

Announced Inspection Report: Independent Healthcare

Service: Solasta Aesthetics, Fraserburgh

Service Provider: Solasta Aesthetics Ltd

25 February 2022

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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 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 Solasta Aesthetics on Friday 25 February 2022. We spoke with a number of staff during the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Solasta Aesthetics, the following grades have been applied to the key quality indicators inspected.

| Key quality indicators inspected | | |
|---|---|----------------|
| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | | |
| Quality indicator | Summary findings | Grade awarded |
| 5.1 - Safe delivery of care | The care environment and patient equipment was clean and well maintained. Policies and procedures are in place to maintain a safe environment. An audit programme and Systems to manage risk in the service, including an audit programme should be developed. Cleaning schedules should be developed and medicines disposed of in line with waste regulations. | ✓ Satisfactory |

| Domain 9 – Quality improvement-focused leadership | | |
|---|---|----------------|
| 9.4 - Leadership of improvement and change | The practitioner kept up to date with changes in the aesthetics industry, legislation and best practice guidance through membership with national groups and training events. A quality improvement plan should be developed. | ✓ Satisfactory |

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 | | |
| 5.2 - Assessment and management of people experiencing care | Patients receive an assessment before treatment. Treatments are fully explained and risks discussed. Emergency contact details are recorded in the patient care record. Consent to share information with the patient's GP should be recorded. | |

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 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

What action we expect Solasta Aesthetics Ltd to take after our inspection

This inspection resulted in two requirements and six recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
[www.healthcareimprovementscotland.org/our work/inspecting and regulating care/independent healthcare/find a provider or service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

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

We would like to thank all staff at Solasta Aesthetics for their assistance during the inspection.

2 What we found during our inspection

Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The care environment and patient equipment was clean and well maintained. Policies and procedures are in place to maintain a safe environment. An audit programme and Systems to manage risk in the service, including an audit programme should be developed. Cleaning schedules should be developed and medicines disposed of in line with waste regulations.

The service had appropriate, up-to-date policies in place to support safe care. These included:

- duty of candour
- consent and consultation
- medication
- privacy and dignity, and
- safeguarding.

The clinic area was clean and equipment was fit for purpose. The correct cleaning products were used to clean the service. The practitioner told us about extra cleaning introduced for the COVID-19 pandemic. Patient appointments were arranged with appropriate gaps between to allow for appropriate cleaning to be carried out.

Single-use mops were used to clean the clinic floor. The clinical handwash basin was cleaned with a chlorine solution in line with current guidance.

The service had a good supply of personal protective equipment to reduce the risk of cross-contamination, including:

- aprons
- fluid-resistant face masks
- gloves, and
- single-use items, such as syringes and needles.

Alcohol-based hand rub was also available throughout the service.

Any patient suspecting that they had symptoms of COVID-19 were advised not to attend the appointment. A COVID-19 screening questionnaire was completed on arrival at the clinic. Other precautionary measures in place included:

- alcohol-based hand rub
- temperature checks on arrival, and
- use of protective personal equipment.

The door to the service was locked in between patients and the treatment room door appropriately closed in between appointments for privacy and dignity.

An appropriate agreement was in place for disposal of clinical waste, such as the safe removal of sharps and other waste from the premises. Waste transfer notes were kept, in line with guidance. Equipment, such as the treatment couch was in good condition. Stock cupboards were well organised and not overfilled with surplus stock or equipment.

Patient feedback from our survey was very positive about their experience of using the service. Some comments included:

- 'Very satisfied as it had everything there that was required for the treatments in a sterile clean tidy environment.'
- 'Room spotless clean and very comfortable and professional.'
- 'Everything was immaculate and very professional.'

We saw a safe system for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked cupboard or a drug refrigerator and were in-date.

Arrangements in place to deal with medical emergencies included training and first aid supplies. In-date medicines were available that could be used in an emergency, such as adrenaline.

The practitioner was aware of the reporting process to Healthcare Improvement Scotland. We noted that no accidents, incident or adverse events had occurred since the service was registered in October 2018.

What needs to improve

While a fire risk assessment was in place, the service did not have an effective process for risk management. All risks to patients and staff in the service must be effectively managed continuously. Proactive risk management processes must be developed, which include:

- a comprehensive risk register
- appropriate risk assessments to protect patients and staff, and
- an accident and incident investigation procedure (requirement 1).

We noted that bins were available for the disposal of sharps, clinical and non-clinical waste. However, the clinical waste bin used to dispose of botulinum toxin was not suitable. We saw no evidence that this was appropriately segregated from other clinical waste and being disposed of correctly, in line with national waste legislation (requirement 2).

The environment was visibly clean, clutter-free and we were told that staff regularly carried out cleaning. However, the service had no documented evidence to show cleaning was completed (recommendation a).

