

# Announced Inspection Report: Independent Healthcare

**Service:** Platinum Medi Cosmetic Clinic

**Service Provider:** Jill Smith

21 March 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 23 September 2019**

#### **Recommendation**

*The service should develop a participation policy that describes how patient feedback is gathered and used to drive improvement.*

#### **Action taken**

A patient participation policy had now been developed.

#### **Recommendation**

*The service should add a retention period and destruction method for patient information including care records to its general data protection regulation policy.*

#### **Action taken**

The service had now updated its general data protection regulation policy to include a retention period and destruction method for patient information.

#### **Recommendation**

*The service should develop a policy that describes and supports the working arrangements of the self-employed staff.*

#### **Action taken**

A practicing privileges policy had now been implemented to support the working arrangements of the service's self-employed staff.

## 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 Platinum Medi Cosmetic Clinic on Tuesday 21 March 2023. We spoke with the service manager (practitioner) during the inspection. We received feedback from 46 patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of two inspectors.

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 Platinum Medi Cosmetic Clinic, 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' experience of the service was very positive. All patients were provided with information about treatments before a plan of care was agreed. Patient feedback was gathered to help to continue to improve the quality of the service provided. Clear procedures were in place for managing complaints and responding to duty of candour incidents.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The clinic environment and patient equipment was clean and well maintained, and policies and procedures helped to maintain a safe environment. An audit programme and risk management system provided assurance of safe care and treatment. However, medicines should be audited more regularly.	✓✓ 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 its membership with national groups and training events. The service's quality improvement plan should include more information from the outcomes of audits, patient feedback and risk assessments. Formal staff meetings should be held.	✓✓ Good

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

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Clinical consultations were carried out with patients before a treatment plan was agreed. Patient care records were fully completed and included information about assessments, treatment plans, aftercare arrangements and consent to treatment. Regular audits of patient care records took place. Patients told us they felt fully involved in their care and treatment.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	A practicing privileges policy was in place for the recruitment of self-employed staff. All relevant pre-employment safety checks must be completed, and documented, before staff start work in the service. Induction and ongoing appraisals should be formally documented for all staff.

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 Jill Smith to take after our inspection

This inspection resulted in one requirement and five 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)

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

We would like to thank all staff at Platinum Medi Cosmetic Clinic 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' experience of the service was very positive. All patients were provided with information about treatments before a plan of care was agreed. Patient feedback was gathered to help to continue to improve the quality of the service provided. Clear procedures were in place for managing complaints and responding to duty of candour incidents.**

The service offered an appointment system for all consultations and treatments. All patients received a face-to-face consultation in the clinic, and had to complete a health questionnaire and consent form before they received any treatment. This included information about their procedure and any pre-treatment instructions. During consultations, we saw that patients were given appropriate treatment options, as well as information about the risks and benefits of proposed treatments. Information leaflets were also available in the reception area.

Patients were given time to consider treatment options and ask questions before agreeing to treatment. Returning patients could have their treatment on the same day as the consultation. However, all new patients had to come back for a second appointment. This helped to make sure patients had time to consider if they wished to proceed with the proposed treatment.

A patient participation policy described how the service would gather and use patient feedback. We were told the service gathered patient feedback in a number of ways, for example through the appointment booking system, the service's website, on its social media pages or using the suggestion box in the clinic. We saw that feedback received was very positive. Although the service manager actively encouraged feedback, they told us the response rate was often low. We were told the service aimed to respond to any feedback received within 48 hours.



Feedback from our online survey showed that patients were very pleased with the service. They said they were very satisfied with the advice and information received before treatment, and had been fully informed about the treatment's risks and benefits. Patients also stated they had been fully involved in decisions reached about their care. Comments from our online survey included:

- 'All treatments I have received have been carefully explained. Aftercare service fantastic.'
- 'All the information given helped me make an informed decision about my treatment.'
- '... always professional and very knowledgeable about the treatments she provides.'

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. The complaints procedure was also available on the service's website and included a direct link to Healthcare Improvement Scotland's website. At the time of inspection, the service had not received any complaints in the last year.

A duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong) was in place. An annual duty of candour report was published on the service's website.

