

# Announced Inspection Report: Independent Healthcare

**Service:** The Face Place, Inverness

**Service Provider:** The Face Place (Inverness) Ltd

8 June 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 The Face Place on Thursday 8 June 2023. We spoke with the 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. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

### What we found and inspection grades awarded

For The Face Place, 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 received information about the treatments available to help them make informed decisions. A monthly newsletter kept patients informed about the service. A more structured method of collecting and analysing patient feedback would help to make sure this was used to improve the service. Information for patients about how to make a complaint should be made accessible.	✓ Satisfactory

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	Patients were cared for in a clean and well-maintained environment. A range of policies and procedures were in place to help deliver safe and effective care, including an audit programme. Regular testing of portable electrical equipment would ensure it remained safe to use. A risk register would help to manage, review and address risks.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with developments in the industry through membership of professional organisations. Although quality improvement projects were documented, an overarching quality improvement plan would help the service to evaluate performance, identify areas for improvement and take corrective actions when needed.	✓✓ 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	Appropriate consultations, assessments and treatment plans were in place. Relevant consents from patients were obtained and aftercare advice was given.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	New staff received a comprehensive induction, including bespoke training videos, and had ongoing clinical training plans. Regular performance reviews were carried out. However, safe recruitment systems must be in place and full training records kept.

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 The Face Place (Inverness) Ltd to take after our inspection**

This inspection resulted in four requirements 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)

The Face Place (Inverness) Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Face Place 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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**Patients received information about the treatments available to help them make informed decisions. A monthly newsletter kept patients informed about the service. A more structured method of collecting and analysing patient feedback would help to make sure this was used to improve the service. Information for patients about how to make a complaint should be made accessible.**

The service's website provided information on the staff in the service, the range of services and treatments offered, and associated costs. The risks of treatments and aftercare information was included in the consent forms. All this information ensured that patients were able to make fully informed decisions.

A consent policy was in place and clinical staff had received training on obtaining informed consent. All patients who responded to our online survey said they were given sufficient time to reflect on the treatment options before giving consent. All patients told us they felt fully informed and included in decisions about their care. Comments included:

- '... always explains all of the above to me in detail, and I always feel fully informed.'
- 'Was listened to and felt relaxed.'
- 'Everything was clearly and fully explained with additional printed information.'

The service published a monthly newsletter on its website and emailed this to patients. Information included changes to the service such as new staff, any improvements or changes taking place, such as upgrading the interior of the clinic, and new treatments that the service was considering. It also told patients about training and conferences staff had attended.

The clinic environment helped maintain patients' privacy and dignity. The treatment room window was adequately screened and the door was lockable. The service's chaperone policy included arrangements for a clinical staff member or an informal chaperone such as a friend to attend appointments. All patients who responded to our online survey said they had been treated with dignity and respect.

A system was in place to manage complaints and the complaints policy detailed that patients could contact Healthcare Improvement Scotland at any stage of the complaints process. There had been no complaints since the service registered with Healthcare Improvement Scotland in June 2021.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service had not had any instances requiring it to implement duty of candour principles. Clinical staff had received training on the principles of duty of candour.

### **What needs to improve**

Although the service had a patient participation policy, this did not detail when and how feedback would be obtained. All feedback received by the service from social media and the online booking system was positive. However, although the service reviewed and responded to this informal patient feedback, a more formal feedback method, such as a structured survey, should be introduced. This would help the service to identify any required improvements and measure the impact of any changes made on the service (recommendation a).

The complaints policy, or information about how to make a complaint, was not easily accessible to patients, such as in a leaflet or on the service's website (recommendation b).

The service had not produced and published an annual duty of candour report. Even if there have been no incidents requiring the need to implement the duty of candour procedure, a report is still required (recommendation c).

- No requirements.



### **Recommendation a**

- The service should further develop its patient participation policy and use a formal method of obtaining patient feedback to help evaluate and drive improvement.

### **Recommendation b**

- The service should provide information for patients on how to make a complaint.

### **Recommendation c**

- The service should produce and publish an annual duty of candour report.

## 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. A range of policies and procedures were in place to help deliver safe and effective care, including an audit programme. Regular testing of portable electrical equipment would ensure it remained safe to use. A risk register would help to manage, review and address risks.**

A medicines management policy was in place for the safe procurement, prescribing, administration and storage of medicines. The temperature of the pharmacy fridge was regularly monitored to make sure medicines were being stored at the correct temperature. The majority of staff were registered prescribers. We were told a registered prescriber was present in the clinic, when required, when any non-prescriber staff worked in the service.

