

# Announced Inspection Report: Independent Healthcare

**Service:** Anne Primrose Aesthetics, Dunfermline

**Service Provider:** Anne Primrose

2 February 2023

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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 Anne Primrose Aesthetics on Thursday 2 February 2023. We spoke with the lead practitioner. We received feedback from seven patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. Although requested, the service did not submit a self-evaluation before the inspection.

### What we found and inspection grades awarded

For Anne Primrose 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	The service sought feedback from patients to inform and direct service improvement. Patient care and treatment was delivered in line with the service's policies and procedures.	✓ Satisfactory
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The clinic environment was clean and fit for purpose. The clinical waste contract must be updated to include the safe disposal of Botulinum toxin.	✓ Satisfactory

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service was provided by a sole practitioner who was appropriately qualified and competent to carry out all their own treatments and prescribe their own medicines. Quality assurance and governance systems helped the service to deliver safe, evidence-based, person-centred care. A quality improvement plan would help the service demonstrate a continuous culture of quality improvement.	✓ Satisfactory

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

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.2 - Assessment and management of people experiencing care	Thorough assessments were completed to determine patients' suitability for treatment. Patient care records were of a good standard and contained comprehensive information.

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 Anne Primrose to take after our inspection

This inspection resulted in one requirement and two 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 requirement 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)

Anne Primrose, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank Anne Primrose 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

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**The service sought feedback from patients to inform and direct service improvement. Patient care and treatment was delivered in line with the service's policies and procedures.**

The service gathered feedback from its patients through a questionnaire which patients were asked to complete after each visit. This captured patient's experience of using the service and helped the practitioner monitor satisfaction rates. All feedback received at the time of our inspection was positive. We received similar positive comments from our online survey. Comments included:

- '[...] was very informative beforehand to ensure I was fully aware of the whole process and checked that I wanted to proceed.'
- '[...] was very professional in explaining the areas that were going to be worked on. She explained how much the treatment would be prior to the procedure. I was told aftercare, what to do and what not to do. She explained everything to me very clearly'.

Information about how to make a complaint was available in the service's complaints policy, which included the contact details for Healthcare Improvement Scotland (HIS). The service had not received any complaints.

#### What needs to improve

We discussed publishing the service's complaints policy on its social media pages and website, so that patients could easily access this information. We will follow this up at future inspections.

- 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

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**The clinic environment was clean and fit for purpose. The clinical waste contract must be updated to include the safe disposal of Botulinum toxin.**

Patients were cared for in a clean and safe environment. Equipment was in a good state of repair and fit for purpose. Patients told us the clinic environment was always very clean and the treatment areas were hygienic, welcoming and comfortable. The owner of the premises was responsible for all aspects of maintenance, including:

- fire safety equipment
- gas safety checks
- regular maintenance of portable appliances, and
- the electrical installation.

Effective infection prevention and control measures were in place to reduce the risk of infection for patients and staff. Cleaning materials used between patient appointments and at the end of the clinic were in line with national infection prevention and control guidance. We saw a good supply of personal protective equipment (PPE) in use, such as disposable gloves. Single-use medical devices, such as syringes, needles and patient equipment were used to reduce the risk of cross-infection. Antibacterial handwash and disposable hand towels were used to promote good hand hygiene for staff and patients.

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

- ‘Very clean environment. The bed was covered with a disposable sheet, freshly laid down for my treatment. The room was clean and fresh.’
- ‘Very comfortable and fit for purpose surroundings.’

The service had a safe system in place for procuring, prescribing and administering medicines. A first aid box and an emergency medicine kit was available so staff could quickly respond to any medical emergencies, such as a complication or adverse reaction from treatment. The practitioner attended regular basic life support training and had completed training courses in complication management.

An audit programme helped make sure the service delivered consistent, safe care and treatment for patients. Audit results for patient care records, infection control practice and medicines management showed good compliance.

