

Announced Inspection Report: Independent Healthcare

Service: Sharon Muir Aesthetics, Troon

Service Provider: Sharon Muir

2 February 2022

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
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	Appendix 1 – Requirements and recommendations	15
	Appendix 2 – About our inspections	17
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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 Sharon Muir Aesthetics on Wednesday 2 February 2022. We spoke with the service manager (practitioner). We received feedback from 61 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 limited self-evaluation.

What we found and inspection grades awarded

For Sharon Muir Aesthetics, the following grades have been applied to the key quality indicators.

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 environment and equipment were clean and well maintained, and medicines were managed safely. Although a programme of environmental and clinical audits was in place, the monthly stock checks of medicines and single use patient equipment should be documented. A system must be introduced to manage risk effectively.	✓ 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 kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with local groups and national organisations. The service manager supported other aesthetic practitioners with their development. The service carried out an annual performance review.	✓✓ Good

The following additional quality indicators were 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	Patient care records were completed fully and legibly, and were stored securely. Detailed consent processes were in place. Patients felt fully informed and given time to make decisions about their treatment. Audits of patient care records should be introduced.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	No staff were employed in the service, but a practicing privileges agreement was in place between the service and a registered dentist to provide aesthetic treatments and teeth whitening. Protecting Vulnerable Groups (PVG) checks must be carried out on all staff including those working under practicing privileges contracts.

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 Sharon Muir to take after our inspection

This inspection resulted in two requirements and five 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

Sharon Muir, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Sharon Muir 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 environment and equipment were clean and well maintained, and medicines were managed safely. Although a programme of environmental and clinical audits was in place, the monthly stock checks of medicines and single use patient equipment should be documented. A system must be introduced to manage risk effectively.

Appropriate systems were in place to ensure the clinic environment was kept clean, tidy and well maintained. All equipment was in good condition, and regular servicing and maintenance was carried out. Appropriate fire safety equipment and signage was in place. Heating systems and electrical appliances were regularly tested and maintained by external contractors.

Appropriate policies and procedures were in place to support the safe delivery of care, such as COVID-19, complaints and fire-safety policies. We saw that these were reviewed and updated every year.

All medicines were obtained 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 were told checks were carried out regularly. All patient care records contained details of the batch number and expiry date of the medicines used.

Measures were in place to reduce the risk of infection. We saw a daily cleaning schedule was in place. A good supply of disposable personal protective equipment was available, including gloves, surgical face masks and other items of single use equipment used to prevent the risk of cross-infection. The service had a contract with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles.

We were told that patients were required to complete an online COVID-19 screening questionnaire before attending their appointment. Appointments were spaced out appropriately to allow for cleaning to take place between patients.

The service had recently been granted permission by Healthcare Improvement Scotland to treat children from the age of 14 years for acne. We saw up-to-date standard operating procedures for the new treatments, and new child public protection (safeguarding) and parental consent policies.

An accident book was used to record any accidents or incidents that took place. The service manager had a good understanding of their responsibilities for reporting accidents, incidents and adverse events.

We saw a programme of environmental checks that were carried out every week to provide assurance that the service was being delivered in line with its policies and procedures. This included an action plan which showed that any actions to be taken were completed appropriately.

Feedback from our online survey was very positive about patients' experience of using the service. All patients agreed they had been extremely satisfied with the cleanliness and the environment.

Comments included:

- '... clinic is very clean, bright and well presented.'
- 'The practice is exceptionally clean and tidy. One of the reasons I go back.'

What needs to improve

While we saw evidence of an annual fire risk assessment, and were told that risk assessments were carried out frequently, there was limited documented evidence of risk management. All risks to patients and staff must be effectively managed. This includes developing a register of risk assessments that will be regularly reviewed and updated with appropriate processes in place to help manage any risks identified (requirement 1).

Although we saw evidence of cleaning schedules and weekly environmental audits, there was no documented evidence of the monthly stock checks that we were told took place (recommendation a).

Requirement 1 – Timescale: immediate

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

Recommendation a

- The service should ensure that monthly stock checks of medicines and single use patient equipment are documented.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were completed fully and legibly, and were stored securely. Detailed consent processes were in place. Patients felt fully informed and given time to make decisions about their treatment. Audits of patient care records should be introduced.

We reviewed five patient care records and found that the consultation process was fully documented. This included the patient's medical history, including previous aesthetic treatments, allergies and current medicines. The patient's emergency contact and GP details were also documented. Each patient care record also included details of the treatment plan, including a diagram of the treated area and medicines given.

A detailed consent process was completed, which included sharing information about the risks and benefits of treatments. Patients could also consent to have their photographs taken. We saw that both patients and the practitioner had signed all consent forms we reviewed.

All patients who responded to our survey agreed they felt involved and were pleased with the experience. They felt informed about the risks and benefits before going ahead with treatment, and involved in decisions about their care.

Comments included:

- 'We discussed the options fully together.'
- 'I wouldn't go anywhere else as I feel relaxed and have great confidence in ... skills and ability. She is second to none.'
- '...was very informative during the whole procedure explaining the risks and benefits to the treatment.'

