

Announced Inspection Report: Independent Healthcare

Service: Sarah Eve Aesthetics, Edinburgh

Service Provider: Sarah Eve Aesthetics Ltd

20 October 2023

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1 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 Sarah Eve Aesthetics Ltd on Friday 20 October 2023. We spoke with the registered manager (practitioner). We received feedback from 20 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 Edinburgh, Sarah Eve Aesthetics Ltd is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Sarah Eve Aesthetics, 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 is led by a registered nurse who is an independent prescriber, with a number of other staff working under practicing privileges. The service had a clear vision and this was displayed on its website. Measurable objectives should be developed and a process to measure these. A programme of staff meetings should be implemented.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Although the service had a participation policy, not all forms of feedback were being collated and reviewed. Appropriate safety assurance processes were in place, including an audit programme and a quality improvement plan. These helped to ensure person-centred care was delivered in line with best practice. Clear procedures for managing complaints were in place. Face-to-face consultations were completed and signed consent to treatment forms were in place for all patients. Risk assessments should be fully completed and reviewed regularly.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was very clean and well maintained. Patients told us the service was clean and tidy, and they felt safe in the service. Patient care records were detailed and included signed consent forms. All relevant pre-employment safety checks must be completed and documented before staff start working in the service. All consultations carried out by the prescriber must be documented in patient care records. Induction should be formally documented for all staff.	✓ Satisfactory

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 Assurance Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Sarah Eve Aesthetics 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 two requirements and five recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should develop measurable objectives and a process to measure these (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.20</p>
b	<p>The service should introduce a programme of regular staff meetings, and a record of discussions and decisions reached at these meetings should be kept. These should detail staff responsible for taking forward any actions (see page 10).</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>

Implementation and delivery	
Requirements	
None	
Recommendations	
c	<p>The service should implement a structured approach to gathering and analysing all patient feedback to help continually improve the service (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
d	<p>The service should ensure that risk assessments are fully completed and reviewed regularly (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>

Results	
Requirements	
1	<p>The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed or granted practicing privileges to work in the service (see page 18).</p> <p>Timescale – immediate</p> <p><i>Regulation 8</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must ensure that all patient information including initial face-to-face consultations is documented in patient care records (see page 18).</p> <p>Timescale – immediate</p> <p><i>Regulation 4</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Results (continued)	
Recommendation	
e	<p>The service should implement a formal documented induction process for all new employees or self-employed staff, including those granted practicing privileges to work in the service (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>

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

Sarah Eve 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 Sarah Eve Aesthetics for their assistance during the inspection.

2 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 is led by a registered nurse who is an independent prescriber, with a number of other staff working under practicing privileges. The service had a clear vision and this was displayed on its website. Measurable objectives should be developed and a process to measure these. A programme of staff meetings should be implemented.

Clear vision and purpose

The service's website detailed information on the service's vision and aim to make patients feel refreshed and rejuvenated with specifically tailored aesthetic treatment plans. The service told us its aim included introducing new innovative treatments through patient demand and keeping up to date with evidence-based practice.

The service told us it measured its success through receiving positive patient feedback.

What needs to improve

The service had no formal process of measuring its objectives or demonstrating that these were being met (recommendation a).

- No requirements.

Recommendation a

- The service should develop measurable objectives and a process to measure these.

Leadership and culture

The service was owned and managed by the practitioner who was a registered nurse with the Nursing and Midwifery Council and was also an independent prescriber. Other staff members providing aesthetic treatments worked under practicing privileges agreements (staff not employed directly by the provider but given permission to work in the service). They were also all registered nurses.

We were told the manager (practitioner) was always present and was also the named prescriber for the other staff working in the service.

A private social media messaging group had been set up so that staff could keep up to date, share information and stay in constant communication with each other.

What needs to improve

Although the service's policies referred to staff meetings, we were told these had not yet commenced. Although the staff were relatively new to the service, and the manager (practitioner) regularly engaged individually with them, it would be beneficial for documented team meetings to be held (recommendation b).

- No requirements.

Recommendation b

- The service should introduce a programme of regular staff meetings, and a record of discussions and decisions reached at these meetings should be kept. These should detail staff responsible for taking forward any actions.

