Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: SW Aesthetics, Irvine

Service Provider: Stephanie Worsley

21 August 2023

This report is embargoed until 10.00am on Monday 6 November 2023

NHS SCOTLAND

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

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www.healthcareimprovementscotland.org

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1 Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 15 August 2019

Requirement

The provider must implement a formal practicing privileges contract with staff working in the service, setting out how the working arrangement will operate and demonstrating that appropriate pre-employment checks have been carried out.

Action taken

The service no longer had staff working under a practicing privileges contract. All staff working in the service were employed. **This requirement is no longer applicable.**

What the service had done to meet the recommendations we made at our last inspection on 15 August 2019

Recommendation

The service should develop a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.

Action taken

The service had a participation policy in place. A structured survey was sent to patients every 3 months, providing the service with formal feedback that could be used to measure how it was performing and to carry out improvements.

Recommendation

The service should further develop its programme of regular audits to cover key aspects of care and treatment.

Action taken

A wide range of audits to review the safe delivery and quality of the service were carried out.

Recommendation

The service should document patient consent to treatment, photography and sharing information with other healthcare professionals in the patient care record for each treatment episode.

Action taken

Patient consent was obtained for consent for treatment and photographs for marketing purposes. However, it was not obtained for sharing patient information (including photographs taken for clinical purposes) with other healthcare professionals. This recommendation is reported in Domain 6/7 (see recommendation e).

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

A quality improvement plan, which included short-term and long-term actions, had been developed and helped the service to demonstrate a culture of continuous improvement.

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 SW Aesthetics on Monday 21 August 2023. We spoke with the manager of the service during the inspection. We received feedback from four patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Irvine, SW Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For SW Aesthetics, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The provider shared a clear mission statement with patients and staff. Recording staff meetings would evidence good communication and staff involvement in the service.	✓✓ Good

Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Summary findings	**Grade awarded**
Patients' views of the service were regularly sought and used to improve the service. Patients received sufficient information to make informed choices and consent. Policies and procedures set out the way the service would deliver safe care. An audit programme and quality improvement plan supported the continuous improvement of the service. The correct level of Disclosure Scotland check must be carried out to make sure staff were safe to work in the service. A risk register would help to manage and reduce risks in the service.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The clinic environment and equipment was clean and well maintained with good infection control measures in place. Patient feedback was acted on and the improvement made communicated. Consent to share patient care records in case of an emergency would help make sure other healthcare professionals are fully informed.	✓✓ 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 Stephanie Worsley to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two requirements and five recommendations.

Direction	
Requirements	
	None
Recommendation	
a	The service should further develop the key performance indicators to include monitoring of the safe care and treatment of patients (see page 12). Health and Social Care Standards: I have confidence in the organisation providing my care and support. Statement 4.19.
b	The service should record staff meeting minutes and include any actions taken and those responsible for the actions. Minutes should be shared with all staff (see page 12). Health and Social Care Standards: I have confidence in the organisation providing my care and support. Statement 4.19.

Implementation and delivery	
Requirement	
1	The provider must ensure that all staff have an appropriate level of Disclosure Scotland background check and are enrolled in the PVG scheme as appropriate to their role (see page 16). Timescale – Immediate *Regulation 9* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
2	The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This must include: - a comprehensive risk register, and - appropriate risk assessments to protect patients and staff (see page 17). Timescale – 6 February 2024 *Regulation 13 (2)(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
c	The service should develop and implement a staff survey to actively seek the views of staff working within the service (see page 14). Health and Social Care Standards: I have confidence in the organisation providing my care and support. Statement 4.19.
d	The service should ensure that staff files contain a record of all relevant training (see page 16). Health and Social Care Standards: I have confidence in the people who support and care for me Statement 3.14.

Results	
Requirements	
	None
Recommendation	
e	The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required (see page 20). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 This was previously identified as a recommendation in the August 2019 inspection report for SW Aesthetics.

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

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

We would like to thank all staff at SW 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
Key question we ask: *How clear is the service's vision and purpose and how supportive is its leadership and culture?*	

Our findings

The provider shared a clear mission statement with patients and staff. Recording staff meetings would evidence good communication and staff involvement in the service.

Clear vision and purpose

The service's mission statement 'To create lifelong relationships with our clients by providing safe, effective, individualised treatment' was displayed in the clinic for staff and patients to see. We saw that the service had shared its mission statement with patients on social media and asked patients if they agreed with it. The post received a positive response from patients.

The service reviewed its performance through monitoring its key performance indicators of:

- business growth
- client retention
- evaluation of age range and gender
- patient satisfaction, and
- popularity of treatments.

We saw key performance reports had been produced by the manager to enable them to identify trends and act on findings, for example, encouraging more engagement from age ranges not represented.

