

Announced Inspection Report: Independent Healthcare

Service: Pristine Aesthetics, Cambuslang

Service Provider: Suzanne Paton

26 July 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 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 Pristine Aesthetics on Tuesday 26 July 2022. We received feedback from 17 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 and one observer.

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 Pristine Aesthetics, the following grades have been applied to the key quality indicators inspected.

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	All patients said they were well informed and treated with dignity and respect. Developing its own participation strategy would help the service collect and use feedback to improve.	✓ Satisfactory
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment was modern, clean and well maintained. Clinical waste was not being disposed of correctly. An audit programme should be	✓ Satisfactory

	introduced to review the safe delivery and quality of the service.	
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. A quality improvement plan was in place to help develop the quality and effectiveness of the service provided.	✓✓ Good

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

Additional quality indicators inspected (ungraded)	
Quality indicator	Summary findings
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.2 - Assessment and management of people experiencing care	Patient care records provided limited information about outcomes from patient assessments, planned care or treatment or patient consent to treatment. Records were not always dated or signed. Patients told us they were fully informed and received aftercare advice.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	The practitioner continuously updated their aesthetics knowledge and skills through undertaking training courses. Appropriate checks were in place for staff with a practicing privileges agreement.

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 Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Suzanne Paton to take after our inspection

This inspection resulted in three requirements and six 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

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

We would like to thank all staff at Pristine Aesthetics 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

All patients said they were well informed and treated with dignity and respect. Developing its own participation strategy would help the service collect and use feedback to improve.

The service's website has information on the treatments available, including costs. Leaflets were available in the clinic, which included risk and aftercare information.

All patients who responded to our online survey said they were well informed and felt involved in decisions about their treatment and care. Consent forms for each treatment were accessible to patients online. Paper-format consents were also available for completion at the consultation. The consent forms were discussed during the face-to-face consultation. The service had a dignity and respect policy and all patients who responded to our survey said they were treated with dignity and respect. Patient comments included:

- 'Always treated with respect and ensures privacy at all times.'
- '...involved in decisions and treatment, (practitioner) is very patient.'

The service had a participation strategy which detailed how it would get feedback from patients. All comments that patients left on social media were responded to. The website also had an online form which could be used for comments, complaints and suggestions. We saw evidence that the service responded to a suggestion for improvement from a patient.

The service's complaints policy detailed how it would manage any complaints received. The policy included that complainants could contact Healthcare Improvement Scotland at any stage of the complaints process. The policy was

displayed in the clinic. We were told that the service had not received any complaints since registration in July 2020.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). It had also produced and published a yearly duty of candour report which showed no duty of candour incidents.

A policy was also in place for the protection of vulnerable adults, covering public protection (safeguarding) issues.

What needs to improve

While patients were encouraged to leave feedback on social media, the service had no method for obtaining structured feedback, such as a questionnaire or an online survey (recommendation a).

The practitioner had not completed duty of candour training (recommendation b).

- No requirements.

Recommendation a

- The service should consider more structured methods to obtain patient feedback to drive improvement of the service.

Recommendation b

- The service should ensure staff are trained in the principles of duty of candour.

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

The environment was modern, clean and well maintained. Clinical waste was not being disposed of correctly. An audit programme should be introduced to review the safe delivery and quality of the service.

The clinic environment was modern, clean, well equipped and fit for purpose. Equipment, such as the treatment couch was in good condition. Patients commented:

- 'Very professional environment.'
- 'Treatment room lovely clean bright all the equipment required.'
- 'Spotlessly clean.'

Effective measures were in place to reduce the risk of infection. An infection prevention and control policy was in place. Cleaning of the clinic environment and equipment was carried out in between patient appointments, as well as a programme of regular, scheduled, deep-cleaning. Completed and up-to-date cleaning schedules were in place, as well as regular audits to check the standard of cleaning in the service. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment (such as disposable aprons, gloves and face masks) and alcohol-based hand gel.

