

# Announced Inspection Report: Independent Healthcare

**Service:** Skinovation South West Scotland,  
Lockerbie

**Service Provider:** Skinovation South West  
Scotland

22 September 2022

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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 three 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 Skinovation South West Scotland on Thursday 22 September 2022. We spoke with the service manager during the inspection. We also received feedback from four 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. Although requested, the service did not submit a self-evaluation before the inspection.

## What we found and inspection grades awarded

For Skinovation South West Scotland, the following grades have been applied to three key quality indicators.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	The service maintained patient privacy, dignity and confidentiality. Patients felt they were fully involved and informed about their treatment options. Feedback was actively sought from patients and used to improve the service. Improvement activities from feedback received should be shared with patients.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Good systems were in place to make sure patient care was delivered safely. A range of risk assessments were in place. A regular programme of audits should be introduced.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with current best practice through training and development. A quality improvement plan should be developed to help evaluate and measure the quality, safety and effectiveness of the service provided.	✓ Satisfactory

The following additional quality indicator were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.2 - Assessment and management of people experiencing care	Comprehensive patient assessments were completed and clearly documented before any treatment was provided. Consent should be recorded for sharing information with patients' GPs and other healthcare professionals in an emergency.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	The self-employed prescriber working in the service was safely recruited. A practicing privileges policy should be developed. Staff appraisals must be carried out for all staff members.

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 Skinovation South West Scotland to take after our inspection**

This inspection resulted one requirement and seven 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 requirement 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)

Skinovation South West Scotland, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Skinovation South West Scotland for their assistance during the inspection.

## 2 What we found during our inspection

### Outcomes and impact

This section is where we report on how well the service meets people's needs.

#### Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

#### Our findings

#### Quality indicator 2.1 - People's experience of care and the involvement of carers and families

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**The service maintained patient privacy, dignity and confidentiality. Patients felt they were fully involved and informed about their treatment options. Feedback was actively sought from patients and used to improve the service. Improvement activities from feedback received should be shared with patients.**

The service made sure that patients' privacy and dignity was maintained. All consultations were appointment-only and only one patient was treated at a time, maintaining confidentiality.

The service's complaints policy was accessible to patients, included Healthcare Improvement Scotland contact details and stated that patients could complain to us at any point. Patients were encouraged to verbally discuss any concerns they had with the service during consultations. However, no complaints had been received to date.

The service manager provided patients with information about treatment costs benefits, risks and side effects of any treatment verbally at the initial consultation and through information leaflets. Patient's desired outcomes and treatment costs were also discussed.

A duty of candour policy set out how the service would meet its professional responsibility to be honest with patients if something went wrong. The most recent report showed that no duty of candour incidents had occurred.

All patients who completed our online survey agreed they had been treated with dignity and respect, and had been provided with information in a format they could understand. Comments included:

- 'Everything was explained, and all my questions were answered.'
- 'Very good at explaining everything to me.'

A variety of methods were used to gather patient feedback in line with the service's participation policy. These included using online social media, text and a feedback questionnaire. We saw evidence that patient feedback was consistently good and was regularly reviewed and recorded.

### **What needs to improve**

Improvements or actions taken as a result of patient feedback were not shared with patients. This would help to show how their feedback had been addressed and used to help improve the service (recommendation a).

- No requirements.

### **Recommendation a**

- The service should share improvements or actions taken as a result of feedback with patients to show how this was being used to improve the quality of care provided and how the service was delivered.



## Service delivery

This section is where we report on how safe the service is.

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

### Our findings

#### Quality indicator 5.1 - Safe delivery of care

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**Good systems were in place to make sure patient care was delivered safely. A range of risk assessments were in place. A regular programme of audits should be introduced.**

An infection prevention and control policy was in place and the service manager had a good awareness of infection prevention and control practices. This included the safe disposal of clinical waste, medical sharps such as syringes and needles and single-use patient equipment (used to prevent the risk of cross-infection). A good supply of personal protective equipment was available, such as disposable gloves and aprons.

A safe system was in place for the procurement, prescribing and administration of medicines, in line with the service's medication policy. A first aid kit was available and staff had been trained to deliver basic adult life support in the event of a medical emergency. The service was aware of the need to notify Healthcare Improvement Scotland about any medicine-related adverse events.

While the service had not had any incidents or accidents since registration, systems were in place to record accidents and incidents. The service manager was aware of the responsibility to report incidents that must be notified to Healthcare Improvement Scotland and under health and safety legislation.

The clinic had a range of policies and procedures in place which had the issue and review date clearly shown, to evidence that they had been regularly reviewed and updated where necessary.

Risk assessments were carried out in a range of areas, such as for waste disposal, COVID-19 and record keeping. Risk assessments were easy to follow and we saw that each risk had been regularly reviewed and that all necessary action plans were in place.

### **What needs to improve**

Medicines requiring refrigerated storage were being stored in a non-pharmaceutical refrigerator. To make sure medicines equipment used are safely stored, the refrigerator must be designed for the storage of medicines and conform to current guidance (requirement 1).

We found no evidence of audits taking place to review the safe delivery and quality of the service. For example, audits could be carried out on:

- medicine management
- patient care records, and
- the safety and maintenance of the care environment.

