

# Announced Inspection Report: Independent Healthcare

**Service:** SkinZ Aesthetics, Newton Mearns

**Service Provider:** Zarah Nosratzadeh

17 May 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 Skinz Aesthetics on Tuesday 17 May 2022. We spoke with the main practitioner and received feedback from eight 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 Skinz 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	Patients were involved in planning their treatment and had received enough information to allow them to make an informed decision about treatment. The service should be able to evidence how it uses patient feedback to improve.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment is clean and safe. Systems were in place to maintain safety, handle medicines securely and prevent infection. An audit programme helped to identify and manage risk in the service. Botulinum toxin must be stored, used and disposed of appropriately. Duty of candour reports should be published every year.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The practitioner kept up to date with best practice guidance and changes in the aesthetics industry through membership of national organisations and local groups and attendance at conferences and training events. The service should develop a quality improvement plan that sets out how it will evaluate and measure the impact of service improvement activities.	✓ Satisfactory

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

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.2 - Assessment and management of people experiencing care	Patients had an assessment, consultation and were given time to consider the risks and benefits of treatment. A consent process was in place before treatment and aftercare was provided afterwards. Key patient information must always be recorded on the service's application used to record patient assessments.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Effective processes were in place to safely appoint individuals to work from the service. Documentary evidence of checks should be kept for individuals granted practicing privileges. A review process should be implemented for practicing privileges agreements.

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)

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](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

### **What action we expect Zarah Nosratzadeh 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

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

We would like to thank all staff at SkinZ Aesthetics for their assistance during the inspection.

## 2 What we found during our inspection

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

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

#### Our findings

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

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**Patients were involved in planning their treatment and had received enough information to allow them to make an informed decision about treatment. The service should be able to evidence how it uses patient feedback to improve.**

Patients were involved in the planning of their care and treatment and given enough information to make a decision. Patient information included treatment options, expected outcomes and costs. Consent was recorded in patient care records and included consent to before-and-after photographs.

All patients who responded to our survey said they felt they had been given adequate information about the potential risks and side effects, expected outcome, costs and aftercare advice. Comments included:

- '[...] explains everything in depth before procedures and listens to effect I wish. Explains in detail possible side effects and time for full results to be seen. Full aftercare details available and any problems or questions will be attended to.'
- '[...] is very thorough when talking through any procedures with me, [...] is extremely knowledgeable and always makes me feel very comfortable.'

The service's participation policy described how its patients would be asked to complete a survey after treatment, using questions based on the *Health and Social Care Standards* (2018). The practitioner also told us they spoke with patients following treatment to see if they had any suggested changes to the service. We were told some patients had suggested a change to the treatment room layout to make better use of lighting, as well as instructions for patients traveling to and parking near the service. The practitioner had responded to these suggestions by adding travel and parking information to the services social media pages.

While the service had received no complaints since it was registered, its complaints policy described the procedure it would follow if it did receive a complaint. The practitioner agreed to add the complaints process to the service's website to make it easy for patients to access it.

### **What needs to improve**

The methods of patient engagement described in the service's participation policy had not been implemented. Patient feedback was mainly verbal and informal and was not recorded or evaluated. While the practitioner told us they sometimes carried out online surveys as well, we saw no evidence to demonstrate this. The service could not evidence how patient feedback was used to drive improvement (recommendation a).

- No requirements.

### **Recommendation a**

- The service should strengthen its approach to gathering, recording and evaluating patient feedback, in order to demonstrate how it's being used to drive improvement in the service.



## Service delivery

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

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

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

### Our findings

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

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**The environment is clean and safe. Systems were in place to maintain safety, handle medicines securely and prevent infection. An audit programme helped to identify and manage risk in the service. Botulinum toxin must be stored, used and disposed of appropriately. Duty of candour reports should be published every year.**

The environment and clinical areas were clean and well maintained. All equipment was in a good state of repair. The landlord maintained and cleaned the reception and toilet areas as part of the communal areas of the building. We saw good compliance with infection prevention and control procedures, in line with the service's infection prevention and control policy. Single-use personal protective equipment (such as gloves and aprons) and medical devices (such as syringes) were used to prevent the risk of cross-infection. The service had an up-to date contract for the safe disposal of sharps and other clinical waste.

