

# Announced Inspection Report: Independent Healthcare

**Service:** Zen2Skin Aesthetics, Polmont

**Service Provider:** Zen2Skin Aesthetics Ltd

17 March 2023

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First published May 2023

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## **1 Progress since our last inspection**

### **What the service had done to meet the recommendations we made at our last inspection on 31 January 2020**

#### **Recommendation**

*The service should ensure that information about how to make a complaint about the service is available to patients.*

#### **Action taken**

A procedure was in place on how to complain. A notice was also displayed in the reception area and on its website.

#### **Recommendation**

*The service should further develop its programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.*

#### **Action taken**

Audit plans were in place and an improvement action plan had been implemented.

#### **Recommendation**

*The service should record a summary of all discussions that take place between the patient and the practitioner in the patient care record, including patient expectations from treatment.*

#### **Action taken**

All discussions with patients, including patient expectations from treatment were documented in patient care records.

#### **Recommendation**

*The service should hold formal staff meetings. Minutes should be recorded which include any actions taken and those responsible for the actions, and should be shared with all staff.*

#### **Action taken**

Monthly staff meetings were held. Meetings had an agenda, minutes and actions recorded.

## 2 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 Zen2Skin Aesthetics on Friday 17 March 2023. We spoke with the three directors of the service. While no patients were using the service at the time of the inspection, we gathered feedback from 12 service users through an online survey.

This was our second 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 limited self-evaluation.

### What we found and inspection grades awarded

For Zen2Skin 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 very happy with the service. A consultation process gave patients the opportunity to obtain information before any treatment took place. Patients were encouraged to provide feedback and results were used to improve the service where possible.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Patients were cared for in a clean and well maintained environment. Appropriate safety assurance processes were in place. Policies and procedures helped manage risks and an audit programme helped to make sure that care and treatment was in line with best practice guidelines. Laser treatment was carried out in line with legislation, standards and guidance.	✓✓ Good
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 through peer support and continued learning. A quality improvement plan helped evaluate and measure the quality, safety and effectiveness of the service provided.	✓✓ Good

The following additional quality indicator was inspected against during this inspection.

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 showed that clear and comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patients were fully included and well informed about their treatments.

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 Zen2Skin Aesthetics Ltd to take after our inspection**

This inspection resulted in no requirements and no recommendations.

We would like to thank all staff at Zen2Skin Aesthetics for their assistance during the inspection.

## 3 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

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**Patients were very happy with the service. A consultation process gave patients the opportunity to obtain information before any treatment took place. Patients were encouraged to provide feedback and results were used to improve the service where possible.**

From patient care records we reviewed, we saw that all patients received a face-to-face consultation before any treatment was carried out. The consultation process gave patients the opportunity to ask the practitioner questions and receive information to help make a decision about their treatment. This included what treatment options were suitable, the risks and benefits, desired outcomes and costs.

The service's participation policy described how it would gather and use patient feedback to continually improve its practice. Following treatment, patients were encouraged to leave feedback in an anonymous suggestion box in the reception area. The service manager collated and reviewed this feedback, along with any verbal feedback received. We saw evidence that feedback was discussed at the monthly staff meeting, actioned and included in the service's quality improvement plan. For example, the service expanded its range of treatments offered to include laser hair removal treatment after feedback. Improvements and actions taken were also published on service's website.

A complaints policy detailed the process for managing a complaint. It also provided information on how to make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. A notice in the reception area and the service's website signposted patients to the procedure on how to make a complaint.



The service's safeguarding (public protection) policy set out a clear protocol for responding to any adult protection concerns.

A duty of candour policy described how the service would meet its responsibility to be honest with patients when things go wrong. We saw that the service produced a yearly duty of candour report. The service had not recorded any instances requiring it to implement duty of candour principles since registration with Healthcare Improvement Scotland.

Patients who responded to our online survey told us:

- 'I was treated with care and compassion - my views were listened to without prejudice and no assumptions were made in advance of my appointment. My choices and decisions were discussed, enabling me to trust the process.'
- 'Treatment options were presented to me and I was well-informed on each one, allowing me to choose the treatment that was best for me.'
- 'I was allowed to think about the options, and was given plenty of time to consider my decisions. She gave me another appointment so I was in control at all times.'

■ No requirements.

■ No recommendations.

