

Announced Inspection Report: Independent Healthcare

Service: The Mayfield Clinic by Dr Nestor,
Edinburgh

Service Provider: Dr Nestor's Aesthetic Surgery
Ltd

4 March 2025

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 24 September 2019

Requirement

The provider must ensure that it follows guidelines on safer recruitment. This must include carrying out Protection of Vulnerable Groups checks.

Action taken

The provider was a register body with Disclosure Scotland. We saw that Disclosure Scotland background checks (including PVG updates) had been carried out for all staff, including those with practicing privilege agreements.

This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 24 September 2019

Recommendation

The service should develop a continuous quality improvement plan.

Action taken

We saw the service had developed a comprehensive quality improvement plan which included actions for improvement and timescales of when improvement initiatives were completed.

2 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 The Mayfield Clinic by Dr Nestor on Tuesday 4 March 2025. We spoke with the owner, registered manager 17 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Edinburgh, The Mayfield Clinic by Dr Nestor is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For The Mayfield Clinic by Dr Nestor, 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
A well-defined leadership structure and governance framework helped the service to deliver safe, evidence-based, person-centred care. Staff told us they felt valued, respected and well supported that senior managers were visible and approachable. Clear and measurable performance indicators were in place and evidence of their impact and the positive outcomes achieved was shared with staff at team meetings and reported in patient newsletters.	✓✓✓ Exceptional
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to improve the service. Policies, procedures and treatment protocols supported staff to deliver safe, compassionate, person-centred care. A comprehensive risk management plan and quality assurance system helped to provide assurance of a continuous cycle of quality improvement. Clear procedures for managing complaints, accidents and incidents were in place. The quality improvement plan helped inform improvements in the service. The complaints policy should contain the correct contact details for Healthcare Improvement Scotland. A risk register should be developed.	✓✓ Good

Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>The environment and equipment were clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction. Patient care records were well completed. All staff had appropriate background and safety checks documented.</p> <p>An effective system must be introduced to monitor and review medicine stock in the service. Consent forms and the medicine management policy should be updated to include the use of unlicensed medicine.</p>	✓✓ 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: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Dr Nestor's Aesthetic Surgery Ltd 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 two requirements and three recommendations.

Implementation and delivery	
Requirements	
None	
Recommendations	
a	<p>The service should ensure its complaints policy contains the correct information and contact details for Healthcare Improvement Scotland (see page 20).</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	<p>The service should develop a risk register (see page 21).</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	
1	<p>The provider must ensure patients' next of kin or emergency contact is recorded in the patient care record (see page 24).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must ensure there is an effective system in place to monitor and audit all the medicines held in stock (see page 24).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
c	<p>The service should update its consent forms and the medicines management policy to include the use of unlicensed medicines (see page 25).</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>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Dr Nestor's Medical Aesthetic Surgery 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 Mayfield Clinic by Dr Nestor for their assistance during the inspection.

3 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

A well-defined leadership structure and governance framework helped the service to deliver safe, evidence-based, person-centred care. Staff told us they felt valued, respected and well supported that senior managers were visible and approachable. Clear and measurable performance indicators were in place and evidence of their impact and the positive outcomes achieved was shared with staff at team meetings and reported in patient newsletters.

Clear vision and purpose

The provider's mission statement identified three key focus areas as the service's overall vision and purpose:

- to be a centre of clinic excellence
- to be a fun place to work and thrive, and
- to offer exceptional customer service.

We saw the mission statement was visible on the service's website and in a brochure that patients received when they contacted the clinic.

The service had a defined set of aims and objectives to help it achieve its vision and purpose:

- to achieve outstanding patient outcomes
- to create a collaborate and supportive work culture
- to deliver high-quality, evidence-based care while maintaining the highest safety, ethical and professional standards delivered by highly skilled practitioners
- to deliver safe treatments to all patients, and
- to strive for staff's continuous professional development to make sure they deliver the best care to patients.

Key performance indicators were used to assess performance. This included collecting and evaluating data from:

- clinical outcomes
- compliance audits
- patient satisfaction surveys
- risk management, and
- staff recruitment and development.

The key performance indicators were linked to the provider's mission. This allowed the service to:

- create opportunities for improvement
- enhance strategic decision making
- meet patients' expectations, and
- monitor how care was delivered and how the service performed.