- 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

**The clinic environment and patient equipment was clean and well maintained, and policies and procedures helped to maintain a safe environment. An audit programme and risk management system provided assurance of safe care and treatment. However, medicines should be audited more regularly.**

The clinic environment was clean, and equipment was in a good state of repair. We saw servicing and maintenance contracts for fire safety equipment, portable electrical equipment, laser equipment and the gas heating system. Public and employer liability insurance was in date. An updated waste contract was in place for the safe management of clinical waste including sharps.

We received very positive feedback from patients who responded to our online survey. They said the clinic environment was always very clean and welcoming. Comments included:

- 'Clean and well maintained facilities.'
- 'Calming environment, exceptionally clean, very welcoming space.'
- 'Very high standards of cleanliness.'

Effective infection prevention and control measures were in place to reduce the risk of infection for staff and patients. Daily and weekly cleaning schedules were fully completed and signed by staff. Separate cleaning equipment was available for clinical areas. The service manager was able to describe the process for cleaning patient equipment. The service carried out regular audits to ensure all cleaning schedules were completed, in line with its infection prevention and control policy.

The service used single-use, disposable equipment for all treatments, including personal protective equipment (gloves, aprons), and syringes and needles. Suitable cleaning products and a blood spill management kit were available to manage blood and body fluid spillages. Although no accidents or incidents had taken place, a system was in place to record these, and any subsequent actions that would be taken.

Laser therapy was used for some non-surgical treatments the service provided. A laser protection advisor visited the service every year to make sure laser safety rules and guidance were followed in line with local policy. The laser equipment was kept in a lockable clinic room with laser safety signage on entry. A copy of the laser 'local rules' and a standard operating procedure for use of laser-based procedures were available in the clinic.

The service had a safe administration of medicine policy and a safe system in place for prescribing, storing and administering medicines. All medicines were stored securely in a locked refrigerator or cupboard, and cupboards were clean, well organised and not overstocked.

A small stock of botulinum toxin was kept in the locked medicine fridge and stock balance sheets were used to ensure they were in date. The service recorded when medications were used and for which patient. The service manager was the prescriber and obtained their medications either from a specialist aesthetic wholesale pharmacist or an online pharmacy. Stock checking audits were completed by the service manager for all prescription-only medications. The medicines we saw were in-date.

Fridge temperatures were checked and recorded daily using a fridge temperature monitoring app to make sure medicines were being stored at the correct temperature. A first aid kit and an emergency medicine kit were available to enable the service to quickly deal with any medical emergencies, such as a complication or adverse reaction from treatment.

A programme of audits was in place which included audits of:

- cleaning
- patient care records
- stock control, and
- patient feedback and attendance.

Audits were carried out at different intervals and recorded. We saw examples of some recent audits and documented actions that would be taken.

The service's risk register was reviewed regularly, and included slips and falls, record keeping and sharps.

All policies and procedures were up to date, and we were told the service reviewed these every year, or in response to changes in legislation.

### **What needs to improve**

Although the fridge stock of prescription-only medicines was audited every month, we noted that the cupboard stock was only audited twice each year (recommendation a).

- No requirements.

### **Recommendation a**

- The service should ensure that all prescription-only medicines are checked or audited regularly.

## **Our findings**

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

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**Clinical consultations were carried out with patients before a treatment plan was agreed. Patient care records were fully completed and included information about assessments, treatment plans, aftercare arrangements and consent to treatment. Regular audits of patient care records took place. Patients told us they felt fully involved in their care and treatment.**

Electronic patient care records were stored on a secure password-protected records management system. We found records of patient consultations and assessments in the five patient care records we reviewed, including:

- consent to treatment and sharing information
- medical history
- medications, and
- treatment plans.

Prescription records were available. Post-treatment aftercare instructions were provided for patients at the consultation stage and following treatment. This was documented in patient care records. We saw that patients were given the service's contact details, including an out-of-hours contact in case of complications. The service carried out regular audits of patient care records. Any gaps with record keeping that were identified were corrected by the service manager.

Feedback from our online survey confirmed that patients were satisfied with the quality of care and treatment they received from the service. Comments included:

- 'Friendly professional approach with excellent treatment and care.'
- 'Confident in... knowledge and ability to provide an excellent service.'
- 'Complete expert in the treatment.'

We noted the service had moved to an electronic patient care record system in 2021 with old paper files being stored in line with its general data protection regulation policy.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

- No requirements.
- No recommendations.

