

Announced Inspection Report: Independent Healthcare

Service: Urban Aesthetics, Dunfermline

Service Provider: Heather Sheddon

14 September 2023

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1 Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 4 July 2019

Requirement

The provider must notify Healthcare Improvement Scotland of incidents in line with the Healthcare Improvement Scotland notification guidance.

Action taken

The service was aware of Healthcare Improvement Scotland's notification guidance and had had no further incidents which needed to be reported to us. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 4 July 2019

Recommendation

The service should further develop its written aftercare advice leaflet for patients.

Action taken

Aftercare leaflets for individualised treatments now included information about how to make a complaint and the practitioner's out-of-hours contact details in the event of an emergency.

Recommendation

The service should develop and implement an adult support and protection policy.

Action taken

The service had now implemented an adult support and protection policy.

Recommendation

The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

Action taken

The service now disposed of all botulinum toxin in line with the manufacturer's guidance.

Recommendation

The service should develop a programme of audits to cover key aspects of care and treatment. Audits must be documented, and improvement action plans implemented.

Action taken

Although some audits were now taking place, such as for medicine management and clinical waste, there was still no formal programme of regular audits covering key aspects of care and treatment. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation e on page 18).

Recommendation

The service should review and update patient care records to reflect current legislation and best practice guidance.

Action taken

Patient care record templates had been updated. However, from the patient care records we reviewed, discussions about treatment costs were not documented. A new recommendation has been made in Domain 7 (Quality control) (see recommendation h on page 21).

Recommendation

The service should record patients' consent to share information with GPs and other relevant healthcare professionals.

Action taken

The patient care records we reviewed documented patients' consent for the sharing of information with other healthcare professionals, if required.

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

Although a quality improvement plan had now been implemented, this was not being regularly reviewed and updated. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation f on page 18).

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 Urban Aesthetics on Thursday 14 September 2023. We spoke with the registered manager (practitioner). We received feedback from 22 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Dunfermline, Urban Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Urban Aesthetics, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service aims to provide safe, patient-centred care and a quality service to its patients through its commitment to learning and development. The practitioner is a registered nurse and an independent prescriber. Measurable objectives should be developed and a process to measure these.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Although the service had a participation policy, this should be updated to reflect how feedback is gathered, and a more formal approach should be implemented for using patient feedback to improve the service. Patients were fully informed about treatment options and involved in all decisions about their care. Face-to-face consultations were completed and signed consent to treatment forms were in place for all patients. A range of policies and procedures helped to support the safe delivery of person-centred care. A clear policy and procedure were in place for managing complaints. Although a risk register was in place, risk assessments should be fully completed and reviewed regularly. The audit programme and quality improvement plan should be further developed. Evidence of all maintenance checks carried out should be available and kept up to date to ensure patient safety.	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
Although the environment was clean and well equipped, suitable cleaning products should be used to clean all sanitary fittings. Patients told us the service was clean and tidy, and they felt safe in the service. Patient care records were detailed and included signed consent forms. However, discussions about treatment costs should be documented. A risk-based action plan must be completed to comply with current ventilation guidance.	✓ Satisfactory

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Assurance Framework can also be found on our website at:

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

What action we expect Heather Sheddon 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 three requirements and eight recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop measurable objectives and a process to measure these (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.20</p>

Implementation and delivery	
Requirements	
1	<p>The provider must arrange for a suitably competent person to carry out a fixed electrical installation check on the premises and ensure that the electrical installation is continually and appropriately maintained in line with relevant legislation (see page 16).</p> <p>Timescale – immediate</p> <p><i>Regulation 10(2)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must ensure that an annual gas safety check is carried out on the gas boiler and system (see page 17).</p> <p>Timescale- immediate</p> <p><i>Regulation 10(2)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
b	<p>The service should review and further develop its participation policy to reflect the way it gathers and analyses patient feedback (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
c	<p>The service should implement a structured approach to gathering and analysing patient feedback to help continually improve the service (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
d	<p>The service should ensure that risk assessments are completely fully and reviewed regularly (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>

Implementation and delivery (continued)	
Recommendations	
e	<p>The service should introduce a structured programme of regular audits to cover key aspects of care and treatment such as medicine management, infection prevention and control, the safety and maintenance of the care environment and patient care records (see page 18).</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> <p>This was previously identified as a recommendation in the July 2019 inspection report for Urban Aesthetics.</p>
f	<p>The service should further develop its quality improvement plan and ensure this is updated and reviewed regularly (see page 18).</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> <p>This was previously identified as a recommendation in the July 2019 inspection report for Urban Aesthetics.</p>

Results	
Requirement	
3	<p>The provider must review the ventilation provided in the treatment room to ensure it conforms to national guidance for specialised ventilation for healthcare services. A risk-based action plan should be developed to address any deficiencies noted as part of the wider refurbishment plans of the service (see page 20).</p> <p>Timescale – by 28 February 2024</p> <p><i>Regulation 10(2)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Results (continued)	
Recommendations	
g	<p>The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins, in line with national guidance (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 4.11</p>
h	<p>The service should ensure patient care records include all documented discussions about treatment costs (page 21).</p> <p>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.18</p>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Heather Sheddon, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Urban Aesthetics 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

The service aims to provide safe, patient-centred care and a quality service to its patients through its commitment to learning and development. The practitioner is a registered nurse and an independent prescriber. Measurable objectives should be developed and a process to measure these.

