

Announced Inspection Report: Independent Healthcare

Service: Your Face Aesthetics, Uddingston

Service Provider: Your Face Limited

21 July 2021

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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Your Face Aesthetics on Wednesday 21 July 2021. We spoke with two members of staff during the inspection. We received feedback from five patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

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

What we found and inspection grades awarded

For Your Face Aesthetics, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Systems were in place to manage risks and to ensure treatments were delivered in a suitably clean and well maintained environment. Arrangements were in place to deal with medical and aesthetic emergencies. Patient feedback about the service was overwhelmingly positive. Clinical hand wash basins must be installed in each of the treatment rooms. The temperature of	✓ Satisfactory

	the medicines fridge should be recorded every day and a regular water flushing system should be set up.	
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service had visible and supportive leaders who promoted a culture of learning and transparency. A shared vision of quality among the staff group was underpinned by audits, case analysis and regular reviews of patient feedback. Outcomes from staff meetings should be recorded and a quality improvement plan should be developed.	✓✓ 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	A comprehensive clinical assessment was carried out for patients before any treatment was agreed. Patient care records were clear and follow-up treatment arrangements were in place. Patient care records were audited and any resulting actions were implemented. Patient care records should contain an emergency contact and GP details for each patient.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Appropriate background and safety checks were carried out as part of recruiting new staff. Comprehensive staff files were kept. Professional development opportunities were provided for staff. Personal developments plans and staff appraisals must be introduced. The service should be registered with Disclosure Scotland.

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

What action we expect Your Face Limited to take after our inspection

This inspection resulted in two requirements 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 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

Your Face Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Your Face 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

Systems were in place to manage risks and to ensure treatments were delivered in a suitably clean and well maintained environment. Arrangements were in place to deal with medical and aesthetic emergencies. Patient feedback about the service was overwhelmingly positive. Clinical hand wash basins must be installed in each of the treatment rooms. The temperature of the medicines fridge should be recorded every day and a regular water flushing system should be set up.

The clinic environment was clean, well equipped and fit for purpose. Effective measures were in place to reduce the risk of infection, such as COVID-19 transmission, for staff and patients. These were in line with the service's infection prevention and control policy and national guidance. This included enhanced cleaning and restricted access to the premises. Cleaning of the clinic environment and equipment was carried out between patients, with a more thorough weekly clean. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment, including gloves, fluid-resistant face masks, aprons and single use items such as syringes and needles.

A waste contract was in place for the safe disposal of syringes, needles and other clinical waste. Equipment, such as treatment couches and trolleys, was in good condition and contracts were in place for regular servicing and maintenance. Fire safety equipment, the heating system and electrical appliances were regularly tested and maintained by external contractors.

A safe and effective system was in place for the procurement, prescribing and administration of medicines. Medicines were stored in a suitable medicines

fridge. An effective stock control system made sure medicines and single use items remained in date. We looked at five patient care records and saw that each had a record of what medicine had been prescribed, the date it was used, the batch number and the expiry date.

Emergency aesthetic medicines were kept in an emergency box, which was easily accessible for staff in case it was needed. Medical emergency equipment was kept in an emergency 'grab bag'. Staff carried out weekly checks of the emergency medicines and equipment.

Good systems were in place to identify and manage risks to staff and patients. Appropriate policies and procedures were in place, and a programme of environmental and clinical audits, incident analysis and stock control was carried out. Audit results were monitored and appropriate actions taken to make sure practice was delivered in line with the service's policies and procedures. Outcomes from audits were discussed at staff meetings.

Feedback from our survey was very positive about patients' experience of using the service. All the patients who responded agreed they had been:

- involved in decisions about their care
- informed about the risks and benefits before going ahead with treatment, and
- extremely satisfied with the cleanliness and the environment.

Comments included:

- 'My experience here was very pleasant and I will absolutely be back.'
- 'It was an amazing service as always.'
- 'They followed all COVID rules and I enjoyed the experience of getting the treatment.'

What needs to improve

One of the treatment rooms did not have a clinical hand wash basin. This meant staff had to leave the room to perform hand hygiene (requirement 1).

The service did not record the temperature of the medicines fridge to make sure medicines were stored according to manufacturers' guidelines (recommendation a).

Routine flushing of the water system was not being carried out. This increased the risk of bacteria developing, particularly in seldom used areas such as the staff shower (recommendation b).

Requirement 1 – Timescale: by 30 October 2021

- The provider must install a clinical hand wash basin which meets with current national guidelines.

Recommendation a

- The service should record daily temperature checks of the medicines fridge and record any corrective action taken if the temperature falls outside of safe operating parameters.

Recommendation b

- The service should carry out regular flushing of water outlets to reduce the risk of infection.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

A comprehensive clinical assessment was carried out for patients before any treatment was agreed. Patient care records were clear and follow-up treatment arrangements were in place. Patient care records were audited and any resulting actions were implemented. Patient care records should contain an emergency contact and GP details for each patient.

Staff carried out a full assessment with patients before any treatment took place. The assessment included psychological factors to ensure patients had realistic expectations of the proposed treatment plan. Treatment would not proceed if patients had unrealistic expectations or if a clinical risk was indicated.

