

Announced Inspection Report: Independent Healthcare

Service: ASthetic Medical Spa, Wigtown

Service Provider: Aileen Sutherland

31 October 2023

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1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to ASthetics Medical Spa on Tuesday 31 October 2023. We spoke with the owner (practitioner) during the inspection. We received feedback from 32 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Wigtown, ASthetics Medical Spa is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For ASthetics Medical Spa, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
The vision of the service was clearly highlighted on its website. The owner and therapist kept in contact with each other and met regularly to discuss the service. Staff meetings should be formally recorded.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Clear processes and procedures were in place. Policies were reviewed every year, with appropriate version control. Patients could feed back about their experience. Treatment information was available on the website and in the service. Clinical audits were completed. Improvements made after feedback should be shared with patients. A risk register should be developed and implemented.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The environment was bright, welcoming and in a good state of repair. Patients told us they would recommend the service to others and were fully informed about their treatments. Patient contact information should always be documented in patient care records.		✓✓ Good

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 Assurance Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Aileen Sutherland to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in seven recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should further develop this into a documented yearly review of its performance in line with its vision, aims and objectives (see page 9).</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>
b	<p>The service should develop a process of formal staff meetings and document the action associated with these (see page 10).</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>

Implementation and delivery	
Requirements	
None	
Recommendations	
c	<p>The service should develop a process of informing patients of the impact their feedback has on the service (see page 11).</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>
d	<p>The service should ensure that regular checks are carried out on the expiry dates of single-use equipment (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
e	<p>The service should publish a yearly duty of candour report (see page 14).</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>
f	<p>The service should further expand the risk assessments completed and these should be stored as a risk register (see page 15).</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>

Results	
Requirements	
None	
Recommendation	
g	<p>The service should develop a process of checking the insurance policy of staff working under practising privileges every year (see page 17).</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>

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

We would like to thank all staff at ASthetics Medical Spa for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The vision of the service was clearly highlighted on its website. The owner and therapist kept in contact with each other and met regularly to discuss the service. Staff meetings should be formally recorded.

Clear vision and purpose

The purpose and aim of the service was clearly defined on its website. We were told the service prides itself in an in-depth consultation which includes discussions on lifestyle, expectations and skin care. The service aimed to go on a journey with the patient to support and develop a more confident individual through providing guidance, information and advanced skincare.

Treatments in the service were appointment-only and a high number of patients were returning customers. The owner (practitioner) told us they aimed to have an open conversation about the patient's expectations and requirements. They told us that the initial consultation, at no cost to the patient, was deliberately longer to allow time for the discussions. Patients were given information about the treatment options available and given skincare samples to try at home. Patients were often given access to a recognised aesthetic company's portal to allow them to buy recommended products.

The owner (practitioner) kept in regular contact with patients through text or over the telephone after treatment in the service.

What needs to improve

We were told that the service reviewed its vision statement, aims and objectives. We were told it reviewed policies and processes, incidents, number of returning patients and patient feedback to assess this. However, the outcome of these reviews was not recorded (recommendation a).

- No requirements.

Recommendation a

- The service should further develop this into a documented yearly review of its performance in line with its vision, aims and objectives.

Leadership and culture

The owner of the service is a registered nurse, qualified as an independent prescriber. A self-employed beauty therapist also worked in the service as a skin specialist.

We were told that both staff worked well together. They would have regular catch-ups either remotely or face-to-face and talk through work experiences or any issues. They would attend conferences together and the owner (practitioner) supported the therapist with ongoing professional development, such as training in new treatments.

What needs to improve

The service did not document regular staff meetings or develop associated action plans (recommendation b).

- No requirements.

Recommendation b

- The service should develop a process of formal staff meetings and document the action associated with these.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Clear processes and procedures were in place. Policies were reviewed every year, with appropriate version control. Patients could feed back about their experience. Treatment information was available on the website and in the service. Clinical audits were completed. Improvements made after feedback should be shared with patients. A risk register should be developed and implemented.

Co-design, co-production (patients, staff and stakeholder engagement)

The service had an up-to-date patient involvement and participation policy in place.

Patients were emailed to ask them to submit a review of their experience following a treatment. They also had an opportunity to do this in the service itself using a QR code. The practitioner had recently sent out an online survey link, where patients were asked what they enjoyed most about the service and what they would like to see improve. We saw the majority of responses were positive.

The service's quality improvement plan documented that patient feedback had impacted on improvements in the service. This had resulted in an updated website and the service had made sure that treatment information and prices were more readily accessible.

What needs to improve

We saw evidence that feedback was obtained in a variety of ways. However, the service should further develop its process of keeping patients informed of the impact their feedback had (recommendation c).

- No requirements.

Recommendation c

- The service should develop a process of informing patients of the impact their feedback has on the service.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service manager fully understood the process of notifying Healthcare Improvement Scotland of any incidents or changes to the service.

A range of policies were in place with an appropriate version-control process. Policies were updated every 3 years or when guidance changed. These included those policies for:

- dealing with emergencies policy
- medicine management policy
- infection prevention and control, and
- safeguarding.

Appropriate cleaning products and equipment were used. An external cleaner carried out a deep clean every 2 weeks.

