

Announced Inspection Report: Independent Healthcare

Service: Simply Skin Facial Aesthetics, Prestwick

Service Provider: RUGAS Limited

24 August 2023

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 27 May 2019

Recommendation

The service should ensure an effective process is in place for the tracking and traceability of reusable patient equipment.

Action taken

The service no longer used reusable equipment that required tracking and traceability.

Recommendation

The service should develop and implement a formal quality improvement plan.

Action taken

Although the service had now developed and implemented a formal quality improvement plan, the plan needed to be regularly reviewed and updated. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation b on page 16).

2 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 Simply Skin Facial Aesthetics on Thursday 24 August 2023. We spoke with manager (practitioner) during the inspection. We received feedback from 21 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Prestwick, Simply Skin Facial Aesthetics 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 Simply Skin Facial 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 had a clear purpose and vision to deliver high quality care and promote good outcomes for patients. Processes were in place to help the service identify how it could further improve. Information about the service's mission, vision and values should be shared with patients.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
The service actively sought feedback from patients and was responsive to the feedback received. Patients received sufficient information to make informed choices and consent. Policies and procedures set out the way the service would deliver safe care. The service kept up to date with current best practice through training and development. Good systems were in place for monitoring and managing risk. Regular audits were carried out reviewing key aspects of care and treatment. The quality improvement plan should be regularly reviewed and updated.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The clinic environment and equipment was clean and well maintained, with good infection control measures in place. A clear patient pathway from assessment to aftercare could be seen. Detailed records of patients' care and treatment were kept.	✓✓ Good

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 RUGAS Limited 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 recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should ensure that information about the service's mission, vision and values is available to patients (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 4.6</p>

Implementation and delivery	
Requirements	
None	
Recommendation	
b	<p>The service should regularly review and update the quality improvement plan. As key objectives and operational priorities are achieved, new key objectives and operational priorities should be identified and detailed in the quality improvement plan (see page 16).</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>

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

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

3 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 had a clear purpose and vision to deliver high quality care and promote good outcomes for patients. Processes were in place to help the service identify how it could further improve. Information about the service's mission, vision and values should be shared with patients.

Clear vision and purpose

The service had a mission 'to provide safe, dignified and respectful care' and a vision to 'nurture a culture that supports and sustains improvement'. This was delivered through the service's core values of recognising patients as unique individuals and providing a personalised service, and treating patients with dignity, compassion and respect. The manager (practitioner) stated that they wanted to create an open and inclusive culture by actively listening and spending time with patients. The manager (practitioner) was clearly committed to achieving the best possible and safest outcome for their patients.

A quality framework was used to measure how the service was performing against specific key performance indicators. Non-clinical indicators included patient retention rates and any complaints received. This information was then used and acted on to help achieve the service's aim of continuously improving.

The service benchmarked itself against other similar services to measure and compare performance and identify any areas for improvement. This acted as another way of helping to continually improve the service provided. For example, the service had compared the technique and outcome of a cosmetic procedure with other services. This had helped to provide confidence and assurance in their own performance. The service had reviewed findings from inspections that had taken place in other similar services, and used this information to inform its own policy and procedure development.

What needs to improve

Although the service had a well-established mission, vision and values framework, this information was not readily available to patients in the service or on the service's website (recommendation a).

Although the service had a quality improvement plan, we discussed the benefit of also developing a strategic plan based on the vision, mission and values of the service. This plan could focus on long-term goals, detail the ways in which the service will improve the delivery and quality of care, and help to provide the direction for the quality improvement plan. We will follow this up at future inspections.

- No requirements.

Recommendation a

- The service should ensure that information about the service's mission, vision and values is available to patients.

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

The service actively sought feedback from patients and was responsive to the feedback received. Patients received sufficient information to make informed choices and consent. Policies and procedures set out the way the service would deliver safe care. The service kept up to date with current best practice through training and development. Good systems were in place for monitoring and managing risk. Regular audits were carried out reviewing key aspects of care and treatment. The quality improvement plan should be regularly reviewed and updated.

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

Key information about the treatments offered was available on the service's website and in patient information leaflets in the treatment room. Patients were also given individualised information through email or text, which included website links to additional information, where appropriate.

The service had a patient participation policy and actively encouraged patient feedback. We saw a variety of ways for patients to provide input into how the service continued to develop. Patients were encouraged to provide verbal feedback at any time during treatment, and could provide feedback through online reviews or social media sites if they wished. Patients were asked to complete a feedback questionnaire at the time of treatment and again 7 days following treatment. Questions specifically focused on dignity and respect, and responsive care. Feedback was shared with patients on the service's website.