We reviewed five patient care records. We saw that all patients had received a thorough consultation and assessment. The consultation included medical history, pre-existing health conditions and known allergies. Consultation and pre-treatment screening was also carried out for COVID-19. Patient care records were clear, typed and stored in a secure electronic database. Consent to treatment had been obtained and recorded.

Staff told us that complications with treatment were rare. However, they could give us examples of patients who had come to the service to resolve complications arising from treatment they had received elsewhere.

Patients were given verbal and written aftercare information. If a patient did experience a complication or had a query about aftercare, they could telephone the service at any time to arrange support.

Patient care records were regularly audited to make sure procedures and best practice guidelines were followed. We saw evidence of actions being taken to address areas for improvement that the audits had identified.

What needs to improve

Patient care records did not contain patients' emergency contact information or GP details (recommendation c).

There was no record of the patients' consent to share information with their GP should it be required (recommendation d).

- No requirements.

Recommendation c

- The service should encourage patients to provide emergency contact details.

Recommendation d

- The service should encourage patients to share their GP details and to give consent to share information with their GP, if required.

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

Appropriate background and safety checks were carried out as part of recruiting new staff. Comprehensive staff files were kept. Professional development opportunities were provided for staff. Personal developments plans and staff appraisals must be introduced. The service should be registered with Disclosure Scotland.

The service manager was an experienced manager and dental nurse. Staff carrying out injectable treatments were experienced aesthetic practitioners and

registered dentists. Suitable professional indemnity insurance was in place for staff working in the service. The staff files we reviewed showed that the service had ensured staff were recruited safely. Each staff file showed qualification checks, professional registration checks and Disclosure Scotland Protecting Vulnerable Groups (PVG) background checks had been carried out.

The service manager regularly checked the professional registration status of the registered professionals working in the service.

Professional development opportunities were made available to staff and we saw evidence that staff recorded any learning and development opportunities they had taken in their staff files. Staff had carried out infection prevention and control training specifically related to COVID-19, as well as recent aesthetics training.

What needs to improve

We were told the service planned to introduce performance reviews and personal development plans for staff (requirement 2).

The provider ensured that all staff working in the service were enrolled in the Protecting Vulnerable Groups (PVG) scheme. However, it had not registered the service with Disclosure Scotland. Following initial PVG checks at the recruitment stage, Disclosure Scotland automatically informs a registered provider if an individual becomes barred from working with vulnerable groups (recommendation e).

Requirement 2 – Timescale: by 30 October 2021

- The provider must ensure that staff receive regular performance reviews and appraisals to make sure their job performance and development needs are documented and evaluated.

Recommendation e

- The service should introduce a system to obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

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 had visible and supportive leaders who promoted a culture of learning and transparency. A shared vision of quality among the staff group was underpinned by audits, case analysis and regular reviews of patient feedback. Outcomes from staff meetings should be recorded and a quality improvement plan should be developed.

The service manager and lead practitioner were visible and supportive leaders for staff. They promoted an open culture where feedback from staff was welcomed. They were open to new ideas and change.

Regular staff meetings were held and the service manager kept staff up to date with any developments in the service and across the industry.

We saw evidence that showed how the quality of care provided in the service was continually monitored to identify any areas for improvement. This was done through a programme of:

- audits
- patient feedback analysis, and
- regular review of policies and procedures.

Staff had carried out in-depth analysis of incidents to identify learning opportunities.

The lead practitioner was a registered dentist who held a masters degree in non-surgical facial aesthetics and was a trainer for an international aesthetics product brand. Staff attended conferences and training events run by product companies so they could stay up to date with industry best practice. All staff

kept up to date with their professional standards and continued professional development requirements.

What needs to improve

Although the service and its staff were continually improving how the service was delivered, no formal quality improvement plan was in place. This would help the service identify specific improvements and actions to be taken to help develop and improve the service, measure the impact of change and demonstrate a culture of continuous improvement (recommendation f).

Regular staff meetings took place but these were not formally recorded (recommendation g).

- No requirements.

Recommendation f

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

Recommendation g

- The service should formally record all staff meetings, and include details of any actions taken and those responsible for the actions to ensure better reliability and accountability.

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 install a clinical hand wash basin which meets with current national guidelines (see page 9).

Timescale – by 30 October 2021

Regulation 3(d)(i)

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

Recommendations

- a** The service should record daily temperature checks of the medicines fridge and record any corrective action taken if the temperature falls outside of safe operating parameters (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 carry out regular flushing of water outlets to reduce the risk of infection (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

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

Recommendations

- c** The service should encourage patients to provide emergency contact details (see page 10).

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 encourage patients to share their GP details and to give consent to share information with their GP, if required (see page 10).

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

Domain 7 – Workforce management and support

Requirement

- 2** The provider must ensure that staff receive regular performance reviews and appraisals to make sure their job performance and development needs are documented and evaluated (see page 11).

Timescale – by 30 October 2021

Regulation 12(c)(i)

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

Recommendation

- e** The service should introduce a system to obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 11).

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	
Recommendations	
f	<p>The service should develop and implement a quality improvement plan (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
g	<p>The service should formally record all staff meetings, and include details of any actions taken and those responsible for the actions to ensure better reliability and accountability (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

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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