What needs to improve

While we saw that patient care records were completed fully, there was no evidence of regular audits of patient care records taking place. This would ensure that the documentation of patient information was always accurate and complete (recommendation b).

All patient care records were in paper format and stored in a locked filing cabinet. After 2 months, the paper notes were scanned onto a secure database and shredded securely. However, the service was not registered with the Information Commissioner's Office (ICO) (an independent authority for data protection and privacy rights) to ensure safe storage of confidential patient information (recommendation c).

We were told that aftercare was discussed verbally after treatment and patients were given an information sheet when leaving the service. However, this information was not recorded in the patient care records. On the day of the inspection, the service manager added a section to the service's treatment form to ensure aftercare advice given to the patient could be recorded. We will follow this up at future inspections.

- No requirements.

Recommendation b

- The service should ensure that audits of patient care records regularly take place.

Recommendation c

- The service should register with the Information Commissioner's Office.

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

No staff were employed in the service, but a practicing privileges agreement was in place between the service and a registered dentist to provide aesthetic treatments and teeth whitening. Protecting Vulnerable Groups (PVG) checks must be carried out on all staff including those working under practicing privileges contracts.

The service did not employ any staff. However, a practicing privileges contract was in place with a registered dentist (staff not employed directly by the provider but given permission to work in the service). This allowed them to provide aesthetic treatments and a teeth whitening service.

We saw evidence that a number of appropriate background safety checks had been carried out on the dentist. This included checks on their professional registration, qualifications, identification, references and to ensure appropriate up-to-date insurance was in place. We saw that a practicing privileges contract was in place.

We saw evidence of recent external aesthetic training programmes undertaken by the service manager and the dentist. This included first aid training and training in new aesthetic treatment products.

What needs to improve

While most necessary background and identity checks had been carried out on the dentist, we found that the service had not carried out a Disclosure Scotland Protecting Vulnerable Groups (PVG) check (requirement 2).

The service should also ensure that a process is in place to carry out annual checks on staff working under practicing privileges. This should include checks on insurances, professional registration and ensuring staff are annually appraised (recommendation d).

Requirement 2 – Timescale: immediate

- The provider must ensure that Disclosure Scotland Protecting Vulnerable Groups (PVG) checks are carried out on anyone working in the service, including those with practicing privileges.

Recommendation d

- The service should ensure a process is in place for reviewing annual checks on staff with 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 kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with local groups and national organisations. The service manager supported other aesthetic practitioners with their development. The service carried out an annual performance review.

The service was owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). This requires them to register with the NMC every year and to complete a revalidation process every 3 years where they send evidence of their competency, training and feedback from patients and peers in order to remain a registered nurse practitioner. They were also a member of a number of aesthetic forums. This included the Complications in Medical Aesthetics Collaborative (CMAC) and Save Face (a register for healthcare professionals who provide non-surgical aesthetic treatments). They also subscribed to aesthetic journals to remain up to date with the latest information and research in the aesthetics industry.

As part of input into the aesthetic forums, the service manager had volunteered to have newly qualified aesthetic practitioners shadow them during treatments to help support them in their aesthetic development.

We saw evidence of clinical audits carried out which had resulted in changes to clinical practice. This included a change in how patients with cold sores were treated. We also saw that the service manager had participated in a large national audit with an aesthetic organisation. This had resulted in a more effective treatment plan being introduced for patients receiving anti-wrinkle injections.

Patient feedback was collated through a variety of methods. This was reviewed every month and, where relevant, an action plan with timescales for completion was produced. We were told the service manager fed back to patients individually about any feedback.

We were told the service manager carried out regular reviews of processes within the service, including reviewing the treatments provided and any changes to documentation that were needed. We also saw evidence of an annual performance review of the service, also completed by the service manager. This included reviewing what had been successful over the past year, and what needed further improvement. The annual performance review resulted in the development of a brief quality improvement plan for the following 12 months and an action plan.

What needs to improve

We were told the service manager and dentist had frequent informal discussions about the service and ongoing training needs. Regular formal communication should be introduced. This should include implementing a record of staff meetings and, where applicable, developing action plans with timescales for completion to ensure better reliability and accountability (recommendation e).

- No requirements.

Recommendation e

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

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

Requirement

- 1** The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 9).
- Timescale – immediate
- Regulation 13(2)(a)*
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

- a** The service should ensure that monthly stock checks of medicines and single use patient equipment are documented (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** The service should ensure that audits of patient care records regularly take place (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 register with the Information Commissioner's Office (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

Domain 7 – Workforce management and support	
Requirement	
2	<p>The provider must ensure that Disclosure Scotland Protecting Vulnerable Groups (PVG) checks are carried out on anyone working in the service, including those with practicing privileges (see page 12).</p> <p>Timescale – immediate</p> <p><i>Regulation 9</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
d	<p>The service should ensure a process is in place for reviewing annual checks on staff with practicing privileges (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 4.11</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
e	<p>The service should introduce systems to improve communication and strengthen leadership with staff who have practicing privileges (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>

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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