

# Announced Inspection Report: Independent Healthcare

**Service:** Lanarkshire Aesthetics, Bellshill

**Service Provider:** Lanarkshire Aesthetics Limited

9 November 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 Lanarkshire Aesthetics on Tuesday 9 November 2021. We spoke with the manager and their business partner, who are both practitioners in the service. 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. Although requested, the service did not submit a self-evaluation before the inspection.

### What we found and inspection grades awarded

For Lanarkshire 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	Treatments were delivered in a clean and well maintained environment with processes in place to ensure the safety of patients. COVID-19 measures had been introduced, equipment was maintained appropriately and a regular programme of audits was in place. Policies should be updated to provide a more accurate reflection of how the service operates.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with local groups and national organisations. 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	Patient care records contained comprehensive consultation and assessment information. Records were stored securely and regularly audited.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	No staff were employed in the service, but several healthcare practitioners had been granted privileges to practice from the service. These practicing privileges agreements were reviewed every year to ensure the practitioners remained safe to work from the service. Protecting Vulnerable Group (PVG) background checks should be carried out by the service and a process of regular status updates introduced.

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 Lanarkshire Aesthetics Limited to take after our inspection**

This inspection resulted three recommendations. See Appendix 1 for a full list of the 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)

We would like to thank all staff at Lanarkshire 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**

**Treatments were delivered in a clean and well maintained environment with processes in place to ensure the safety of patients. COVID-19 measures had been introduced, equipment was maintained appropriately and a regular programme of audits was in place. Policies should be updated to provide a more accurate reflection of how the service operates.**

The environment was clean, uncluttered and well maintained. Systems and processes were in place to ensure that the care environment and delivery of care was safe. This included cleaning schedules, equipment maintenance and regular audits. Policies had been implemented that covered key areas such as infection prevention and control, and medicines management. Feedback from our survey showed that all patients were satisfied with the cleanliness of the environment they were treated in.

Single-use equipment was used where possible and appropriate arrangements were in place to dispose of clinical waste, including sharps. Hand hygiene facilities were available in the treatment rooms and alcohol-based hand rub was available throughout. Personal protective equipment, such as aprons, gloves and face masks, were also available.

Medicines were ordered directly from the manufacturer or an online pharmacy and were stored in a lockable cupboard and dedicated clinical fridge. Medicines were in date and fridge temperatures were monitored to make sure medicines were being stored at appropriate temperatures. This was done using an electronic device linked to a mobile app. This alerted the manager if the fridge stopped working or the temperature was higher or lower than expected.

Information documented in patient care records included the batch number of medicine used, which allowed tracking. Nursing and Midwifery Council-registered nurses prescribed medicines for the service. Staff were trained in responding to patient emergencies and two emergency kits were kept. These were checked every month to maintain appropriate stock levels and monitor expiry dates.

The service had introduced a number of infection prevention and control measures to reduce the risk of cross infection and transmission of COVID-19. Patients were assessed for COVID-19 risk before treatment and completed COVID-19 screening questionnaires before their appointment.

Appropriate electrical safety checks were carried out every 2 years on all portable electrical appliances. The landlord was responsible for maintaining the fixed electrical wiring and the fire safety equipment, including a fire alarm, smoke detector, fire extinguishers and emergency signage.

An incident book was used to record any incidents that had taken place in the service, and what action had been taken. Whilst it had not needed to use the process, the service was aware of when and how to notify Healthcare Improvement Scotland about specific incidents and events. The service had a duty of candour policy and had produced a report that it planned to publish on its website.

A range of audits were carried out to help make sure practice in the service was safe. These showed good compliance and included:

- infection prevention and control
- patient care records, and
- health, safety and security.

Patients were very satisfied with the service. Comments included:

- 'Very approachable staff with extensive knowledge in aesthetics.'
- 'Clinic is spotless.'
- 'First class professional service.'

## What needs to improve

While the service had good operational processes to ensure treatment and care was delivered safely, the majority of policies and procedures had been developed using purchased template policies. These were generic and had not been adapted to make them specific to the service. This meant the policies did not accurately describe how the service was provided in key areas, such as infection prevention and control, and medicines management. They did not refer to Scottish guidance and legislation where appropriate and were set out more as a description of what should happen, rather than what actually happened in the service (recommendation a).

- No requirements.

## Recommendation a

- The service should review its policies and procedures to make sure they accurately reflect what the service does and how it does it. They should also reflect Scottish guidance and legislation where relevant.

## Our findings

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

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#### **Patient care records contained comprehensive consultation and assessment information. Records were stored securely and regularly audited.**

A clinical assessment was carried out on all patients before any treatment was agreed. We were told that treatment would not proceed if a clinical risk was identified.