The service had a good supply of single-use equipment available, used to prevent the risk of cross-infection. A contract was in place with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles. We saw appropriate sharps bins were used.

We saw a process of ordering medicines in place in the service. Patients' prescription-only medicines were not held in stock on the premises. All medications were ordered from appropriately registered suppliers. Most treatments were prescribed and ordered for individual patients. A system was in place to record the temperature of the dedicated clinical fridge to make sure medications were stored at the correct temperature. A small number of emergency medicines were held in stock and we saw these were stored appropriately and in-date.

The appropriate safety documents were in place for the laser treatments, this included an up-to-date risk assessment that the laser protection advisor completed. The laser protection adviser is an external expert in laser safety, who is responsible for the review of services providing laser treatments.

The service had an incident and accident process in place, which included incidents with equipment failing and contacting companies about products.

Patient care records were on an electronic format and were password-protected. Before their appointment, patients were sent a consent form and health questionnaire electronically. Patients were also sent pre-treatment and aftercare information before their appointment to allow them to be fully informed before they attended the clinic. The provider was registered with the Information Commissioner's Office.

A variety of information leaflets were available for patients in service, including information about treatments and on aspects of health, such as stress management and hydration. The service was advertised in a number of local community publications and on social media pages.

Patients could access the service's complaints process on its website. This included the contact details of Healthcare Improvement Scotland, should this be the complainant's preferred option. The service had not received any complaints since its registration with Healthcare Improvement Scotland in September 2022.

Duty of candour where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. The duty of candour process had not been triggered since registration.

The service had a practicing privileges policy in place which highlighted the process of making sure a suitably qualified professional was working in the service. The service had a process in place for obtaining the appropriate checks, including:

- an application process
- appropriate qualifications
- completion of a Disclosure Scotland Protecting Vulnerable groups check, and
- indemnity insurance.

These checks were stored in a staff file. Staff had an appraisal carried out every year, which included reviewing and setting personal development objectives.

The owner (practitioner) was a member of a number of aesthetic groups for example Aesthetic Complication Expert (ACE), and the British Association of Cosmetic Nurses (BACN).

What needs to improve

Further checklists should be developed to demonstrate regular checking of expiry dates of single-use equipment (recommendation d).

The service had not published a yearly duty of candour report. This should be published every year, even when it has not been triggered. (recommendation e).

- No requirements.

Recommendation d

- The service should ensure that regular checks are carried out on the expiry dates of single-use equipment.

Recommendation e

- The service should publish a yearly duty of candour report.

Planning for quality

The service had developed a number of risk assessments, including those for:

- equipment failure
- fire, and
- the non-compliant sink in the laser room.

Each assessment included associated actions and timescale for completion.

A programme of clinical audits was carried out, these included audits for:

- infection prevention and control
- medicine management, and
- patient care records.
- Audits were also carried out on the service's patient survey processes.

The patient care record audit showed some records had important patient details missing, this was actioned and further staff training was carried out.

The owner practitioner would discuss findings of the audits with the beauty therapists at their catch-up meetings.

The provider had a quality improvement plan in place which addressed aspects in infection prevention and control, health and safety and staff development. These aspects were dated once completed.

What needs to improve

We saw some appropriate risk assessments in place. However, these should be further developed to include all risks in the service, such as the risk of trips and falls. While the risk assessments were stored in a file, the service did not have a risk register to demonstrate a process of review (recommendation f).

- No requirements.

Recommendation f

- The service should further expand the risk assessments completed and these should be stored as a risk register.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment was bright, welcoming and in a good state of repair. Patients told us they would recommend the service to others and were fully informed about their treatments. Patient contact information should always be documented in patient care records.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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 comprehensive self-evaluation.

The environment was clean and in a good state of repair. Appropriate cleaning products were in use and we saw completed cleaning checklists. The service had a good supply of personal protective equipment, which included aprons, gloves and face masks.

We saw patient information documented in four of the five patient care records we reviewed, such as their:

- contact details (including contact details for the patient's GP and next of kin)
- date of birth, and
- name.

The consent forms were completed in all patient care records we reviewed. The consent form included information on the risks and benefits of the treatment. The patient had signed each consent form and these included their consent to share information with GP and next of kin in an emergency. Treatment information was sent to the patient before treatment started.

Patients' past medical history, current medicines and allergies were completed for each treatment they received.

From reviewing the staff file of the beauty therapist, we saw that the service had completed a recruitment process. We saw evidence of a completed induction programme that addressed policies and processes, health and safety aspects and fire safety training.

Patients who completed our online survey told us:

- 'Everything is always explained in detail, the practitioner is very knowledgeable and meticulous.'
- 'The clinic environment is ways exceptionally clean and welcoming.'
- 'This was a very professional service and every care was taken to make sure I understood what was going to happen.'

What needs to improve

While we saw we saw that appropriate checks had been carried out on the staff member before they started working in the service, we saw no evidence that the service had checked if their insurance policy was up to date (recommendation g).

- No requirements.

Recommendation g

- The service should develop a process of checking the insurance policy of staff working under practising privileges every year.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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