This monitoring had highlighted that actions needed to be taken to attract the 40+ age group. The service produced videos of its treatments aimed at this age group in response and were monitoring the effect on the number of patients they treated in this age group.

What needs to improve

The key performance indicators did not include one for monitoring of safe care and treatment of patients, such as adverse events and compliance with clinical audits (recommendation a).

- No requirements.

Recommendation a

- The service should further develop the key performance indicators to include monitoring of the safe care and treatment of patients.

Leadership and culture

The service was owned and managed by a registered nurse prescriber who was an experienced aesthetic practitioner who employed three staff members (one beauty therapist and two registered nurses). The manager completed an induction process with each new member of staff. The induction included supporting them in their new role, ensuring their safe practice and that they were aware of and adhered to the services policies, procedures and mission statement.

The service manager was accountable for the clinical governance processes in place to ensure patient safety, such as:

- reviewing clinical procedures and policies,
- patient feedback and complaints management,
- staff performance and management, and
- clinical audits.

What needs to improve

We were told that monthly staff meetings were held. However, the staff meeting did not have a set agenda and minutes were not recorded. This meant that the service could not show evidence of staff discussions and contribution to the development and improvement of the service (recommendation b).

- No requirements.

Recommendation b

- The service should record staff meeting minutes and include any actions taken and those responsible for the actions. Minutes should be shared with all staff.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
Key question we ask: *How well does the service engage with its stakeholders and manage/improve its performance?*		

Our findings

Patients' views of the service were regularly sought and used to improve the service. Patients received sufficient information to make informed choices and consent. Policies and procedures set out the way the service would deliver safe care. An audit programme and quality improvement plan supported the continuous improvement of the service.

The correct level of Disclosure Scotland check must be carried out to make sure staff were safe to work in the service. A risk register would help to manage and reduce risks in the service.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The services participation policy states that the service will proactively seek feedback from patients and learn from both negative and positive feedback to continuously improve. After each appointment, patients were emailed to ask how they were after their treatment. This gave patients an opportunity to give their feedback about the treatment informally and ask questions about aftercare or any concerns they had.

A structured survey was sent to patients every 3 months, providing the service with formal feedback that could be used to measure how it was performing and to carry out improvements. The service manager reviewed all feedback and shared any improvements it had made as a result on social media, such as:

- Patients fed back that they liked the videos posted on social media explaining about the different treatments, risks, benefits and the procedure. As a result, the service produced and posted more of these informative videos.
- Patient complained about the days and times of available appointments. The service had employed more staff so it could offer increased availability.
- Patients fed back that their lips became very dry after fillers and products on the market had a low sun protection factor (SPF). The service had produced and patented its own lip balm with a higher SPF.

What needs to improve

Staff did not have a way to formally provide structured feedback about any improvements or changes that would benefit the service, such as a staff survey (recommendation c).

- No requirements.

Recommendation c

- The service should develop and implement a staff survey to actively seek the views of staff working within the service.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service was aware that, as a registered independent healthcare service it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. Since registration, it had submitted appropriate notifications to keep us informed about changes in the service.

There were appropriate policies, procedures, and processes in place to deliver safe person-centred care:

- A medicines management policy and protocols helped to make sure medicines were managed safely and effectively.
- A safeguarding policy described the actions to take in case of an adult protection concern.
- An infection prevention and control policy described the precautions in place to prevent patients and staff being harmed by avoidable infections.
- An accident and incident procedure gave instructions on the documenting and reporting process.

An annual fire risk assessment was carried out. Fire safety signage was displayed and fire safety equipment was in place. A safety certificate was in place for the fixed electrical wiring.

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. The service had not received any complaints. Information for patients on how to make a complaint about the service was displayed in the reception area.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). The service had published its yearly duty of candour report.

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

When making an appointment on the online system, patients received information about the treatment they had booked. This included a description of the treatment, what to expect during the procedure and risks and possible side effects.

Patients also had a face-to-face consultation before attending their treatment appointment, giving them a cooling-off period and time to consider the information received before proceeding with treatment. Discussions at the consultations included:

- aftercare
- expected outcomes of treatment
- full medical history, and
- risks and side effects.

Printed information was also available in the clinic, including aftercare information for each treatment with an emergency contact number. This information was emailed to the patients after their treatments.

The manager was a member of national groups, such as the Aesthetics Complications Expert Group (ACE). This group of practitioners regularly reported on any difficulties encountered and the potential solutions. It also provided learning opportunities and support for its members. The manager also completed ongoing training as part of their Nursing and Midwifery Council (NMC) registration and attended online aesthetic training events. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

We saw evidence of 6-monthly one-to-one supervision meetings between the manager and the staff to discuss their performance and any training needs. Staff had opportunities for ongoing training and development. While annual appraisals were scheduled, they had not taken place at the time of our inspection as the staff had been in post for less than a year.

