

# Announced Inspection Report: Independent Healthcare

**Service:** Surface Beauty Aesthetics, Edinburgh

**Service Provider:** Norma Conroy

11 January 2023

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First published March 2023

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## Contents

<b>1</b>	<b>Progress since our last inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>A summary of our inspection</b>	<b>6</b>
<hr/>		
<b>3</b>	<b>What we found during our inspection</b>	<b>9</b>
<hr/>		
	<b>Appendix 1 – Requirements and recommendations</b>	<b>17</b>
	<b>Appendix 2 – About our inspections</b>	<b>18</b>
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## 1 Progress since our last inspection

### What the provider had done to meet the requirements we made at our last inspection on 5 December 2018

#### Requirement

*The provider must update the patient information to make it clear to the complainant that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.*

#### Action taken

The service had updated its complaints information. **This requirement has been met.**

### What the service had done to meet the recommendations we made at our last inspection on 5 December 2018

#### Recommendation

*We recommend that the service should develop a participation policy to document its approach to gathering and using patient feedback.*

#### Action taken

The service had developed a participation policy which documented its approach to gathering and using feedback from patients.

#### Recommendation

*We recommend that the service should develop a safeguarding policy to ensure a clear protocol is in place to respond to adult or child protection concerns.*

#### Action taken

The service had developed a safeguarding policy which provided details on how to respond to adult or child protection concerns.

#### Recommendation

*We recommend that the service should develop a duty of candour policy.*

#### Action taken

The service had developed a duty of candour policy and the yearly report was published on its website.

**Recommendation**

*We recommend that the service should update its consent processes.*

**Action taken**

The service was reviewing and updating its consent processes. It planned to change the existing patient care records to reflect this.

**Recommendation**

*We recommend that the service should develop a quality improvement plan, including service audits.*

**Action taken**

The service had developed a quality improvement plan and audits were carried out as part of its quality improvement activities.

## 2 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 Surface Beauty Aesthetics on Wednesday 11 January 2023. We spoke with the owner who is the sole practitioner and received feedback from 33 patients through an online survey we had asked the service to issue for us before the inspection. This was our second 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. The service submitted a self-evaluation.

### What we found and inspection grades awarded

For surface Beauty Aesthetics, 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	The service provided good quality care in a clean and safe environment. All treatments offered were discussed in detail during consultation. Patients were given time to consider their options and ask questions. The service sought patient feedback to improve the quality of the service. Patients were very complimentary about the service they received.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment was clean and well maintained. Clinical governance processes helped the service to provide assurance of safe care and treatment, including risk assessments. Regular audits were carried out.	✓✓ Good
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 through its membership with local groups and national organisations. A quality improvement plan with appropriate action plans was in place to help evaluate and measure the quality, safety and effectiveness of the service provided.	✓✓ 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		
5.2 - Assessment and management of people experiencing care	Patients were assessed before any treatments. Patient care records were up to date, legible and securely stored. Aftercare advice was provided in a variety of formats. An audit process would help evidence care records were consistently completed and all relevant information 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](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 Norma Conroy to take after our inspection**

This inspection resulted in three recommendations. See Appendix 1 for a full list of the 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)

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



### 3 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**

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**The service provided good quality care in a clean and safe environment. All treatments offered were discussed in detail during consultation. Patients were given time to consider their options and ask questions. The service sought patient feedback to improve the quality of the service. Patients were very complimentary about the service they received.**

The service's informative website included details about the procedures available, including what to expect afterwards and a clear explanation of costs. We saw that patients were also given information through email and during the consultation process so they could make a fully informed decision. Patients had time to consider treatment options and ask questions before agreeing to treatment.

Results from our online survey showed that patients felt involved in their treatment and were confident in the service. Comments included:

- '... website holds much of the pertinent information and is easily accessible. Norma took the time to treat me as an individual and discuss my treatment fully and in a manner I could understand. She provided aftercare instructions and guidance.'
- '...a first class practitioner.... highly professional and skilled in the field of Aesthetics. From start to finish....covers every possible aspect of treatment to aftercare and is extremely good at managing expectations.'
- '...I am advised of procedure, risks, side effects, benefits, costs and am also given aftercare advice with the assurance of swift assistance if needed.'
- '...always goes through all information and explains how the treatment works and makes you feel at ease.'

The service made sure that patient privacy and dignity was maintained. All consultations were appointment-only and only one patient was treated at a time, maintaining confidentiality. The treatment room door was locked when patients were being treated.

The service had a comprehensive up-to-date participation policy. Patients had the opportunity to provide feedback to the service in a number of ways, including online or in written form. We were told and saw that feedback received was reviewed regularly and acted on. For example, the service had moved to premises with easy parking in a prime location after feedback about the previous premises.

The service had published a yearly duty of candour policy which could be accessed on its website. No complaints had been received at the time of our inspection.

The complaints policy included information about how patients could complain to Healthcare Improvement Scotland at any stage in the complaints process.

- No requirements
- No recommendation

## 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

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**The environment was clean and well maintained. Clinical governance processes helped the service to provide assurance of safe care and treatment, including risk assessments. Regular audits were carried out.**

The clinic environment and equipment was clean, well maintained and fit for purpose. Appropriate systems were in place to help make sure the clinic environment was kept clean, tidy and well maintained. A cleaning schedule was in place which detailed what was cleaned and when. All equipment was in good condition and external contractors regularly tested and maintained the heating systems and electrical appliances. A fire safety assessment was in place and appropriate signage was easily visible.