## 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

**Patients were cared for in a clean and well maintained environment. Appropriate safety assurance processes were in place. Policies and procedures helped manage risks and an audit programme helped to make sure that care and treatment was in line with best practice guidelines. Laser treatment was carried out in line with legislation, standards and guidance.**

An infection prevention and control policy and effective measures were in place to reduce the risk of infection. Equipment was cleaned between appointments and the clinic was cleaned at the end of each day. We saw evidence of completed and up-to-date cleaning schedules and noted appropriate cleaning products were used. All equipment used, including personal protective equipment (such as aprons and gloves) was single-use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene.

A contract was in place for the safe disposal of sharps and other clinical waste.

The service's clinical governance process included risk assessments, as well as a system to record accidents or incidents and any resulting actions taken. This all helped make sure that care and treatment was delivered in a safe environment.

The temperature of the refrigerator was monitored and recorded to make sure medicines were stored at the correct temperature.

Monthly, documented audits were carried out and we saw action plans were developed when needed. Audit outcomes were discussed at the monthly staff meetings. Topics included:

- fire safety
- infection prevention and control
- medicine management
- patient care records, and
- patient feedback.

Suitable systems and processes were in place for the safe use of laser treatment. A laser protection advisor made sure the service followed laser safety guidance. The most recent advisor's report found the service was fully compliant. Staff using the laser machine had completed appropriate laser safety training. 'Local rules' were displayed, which are the local arrangements to manage laser safety usually developed by the laser protection advisor. The service had a nominated laser protection supervisor in place.

Patients who responded to our online survey were very satisfied with the standard of cleanliness. Comments included:

- 'Very nice, clean, bright, purpose built environment. Modern equipment which is confidence inspiring.'
- 'Well resourced, organised, pleasant and hygienic environment.'
- 'The facilities were excellent and, and the environment was relaxed and supportive. The clinic has high levels of hygiene and cleanliness.'

All medicines were obtained from appropriately registered suppliers. The service kept a small number of prescription-only medicines on-site, including medicine required in an emergency and Botulinum toxin. All emergency medicines were stored correctly and in-date. We saw monthly checks were carried out on expiry dates.

- No requirements.
- No recommendations.

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

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**Patient care records showed that clear and comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patients were fully included and well informed about their treatments.**

A consultation and assessment was carried out to assess patients' suitability for treatment. All four of the electronic patient care records we reviewed showed that consultation and assessments had been carried out before treatment started.

Patient care records included:

- comprehensive practitioner notes
- consultation and detailed assessment
- medical history, including details of any health conditions, allergies, medications and previous treatments, and
- treatment plans.

This information helped the practitioner to plan care and treatment to meet individual patient needs. We also the service had a consent-to-treatment process in place, as well as consent to document patients' GPs and emergency contact details. Consent for sharing information with other healthcare professionals in an emergency, if required was also documented. The practitioner and patient had signed, dated and timed all appropriate entries in patient care records.

Treatment plans included facial mapping with a description of the treatment and diagram of the areas treated. This included batch numbers and expiry dates of the medicines used, to allow tracking if any issues arose with the medications used.

Written aftercare instructions were discussed and given to patients after their treatment. Patient care records documented that aftercare information had been provided. The service manager audited patient care records every month.

All patients who responded to our online survey said they felt involved in decisions about their care and treatment. Comments included:

- 'I was never rushed to make any decisions or choices, once options were discussed and information shared, time to reflect and consider was encouraged prior to committing.'
- 'Knowledgeable staff who answered all queries.'

The service was registered with the Information Commissioner's Office (ICO) (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

- 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 through peer support and continued learning. A quality improvement plan helped evaluate and measure the quality, safety and effectiveness of the service provided.**

Two of the service's directors are experienced medical practitioners, registered with the General Medical Council (GMC). We saw evidence that the service engaged in regular continuing professional development.

All directors met monthly to discuss the care environment, patient feedback and audits. Minutes and agenda were recorded.

To provide support if complications arose after patients' treatment, the service was a member of the Aesthetic Complications Expert (ACE) Group. This group of practitioners provided guidance and support to help prevent complications in cosmetic treatments. The group produced reports on difficult encounters and the potential solutions.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. A quality improvement plan, which included both short-term and long-term actions, helped the service to demonstrate a culture of continuous improvement. Examples of improvements we saw included:

- increased practitioner time in the service, and
- sub-letting the newly-developed clinical room to offer complement therapies.

This plan was reviewed yearly.

- 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.

This inspection resulted in no requirements and no recommendations.
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## 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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