What needs to improve

The Protecting Vulnerable Groups (PVG) scheme is managed by Disclosure Scotland. It helps make sure people who are unsuitable to work with children and protected adults cannot do regulated work with these vulnerable groups. As the service was not a Disclosure Scotland-registered body, it used a private company to obtain Disclosure Scotland checks on the staff. However, the documentation that the private company had supplied appeared to be for basic Disclosure Scotland checks only. PVG numbers were not included and so we could not be assured that the appropriate level of check had been carried out (requirement 1).

We were told the service had not had any instances requiring the need to implement duty of candour principles. However, the service could not be assured of this as we saw no evidence that staff had completed duty of candour training. While the staff may have received this training as part of their other jobs in the NHS, the service had not requested evidence from them. We also saw no evidence of staff training for:

- complaints management
- consent, and
- safeguarding (recommendation d).

Requirement 1 – Timescale: immediate

- The provider must ensure that all staff have an appropriate level of Disclosure Scotland background check and are enrolled in the PVG scheme as appropriate to their role.

Recommendation d

- The service should ensure that staff files contain a record of all relevant training.

Planning for quality

A contingency plan was in place with another aesthetics clinic in case of events that may cause an emergency closure of the clinic. This would help make sure patients could continue their treatment plans. Appropriate insurances were in-date, such as public and employer liability insurance.

A wide range of audits to review the safe delivery and quality of the service were carried out. The manager documented the findings and completed an action plan if required. Audits included:

- pharmacy fridge temperature checks

- patient care records
- fire equipment
- emergency drugs and equipment
- infection prevention and control (hand hygiene of staff, management of clinical waste, use of PPE)
- cleaning and condition of the clinic environment, and
- staff files.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. A regularly reviewed quality improvement plan was in place and included previous inspection findings and items for improvement added from patient feedback.

What needs to improve

The service had not carried out risk assessments and did not have a risk register in place for potential clinical and business risks. The development of a risk register would help to record details of all risks in one place and their potential impact. A risk register would also help to make sure the risks were regularly reviewed and updated with appropriate processes in place to help manage any risks identified (requirement 2).

Requirement 2 – Timescale: 6 February 2024

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This must include:
  - a comprehensive risk register, and
  - appropriate risk assessments to protect patients and staff.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
Key question we ask: *How well has the service demonstrated that it provides safe, person-centred care?*	

Our findings

The clinic environment and equipment was clean and well maintained with good infection control measures in place. Patient feedback was acted on and the improvements made communicated. Consent to share patient care records in case of an emergency would help make sure other healthcare professionals are fully informed.

The clinic environment was modern, clean and well equipped. Equipment was in good condition. Cleaning of the treatment rooms and equipment was carried out between patient appointments, as well as a full clean of the clinic every day. We saw that cleaning schedules were completed and up-to-date. Appropriate cleaning products were used in the service. All patients who responded to our survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- 'Absolutely spotless, the facilities are fantastic.'
- 'Clinic is very clean and tidy.'

Effective measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment (such as disposable aprons, gloves and face masks) and alcohol-based hand gel. Hand hygiene instructional posters were displayed. An appropriate waste management contract was in place and sharps were well managed.

We saw that the four patient care records we reviewed had been completed with detailed information, including documentation of:

- consultation and consent for treatment
- medical history
- medicine dosage, batch numbers and expiry dates
- the procedure, and
- the provision of aftercare information.

All patients who responded to our survey told us that they received adequate information about their procedure and felt involved in the decisions about their care. Comments included:

- 'The practitioner will tell me what she believes she can achieve and if my expectations cannot be met, she explains why.'
- 'The owner always listens to me and I am totally involved in any decisions.'

Medicines were stored in a locked fridge and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. A stock control system for medicines and other treatment products helped make sure all items were not past expiry and best before dates.

A first aid kit was available in the clinic. Emergency medicines were easily accessible and checked monthly. An aesthetic complication step-by-step treatment guide and a resuscitation guideline poster were available for staff to refer to in the treatment rooms. As a member of aesthetic professional organisations, the service could access additional support if a complication occurred from cosmetic treatments. Patients received advice on what to do in the event of an emergency as part of their aftercare information.

We reviewed staff files and saw that they included evidence of induction when starting in the service, as well as evidence of training in:

- aesthetics treatments
- infection prevention and control
- management of anaphylaxis, and
- management of sharps.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

What needs to improve

Patients were not asked to consent to share their patient care records with other healthcare professionals if required. For example, in case of an emergency (recommendation e).

- No requirements

Recommendation e

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

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

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or email his.contactpublicinvolvement@nhs.scot

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