Patient care records we reviewed showed batch numbers and expiry dates of medicines used during treatment were being recorded in line with best practice. This would allow tracking if any issues arose with the medications used. Emergency medicines were easily accessible and the practitioner regularly checked them to make sure they remained in-date. The temperature of the medicines fridge was monitored to make sure medicines were stored at the correct temperatures. The service used an independent nurse prescriber under

a practicing privileges arrangement (staff not employed directly by the provider but given permission to work in the service). The nurse prescriber saw the patients before prescribing and documented the consultation.

The service had a manual of safe operating procedures for all treatments carried out, including how to carry out a treatment and appropriate emergency procedures to take if required.

While no accidents or incidents had happened, the service had a system for recording these in place.

All patients who completed our online survey said they had confidence in the service. Patients commented:

- 'Very professional.'
- 'Very knowledgeable and organised.'

What needs to improve

It is a legal requirement that any clinical waste producer segregates, packages and disposes of all waste in line with current national waste legislation. While a clinical waste contract was in place for the removal and disposal of clinical waste, this was not carried out correctly for Botulinum toxin. For example, an incorrect waste sharps box was being used. As this medicine is categorised as hazardous under waste legislation, using the wrong sharps box would mean the clinical waste was not disposed of (incinerated) correctly (requirement 1).

While some audits took place on emergency medicines and cleaning, a more comprehensive audit programme would help the service structure its approach to this. It would also allow the service to demonstrate how improvements are identified and implemented. Audits could be carried out on patient care records and the safety and maintenance of the care environment (recommendation c).

Requirement 1 – Timescale: immediate

- The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with appropriate national waste legislation.

Recommendation c

- The service should develop more audits to cover key aspects of care and treatment such as patient care records and the clinic environment. Audits and associated action plans should be

documented and actions added to the quality improvement plan.
(HCS 4.19)

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records provided limited information about outcomes from patient assessments, planned care or treatment or patient consent to treatment. Records were not always dated or signed. Patients told us they were fully informed and received aftercare advice.

All patients who responded to our survey said they had been fully informed in the treatments they considered, including information on the risks and benefits and the required aftercare.

Patients commented:

- ‘...explained everything evolved in this procedure, pros and cons.’
- ‘... gave aftercare instructions and contact information.’
- ‘After care advice was very clear and in plain English.’
- ‘Printed aftercare to take with me.’

The service mainly used paper-based patient care records, which were stored in a lockable filing cabinet in the clinic. Patient forms that had been completed online and photographs of ‘before and after’ treatment were stored on a password-protected electronic device. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

What needs to improve

We found gaps in documentation for all of the patient care records we reviewed. For example:

- consultation records had insufficient detail
- a summary of the information discussed with the patient, such as desired outcomes and costs of agreed treatment was not recorded
- incomplete medical history forms and consent forms, and
- entries in the patient care records were not signed.

Routine audits of patient care records would also help identify gaps and lead to sustained improvement in record-keeping (requirement 2).

Some patients completed consent and medical history forms online. However, during the inspection the practitioner was unable to access this part of the patient care records due to limited internet access (requirement 3).

We saw no evidence that a re-assessment had been carried out on patients that had returned for further treatment. Patients should be reassessed to verify there have been no changes to their health or medications that may prevent treatment taking place (recommendation d).

In certain circumstances, a service may need to inform a patient's GP about something relevant to their treatment, such as an adverse reaction to a medicine or a complication. In order to share information, the service needs the patient's consent. The service's consent form did not allow for the recording of patient consent to share their medical information with their GP (recommendation e).

Next-of-kin details should be recorded in case of an emergency. The service's patient care records did not allow for the recording of a next of kin (recommendation f).

Requirement 2 – Timescale: immediate

- The provider must ensure that every consultation with patients is clearly documented in patient care records, including the outcomes of consultations, all discussions, treatment plans and costs, every treatment provided to the patient and ensure each entry is signed and dated by the healthcare professional.