The manager (practitioner) told us they valued feedback, and took time to reflect on patient responses and respond to online reviews. We saw evidence that patient feedback was regularly recorded and reviewed, and that feedback was consistently very positive.

- No requirements.
- No recommendations.

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 manager (practitioner) recognised the importance of people's dignity and respect. All consultations were by appointment and only one patient was treated in the service at a time, maintaining confidentiality. Controlled access to the treatment room and screening of windows meant patients' privacy and dignity was not compromised.

Fire safety checks were carried out regularly and contracts were in place for the maintenance of the premises, including gas safety, electrical installation and portable appliance testing (for electrical appliances and equipment to ensure they are safe to use).

Patients completed the first part of their patient care record before their consultation. This included:

- medical history consultation form
- COVID-19 medical history and consent form, and
- psychological assessment form.

The manager (practitioner) reviewed the completed forms before the patient's face-to-face consultation to assess their suitability for treatment.

Patients were involved in planning their treatment. During their consultation appointment, discussions took place about the risks and benefits, costs and likely outcome of the desired treatment. Consent from the patient would then also be discussed. Patients were given time to consider treatments options and ask questions before agreeing to treatment. This helped to make sure patients had realistic expectations of the proposed treatment.

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

- 'There is always the option to take time to reflect and decide.'
- 'There is never any pressure to go ahead with any treatments.'

- 'Each stage was fully discussed with me.'
- 'Every treatment has been explained in full and discussions had around the best options. [...] will listen to me and then explain and advise to make sure I have made the best decision.'

As part of their treatment plan, patients were invited to attend a follow-up appointment. This allowed the service to make sure patients were happy with the results and provide any additional treatment or advice.

Patients were given verbal aftercare advice at the time of treatment and written aftercare advice was emailed following treatment. This was documented in the patient care record. We saw that patients were given the service's contact details in case of any complications.

Patient care records were kept in paper and electronic formats. Appropriate procedures were in place to make sure that information was held securely and 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 make sure confidential patient information was safely stored.

Safe management processes were in place for ordering, storing, prescribing and administering all medicines. All medicines were obtained from appropriately registered suppliers. Medicines were stored securely in a locked medical refrigerator. A system was in place to monitor the temperature of the fridge to make sure medicines were being stored at the correct temperature. An effective stock control and rotation system enabled the service to regularly monitor the medicines supply. A first aid kit and emergency medication was available along with emergency protocols to quickly deal with any medical emergencies, such as a complication or adverse reaction from treatment. The manager (practitioner) had been trained to deliver basic adult life support in the event of a medical emergency.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland. The service's complaints procedure was displayed on its website and in the treatment room. At the time of the inspection, the service had not received any complaints since the service was registered in March 2017. The service was also a member of the Cosmetic Redress Scheme which provides dispute resolution for the cosmetic market.

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. An annual duty of candour report was published on the service's website. The most recent report showed that no duty of candour incidents had occurred.

While the service had not had any incidents or accidents since registration with Healthcare Improvement Scotland in March 2017, systems were in place to record any that may occur. The practitioner was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, and relevant incidents under health and safety legislation.

The service kept a comprehensive register of its policies and procedures. All were in date, and reviewed and updated regularly to reflect current legislation and best practice.

It was clear from our discussions that the service was continually reviewing how the service was provided to improve how it was delivered. An integrated electronic patient booking, management and patient care record system had been introduced. This allowed the service to:

- automate processes, such as emailing reminder appointments and aftercare information allowing the manager (practitioner) to spend more time with patients
- create consultation templates to suit patient requirements, and
- give patients greater flexibility when booking an appointment.

There was a focus on continuous learning and improvement. We saw certificates for several training courses the manager (practitioner) had recently attended, in various industry relevant subjects. For example, they had recently trained in infection prevention and control, management of complications and lessons on building a continuous improvement culture.

The service is owned and managed by a dentist registered with the General Dental Council (GDC). The manager (practitioner) engaged in regular continuing professional development through their GDC registration to keep their professional knowledge and skills up to date.

The service was a member of a variety of industry specific and national organisations. This included the Association of Scottish Aesthetic Practitioners and the Aesthetic Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. The service also subscribed to forums, and attended regular conferences and training days provided by pharmaceutical companies. This helped the service keep up to date with current product knowledge, techniques and best practice.