The service did not carry out audits. A structured program of regular audits could be introduced for key areas, such as medication, patient care records and the care environment (recommendation b).

The service had not had any accidents or incidents occur. However, a process should be in place, such as a log book, for recording incidents (recommendation c).

Policies were regularly updated and reviewed. However, we found that the infection prevention and control policy did not detail how the service would manage blood spillages. This was discussed with the service at the time of inspection and the policy was updated to reflect this.

Requirement 1 – Timescale: immediate

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Requirement 2 – Timescale: immediate

- The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of safely in line with national waste legislation.

Recommendation a

- The service develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.

Recommendation b

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

Recommendation c

- The service should implement a Health and Safety Executive compliant accident and incident book to ensure information is recorded in a robust way.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients receive an assessment before treatment. Treatments are fully explained and risks discussed. Emergency contact details are recorded in the patient care record. Consent to share information with the patient's GP should be recorded.

In the five patient care records we reviewed, we saw documented evidence of patient medical history, medications and allergies. The practitioner gave patients information about risks and benefits before treatment started and this was also documented in the patient care record. Patients were asked to consent to treatment. We saw that the practitioner and patients had signed these records.

Following treatment, patients were provided with verbal and written aftercare information, including the emergency contact details of the practitioner. We found this documented in the patient care records we reviewed.

Patient care records were in electronic format, tablets were used which were password protected and could be stored securely. A review appointment was offered if required to make sure that patients were satisfied with the outcome of their treatment.

All patients who responded to our survey agreed they been involved in decisions about their care and treatment, and had been given time to reflect on their treatment option before consenting to the treatment. Comments included:

- 'Very good at explaining everything when I had a consultation.'
- 'We discussed the amount of filler that would give me the best outcome personally for me! I was given options and made the decision based on the excellent information I received regarding my individual treatment.'
- 'Very informative from initial point of contact, from consultation to treatment. Full information given on treatment, what to expect, risks, potential side effects, backed up with leaflet summarising all discussed.'

What needs to improve

The patient care record did not have space to record the contact details for the patient's next of kin or GP (recommendation d).

It is good practice for services to share information about prescribed treatments and medical devices administered with the patient's GP. Patients' GP details and consent to share information with GP were not recorded in the patient care record (recommendation e).

Recommendation d

- The service should record the contact details of patients' next of kin and GP in the patient care record.

Recommendation e

- The service should record consent to share information with the service users GP in the patient care record.

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 practitioner kept up to date with changes in the aesthetics industry, legislation and best practice guidance through membership with national groups and training events. A quality improvement plan should be developed.

The service was owned and managed by an experienced doctor registered with the General Medical Council (GMC). The owner is also a member of aesthetics forums.

The practitioner kept up to date with clinical practice through ongoing training and development, as well as attending training events. This made sure the service knew of changes in the aesthetics industry, legislation and current guidance. Update training in infection prevention and control and basic life support was carried out every year. The practitioner also engaged in the GMC revalidation process.

What needs to improve

We saw evidence that patient feedback was reviewed regularly and had helped the service to offer additional non-injectable treatments, such as skin care treatments. However, this was not recorded formally. No formal quality improvement plan was in place to help structure and record service improvement processes and outcomes to help improve the quality of the service provided. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement. The improvement plan should be informed from audits and risk assessments (recommendation f).

We were told of a peer group where the practitioner and other aesthetics practitioners met every 3 months to share learning and discuss updates in current practice. However, minutes of this were not recorded. We will follow this up at future inspections.

- No requirements.

Recommendation f

- The service should develop and implement a quality improvement plan which should be informed from audits and risk assessments and patient feedback to formalise and direct the way it drives and measures improvements.

Appendix 1 – Requirements and recommendations

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

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

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

Requirements

- 1** The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 10).

Timescale – immediate

Regulation 13(2)(a)

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

- 2** The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of safely in line with national waste legislation (see page 10).

Timescale – immediate

Regulation 3(d)(iii)

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

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

Recommendations

| | |
|----------|--|
| a | The service develop cleaning schedules for the general environment and patient equipment in line with best practice guidance (see page 10). |
| | Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| b | The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented (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 |
| c | The service should implement a Health and Safety Executive compliant accident and incident book to ensure information is recorded in a robust way (see page 10). |
| | Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14 |
| d | The service should record the contact details of patients' next of kin and GP in the patient care record (see page 11). |
| | Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27 |
| e | The service should record consent to share information with the service users GP in the patient care record (see page 11). |
| | Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 |

| Domain 9 – Quality improvement-focused leadership | |
|---|--|
| Requirements | |
| None | |
| Recommendation | |
| f | <p>The service should develop and implement a quality improvement plan which should be informed from audits and risk assessments and patient feedback to formalise and direct the way it drives and measures improvements (see page 13).</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> |

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:

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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