The practitioner reviewed policies and procedures every year to make sure they kept up-to-date with best practice and current legislation. We saw the service's policies had recently been updated.

A safe system was in place for prescribing, storing and administering medicines in the service. We saw an appropriately-stocked emergency kit and evidence that this was checked every week. All medicines were stored securely in a locked medicine fridge and temperatures were monitored daily.

The clinic environment and equipment were cleaned routinely at the start and end of each day. All patient equipment was then cleaned between each patient and a deep clean was carried out at the end of each week.

We saw results of recent audits that had been carried out on patient care records, infection prevention and control and the clinic environment.

Patients who responded to our survey were all satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- ‘An excellent facility in my local town’.
- ‘The clinic is a welcoming and warm environment.’

While no serious incidents had been reported in the service, the practitioner understood their responsibilities for reporting and managing incidents.

A duty of candour policy was in place which set out the actions the practitioner would follow in response to any unintended or unexpected patient harm.

### **What needs to improve**

The service had a clinical waste contract in place for the removal and disposal of clinical and special (hazardous) wastes. However, sharps contaminated with Botulinum toxin were not disposed of using the correct European waste catalogue (EWC) code. Botulinum toxin is a cytostatic medicine and must be disposed of correctly (requirement 1).

The practitioner told us that reconstituted Botulinum toxin was kept in the medicines fridge for up to 3 weeks post-treatment, to administer at the patient’s follow-up appointment. The manufacturer’s guidance states that reconstituted Botulinum toxin should be disposed of after 24 hours as its microbiological stability cannot be guaranteed beyond this point (recommendation b).

The service was unaware of its responsibility to publish a yearly duty of candour reports even where the need to act on the duty of candour principles had not been triggered (recommendation c).

The service’s safeguarding policy did not include a description of what process would be followed if a safeguarding issue was identified (recommendation d).

### **Requirement 1 – Timescale: immediate**

- The provider must ensure that all Botulinum-contaminated sharps are disposed of as cytostatic medicines, through the correct European Waste Catalogue code of EWC 18-01-08.

### Recommendation b

- The provider should ensure that Botulinum toxin is used in line with the manufacturer's guidance and update its medicines management policy to accurately reflect the processes in place.

### Recommendation c

- The service should publish annual duty of candour reports setting out any occasions during the previous year where the duty of candour has been triggered.

### Recommendation d

- The service should amend its safeguarding policy so that it describes the process it will follow if a safeguarding issue is identified.

## Our findings

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

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**Patients had an assessment, consultation and were given time to consider the risks and benefits of treatment. A consent process was in place before treatment and aftercare was provided afterwards. Key patient information must always be recorded on the service's application used to record patient assessments.**

The patient assessment process was carried out face-to-face between the patient and practitioner. If the treatment was likely to involve a prescription medicine, for example Botulinum toxin a prescribing doctor was also present for the consultation. This gave patients the opportunity to discuss and consider the appropriate treatments available to them.

We reviewed five electronic patient care records. All patient information and assessment details had been recorded as part of the consultation process. This information included details about:

- allergies
- medical history
- list of medications
- treatment plan
- costs
- consent to treatment being carried out, and

- consent to photographs being taken before and after treatment.

Confidentiality of patient information was maintained. Electronic records were kept on a secure electronic device which only the practitioner had access to. Patients received an aftercare leaflet through email following treatment, which was also discussed verbally before they left the service. This also included contact details for the practitioner.

As part of the treatment plan, patients were invited to attend a follow-up appointment. This allowed the service to make sure patients were happy with the results and provide more treatment or advice.

### **What needs to improve**

The electronic application the service used to record patient assessments showed that the medical history forms had not been completed for four of the five patient care records we reviewed. We saw that some medical history questions were also in the assessment form. This meant that important medical information could be missed in the assessment process. Amending these forms so that all medical, assessment and consent questions are in one form or are clearly separated into different forms would help make sure this does not happen (requirement 2).

The service's electronic application forms also did not provide a space to capture the patients' next-of-kin or GP details and consent for the service to share information with the patient's GP where necessary (recommendation e).

### **Requirement 2 – Timescale: immediate**

- The provider must ensure that all appropriate information is recorded in patient care records at all times.