Clear vision and purpose

The service was owned and managed by the practitioner who was a registered nurse with the Nursing and Midwifery Council and was an independent prescriber.

We were told the service's main aim was to continue to maintain high standards of quality of care for patients. The service's vision and purpose was to ensure patients kept returning and recommended the service to others.

What needs to improve

The service had no process of measuring its aim or demonstrating that this was being met (recommendation a).

- No requirements.

Recommendation a

- The service should develop measurable objectives and a process to measure these.

Key Focus Area: Implementation and delivery

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

Our findings

Although the service had a participation policy, this should be updated to reflect how feedback is gathered, and a more formal approach should be implemented for using patient feedback to improve the service. Patients were fully informed about treatment options and involved in all decisions about their care. Face-to-face consultations were completed and signed consent to treatment forms were in place for all patients. A range of policies and procedures helped to support the safe delivery of person-centred care. A clear policy and procedure were in place for managing complaints. Although a risk register was in place, risk assessments should be fully completed and reviewed regularly. The audit programme and quality improvement plan should be further developed. Evidence of all maintenance checks carried out should be available and kept up to date to ensure patient safety.

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

The service's participation policy described how patient feedback would be gathered and analysed to continually improve how the service was delivered.

Feedback was collected verbally, or through social media and online reviews. We were told the service acknowledged all feedback from patients.

Although the service did not have a website, patients could access information about the treatments available through the service's social media pages.

What needs to improve

The service did not collect feedback in line with its participation policy. The policy stated that patient feedback would be requested through questionnaires (recommendation b).

It was not clear how the service gathered and used any feedback received. Therefore, it was difficult for the service to draw any conclusions that could be used to drive improvement as we found no evidence that feedback was being recorded and analysed. A more structured approach to patient feedback should include:

- recording and analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation c).

■ No requirements.

Recommendation b

- The service should review and further develop its participation policy to reflect the way it gathers and analyses patient feedback.

Recommendation c

- The service should implement a structured approach to gathering and analysing patient feedback to help continually improve the service.

Quality improvement

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

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

A range of policies and procedures were in place to support person-centred care and ensure a safe experience for patients. Key policies included:

- adult support and protection
- patient privacy and dignity
- infection prevention and control
- emergency arrangements, and
- medication management.

Effective measures were in place to reduce the risk of infection. Equipment was cleaned between appointments, and the clinic was cleaned at the end of the day. We saw evidence of completed and up-to-date cleaning schedules. All equipment used, including personal protective equipment (such as gloves) was single use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A contract was in place for the disposal of sharps and other clinical waste.

An annual fire risk assessment was carried out. Fire safety signage was displayed, and fire safety equipment was in place. Maintenance contracts for security alarms, fire safety and fire detection systems were up to date and portable appliance testing had recently been carried out on relevant electrical equipment.

Arrangements were in place to deal with medical and aesthetic emergencies, including an emergency drugs supply. All medicines were obtained from appropriately registered suppliers. Emergency medicines were stored correctly and were in-date with monthly checks carried out on expiry dates. The practitioner had recently completed an annual basic life support course.

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 included on the service's aftercare leaflets and was available in the treatment room. At the time of inspection, the service had not received any complaints in the last year.

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's most recent duty of candour report was displayed in the service. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

Patient consultations for treatment were always carried out face to face. A comprehensive assessment took place which included past medical history, as well as discussions on the risks, benefits and possible side effects of treatment. Patients were offered follow-up appointments for treatment, allowing the option of a cooling-off period. On the day of treatment, patients reviewed a consent to treatment form which was then signed by both the patient and practitioner.

Post-treatment aftercare instructions were provided for patients at both the consultation stage and following treatment. We saw that patients were emailed aftercare leaflets that included the practitioner's out-of-hours contact number

in case of any complications. Patients who responded to our online survey told us:

- ‘There is time and consideration before any treatment is consented to.’
- ‘Had to sign consent and was informed throughout the process.’
- ‘... very thorough and informative, gives verbal and written advice and information.’

Patient information was stored securely on a password-protected device. This helped to protect confidential patient information in line with the service’s information management policy. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) and we saw that the service followed the appropriate data protection regulations.

