

# Announced Inspection Report: Independent Healthcare

**Service:** Skin-Fresh Facial Aesthetics, Glasgow

**Service Provider:** Skin-Fresh Ltd

16 November 2021

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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 Skin-Fresh Facial Aesthetics on Tuesday 16 November 2021. We spoke with the manager (practitioner) during the inspection. We received feedback from 13 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of 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. The service submitted a satisfactory self-evaluation.

### What we found and inspection grades awarded

For Skin-Fresh Facial 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 service was clean and well maintained. All equipment was in a good state of repair. A regular programme of risk assessments and audits was carried out. However, a risk register would ensure effective oversight of how the service is delivered safely.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The service regularly reviewed its practice to ensure the most effective treatments were provided to patients. However, a quality improvement plan would help improve the quality of the service provided, and ensure the delivery of safe and effective treatments. Patient feedback should be more formally reviewed and considered. Regular communication with all staff should be introduced.	✓ 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	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	All patient care records were completed appropriately. Patients felt supported and that they were given time to reach decisions about their treatment. Emergency contact details should be requested from patients and aftercare information provided should be documented in the patient care records.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Although a comprehensive practicing privileges policy was in place, all appropriate background checks must be carried out for staff working under practicing privileges. A process should also be in place to ensure regular annual checks of ongoing professional development, annual professional registration checks and insurance renewal checks.

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)

### **What action we expect Skin-Fresh Ltd to take after our inspection**

This inspection resulted in two requirements and eight 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)

Skin-Fresh 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 Skin-Fresh Facial 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 service was clean and well maintained. All equipment was in a good state of repair. A regular programme of risk assessments and audits was carried out. However, a risk register would ensure effective oversight of how the service is delivered safely.**

The service had a variety of ways in which it managed the delivery of safe care. These included regular risk assessments of fire safety, aesthetic procedures and medications used. We saw public protection (safeguarding) and accidents, incidents and adverse events had been recently risk assessed, and policies and procedures updated. These updates were clearly documented and dated.

The service carried out environmental checks every 3 months, which were also clearly documented. A regular audit programme was in place, including infection prevention and control audits. We also saw cleaning schedules were completed and up to date, and waste disposal audits had been performed over the last few years.

The environment was clean and well maintained. Patient equipment was in a good state of repair. Single-use patient equipment was used where appropriate to minimise the risk of cross-infection.

We were told that cleaning of equipment and high touch areas, such as door handles, was carried out after each patient. Appointments were planned to allow time to clean between patients. When patients arrived for their appointment, they were asked COVID-19 screening questions. We saw that personal protective equipment, such as masks, aprons and gloves, were readily

available and patients had access to alcohol-based hand gel. Hand hygiene facilities were available in the consultation room. Clinical waste including sharps was managed appropriately and a waste contract was in place.

All medications were ordered from appropriately registered suppliers and ordered specifically for the individual patient. A system was in place to record the temperature of the dedicated clinical fridge to ensure medications were being stored at the correct temperature. All medicines and single-use patient equipment was in date and we saw regular checks in place to ensure this. All patient care records contained details of the batch number of the medicines used.

Feedback from our online survey showed that patients were satisfied with the cleanliness of the environment they were treated in.

### What needs to improve

Although a variety of risk assessments was being carried out regularly, no risk register was in place to record and effectively monitor all of the service's risks in one place (recommendation a).

- No requirements.

### Recommendation a

- The service should develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered.

## Our findings

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

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**All patient care records were completed appropriately. Patients felt supported and that they were given time to reach decisions about their treatment. Emergency contact details should be requested from patients and aftercare information provided should be documented in the patient care records.**

All patient care records were in paper format and were stored in a locked filing cabinet. We reviewed five patient care records and found that all patient details were completed in a legible format.

During the patient's consultation, their past medical history was recorded and included questions about regular medications, allergies and previous aesthetic treatments. This was signed by both the patient and the practitioner.

The treatment was appropriately documented using a diagram of the area that had been treated, what medicine had been used and the dosage, batch number and expiry date. The consent to treatment form was detailed, and included information on the risks and benefits of the treatment. All consent forms were clearly signed and dated by the patient.

All patients who responded to our online survey had a positive experience in the service:

- 'Friendly professional approach from staff. Knowledgeable and informative.'
- 'I have visited on numerous occasions and have always had top service.'
- 'We talked through all the procedure beforehand to make sure I was happy to proceed.'

### **What needs to improve**

Patient care records should be regularly audited to ensure good record keeping standards are maintained and all relevant information is captured (recommendation b).

There was no evidence in the patient care records that patients' emergency contact details and GP contact details had been requested when attending for treatment (recommendation c).

We were told that aftercare was discussed and information leaflets were given to each patient following treatment. This included possible complications and details of who to contact when the service was closed. The service should document this has been carried out in the patient care records (recommendation d).

- No requirements.

### **Recommendation b**

- The service should ensure that patient care records are audited regularly.

### **Recommendation c**

- The service should request emergency and GP contact details for all patients in the event of an emergency.