■ No requirements.

■ No recommendations.

Leadership and culture

The clinical director was the owner and the lead practitioner of the service. The clinical director:

- held a master's degree in aesthetic medicine
- was a trustee on the board of the British College of Aesthetic Medicine, and
- was registered with the General Medical Council (GMC).

The clinical director had also published and peer-reviewed articles in trade journals and attended as a guest speaker at national and international conferences. The senior leadership team was comprised of the clinical director, service manager and a front-of-house lead, who was responsible for administrative and non-clinical functions.

Staff who worked in the service included:

- healthcare professionals with permanent contracts
- healthcare professionals working under a practicing privileges agreement (staff not employed directly by the provider but given permission to work in the service), and
- non- healthcare professionals, including therapists, administrative and marketing staff.

A well-defined leadership structure and clinical governance framework was in place, which allowed the service to monitor and evaluate the quality and safe delivery of care and treatment. This supported the service in meeting its aims and objectives in line with its quality assurance activities and clinical governance policy.

The clinical director chaired the monthly governance meetings that included other leadership team members. We saw clear lines of accountability for decision-making and a strong focus on:

- clinical effectiveness
- continuous improvement
- education and training
- patient safety, and
- risk management.

The minutes of these meetings provided a comprehensive record of how the service was performing against its aims and objectives. For example, the team reviewed and monitored data outcomes from patient feedback, surveys and focus groups to help make sure any service improvements required were successfully implemented.

We saw the provider adopted a 'whole team' approach to support the future direction of the service, through promoting a positive culture of staff engagement. For example, a structured programme of weekly, monthly and 3-monthly staff meetings provided formal and informal opportunities for team discussion, as well as sharing information from:

- audit results
- improvement activities
- patient feedback, and
- training.

Every 3 months, the clinic closed for a full day to patients for the staff meetings and maximise the attendance of the whole team. This allowed staff with practicing privileges to attend, contribute to the meetings and keep up to date with any business developments and policy changes in the service.

We saw the provider was committed to making sure that staff were suitably skilled and experienced for their role and had regular opportunities for training and development. A training needs analysis was completed to help set goals and priorities for individual staff to match their job descriptions and inform the yearly training plan. This helped make sure staff were equipped with the skills, knowledge and tools needed to do their job. For example, to help them:

- book appointments
- deliver new treatments
- offer effective support to patients awaiting or receiving treatment, and
- respond to patient enquiries or complaints.

Minutes of team meetings we reviewed included identified areas of responsibility for staff to take forward any actions, discussions about training needs and sharing ideas for improvement. A recent staff survey showed that staff morale was very positive. The manager prepared staff rosters 3 months in advance to take account of annual leave, training and unplanned absence to maintain the agreed staffing levels. Staff could access their rota on the service's electronic portal. The portal was also used as a resource library for staff to access:

- e-learning
- HR information
- the service's policies and procedures, and
- their personal development plans and appraisals.

Staff we spoke with were clear about their roles and responsibilities and how to raise any concerns or issues. Staff told us they felt supported in their roles and received good opportunities for training, professional development and career progression. They also told us they enjoyed working in the service and said that senior leaders were visible, approachable and encouraged their involvement in the development of the wider business. For example, when the service moved to new premises in May 2024, staff were involved in designing their own workspace and helped to design and select their work uniforms.

- No requirements.
- No recommendations.

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

Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to improve the service. Policies, procedures and treatment protocols supported staff to deliver safe, compassionate, person-centred care. A comprehensive risk management plan and quality assurance system helped to provide assurance of a continuous cycle of quality improvement. Clear procedures for managing complaints, accidents and incidents were in place. The quality improvement plan helped inform improvements in the service. The complaints policy should contain the correct contact details for Healthcare Improvement Scotland. A risk register should be developed.

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

Patients could contact the service in a variety of ways, including:

- email
- online enquiries through the service's website or social media pages
- over the telephone, and
- text messages.

Key information about the service was available on its website. This included information about the treatments available, the booking system and the treatment costs. It provided detailed information on each staff member, their skills, experience and professional qualifications. Patients could also access information about treatments and general service information through online videos and blogs, as well as from a patient brochure and leaflets available in the service. Newsletters were also emailed to patients to keep them informed about any updates on the service, such as:

- new treatments offered
- service improvements from patients' feedback, and
- staff changes, including those joining or leaving.