## 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

**A practicing privileges policy was in place for the recruitment of self-employed staff. All relevant pre-employment safety checks must be completed, and documented, before staff start work in the service. Induction and ongoing appraisals should be formally documented for all staff.**

One member of self-employed staff had been granted practicing privileges to work in the service (staff not employed directly by the provider but given permission to work in the service). A practicing privileges policy was in place.

A practicing privileges staff file was in place and we saw evidence of some pre-employment safety checks carried out before they began working in the service, such as:

- references
- courses attended
- Nursing and Midwifery Council (NMC) registration
- qualifications, and
- a signed practicing privileges agreement.

We saw evidence of peer-to-peer discussion and mentorship with self-employed staff to ensure they were appropriately skilled to deliver safe, quality care. The service manager also provided mentorship, clinical supervision and training to clinical staff from outwith the clinic to help them build on their knowledge and experience.

### **What needs to improve**

Although a practicing privileges policy and signed contracts were in place, we did not see any evidence of a completed up-to-date Protecting Vulnerable Groups (PVG) background check for the self-employed staff member (requirement 1).

Regular appraisals or one-to-one meetings had not been completed for self-employed staff granted practicing privileges to work in the service (recommendation b).

Although we were told that any new employees or self-employed staff to the service received an induction to the clinic, there was no evidence showing that these had taken place (recommendation c).

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

- The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed or granted practicing privileges to work in the service.

### **Recommendation b**

- The service should introduce regular one-to-ones as part of the staff appraisal process to allow self-employed staff the opportunity to discuss progress in their role or any concerns.

### **Recommendation c**

- The service should implement a formal documented induction process for all new employees or self-employed staff, including those granted practicing privileges to work in the service.

## 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

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**The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national groups and training events. The service's quality improvement plan should include more information from the outcomes of audits, patient feedback and risk assessments. Formal staff meetings should be held.**

The service was owned and managed by an experienced nurse practitioner registered with the NMC, who was also a member of several aesthetic forums.

The practitioner kept up to date with best practice through ongoing training and development, and attending training events. This made sure the service was aware of changes in the aesthetics industry, legislation and best practice guidance. They also engaged in the NMC revalidation process and peer discussion sessions. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC, every 3 years.

We were told the service manager was always present in the service. They were also the named prescriber for the other clinician working in the service under practicing privileges. The manager told us they regularly attended study days to keep themselves up to date, and was in the process of completing a course to formalise their clinical educator skills. A private social media group had also been set up so that all individuals working in the service could be kept up to date or given advice.

The service had implemented a quality improvement policy and plan. We saw improvements made to the service and tasks that were still ongoing. For example, patients had commented about difficulties parking in the area at the time of their appointments. The service arranged to have metal structures removed from the front of the building, resulting in three private parking spaces being available for staff and patients.



### **What needs to improve**

The service's quality improvement plan should be further developed to be informed by outcomes from audits, risk assessments, and patient and staff feedback (recommendation d).

Although we saw evidence of peer discussions, we were told that formal and regular team meetings with staff in the service were not held (recommendation e).

- No requirements.

### **Recommendation d**

- The service should further develop its quality improvement plan to formalise and direct the way it drives performance.

### **Recommendation e**

- The service should introduce staff meetings. Minutes should be documented and include an action plan highlighting those responsible for any actions to be taken. Minutes should be shared with all staff.

## 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

#### Requirements

None

#### Recommendation

- a** The service should ensure that all prescription-only medicines are checked or audited regularly (see page 12).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

### Domain 7 – Workforce management and support

#### Requirement

- 1** The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed or granted practicing privileges to work in the service (see page 14).
- Timescale – immediate
- Regulation 9(2)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

Domain 7 – Workforce management and support (continued)	
Recommendations	
<b>b</b>	<p>The service should introduce regular one-to-ones as part of the staff appraisal process to allow self-employed staff the opportunity to discuss progress in their role or any concerns (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>
<b>c</b>	<p>The service should implement a formal documented induction process for all new employees or self-employed staff, including those granted practicing privileges to work in the service (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendations	
<b>d</b>	<p>The service should further develop its quality improvement plan to formalise and direct the way it drives performance (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>
<b>e</b>	<p>The service should introduce staff meetings. Minutes should be documented and include an action plan highlighting those responsible for any actions to be taken. Minutes should be shared with all staff (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>

## 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)

## Healthcare Improvement Scotland

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

0131 623 4300

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0141 225 6999

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)