The service had appropriate and up-to-date policies and procedures which helped to support the safe delivery of care, including for:

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

A suitable waste contract was in place for the safe disposal of syringes, needles and other clinical waste. Waste transfer notes were kept, in line with guidance.

All patients who responded to our survey agreed the environment was clean and in a good state of repair. Comments included:

- 'Spotless clean area, bright and welcoming for me.'
- 'I couldn't be happier with the facilities and equipment in the environment I was treated, it is spotlessly clean.'
- 'The whole environment is very clean, and private.'
- 'Facilities are amazing, very clean and feeling very comfortable.'

The service had a system in place for procuring, prescribing, storing and administering medicines. A first aid kit and emergency medicine kit were available so the service could quickly deal with any medical emergencies, such as a complication or adverse reaction from treatment. An audit system was in place to make sure the contents were in-date and for recording any actions taken. The service had a system in place to record incidents and none had occurred at the time of our inspection. A system was in place to record the temperature of the clinical fridge to check that medicines were stored at the correct temperature.

- No requirements.
- No recommendations.

## Our findings

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

**Patients were assessed before any treatments. Patient care records were up to date, legible and securely stored. Aftercare advice was provided in a variety of formats. An audit process would help evidence care records were consistently completed and all relevant information recorded.**

The three electronic patient care records we reviewed were clear and accurate, and showed that comprehensive assessments were carried out before treatment. This included a medical history, previous treatments and any areas which would highlight any risks associated with the treatment, such as pregnancy or any allergies.

Patients' consent to treatment, including having their photograph taken was recorded and any risks and benefits associated with the treatment were explained. A new consent form was completed for each new treatment.

We were told patients were given verbal and written aftercare advice. This included the service's emergency contact details. Patients were offered a follow-up appointment. This allowed the service to make sure patients were happy with the results and provide any additional treatment or advice.

Patient care records were stored on a password-protected electronic system. Appropriate procedures were in place to make sure that information was held securely to prevent unauthorised access.

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

Feedback from our online survey showed that all patients felt they had been involved in decisions about their care and given enough information in a format they could understand. All patients stated that the treatment procedure, risks and benefits and expected outcome had been explained to them before the treatments. Comments included:

- 'I'm always given sufficient time to think about the treatment and ... will go into further detail about treatment if I'm not sure and time to think if it is the right treatment for me.'
- 'The treatment it has been outstanding from the beginning until the end. Procedure explained every step the way and after care absolutely wonderful.'
- 'Website holds much of the pertinent information and is easily accessible ... took the time to treat me as an individual and discuss my treatment fully and in a manner I could understand. She provided aftercare instructions and guidance though I did not need to follow up with these.'

### **What needs to improve**

The service did not have a process in place to audit patient care records (recommendation a).

The patient care records we reviewed did not have details of the patient's next of kin or GP (recommendation b).

Patient care records we reviewed did not document discussions with patients about consenting to share their information with a GP or other healthcare professional if required (recommendation c).

■ No requirements.

#### **Recommendation a**

- The service should ensure that patient care record audits are carried out to ensure all relevant information is being recorded.

#### **Recommendation b**

- The service should ensure that care records include the next of kin details and GP contact in the event of an emergency.

#### **Recommendation c**

- The service should ensure that consent to share information with the patient's GP or other health professional is documented in order to evidence that this discussion has taken place.

## 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 through its membership with local groups and national organisations. A quality improvement plan with appropriate action plans was in place to help evaluate and measure the quality, safety and effectiveness of the service provided.**

The service manager was an experienced nurse and aesthetics practitioner who told us they regularly reviewed their practice, products and treatments they provided. They did their own research into new products to help make sure that they used the best available ones. The practitioner participated in online forums and discussions around products, treatments and service delivery. They read Healthcare Improvement Scotland-published inspection reports to benchmark the service against similar services, comparing service provision.

Another service which had recently discontinued practising had recently recommended that Surface Beauty Aesthetics take on its client base. This led to a surge in demand for treatments and increase in patient base and had to be managed while maintaining high quality and reliability of service expected. The service had a large, regular patient base established over many years and patients we spoke with valued their long-standing relationship with the service.

Comments from patients included:

- 'I have been seeing ... for a number of years, she always takes the time to explain the procedure and potential risks, whether it's the first time or a regular, frequent procedure... takes time to ask what effect you are looking for and how she can achieve that for you. She discourages you from too much or overfill.'
- 'I have been a patient...for 11 years and I hold...in the highest regard. Always treated with the highest level of respect.'
- 'I am a repeat customer, and was pretty sure about what I wanted in terms of treatment this time, but we talked about things I might do in the future and always feel I'm given expert advice and plenty of time to consider the pros and cons of any treatment.'

The service listens to its patients through feedback and face-to-face discussion and continually seek to improve the delivery of service. It had moved premises to better meet the needs of its patients and we found a well-established service in a prime location in a busy city centre.

The service had a quality improvement plan in place and we saw evidence of improvements made.

- 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	
Requirements	
None	
Recommendations	
<b>a</b>	<p>The service should include a programme of audits to cover key aspects of care, treatment and patient outcomes. Audits should be documented and any required improvements included in the improvement action plan (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
<b>b</b>	<p>The service should ensure that care records include the next of kin details and GP contact in the event of an emergency (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>
<b>c</b>	<p>The service should ensure that consent to share information with the patient's GP or other health professional is documented in order to evidence that this discussion has taken place (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</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](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)

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