A patient engagement strategy described the methods the service used to gather feedback from patients. Patient feedback was gathered in a variety of ways, including:

- patient questionnaires
- social media reviews
- surveys, and
- website testimonials.

Patients were also encouraged to provide verbal feedback about their experience at any stage of their treatment. This allowed the service to demonstrate a collaborative approach with patients to help continually improve the way the service was delivered.

We saw the service collated and regularly reviewed all patient feedback and used this information to inform the service's quality improvement activities and the quality improvement plan. Any changes in the service that led to improvements from patient feedback was communicated to patients in newsletters and email correspondence. For example:

- the service's website was updated in response to patient requests to develop a more user-friendly and easier-to-navigate website, and
- a new telecom system was introduced to address comments about phone lines being engaged and to reduce the potential for unanswered calls from patients being missed.

Outcome data from patient feedback was analysed and the results were presented and discussed at staff meetings and reviewed at monthly governance meetings. Results from a patient survey in January 2025 were very positive and showed high levels of patient satisfaction. We saw that patients had also participated in a global external survey to allow the service to compare its performance across similar services in the industry. These results were also very positive and showed the service was performing above the global standard benchmark in all the survey questions.

The service had planned and delivered its first patient focus group in June 2024, which the clinical director led and six patients attended. Its purpose was to help the service better understand patient needs, share ideas and discuss any issues or concerns. Minutes of the meeting confirmed that patients had made valuable contributions about their expectations from treatment. This was a good

example of the commitment to strengthening engagement and involvement of patients to continually improve how the service is delivered.

- No requirements.
- No recommendations.

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.

The service was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we noted that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland. A clear system was in place to record and manage accidents and incidents.

Appropriate arrangements were in place to maintain patient privacy and dignity in line with the service's privacy and dignity policy. Consultations were appointment-only and carried out in private consulting rooms to maintain patient confidentiality.

Policies and procedures set out the agreed ways of working and supported the service to deliver safe and compassionate person-centred care. For example, the service had up-to-date policies in place for:

- health and safety
- medicines management
- privacy and dignity, and
- safeguarding (public protection).

Policies were updated every year or in response to any changes in legislation, national guidance or best practice. A version control system showed when the policies were last updated and their due date for review. The policies we reviewed had been updated in May 2024.

The provider was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure patients' confidential information was safely stored. Patient care records were stored electronically in password-protected computers. We saw that staff received training on information governance and the service had a policy in place detailing how confidential patient information was stored in the service.

Maintenance contracts were up to date for:

- electrical testing
- fire safety equipment
- laser equipment
- the fire detection system, and
- the ventilation system.

Water testing and fire safety checks were monitored regularly and showed good compliance.

The service's complaints policy was available in the service and on its website. This stated that patients could complain to Healthcare Improvement Scotland at any time. At the time of our inspection, Healthcare Improvement Scotland had not received any complaints about the service.

A duty of candour procedure was in place (where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong). The senior management team fully understood their duty of candour responsibilities and we saw that staff had received duty of candour training. An annual duty of candour report was displayed in the service and on its website. The service had no duty of candour events in 2024.

Patients received an initial face-to-face consultation and a comprehensive assessment before they received any recommendations about their treatment. This included a full assessment of their:

- desired outcome
- health and lifestyle
- past medical history, and
- risks.

A personalised treatment plan was prepared, detailing the risks and the cost. A summary letter of the consultation was then emailed to patients to consider. The service encouraged patients to take time to read over the information and recommended a 2-week cooling-off period before they agreed to go ahead with any treatment. When patients booked in for treatment the consent form was sent to them to review the risks of the treatment. The practitioner reviewed this with the patient on the treatment day and provided opportunities for further questions before the patient signed the consent form.

Patients received post-treatment cards or leaflets which detailed the things to avoid immediately and for the first few days after treatment. All patients were given the emergency out-of-hours number to contact the practitioner if they had any issues or concerns following treatment.

Infection prevention and control procedures were in place to reduce the risk of infection to patients. Cleaning schedules demonstrated compliance with standard infection control precautions, including the enhanced treatment room for minor surgical procedures, as well as sanitary fixtures and fittings. Only single-use personal protective equipment (such as aprons and gloves) and medical devices (such as needles and syringes) were used in the service. Staff received training in hand hygiene. The service disposed of clinical waste in sharps boxes and colour-coded bags.