Arrangements were in place to deal with medical emergencies. Emergency medicines were kept in the treatment room and appropriate emergency medicines management checks were undertaken and recorded.

A range of other policies and procedures helped the service to deliver care safely. For example, a safeguarding (public protection) policy set out a clear protocol to respond to any adult protection concerns.

All patients told us they had confidence in the service and felt safe:

- 'Exceptionally knowledgeable.'
- 'Made me feel extremely safe.'
- 'I was fully confident as aware of the vast experience of the owner.'

The clinic was clean, well maintained and clutter free. We were told that equipment cleaning was carried out between patient appointments. A cleaning schedule detailed the cleaning tasks to be carried out at the end of each day. We saw completed cleaning checklists to show that appropriate cleaning had taken place. We saw appropriate cleaning products were used, including a chlorine-releasing disinfectant and detergent for sanitary fittings, and for the management of blood and body fluids. Measures were in place to reduce the risk of infection to patients, in line with the service's infection prevention and control policy. For example, alcohol-based hand gel and personal protective equipment such as gloves and face masks were available.

Clinical waste was managed safely and an appropriate clinical waste contract was in place.

A recent fire risk assessment had been carried out and actions to be taken had been completed. Fire safety signage was displayed and fire safety equipment was in place.

An audit programme included audits of:

- patient care records
- infection prevention and control, and
- medicines management.

Any required actions resulting from the audits were documented.

Patients who responded to our online survey said they were satisfied with the facilities and equipment. Comments included:

- 'Very bright and airy and clean treatment room and... appropriate sterile equipment.'
- 'A very clean and welcoming facility with modern equipment.'

A system was in place for recording any accidents or incidents that took place in the service.

### What needs to improve

The portable electrical appliances in the treatment room had not been tested to ensure they were safe to use (requirement 1).

A COVID-19 risk assessment had been carried out. However, there were no other documented risk assessments and no risk register was in place (requirement 2).

### Requirement 1 – Timescale: immediate

- The provider must ensure that regular checks are carried out on the service's portable electrical appliances to ensure all equipment is maintained in a safe condition.

### Requirement 2 – Timescale: by 2 November 2023

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This must include:
  - a) a comprehensive risk register, and
  - b) appropriate risk assessments to protect patients and staff.
- No recommendations.

## Our findings

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

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**Appropriate consultations, assessments and treatment plans were in place. Relevant consents from patients were obtained and aftercare advice was given.**

Patients' consultation appointments included discussing the most suitable treatments, expectations, medical history and details of the treatment plan. There was a cooling-off period before the patient came back for their treatment appointment.

We saw documented evidence in the three electronic patient care records we reviewed of:

- patient and emergency contact details
- GP details
- appropriate medical history

- consent process (including risks, side effects, aftercare)
- treatment planning with patient involvement, and
- record of treatment.

Following treatment, an aftercare advice leaflet was provided and the information was also emailed to patients. All patients who responded to our online survey said they had received sufficient aftercare advice. One patient said: 'I was provided with information to assist with recovery. I also always received a follow-up message to check on me after appointments.'

Patient care records were stored securely in a locked filing cabinet and on a password-protected electronic system. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). The service had a privacy policy on its website detailing how it complied with data protection regulations.

### What needs to improve

Some parts of patient care records were held on an electronic system and some were partly paper based. This meant some information such as patient contact details and GP information were stored in one place, and the consents and treatment records were in another. Consideration could be given to establishing one point of access for the complete patient care record. We will follow this up at future inspections.

- 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

**New staff received a comprehensive induction, including bespoke training videos, and had ongoing clinical training plans. Regular performance reviews were carried out. However, safe recruitment systems must be in place and full training records kept.**

All staff had received an induction from the manager which included training in general day-to-day clinic duties, and the clinical treatments and procedures. An electronic database was used for recording all induction and ongoing staff training. Each staff member had a training plan which included evidence of completion. The database included training videos for clinic procedures such as how to carry out the weekly deep clean of the clinic, pharmacy fridge temperature checks and how to complete a full patient consultation.

We saw evidence of performance reviews between the manager and staff members. These assessed staff performance against pre-agreed targets, for example numbers of bookings and treatments, but also gave staff an opportunity to feedback on the manager's performance.

### **What needs to improve**

Some recruitment information was held in staff files such as CVs, references and interview notes. However, relevant information was missing that would demonstrate that appropriate checks had been carried out to ensure they were safely recruited. For example, there was no evidence of:

- proof of identity
- professional registration, and
- occupational health status (requirement 3).