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

Although the service had a participation policy, not all forms of feedback were being collated and reviewed. Appropriate safety assurance processes were in place, including an audit programme and a quality improvement plan. These helped to ensure person-centred care was delivered in line with best practice. Clear procedures for managing complaints were in place. Face-to-face consultations were completed and signed consent to treatment forms were in place for all patients. Risk assessments should be fully completed and reviewed regularly.

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

Patients could access information about the treatments and prices through the service's website and social media pages. They could message or email the service with any enquiries they had. Due to the service's move to a paper-free clinic, the service had developed a QR code which was displayed in the service's window. This code could be scanned and patients would be directed straight to the treatment pricing list.

The service had a participation policy to inform how it would encourage feedback from patients. The policy described how the service would gather and use patient feedback to continually improve.

Patient feedback was collected verbally or through social media reviews. After every appointment, patients received an email requesting feedback on their recent treatment. When the service received feedback from this system, this was reviewed and then published on its website. We found all feedback on the service's website and social media was very positive.

We were told the service was also developing a structured patient feedback questionnaire containing focused questions about patients' experience of using the service. This was being developed on an independent survey site. The service told us feedback from this survey would also be published on its website and social media pages.

Patient feedback received through emails was used to inform the service's quality improvement plan. We saw examples of improvements made as a result of patient feedback. For example, a comfortable sitting area with a newly purchased coffee machine had been introduced after patients had asked for somewhere to sit and relax after their treatment.

What needs to improve

Although the service received patient feedback through various sources, it was not clear how the service gathered and used any verbal feedback or feedback from social media reviews. Therefore, it was difficult for the service to draw full conclusions that could be used to drive improvement as we found no evidence that all feedback received was being recorded and analysed. A more structured approach to patient feedback should include:

- recording and analysing all results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation c).

Although there were plans to formally capture staff feedback, this had not yet been implemented as the practitioners were new to the service. We will follow this up at a future inspection.

- No requirements.

Recommendation c

- The service should implement a structured approach to gathering and analysing all patient feedback to help continually improve the service.

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.

The service was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland. A clear system was in place to record and manage accidents and incidents.

A range of policies and procedures was in place to help make sure that patients and staff had a safe experience in the service. Key policies included:

- adult safeguarding (public protection)
- health and safety
- infection prevention and control
- dealing with emergencies, and
- medication management.

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

An annual fire risk assessment was carried out. Fire safety signage was displayed, and fire safety equipment was in place and checked. A safety certificate was in place for the fixed electrical wiring. Portable appliance testing on electrical equipment had just been completed. A new alarm system had just been installed in the service.

Arrangements were in place to deal with medical and aesthetic emergencies, including an emergency drugs supply. All medicines were obtained from appropriately registered suppliers. Emergency medicines were stored correctly and were in-date with checks carried out on expiry dates. The practitioner was trained in basic life support.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. The complaints procedure was included on the service's website. At the time of inspection, the service had not received any complaints in the last year.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service's most recent duty of candour report was available on its website. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

Patients booked their appointments using the service's online booking system. They were sent a health questionnaire and treatment-specific information. We were told patient consultations for treatment were always carried out face to face with their practitioner and the prescriber. A comprehensive assessment took place which included past medical history, as well as discussions on the risks, benefits and possible side effects of treatment. Patients were offered follow-up appointments for treatment. On the day of treatment, patients reviewed a consent to treatment form which was then signed by both the patient and practitioner.

Post-treatment aftercare instructions were provided for patients at both the consultation stage and following treatment. We saw that patients were emailed aftercare leaflets that included staff's out-of-hours contact numbers in case of any complications. Patients who responded to our online survey told us:

- 'Consultation before treatment was excellent.'
- '... was informative and encouraged me to ask questions.'
- 'Excellent pre and post care.'

The main practitioner's patient information was stored securely on a password-protected device. This helped to protect confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that the service followed the appropriate data protection regulations.

The service had recruitment and practicing privileges policies in place. Practicing privileges contracts were also in place.