An audit programme would help the service structure its audit process, record findings and improvements made (recommendation b).

### **Requirement 1 – Timescale: by 17 November 2022**

- The provider must ensure that medicines requiring refrigerated storage are stored in a pharmaceutical refrigerator.

### **Recommendation b**

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

## Our findings

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

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**Comprehensive patient assessments were completed and clearly documented before any treatment was provided. Consent should be recorded for sharing information with patients' GPs and other healthcare professionals in an emergency.**

From the five patient care records we reviewed, we saw that comprehensive assessments and consultations were carried out for all new and returning patients. This included a medical history, 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.

Information documented in patient care records included the batch number and expiry dates of any medicines used. This would allow tracking if any issues arose with the medications used. Records were kept of each treatment session, including diagrams of the treated area which helped to inform the overall plan of care. Risks and benefits of the treatment were explained and a consent-to-treatment form completed.

Patients were invited to attend a follow-up appointment, if required. This allowed the service to make sure patients were happy with the results and provide any additional treatment or advice.

We saw that paper patient care records were completed in line with the service's record keeping policy. Patient care records that we looked at were up to date, legible and signed. The service stored any paper files in a locked filing cabinet to maintain the confidentiality of patients' information.

Feedback from our online survey showed that all patients agreed they had been involved in decisions about their care, and the risks and benefits had been explained to them before the treatment.

### What needs to improve

The service did not record consent for sharing relevant information with the patient's GP and other healthcare professionals in an emergency, if required (recommendation c).

We were told that patients received verbal aftercare advice and we saw evidence of written aftercare leaflets, which included the service's emergency contact details. However, provision of aftercare was not documented in patient

care records. This would allow more detailed recording of patient care (recommendation d).

We discussed with the service the move to processing patient personal information from paper to electronic format and the requirement to register with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to ensure safe storage of confidential patient information. We will follow this up at future inspections.

- No requirements.

#### **Recommendation c**

- The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required.

#### **Recommendation d**

- The service should document what aftercare has been provided 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

**The self-employed prescriber working in the service was safely recruited. A practicing privileges policy should be developed. Staff appraisals must be carried out for all staff members.**

The service did not directly employ any staff in the service. A self-employed prescriber worked under a practicing privileges arrangement (staff who are not employed directly by the provider but given permission to work in the service). Practicing privileges contract setting out the responsibilities and expectations between the service and prescriber was in place and effective recruitment processes made sure staff were recruited safely. This included:

- Disclosure Scotland background checks
- insurance
- professional registration
- proof of identity, and
- qualifications.

#### What needs to improve

No process was in place for contributing to or obtaining appraisals for the prescriber working under practicing privileges from their respective NHS employer. This would allow the service to determine that an appraisal had been completed and to see the supporting evidence required for effective governance oversight of staff (recommendation e).

A practicing privileges contract was in place with the prescriber. However, a practicing privileges policy would help set out the service's expectations for staff working under this arrangement, detailing the frequency of fitness to practice checks, PVG updates and support arrangements (recommendation f).

#### **Recommendation e**

- The service should ensure a process is in place to contribute to and obtain appraisals for any staff members working under practicing privileges from their respective NHS employer.

#### **Recommendation f**

- The service should develop and implement a practicing privileges policy.

## 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 current best practice through training and development. A quality improvement plan should be developed to help evaluate and measure the quality, safety and effectiveness of the service provided.**

The service kept up to date with changes in the aesthetics industry, legislation and best practice through self-learning. For example, they completed a variety of online training courses and training courses provided by pharmaceutical companies.

The service is owned and managed by an advanced nurse practitioner registered with the Nursing and Midwifery Council (NMC). The practitioner engaged in regular continuing professional development through the NMC registration and revalidation process and yearly appraisals. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC every 3 years.

#### What needs to improve

We saw evidence that the service had developed a business plan outlining the vision for the service. However, the service did not have an overall quality assurance system or improvement plan. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation g).

- No requirements.

#### Recommendation g

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

## 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 2 – Impact on people experiencing care, carers and families

#### Requirements

None

#### Recommendation

- a** The service should share improvements or actions taken as a result of feedback with patients to show how this was being used to improve the quality of care provided and how the service was 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 4.6

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirement

- 1** The provider must ensure that medicines requiring refrigerated storage are stored in a pharmaceutical refrigerator (see page 10).

Timescale – by 17 November 2022

*Regulation 10(2)(c)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*



## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

- b** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (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 record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required (see page 12).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

- d** The service should document what aftercare has been provided in the patient care record (see page 12).

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

### Requirements

None

### Recommendations

- e** The service should ensure a process is in place to contribute to and obtain appraisals for any staff members working under practicing privileges from their respective NHS employer (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

- f** The service should develop and implement a practicing privileges policy (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

Domain 9 – Quality improvement-focused leadership	
Requirements	
	None
Recommendation	
<b>g</b>	<p>The service should develop and implement a quality improvement plan (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 4.19</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](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:** [hcis.ihcregulation@nhs.net](mailto:hcis.ihcregulation@nhs.net)

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