that it provided up-to-date, evidence-based care for patients.

Standard operating procedures had been introduced since our last inspection in September 2019. This ensured clear direction and detailed instructions for staff to perform tasks consistently and efficiently, adhering to regulatory standards. Examples included:

- process for cleaning treatment rooms
- report accident/incident
- ordering supplies

An infection prevention and control policy and effective measures were in place to reduce the risk of infection. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. We saw evidence of completed and up-to-date cleaning schedules. All equipment used, including personal protective equipment (such as aprons and gloves) were single-use to prevent the risk of cross-infection.

Maintenance contracts for fire safety equipment, the fire detection system and the ventilation system were up to date. Water testing and fire safety checks were monitored regularly. A recent fire risk assessment was in place. We saw that the service had clinical and domestic waste bins and a clinical waste contract in place.

All medicines were obtained from appropriately-registered suppliers. The service kept a small number of prescription-only medicines on-site. All emergency medicines were stored correctly and in-date. We saw monthly checks were carried out on expiry dates.

The temperature of the refrigerator was monitored and recorded to make sure medicines were stored at the correct temperature.

Arrangements were in place to make sure all staff could support patients in the event of a medical emergency. This included mandatory staff training, such as basic life support and emergency first aid. Emergency medicines and first aid supplies were easily accessible in the clinic area. Emergency life-saving equipment was also available, including oxygen and a defibrillator.

An incident and accident book was available to record all accidents and /or incidents. The service was aware of the notification process to Healthcare Improvement Scotland (HIS). During the inspection, we saw that the service had no incidents or accidents that should have been notified to HIS.

A complaints policy detailed the process for managing a complaint and provided information on how patients could make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. The service's website signposted patients to the procedure on how to make a complaint. We saw evidence that a complaint made to the service had been concluded satisfactorily in line with the service's complaints policy.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. The service had a duty of candour policy in place and had published an annual duty of candour report on its website. We saw evidence that staff had been trained in duty of candour principles.

The service was registered with the Information Commissioner's Office (ICO) (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

Patient care records were stored electronically and password-protected. We saw evidence that the service regularly reviewed its policies and clinical protocols to make sure that it provided up-to-date, evidence-based care for patients.

A consultation and assessment was carried out to assess patients' suitability for treatment.

Patient consultation processes allowed patients to be fully involved in treatment options and evaluations of their care.

Patient information leaflets were available in the waiting area and given to patients after each treatment. The service's website also had information on treatments, costs and information on the service.

Patients were aware of the service contact details should they require advice.

The service was a member of the Aesthetic Complications Expert (ACE) Group and Complications of Medical Aesthetic Collaborative (CMAC), which provided support if complications arose after patients' treatment.

Systems and processes were in place to help make sure staff recruitment was safe and effective.

We saw systems in place for the ongoing checks of staff members' professional registration.

The three staff files we reviewed showed that all appropriate and necessary pre-employment checks had been carried out, including:

- disclosure Scotland background checks
- proof of ID
- references, and
- a record of mandatory and refresher training.

We saw evidence of yearly appraisals for all staff. These helped to identify training and development needs and opportunities. Appraisal agendas included goals, personal and professional objectives, as well as performance reviews. All new staff had completed an induction programme.

### **What needs to improve**

The service had cleaning schedules for each treatment room and we saw antibacterial wipes and chlorine tablets in each room. However, the schedule did not include details of cleaning products in line with national guidance (recommendation b).

From the staff files we reviewed, we saw that the service had not securely destroyed the original certificates received from Disclosure Scotland in line with current legislation. A system should be introduced to record PVG scheme identification numbers for staff (recommendation c).

- No requirements.

### **Recommendation a**

- The service should further develop its cleaning schedules to include details on cleaning products used.

### **Recommendation b**

- The service should securely destroy original Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff.

### ***Planning for quality***

We saw evidence that demonstrated a proactive approach to identifying, assessing and managing risk. The service had developed strategies to mitigate or minimise risk impact, such as implementing safety protocols and having back-up equipment in place.

A range of documents were in place to safeguard patients. Risk assessments were carried out and a risk register was in place to monitor the quality and safety of the service.

A comprehensive business continuity policy was in place in the event that the service experienced a disruptive incident. The policy stated that, in such a scenario the service would establish alternative arrangements for patient treatments and prioritise critical functions.

The service carried out a comprehensive programme of audits regularly, these included:

- cleaning and maintenance of the care environment, including products used in line with current guidance
- health and safety
- infection protection and control, including hand hygiene and personal protective clothing
- medicines management, including checking expiry dates of equipment and medicines and fridge temperatures, and
- waste disposal, including sharps.

We saw evidence of quality assurance systems for reviewing the quality of care and treatment provided in the service. Reviews of patient feedback and the outcomes from audits helped to make sure the quality of the service delivered met patient needs and demonstrated a culture of continuous quality



improvement. For example, a new online booking system had been implemented and the service had developed education material for its patients.

The service's clinical governance process included:

- risk assessments
- a risk register, and
- a system to record accidents or incidents and any resulting actions taken.

This helped make sure that care and treatment was delivered in a safe environment to identify and reduce any risks to patients and staff.

We noted the service's quality improvement plan set out short and long-term goals. In the short term, the service monitors how it is performing against the key performance indicators to drive continuous improvement. In the longer term the service looks to identifying key partners in the wider health environment to offer services assisted by online technology. The quality improvement plan was reviewed regularly by the service manager and formed part of the set agenda at staff team meetings

- No requirements.
- No recommendations.

## 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

**Patients were cared for in a modern, clean and well maintained environment. Patients reported they felt safe and happy with the service. Patients reported the service was clean and tidy. Information about next of kin and sharing information should be recorded in patient care records.**

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 comprehensive self-evaluation.

The clinic environment was clean and well maintained. Equipment used in the service was clean, well maintained and serviced regularly where required. Patients who responded to our survey also told us they felt safe in the environment and the cleaning measures in place helped reassure them that their risk of infection in the service was reduced. All patients stated the clinic was clean and tidy.

All four of the electronic patient care records we reviewed showed that consultation and assessments had been carried out before treatment started. Patient care records included:

- comprehensive practitioner notes
- consultation and detailed assessment
- medical history, including details of any health conditions, allergies, medication and previous treatments, and
- treatment plans.

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 go ahead with the treatment.

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

- 'There is never any pressure to make a decision regarding treatments. A knowledgeable and thorough explanation of the various treatments is provided and then time is given for me to decide on the most appropriate treatment for my specific needs.'
- 'I attended a consultation approximately a week before I confirmed I wanted to go ahead with the treatment. I had time to think about the procedure and read and reflect on the information I was given.'
- 'The outcome of my treatments have always been person-centred and based on what outcomes I would like to achieve.'

Staff we spoke with demonstrated a good understanding of their role, told us they enjoyed working in the service and received good opportunities for ongoing training and development. They told us they felt listened to and were encouraged to give feedback about how the service should continue to improve.

### **What needs to improve**

Patient care records we reviewed did not document patients' next of kin or emergency contact details (requirement 1).

- No requirements.

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

- The provider must document patients' next of kin and consent to share information in the patient care record.

## 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](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:

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](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](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)