Medicines were obtained from an appropriately registered supplier, and the service was registered to receive safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Medicines were stored securely in lockable cupboards or refrigerators in lockable treatment rooms with controlled access fobs restricted to clinical staff and the service manager. Temperature-sensitive medicines were stored in medical refrigerators and medical devices (such as dermal fillers) and skin products were stored in a lockable cupboard. Medicine cupboards and refrigerators were clean, not overstocked and fridge temperatures were monitored and recorded daily to make sure medicines were stored at the correct temperature and safe to use.

Arrangements were in place to make sure the team could quickly respond to medical and aesthetic emergencies. This included mandatory staff training and the availability of emergency life-saving equipment, including a defibrillator, equipment and first aid supplies. Emergency medicines were available for patients who may experience aesthetic complications following treatment.

The service had a contract with a registered external laser protection advisor to make sure laser safety rules and guidance were followed to support the safe delivery of laser treatments for its patients. We saw the advisor visited the service in May 2024. An appropriate laser risk assessment and local rules (the local arrangements that the laser protection advisor had developed to manage laser safety) were in place for each laser. Staff authorised to operate the lasers had completed their laser safety core of knowledge training. Regular refresher training was also completed and these staff had signed to say they had read and understood the local rules. Locks on doors controlled access to laser treatment rooms and appropriate signage to alert staff when lasers were in use and to prevent unauthorised entry.

Staff members were recruited in line with the service's recruitment policy. The service also had a practicing privileges policy in place. Both policies included a description of the expectations on all staff working in the service, including those working under practicing privileges. All staff appointments were subject to obtaining satisfactory references, fitness-to-practise checks and an up-to-date Disclosure Scotland background check or PVG membership updates before they worked in the service. All staff had an induction and a yearly appraisal. Healthcare staff participated in formal appraisal processes, in line with their professional regulatory bodies, such as the GMC and the NMC registration and revalidation processes. This helped make sure the registered healthcare professionals working in the service remained fit to practice.

What needs to improve

The contact details for Healthcare Improvement Scotland in the service's complaints policy were not up to date. We also noted that the policy referred to Healthcare Improvement Scotland as a third party rather than the independent healthcare regulator (recommendation a).

We saw the medicine cupboards in the treatment rooms were not fixed to the wall. We were told these cupboards had recently been purchased and that plans were in place to address this. We will follow this up at future inspections.

- No requirements.

Recommendation a

- The service should ensure its complaints policy contains the correct information and contact details for Healthcare Improvement Scotland.

Planning for quality

An effective risk management system supported the proactive management of risk in the service. This took account of any risks identified and the actions to be taken in the clinic environment and the enhanced treatment room where minor surgical procedures were carried out. Appropriate risk assessments were in place for:

- fire
- health and safety
- infection prevention and control, and
- laser equipment.

The risk assessments we reviewed were comprehensive and included the control measures in place to reduce each risk. Risks assessments were reviewed and discussed at staff and governance meetings.

An audit programme helped make sure the service delivered a consistent approach to safe patient care and treatment and identify any areas that needed to be improved. Action plans were produced to make sure any actions needed were taken forward. The service carried out regular audits of the environment, monthly stock control audits of medical supplies and 3-monthly audits of patient care records and infection control practice, including hand hygiene.

The service's quality improvement plan provided an overview of current and ongoing improvement activities identified from patient and staff feedback, audit results and risk assessments. For example, an audit of patient care records identified that explanations of why certain recommended treatments were not as clear as they could be. The service then invested in AI technology designed for medical note-keeping, which listened-in to the consultations with the patients consent and populated each of the pre-defined note-keeping points. A follow-up audit of patients' medical notes found them to be 100% compliant after the introduction of the new system.

The service had a business contingency plan that set out arrangements for continuity of patient care in the event of the service closing for any reason.

We saw the service had appropriate and up-to-date insurance cover for public liability, medical malpractice, as well as buildings and contents. Practicing privileges' staff had up to date medical indemnity insurance in place.

What needs to improve

The service would benefit from developing a risk register to complement its risk assessments and maintain all the risks and control measures identified in the service in one overarching document (recommendation b).

- No requirements.