### **Recommendation d**

- The service should ensure evidence of the patient receiving verbal or printed aftercare advice is documented in the patient care record.

## Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

### Our findings

#### Quality indicator 7.1 - Staff recruitment, training and development

**Although a comprehensive practicing privileges policy was in place, all appropriate background checks must be carried out for staff working under practicing privileges. A process should also be in place to ensure regular annual checks of ongoing professional development, annual professional registration checks and insurance renewal checks.**

The service does not employ staff. However, it had recently introduced other practitioners to work under a practicing privileges contract (staff not employed directly by the provider but given permission to work in the service). These healthcare professionals provided services to their own patients, using the facilities of the clinic.

The service had developed a detailed practicing privileges policy, and we saw copies of contracts and insurance policies in place for each individual.

#### What needs to improve

While we saw that insurance policies and practicing privileges contracts were in place, all appropriate checks must also be carried out on staff wishing to work under a practicing privileges contract. This includes checking references, all necessary professional registration checks with the Nursing and Midwifery Council, aesthetics qualifications and Protecting Vulnerable Groups (PVG) checks (requirement 1).

Ongoing annual checks should be carried out for staff working under practicing privileges. This includes ongoing training and development, mandatory and statutory training, checks on the Nursing and Midwifery Council, personal development reviews and insurance renewals (recommendation e).

#### Requirement 1 – Timescale: immediate

- The provider must ensure that all staff, including those with practicing privileges, working in a registered healthcare service have appropriate, and documented, background and safety checks in place.

### **Recommendation e**

- The service should ensure that all relevant annual checks are carried out on each individual healthcare worker who is working under practicing privileges.

## 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 regularly reviewed its practice to ensure the most effective treatments were provided to patients. However, a quality improvement plan would help improve the quality of the service provided, and ensure the delivery of safe and effective treatments. Patient feedback should be more formally reviewed and considered. Regular communication with all staff should be introduced.**

The practitioner was a registered nurse with the Nursing and Midwifery Council. They were a member of a number of aesthetic forums and subscribed to aesthetic journals to remain up to date with the latest information and research in the aesthetics industry. We saw evidence of recent training undertaken by the practitioner on new treatments.

As part of an ongoing review of the service, the practitioner had recently risk assessed a number of products regularly used for aesthetic treatments, for example anti-wrinkle injections, fillers and aftercare creams. As a result of these risk assessments, some changes to the products used in the service were made to ensure that the most appropriate products were being used.

### What needs to improve

We were told the practitioner had carried out a treatment which the clinic was not registered to do. As Healthcare Improvement Scotland class this type of treatment as a minor surgical procedure, the clinic must follow due process and formally notify Healthcare Improvement Scotland if it wishes to start carrying out this type of treatment (requirement 2).

In order to strengthen leadership of the service, the practitioner should ensure regular communication with staff, including those working under practicing privileges. This should include sharing information and updates about the service and clinical governance issues (recommendation f).

A quality improvement plan would help the service identify specific improvements and actions to be taken to help develop and improve the service, measure the impact of change and demonstrate a culture of continuous improvement (recommendation g).

Patients were encouraged to complete a feedback form following their treatment. Feedback could also be given through social media and the practitioner would respond directly to these. However, we saw no documented evidence that patient feedback was reviewed and considered in a formalised manner. Feedback can be used to improve the quality of care provided and how the service is delivered (recommendation h).

#### **Requirement 2 – Timescale: immediate**

- The provider must only provide treatments for which it is currently registered with Healthcare improvement Scotland.

#### **Recommendation f**

- The service should introduce systems to improve communication and strengthen leadership with staff who have practicing privileges.

#### **Recommendation g**

- The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement.

#### **Recommendation h**

- The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service.

## 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>	The service should develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered (see page 8).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
<b>b</b>	The service should ensure that patient care records are audited regularly (see page 9).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
<b>c</b>	The service should request emergency and GP contact details for all patients in the event of an emergency (see page 9).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14
<b>d</b>	The service should ensure evidence of the patient receiving verbal or printed aftercare advice is documented in the patient care record (see page 9).  Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

Domain 7 – Workforce management and support	
Requirement	
1	<p>The provider must ensure that all staff, including those with practicing privileges, working in a registered healthcare service have appropriate, and documented, background and safety checks in place (see page 10).</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>
Recommendation	
e	<p>The service should ensure that all relevant annual checks are carried out on each individual healthcare worker who is working under practicing privileges (see page 11).</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>

Domain 9 – Quality improvement-focused leadership	
Requirement	
2	<p>The provider must only provide treatments for which it is currently registered with Healthcare improvement Scotland (see page 13).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(a)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
f	<p>The service should introduce systems to improve communication and strengthen leadership with staff who have practicing privileges (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>

## Domain 9 – Quality improvement-focused leadership (continued)

### Recommendations

- |          |   |
|----------|---|
| <b>g</b> | <p>The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement (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>   |
| <b>h</b> | <p>The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service (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 4.8</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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