Patients who responded to our survey were asked to tell us about their experience at this service. Comments included:

- 'First class service in pristine environment. It is clear [...] is experienced and very knowledgeable and this is very reassuring when undergoing treatment.'
- 'It's an absolute pleasure to receive treatments from [...]. She is a true professional with a personal approach to everything she does.'
- 'I always feel safe and confident in her ability to carry out any treatments I require.'

■ No requirements.

■ No recommendations.

Planning for quality

Reliable systems were in place to manage risk and the service maintained a register of practice-associated risks and their impact. We saw a number of current risk assessments were in place to protect patients and staff. For example, staff manual handling, control of substances hazardous to health, fire safety and lone working. Risk assessments were easy to follow and each risk assessment had a likelihood of occurrence attached. We saw that each risk had been reviewed on a regular basis and that all necessary action plans were in place.

Quality assurance systems were in place, including carrying out regular audits to monitor the quality and safety of the care and treatments provided to patients. Monthly infection control audits covered standard infection control precautions such as safe disposal of waste, and the safe management of care equipment and the environment. We saw evidence that patient care records were audited every month. This helped to ensure records were being fully and accurately completed, and the audit reviewed areas such as initial consultation, medical history and patient consent. Additional audits included medicine management, daily cleaning schedules and reviewing patient feedback. Where areas for improvement had been identified, planned actions and timescales for completion were documented. All audit results we saw showed very high compliance.

The manager (practitioner) told us that if the clinic became unavailable for use for any reason, patients would be notified and referred to a suitable alternative local service.

We noted the hand washing facilities and wall surfaces had recently been refurbished to meet current best practice guidance. This helped to enhance the environment and reduce infection risks.

The service had informal support networks with other aesthetic practitioners. These helped to provide peer support, advice and best practice and an opportunity to discuss any treatments, procedures or complications.

What needs to improve

Since our last inspection, the service had introduced a formal quality improvement plan to document improvement processes and outcomes in the service. The improvement plan identified the key objectives and operational priorities for the service. We discussed with the service regularly reviewing and updating the plan. As key objectives and operational priorities are achieved, new key objectives and operational priorities should be identified and detailed in the quality improvement plan (recommendation b).

- No requirements.

Recommendation b

- The service should regularly review and update the quality improvement plan. As key objectives and operational priorities are achieved, new key objectives and operational priorities should be identified and detailed in the quality improvement plan.

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 clinic environment and equipment was clean and well maintained, with good infection control measures in place. A clear patient pathway from assessment to aftercare could be seen. Detailed records of patients' care and treatment were kept.

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 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 comprehensive self-evaluation.

The clinic environment and equipment was clean, well maintained and in a good state of repair. Daily cleaning schedules were fully completed and up to date. The correct cleaning products were used in line with national guidance, for example chlorine-based cleaning products for sanitary fixtures and fittings.

Feedback from our online survey was very positive about the experience patients had at the service. All patients agreed they had been treated with dignity and respect and they told us they were satisfied with the facilities and equipment in the service. Comments included:

- 'Facilities are immaculate.'
- 'Always spotless and very clean.'
- 'It is so obvious she cares about helping people but also about managing expectations.'
- 'Very respectful at all times.'

We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of

cross-infection). We saw a good supply of alcohol-based hand rub, and appropriate personal protective equipment such as disposable gloves, aprons and face masks was available. Posters in the treatment room provided guidance on the correct hand washing procedure, and appropriate methods of wearing and using personal protective equipment.

We reviewed three electronic patient care records and saw evidence of comprehensive record keeping, including detailed patient notes that were of good quality. All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment to treatments provided and that advice on aftercare was given. Patient information included taking a full medical history, with details of any health conditions, medications, previous treatments and any areas which would highlight any risks associated with the treatment such as pregnancy or any previous allergic reactions. Patient psychological assessments to look for signs of body dysmorphism (a mental health condition where a person spends a lot of time worrying about flaws in their appearance) had been carried out. Patients' GP and next of kin details, consent to share information with their GP and other relevant staff in the event of an emergency and having their photograph taken were all documented. Records were kept of each treatment session, with skin assessments, diagrams and photographs of the treated area helping to inform the overall plan of care. Dosage and medicine batch numbers were also recorded for each treatment. This would allow tracking if any issues arose with the medications used.

- No requirements.
- No recommendations.

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

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org