Requirement 3 – Timescale: immediate

- The provider must ensure that it has full access to patient care records at all times. A contingency plan must be in place in case of future internet access issues.

Recommendation d

- The service should ensure that appropriate reassessments are carried out to verify that no changes have occurred to a patient's health or medications since their last treatment. Reassessments should be documented in patient care records.

Recommendation e

- The service should record patient consent to share information with their GP and other medical staff in an emergency (if required) in patient care records.

Recommendation f

- The service should ensure patients' next of kin contact details are recorded in the patient care record in case of an emergency.

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 practitioner continuously updated their aesthetics knowledge and skills through completing training courses. Appropriate checks were in place for staff with a practicing privileges agreement.

Certificates were displayed of aesthetics training the manager had completed to keep their knowledge and skills up to date.

No staff were directly employed in the service. However, the service used an independent nurse prescriber who worked under practicing privileges (staff not employed directly by the provider but given permission to work in the service).

We saw that there was a practicing privileges policy in place and a signed practicing privileges agreement between the provider and the healthcare professional detailed clear roles, responsibilities and accountabilities. We also saw evidence of carrying out the appropriate checks, such as:

- Disclosure Scotland status
- insurance renewal
- professional registration status remained up to date, and
- continuing professional development (CPD) or completing mandatory training.

- No requirements.

- No recommendations.

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. A quality improvement plan was in place to help develop the quality and effectiveness of the service provided.

The service was owned and managed by a nurse practitioner registered with the Nursing and Midwifery Council (NMC). They kept up to date with legislation and best practice through their professional regulatory revalidation process, reflective learning and attending aesthetics industry training events. Revalidation means they are required to register with the NMC every year and complete a revalidation process every 3 years. The practitioner gathers evidence of their competency, training and feedback from patients and peers in order to remain a registered nurse practitioner. They also used the guidance from the Aesthetics Complications Expert Group Collaborative (ACE).

The service manager is a member of peer support groups on social media where aesthetics practitioners share their experience of complications or new products for example, to learn from each other.

A quality improvement plan was in place. Planned improvements, such as an electronic patient care record system and offering minor surgical procedures were listed with an explanation and proposed completion date.

What needs to improve

While feedback received from a patient with a suggestion for improvement was acted on, it was not included in the service's quality improvement plan. All improvements should be included in the quality improvement plan to help the service measure the effectiveness of the service and the improvements made. We will follow this up at future inspections.

- No requirements.
- No recommendations.

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	
Recommendations	
a	The service should consider more structured methods to obtain patient feedback to drive improvement of the service (see page 8). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
b	The service should ensure staff are trained in the principles of duty of candour (see page 8). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

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

Requirements

- 1** The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with appropriate national waste legislation (see page 10).

Timescale – immediate

Regulation 3(d)(iii)

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

- 2** The provider must ensure that every consultation with patients is clearly documented in patient care records, including the outcomes of consultations, all discussions, treatment plans and costs, every treatment provided to the patient and ensure each entry is signed and dated by the healthcare professional (see page 12).

Timescale – immediate

Regulation 4(2)(a)(b)(c)

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

- 3** The provider must ensure that it has full access to patient care records at all times. A contingency plan must be in place in case of future internet access issues (see page 12).

Timescale – immediate

Regulation 4(3)(b)

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

Recommendations

- c** The service should develop more audits to cover key aspects of care and treatment such as patient care records and the clinic environment. Audits and associated action plans should be documented and actions added to the quality improvement plan (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

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

- d** The service should ensure that appropriate reassessments are carried out to verify that no changes have occurred to a patient's health or medications since their last treatment. Reassessments should be documented in patient care records (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.4

- e** The service should record patient consent to share information with their GP and other medical staff in an emergency (if required) in patient care records (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

- f** The service should ensure patients' next of kin contact details are recorded in the patient care record in case of an emergency (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

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

You can read and download this document from our website.
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