A duty of candour procedure set out how the service would meet its professional responsibility to be honest with patients if something went wrong. While the service had not had any duty of candour incidents, the practitioner understood their responsibilities and produced yearly duty of candour reports.

The practitioner had completed enhanced training in skills with adults with incapacity and knew the procedure for reporting concerns about patients at risk of harm or abuse.

### **What needs to improve**

A clinical waste contract was in place for the safe removal and disposal of clinical waste. However, this did not include appropriate cover for the correct segregation and disposal of cytostatic medicines, such as Botulinum toxin (requirement 1).

While duty of candour reports were produced each year, they had not been published (recommendation a).

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

- The provider must arrange for all cytostatic waste produced by the service to be segregated and disposed of via the European Waste Category (EWC) code 18-01-08, to ensure it complies with appropriate waste legislation.

## Recommendation a

- The service should publish annual duty of candour reports so that information about duty of candour incidents is available to service users.

## Our findings

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

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**Thorough assessments were completed to determine patients' suitability for treatment. Patient care records were of a good standard and contained comprehensive information.**

Patients told us they felt well informed and had received enough information about treatment options, risks and benefits and aftercare arrangements before going ahead with treatment. Some comments we received from patients included:

- '[the practitioner] was very informative beforehand to ensure I was fully aware of the whole process and checked that I wanted to proceed.'
- '[the practitioner] was very professional in explaining the areas that were going to be worked on. She explained how much the treatment would be prior to the procedure. I was told aftercare, what to do and what not to do. Anne explained everything to me very clearly.'

Patient care records were paper-based and stored in a locked filing cabinet at the provider's home. This protected confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

We reviewed four patient care records and found all entries were legible, dated and signed. They all contained a record of the initial consultation between the patient and practitioner, as well as a full assessment of the patient's past medical history. Assessments also included:

- consent to share information with the patient's GP (general practitioner) or other health care professional in an emergency
- consent for taking photographs, and
- information about the risk and benefits of treatment.

All patient care records we reviewed had consent to treatment forms that the patient and practitioner had signed and dated. For prescription-only treatments, such as Botulinum toxin a physical face-to-face consultation had taken place with the prescriber.

Patients were given clear post-treatment aftercare advice, as well as the service's out-of-hours telephone number in case they had a reaction or complication following treatment. As part of the treatment plan, patients were invited to attend a follow-up appointment 2 weeks after treatment. This allowed the service to make sure patients were happy with the results or provide more treatment and advice.

- 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 was provided by a sole practitioner who was appropriately qualified and competent to carry out all their own treatments and prescribe their own medicines. Quality assurance and governance systems helped the service to deliver safe, evidence-based, person-centred care. A quality improvement plan would help the service demonstrate a continuous culture of quality improvement.**

The service was provided by a sole practitioner, who was an experienced aesthetic practitioner and a dentist registered with the General Dental Council (GDC). They maintained their own professional development through completing several aesthetics training courses. For example:

- aesthetics courses (foundation and advanced)
- cannula skills
- skin rejuvenation, and
- they had a qualification in enhanced skills for adults with incapacity.

The practitioner also had a BSc in anatomical sciences and was a registered trainer for postgraduates.

### What needs to improve

Information and outcomes from activities, such as patient feedback, audits and risk assessments were not being used to inform continuous improvement. A formal quality improvement plan would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would allow the service to clearly demonstrate a culture of continuous quality improvement (recommendation b)

- No requirements.

#### **Recommendation b**

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

## Appendix 1 – Requirements and recommendations

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

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

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

#### Requirement

- 1** The provider must arrange for all cytostatic waste produced by the service to be segregated and disposed of via the European Waste Category (EWC) code 18-01-08, to ensure it complies with appropriate waste legislation (see page 10).

Timescale – immediate

*Regulation 3(d)(iii)*

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

#### Recommendation

- a** The service should publish annual duty of candour reports so that information about duty of candour incidents is available to service users (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 3.14

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
<b>b</b>	<p>The service should develop a formal quality improvement plan to formalise and direct the way it drives and measures improvement (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>



## 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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