We saw evidence that the practitioner kept up to date with their own practice through continued training in aesthetics. For example, we noted that they had recently participated in training for a new treatment that was being introduced into the service.

We saw evidence of peer reflection and clinical supervision being carried out with aesthetic practitioners from other services. The service had formed a partnership with another aesthetic practitioner for peer support and to discuss treatments, procedures or complications.

The practitioner was a member of the Aesthetic Complications Expert (ACE) Group. This meant the service could access additional support and advice if needed.

What needs to improve

Although the landlord was responsible for the servicing and maintenance of the building and the heating system, it is the service’s responsibility to ensure this is carried out for the safety of its patients. The service was unable to provide:

- an electrical installation condition report (requirement 1), and
- an updated gas safety certificate (requirement 2).

Requirement 1 – Timescale: immediate

- The provider must arrange for a suitably competent person to carry out a fixed electrical installation check on the premises and ensure that the electrical installation is continually and appropriately maintained in line with relevant legislation.

Requirement 2 – Timescale: immediate

- The provider must ensure that an annual gas safety check is carried out on the gas boiler and system.

- No recommendations.

Planning for quality

Appropriate risk assessments were in place to effectively manage risk in the service. These included:

- slips, trips and falls
- fire risk
- chemicals
- accidents, and
- waste.

This helped to make sure that care and treatment was delivered in a safe environment by identifying and taking action to reduce any risks to patients.

In the event that the service was unable to operate for any reason, a contingency plan had been produced to direct patients to another local registered service.

We saw evidence of some audits being carried out, such as for clinical waste and an annual medicine management audit.

What needs to improve

Although the service had a risk register, its risk assessments were not fully completed or reviewed regularly. This would help to support the management and review of identified risks (recommendation d).

Although some audits were being carried out, there was no formal audit programme in place to determine what and when audits would take place. The range of audits carried out should also be expanded to include other areas such as medicine management, infection prevention and control, the safety and maintenance of the care environment and patient care records (recommendation e).

Although the service had now developed a quality improvement plan, this was not being regularly reviewed or updated. For example, actions taken as a result of patient feedback or audits should be included (recommendation f).

- No requirements.

Recommendation d

- The service should ensure that risk assessments are completely fully and reviewed regularly.

Recommendation e

- The service should introduce a structured programme of regular audits to cover key aspects of care and treatment such as medicine management, infection prevention and control, the safety and maintenance of the care environment and patient care records.

Recommendation f

- The service should further develop its quality improvement plan and ensure this is updated and reviewed regularly.

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

Although the environment was clean and well equipped, suitable cleaning products should be used to clean all sanitary fittings. Patients told us the service was clean and tidy, and they felt safe in the service. Patient care records were detailed and included signed consent forms. However, discussions about treatment costs should be documented. A risk-based action plan must be completed to comply with current ventilation guidance.

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 satisfactory self-evaluation.

The clinic environment was clean and well maintained. Patients who responded to our online survey also told us they felt the service was kept extremely clean and tidy:

- 'Clean and well maintained.'
- 'Very clean, organised premises.'

The service's medication fridge was clean and in good working order. We noted a temperature recording logbook was used to record fridge temperatures every day, and this was fully completed and up to date. This made sure medicines were being stored at the correct temperature. Medication stored in the service was in-date and was prescribed individually for patient use. No stock medicine was held.

The five patient care records we reviewed showed that patients received a face-to-face consultation about their expectations before treatments were offered. Patient care records were legible, accurate and up to date. The practitioner had

signed and dated their entries. 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
- GP details
- emergency contact
- medications, and
- treatment plans.

The service had many returning patients. Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Comments included:

- 'Always welcoming and makes you feel comfortable.'
- 'Extremely happy with the professionalism, cleanliness and how informative the clinic is.'
- 'I would not hesitate to recommend... '

What needs to improve

The service did not have any natural or mechanical ventilation in the treatment room (requirement 3).

We found the service was not using the correct products for cleaning sanitary fittings (clinical wash hand basins), as detailed in national infection prevention and control guidance. Chlorine-based products should be used when cleaning all sanitary fittings (recommendation g).

While comprehensive assessments and consent were documented, the service did not record details of discussions about treatment costs in the patient care records (recommendation h).

Requirement 3 – Timescale: by 28 February 2024

- The provider must review the ventilation provided in the treatment room to ensure it conforms to national guidance for specialised ventilation for healthcare services. A risk-based action plan should be developed to address any deficiencies noted as part of the wider refurbishment plans of the service.

Recommendation g

- The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins, in line with national guidance.

Recommendation h

- The service should ensure patient care records include all documented discussions about treatment costs.

Appendix 1 – About our inspections

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

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

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

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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or email his.contactpublicinvolvement@nhs.scot

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