The service was registered with the Information Commissioner's office (an independent authority for data protection and privacy rights). The electronic patient care records were held securely on the service's password-protected tablet device. We looked at three patient care records and found these were all clear, legible and electronically signed by both the practitioner and patient. They all contained a comprehensive level of detail, for example:

- the patient's medical history, allergies and previous aesthetic treatments
- consent to treatment
- consent for the potential use of appropriate prescription medicine should an emergency arise
- COVID-19 screening assessments

- medicine dosage and batch numbers
- diagram of the treatment area, and
- a record of what aftercare advice had been given.

Informal psychological screening was also carried out. This was used to identify any factors which may increase the risk of a poor psychological outcome from treatment, such as unrealistic expectations. Staff told us they planned to add this screening to the service's assessment forms, as it was not currently recorded.

Emergency procedures were explained on a card that was given to each patient following treatment. Aftercare leaflets contained the service's contact details, and further information was available on the service's website.

Patient care records were audited every month to quality assure the standard of record keeping. We saw results for July, August and September 2021 which all showed good compliance.

- No requirements.
- No recommendations.

## Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

### Our findings

#### Quality indicator 7.1 - Staff recruitment, training and development

**No staff were employed in the service, but several healthcare practitioners had been granted privileges to practice from the service. These practicing privileges agreements were reviewed every year to ensure the practitioners remained safe to work from the service. Protecting Vulnerable Group (PVG) background checks should be carried out by the service and a process of regular status updates introduced.**

The service was provided by two registered nurse prescribers. No staff were employed but the service had granted privileges to several healthcare practitioners to allow them to practice from the service. Each practitioner had an individual contract in place setting out the responsibilities and expectations from both them and the service.

We looked at three practicing privileges contracts and a spreadsheet of the checks the service had carried out on the practitioners before granting them privileges to practice. These checks included practitioner references, Protecting Vulnerable Groups (PVG) status, medical indemnity insurance and professional registration such as with the Nursing and Midwifery Council. Contracts were reviewed every year to make sure each practitioner remained safe to practice from the service.

The service delivered foundation-level aesthetic training courses and mentoring sessions to registered nurses and doctors as part of its service. Non-healthcare professionals were not permitted entry to these training courses and only practitioners that had trained with the service were considered for practicing privileges.

### **What needs to improve**

As part of its process for granting practicing privileges, the service was accepting a copy of the practitioner's own PVG certificate, rather than carrying out its own PVG checks. A regular review process would also be helpful for the service to regularly recheck PVG status (recommendation b).

- No requirements.

### **Recommendation b**

- The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all practitioners at the point of engagement and again at regular intervals. This will ensure that staff are appointed safely and 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 kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with local groups and national organisations. A quality improvement plan should be developed.**

Monthly feedback meetings were held between staff and practitioners to discuss service changes, operational issues and patient feedback. Feedback came from different sources, including a suggestion box in the reception area, social media testimonials and an independent online review service. The service was also considering introducing an annual online patient survey.

The service expected all of its staff and practitioners to be members of the Aesthetic Complications Expert (ACE) Group and the Complications in Medical Aesthetics Collaborative (CMAC) and keep up to date with guidance from both. Both of these organisations provide guidance to help with diagnosing and managing complications in cosmetic treatments and medical aesthetics. Staff and practitioners also had direct links with local experienced aesthetic practitioners to seek assistance or refer its patients to if they were ever unsure about how to deal with a complication. ACE and CMAC have 24-hour helplines so the service could always access advice or seek a second opinion.

We saw evidence showing how the service reviewed the quality of care delivered, for example through audits and reviewing patient feedback.

### What needs to improve

A quality improvement plan would help to structure and record service improvement processes and outcomes (recommendation c).

Whilst a participation policy was in place, we suggested that the manager added more detail to this policy so that it more accurately describes the methods used

to gather feedback from patients and how feedback will be analysed and used to drive improvement. We will follow this up at a future inspection.

- No requirements.

#### **Recommendation c**

- The service should develop and implement a quality improvement plan to structure its processes and outcomes, measure the impact of change and demonstrate a culture of continuous improvement.

## 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

#### Requirements

None

#### Recommendation

- a** The service should review its policies and procedures to make sure they accurately reflect what the service does and how it does it. They should also reflect Scottish guidance and legislation where relevant (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

### Domain 7 – Workforce management and support

#### Requirements

None

#### Recommendation

- b** The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all practitioners at the point of engagement and again at regular intervals. This will ensure that staff are appointed safely and 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	
Recommendation	
<b>c</b>	<p>The service should develop and implement a quality improvement plan to structure its processes and outcomes, measure the impact of change and demonstrate a culture of continuous improvement (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](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:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

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or email [his.contactpublicinvolvement@nhs.scot](mailto: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](http://www.healthcareimprovementscotland.org)