The manager (practitioner) completed ongoing training as part of their Nursing and Midwifery Council (NMC) registration. We saw evidence that they kept up to date with their own practice and with best practice in aesthetics through continued training on procedures. We were told they participated in peer reflection with a small group of other aesthetic practitioners. The practicing privileges contracts made clear that the other practitioners were responsible for completing their own training and education.

What needs to improve

As the staff had recently joined the service, one-to-one discussions with the manager (practitioner) had not yet taken place to discuss their progress. We were told all practicing privilege contracts and ongoing employment checks

would be completed annually, in line with the service's practicing privileges policy. Annual appraisals would also take place, in line with the policy. We will follow this up at a future inspection.

- No requirements.
- No recommendations.

Planning for quality

Appropriate risk assessments were in place to effectively manage risk in the service. These included:

- lone working
- fire risk, and
- waste management.

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

In the event that the service was unable to operate for any reason, a business contingency plan had been developed.

We saw evidence of audits being carried out by the manager (practitioner), such as cleaning, checking emergency medicines and for patient care records. Any results from audits were documented and actions taken if necessary.

The service's quality improvement plan was reviewed regularly. This currently contained improvements made to the service as a result of patient feedback, or informal feedback from staff. For example, staff had asked for a lockable cupboard to store their equipment and belongings.

What needs to improve

Although the service had a risk register, the risk assessments were not dated and review dates were not documented. Risk assessments should be reviewed regularly and fully completed to help support the management and review of identified risks (recommendation d).

- No requirements.

Recommendation d

- The service should ensure that risk assessments are fully completed and reviewed regularly.

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

The environment was very clean and well maintained. Patients told us the service was clean and tidy, and they felt safe in the service. Patient care records were detailed and included signed consent forms. All relevant pre-employment safety checks must be completed and documented before staff start working in the service. All consultations carried out by the prescriber must be documented in patient care records. Induction should be formally documented for all staff.

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. We saw evidence of completed and up-to-date cleaning schedules. Personal protective equipment was readily available. Patients who responded to our online survey also told us they felt the service was kept extremely clean and tidy:

- ‘Clinic exceptionally clean.’
- ‘Very clean, fresh and professional.’
- ‘The clinic is absolutely spotless ... is always well presented and equipment is always fresh and sealed.’

The service’s medication fridge was clean and in good working order. We noted a temperature recording log book was used to record fridge temperatures every day, and this was fully completed and up to date. This made sure medicines were being stored at the correct temperature. Medication stored in the service was in-date and was prescribed individually for patient use. No stock medicine was held.

We saw the majority of appropriate pre-employment checks had been completed in the three staff files we reviewed, including:

- appropriate training certificates
- proof of ID
- references, and
- the professional registration status for all clinical staff.

The five patient care records we reviewed completed by the main practitioner showed that patients received a face-to-face consultation about their expectations before treatments were offered. Patient care records were legible, accurate and up to date. The practitioner had signed and dated their entries. Dosage, batch numbers and expiry dates of medicines used were also documented. We found records of patient consultations and assessments, including:

- consent to treatment and sharing information
- medical history
- GP details
- emergency contact
- medications, and
- treatment plans.

The service had many returning patients. Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Comments included:

- 'Will always return back here, top service.'
- 'I have recommended... to many others due to her high level of service, care and commitment.'
- 'Fabulous experience, will be booking again.'

What needs to improve

Although a practicing privileges policy and signed contracts were in place, we did not see any evidence of a completed up-to-date Protecting Vulnerable Groups (PVG) background check for any of the self-employed staff members (requirement 1).

The manager (practitioner) told us that when they were prescribing for patients for the staff granted practicing privileges, they did not document these face-to-face consultations. This was because they had no direct access to the patient care records belonging to these staff members. They were also unaware of what record keeping systems the other practitioners used, and whether they were electronic or paper-based (requirement 2).

Although we were told that any new employees or self-employed staff received an induction to the service, there was no evidence showing that these had taken place (recommendation e).

Requirement 1 – Timescale: immediate

- The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed or granted practicing privileges to work in the service.

Requirement 2 – Timescale: immediate

- The provider must ensure that all patient information including initial face-to-face consultations is documented in patient care records.

Recommendation e

- The service should implement a formal documented induction process for all new employees or self-employed staff, including those granted practicing privileges to work in the service.

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

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

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

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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