Recommendation b

- The service should develop 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 and equipment were clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction. Patient care records were well completed. All staff had appropriate background and safety checks documented.

An effective system must be introduced to monitor and review medicine stock in the service. Consent forms and the medicine management policy should be updated to include the use of unlicensed medicine.

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 new premises had been refurbished to a high standard and all areas were clean, tidy and well maintained. Treatments were provided from six private consulting rooms and an enhanced treatment room for minor surgical procedures. Cleaning schedules were in place, fully completed and up to date. The correct cleaning products were used in line with national infection control guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings. All equipment for procedures was single-use to prevent the risk of cross infection. Personal protective equipment (such as disposable gloves and aprons) was readily available to staff. A clinical waste contract was in place and clinical waste and used sharps equipment was disposed of appropriately. This included the safe disposal of hazardous waste, such as botulinum toxin.

We reviewed five patient care records and found that all entries were legible, dated and signed. Patient notes and treatment plans were comprehensive and well organised. Treatment pathways were well defined, the outcome of face-to-

face consultations was documented and patient assessments included a detailed account of their past medical history. Consent-to-treatment forms included information about the risk and benefits of treatment, as well as the aftercare arrangements. We saw both the patient and practitioner had signed and dated the consent-to-treatment form in all files reviewed. We saw that consent to share information with the patients GP and for taking pre- and post-treatment photographs was also obtained. Medicine batch numbers, expiry dates and areas treated were documented.

We saw the service used bacteriostatic saline to reconstitute vials of botulinum toxin (when a liquid solution is used to turn a dry substance into a fluid for injection). Bacteriostatic saline is an unlicensed product and the use of this rather than normal saline for reconstitution means that botulinum toxin was used out with its Summary of Product Characteristics. This means it is deemed as unlicensed use. To determine if bacteriostatic saline provided better pain relief for patients, the service carried out a small study involving 20 patients. Of the 20 patients, 10 had botox reconstituted with normal saline and 10 with bacteriostatic saline. Results from the study confirmed that patients treated with botulinum toxin reconstituted with bacteriostatic saline reported low levels of pain compared to the patients treated with normal saline. This allowed the service to demonstrate its rationale for using this medicine out with its license.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Some comments we received included:

- 'Excellent pre and post treatment care.'
- 'All staff are lovely, welcoming and respectful.'
- 'Fantastic clinic. Plenty of time in the consultation. Answered all my questions.'
- 'I am never pressured to do anything I always raise queries or interest in treatments and the risks and benefits are clearly explained.'
- 'Always given the correct details and time to think before making any decisions.'
- 'The clinic is state of the art, forefront in equipment, hygiene, expertise and training.'
- 'This is a stunning facility, cleanliness is very obviously a priority, always greeted with a smile and looked after well by the receptionist.'

We reviewed four staff files, including those staff members with practicing privileges. We saw that all appropriate pre-employment checks had been carried out. This included information on staff:

- fitness to practice
- identity
- Protecting Vulnerable Groups (PVG) checks
- qualifications
- training, including continuous professional and personal development appraisal and supervision sessions.

We also saw evidence of induction and training records in the staff files.

What needs to improve

Patient care records did not include the details of patients' next of kin or an emergency contact (requirement 1).

Medicines we checked in storage cupboards and the refrigerators in the consulting rooms were in-date. However, we saw three out-of-date boxes of medicine stored in the refrigerator in the enhanced treatment room. We were told that only practicing privileges staff used this room, and they purchased their own supply of medicines required for minor surgical procedures. This meant the service did not have full oversight of all the medicines stock in the service. We noted these were removed from circulation at the time of the inspection (requirement 2).

The use of bacteriostatic saline was discussed and documented in patient files. However, consent forms had not been updated to include the use of unlicensed medicines, such as bacteriostatic saline. As this was the agreed practice for botulinum toxin treatment, this should be reflected in the service's medicine management policy (recommendation c).

Requirement 1 – Timescale: immediate

- The provider must ensure patients next of kin or emergency contact is recorded in the patient care record.

Requirement 2 – Timescale: immediate

- The provider must ensure there is an effective system in place to monitor and audit all the medicines held in stock.

Recommendation c

- The service should update its patient consent forms and its medicine management policy to include the use of unlicensed medicines.

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:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

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

Email: his.ihtregulation@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

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