### **Recommendation e**

- The service should amend its patient care record forms to enable the recording of the patient's next of kin, GP and consent to share information with their GP where necessary.

## 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

**Effective processes were in place to safely appoint individuals to work from the service. Documentary evidence of checks should be kept for individuals granted practising privileges. A review process should be implemented for practising privileges agreements.**

The practitioner was the sole employee in the service. The service had also granted practicing privileges to a GP and a registered nurse prescriber under formal agreements, to prescribe medicines on its behalf. A practicing privileges policy described the checks the service had carried out to make sure the GP and nurse prescriber were safe to practice from the service. These included checking:

- Disclosure Scotland status
- medical indemnity insurance
- professional registration status
- proof of identity, and
- qualifications.

#### What needs to improve

We reviewed the two practicing privileges agreements in place with the GP and nurse prescriber. We found no documentary evidence to demonstrate that the appropriate checks had been carried out for either person. We also saw no evidence of ongoing checks, such as a yearly insurance renewal check, a yearly professional registration status check, and regular PVG status check (recommendation f).

- No requirements.

### Recommendation f

- The service should implement an appropriate review system for practising privileges agreements, to make sure individuals remain safe to practice from the service. These checks should include, as a minimum:
  - (a) professional registration status checks*
  - (b) verification of professional indemnity insurance cover renewal, and*
  - (c) an update of Disclosure Scotland PVG status*

## 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 practitioner kept up to date with best practice guidance and changes in the aesthetics industry through membership of national organisations and local groups and attendance at conferences and training events. The service should develop a quality improvement plan that sets out how it will evaluate and measure the impact of service improvement activities.**

The service was provided by a sole practitioner who is a nurse registered with the Nursing and Midwifery Council (NMC). The practitioner completed ongoing training and development as part of their revalidation process. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to the NMC every 3 years.

They also attended conferences, completed online training and were a member of national industry organisations and local groups, including the Aesthetic Complications Expert (ACE) Group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions.

A range of written policies and procedures were available to support the operation of the clinic. These were regularly reviewed and updated.

The practitioner met regularly with the GP that prescribed for the service to discuss operational issues and share knowledge. Meeting actions were recorded and the practitioner described a good working relationship with the prescriber.

The practitioner had carried out a recent audit with the landlord of the building which the service occupied. This had allowed the practitioner to get an objective viewpoint of cleanliness and maintenance of the environment and equipment.

### **What needs to improve**

While we saw the service had made some quality focused improvements, it had no formal quality improvement plan in place (recommendation g).

- No requirements.

### **Recommendation g**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements.



## Appendix 1 – Requirements and recommendations

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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

#### Requirements

None

#### Recommendation

- a** The service should strengthen its approach to gathering, recording and evaluating patient feedback, in order to demonstrate how it's being used to drive improvement in 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

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

#### Requirements

- 1** The provider must ensure that all Botulinum-contaminated sharps are disposed of as cytostatic medicines, through the correct European Waste Catalogue code of EWC 18-01-08 (see page 10).

Timescale – immediate

*Regulation 3(d)(iii)*

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

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

- 2** The provider must ensure that all appropriate information is recorded in patient care records at all times (see page 12).

Timescale – immediate

*Regulation 4(2)*

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

### Recommendations

- b** The provider should ensure that Botulinum toxin is used in line with the manufacturer's guidance and update its medicines management policy to accurately reflect the processes in place (see page 11).

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

- c** The service should publish annual duty of candour reports setting out any occasions during the previous year where the duty of candour has been triggered (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20

- d** The service should amend its safeguarding policy so that it describes the process it will follow if a safeguarding issue is identified (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20

- e** The service should amend its patient care record forms to enable the recording of the patient's next of kin, GP and consent to share information with their GP where necessary (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

Domain 7 – Workforce management and support	
Requirements	
None	
Recommendation	
<b>f</b>	<p>The service should implement an appropriate review system for practising privileges agreements, to make sure individuals remain safe to practice from the service. These checks should include, as a minimum:</p> <p><i>(a) professional registration status checks</i>  <i>(b) verification of professional indemnity insurance cover renewal, and</i>  <i>(c) an update of Disclosure Scotland PVG status (see page 14).</i></p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
<b>g</b>	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements (see page 16).</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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Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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