The service had not carried out its own background identity checks with Disclosure Scotland to ensure staff were not included on the list for Protecting Vulnerable Groups (PVG). As staff had provided evidence of their PVG check carried out through their other employer, this meant the service would not be directly informed if the PVG status of staff changed (requirement 4).

Although operational and clinical training provided by the service was well documented, details of training staff had received in their NHS roles had not been obtained. Therefore, the service could not be assured that staff working in the service had received training on topics such as safeguarding (adult protection) and the management of complaints (recommendation d).

### **Requirement 3 – Timescale: by 2 November 2023**

- The provider must implement effective systems that demonstrate the safe recruitment of staff.

**Requirement 4 – Timescale: immediate**

- The provider must ensure that all employees are not included on the adults' or children's list of the Protection of Vulnerable Groups (Scotland) Act 2007.

**Recommendation d**

- The service should ensure that staff files contain a record of all relevant training.

## 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 developments in the industry through membership of professional organisations. Although quality improvement projects were documented, an overarching quality improvement plan would help the service to evaluate performance, identify areas for improvement and take corrective actions when needed.**

The service used membership of peer and professional groups to keep up to date with changes in best practice and legislation. For example, the service was a member of the Aesthetic Complications Expert (ACE) Group. This provides guidance and support to help prevent complications in cosmetic treatments, and also provides workshops, conferences and online training to its members. The service was also an accredited practitioner of Save Face, a national register for people who provide non-surgical cosmetic treatments, accredited by the Professional Standards Authority.

The service had a professional relationship with another aesthetics clinic to provide each other with peer support and review. Staff from the two clinics attended a formal meeting together once a month. Agenda items included new treatments, effectiveness of current treatments and training sessions on topics suggested by staff members.

Formal team meetings for the service's staff were held every week. Agenda items included business targets, patient feedback, any improvement activity taking place, staffing and any training needs.

All meetings were minuted with actions to be taken and by whom documented.



A business plan had been developed to help the service continue to improve and achieve its aims and objectives. Performance was measured based on key performance indicators such as:

- patient retention
- profit
- feedback, and
- bookings.

The manager had enrolled on a business course that was specifically for the improvement of healthcare clinics. We saw evidence of improvement projects with 6-weekly plans. For example, the service had recently expanded and taken on new staff and we saw that the recruitment, induction and training of these new staff members had been set out in a step-by-step plan.

### **What needs to improve**

An overarching quality improvement plan would help to keep track of both short- and long-term planned improvements such as information from audits, feedback from patients and staff, and expansion plans. This information, along with actions and timelines for improvements, could then be held in one place. This would help the service to continually evaluate its performance, identify areas for improvement and take any corrective actions when needed (recommendation e).

- No requirements.

### **Recommendation e**

- The service should develop and implement a quality improvement plan to collate all improvement activity 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 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
<b>a</b>	<p>The service should further develop its patient participation policy and use a formal method of obtaining patient feedback to help evaluate and drive improvement (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. Standard 4.8</p>
<b>b</b>	<p>The service should provide information for patients on how to make a complaint (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 4.20</p>
<b>c</b>	<p>The service should produce and publish an annual duty of candour report (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>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
1	<p>The provider must ensure that regular checks are carried out on the service's portable electrical appliances to ensure all equipment is maintained in a safe condition (see page 12).</p> <p>Timescale – immediate</p> <p><i>Regulation 10(2)(c)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This must include:</p> <ul style="list-style-type: none"> <li>a) a comprehensive risk register, and</li> <li>b) appropriate risk assessments to protect patients and staff (see page 12).</li> </ul> <p>Timescale – by 2 November 2023</p> <p><i>Regulation 13(2)(a)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

Domain 7 – Workforce management and support	
Requirements	
3	<p>The provider must implement effective systems that demonstrate the safe recruitment of staff (see page 14).</p> <p>Timescale – by 2 November 2023</p> <p><i>Regulation 8(1)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Domain 7 – Workforce management and support (continued)	
Requirements	
<b>4</b>	<p>The provider must ensure that all employees are not included on the adults' or children's list of the Protection of Vulnerable Groups (Scotland) Act 2007 (see page 15).</p> <p>Timescale – immediate</p> <p><i>Regulation 9(2)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
<b>d</b>	<p>The service should ensure that staff files contain a record of all relevant training (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	
Recommendation	
<b>e</b>	<p>The service should develop and implement a quality improvement plan to collate all improvement activity to formalise and direct the way it drives and measures improvement (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)

You can read and download this document from our website.  
We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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