

Announced Inspection Report: Independent Healthcare

Service: V Medical Aesthetics, Glasgow

Service Provider: V Medical Aesthetics Limited

25 May 2022

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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 V Medical Aesthetics on Wednesday 25 May 2022. We spoke with the manager and practitioner for the service. We received feedback from 11 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 V Medical Aesthetics, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients were satisfied with the quality of care and treatment they received. Although the service proactively collected and reviewed patient feedback, formalising this process would help the service to continue to improve the quality of the service provided. Information about how to make a complaint should be easily accessible.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Good systems were in place to ensure the safe delivery of care to patients, including appropriate infection prevention and control practices, and a variety of policies and procedures. An audit programme also helped make sure the service delivered safe care and treatment for patients. A risk register should be developed.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. Good peer networks also supported continuous learning. A quality improvement plan helped the service to evaluate and measure the quality, safety and effectiveness of treatments delivered. Staff meetings and actions should be formally documented.	✓✓ 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	Patients had a full consultation and assessment before they received treatment, and patient care records were well completed. Aftercare information was provided for all patients. Although consent to treatment and photography was obtained, patients' GP contact details and consent to sharing information with other healthcare professionals should also be sought.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	No staff were employed in the service. Although a practicing privileges policy was in place, there was no contract or agreement with the independent nurse prescriber. Appropriate background checks must be carried out on staff before they start working in the service.

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 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

What action we expect V Medical Aesthetics Limited to take after our inspection

This inspection resulted in one requirement and seven 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

V Medical Aesthetics Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at V Medical Aesthetics for their assistance during the inspection.

2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Patients were satisfied with the quality of care and treatment they received. Although the service proactively collected and reviewed patient feedback, formalising this process would help the service to continue to improve the quality of the service provided. Information about how to make a complaint should be easily accessible.

The clinic is a mobile service with patients treated in their own home environments. The practitioner ensures privacy, dignity and confidentiality is maintained, and promotes discretion when visiting patients' homes.

Although the service did not have a website, there were many returning patients, with new patients using the service following word of mouth recommendations. The practitioner provided verbal and written information about the service following any enquiries, as well as information about treatment options before patients agreed to any treatments.

The service had a participation policy, with feedback collected from patients in a variety of ways. For example, as well as informal verbal feedback, the service's electronic records system automatically contacted patients 48 hours after treatment to request feedback on the service provided. We saw positive feedback from patients using this method.

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

Comments from our online survey included:

- ‘... I feel I had full control of all decisions.’
- ‘The practitioner explained thoroughly the different options that were available to me. She listened to me and what I wanted to achieve and my results were amazing. The overall decision at any time was always mine. She is a very warm lady and explains everything in great detail making me feel confident in her ability to achieve the best results according to what I would like done.’

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. The service had a detailed duty of candour policy. We noted the service had not had any instances requiring it to implement duty of candour principles.

The service had not received any complaints since it was first registered with Healthcare Improvement Scotland in December 2019. The service’s complaints policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint. Feedback from our online survey showed that all patients knew they could complain to Healthcare Improvement Scotland.

What needs to improve

A more formal method for recording and evaluating patient feedback would help the service identify and implement improvements and measure the impact of these changes (recommendation a).

Although the service had a complaints policy, there was no formal process for ensuring patients had access to information about how to make a complaint (recommendation b).

- No requirements.

Recommendation a

- The service should develop a more structured approach for recording and evaluating patient feedback, and using the outcomes to improve the service.

Recommendation b

- The service should ensure that information about how to make a complaint about the service is easily accessible for patients.

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

Good systems were in place to ensure the safe delivery of care to patients, including appropriate infection prevention and control practices, and a variety of policies and procedures. An audit programme also helped make sure the service delivered safe care and treatment for patients. A risk register should be developed.

Patients were cared for in their own homes. Good systems were in place to ensure this environment, and equipment used, were appropriate and in line with current infection prevention and control guidelines. This included:

- using the correct cleaning materials including appropriate cleaning solutions
- completing cleaning schedules for portable and mobile equipment
- carrying out regular checks and audits, and
- ensuring servicing and maintenance contracts were maintained.

All equipment used, including personal protective equipment, was single-use to prevent the risk of cross-infection. We saw appropriate disposal of sharps, such as needles and syringes, and clinical waste. An infection prevention and control policy was in place, and the practitioner had a good awareness of infection prevention and control practices and measures, including those for COVID-19.

The service completed a number of safety and environmental checks before entering and carrying out treatments in the patients' home environments. This included ensuring patient privacy, fire safety and appropriate infection prevention and control practices were adhered to.

Appropriate insurance cover was in place.

Patients who responded to our online survey were very satisfied with the standard of cleanliness. Comments included:

- ‘Very professional service I could tell all equipment was sterile and clean and private.’
- ‘Everything is of the highest standards.’

The practitioner was solely responsible for the safe procurement, storage and administration of medicines. A mobile thermometer device was used to monitor the temperature of the cool bag used for transporting medicines. Other non-refrigerated medicines, such as dermal fillers, were stored appropriately. We saw that medicines for individual patients’ use were correctly labelled. Emergency medicines were available to help the practitioner quickly respond to any complications or adverse reactions to treatment.

A system was in place for documenting accidents and incidents, and for reporting notifiable incidents or adverse events to the relevant regulatory authorities. No accidents, incidents or adverse events had occurred in the service since it was registered with Healthcare Improvement Scotland. Patients told us they trusted the practitioner and were confident they had the skills and knowledge to deliver high quality care.

Regular audits were carried out to support the safe delivery and quality of the service. This audit programme included:

- cleaning, and
- medicines management.

What needs to improve

Although safety checks were carried out before entering and carrying out treatments in patients’ homes, there was no evidence of a risk register. This would help the service to ensure appropriate processes were in place to help manage any risks identified (recommendation c).

- No requirements.

Recommendation c

- The service should develop a risk register to support the management and review of identified risks.

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a full consultation and assessment before they received treatment, and patient care records were well completed. Aftercare information was provided for all patients. Although consent to treatment and photography was obtained, patients' GP contact details and consent to sharing information with other healthcare professionals should also be sought.

Patients booked appointments either by telephone or by verbal requests. We reviewed five patient care records and saw that outcomes from patients' initial consultation and their proposed treatment plan were documented. A full assessment of patients' medical history was carried out before they received any treatment. This included gathering information about any pre-existing medical conditions, prescribed medicines and allergies. We saw that a basic psychological assessment was also carried out. This included discussing realistic outcomes to assess patients' suitability for aesthetic treatments and to agree the most suitable options available to them.

Patients told us they received good advice and information before, during and after their treatment. They also told us they could take time to consider the options available to them before they agreed to go ahead with the treatment.

The practitioner used a prescriber working under practicing privileges to prescribe prescription-only medicines, such as anti-wrinkle injections. A face-to-face consultation with the independent nurse prescriber also took place before the patient's treatment appointment. All information about the prescription consultation was included in the patient care record.

We saw that consent to treatment and taking photographs was discussed and documented in each of the patient care records we reviewed. A record of the treatment delivered, aftercare arrangements and future follow-up appointments was clearly recorded. All documentation was signed and dated with medicine batch numbers used and expiry dates documented.

We were told the practitioner had recently started auditing patient care records to ensure they were being fully and accurately completed.

Patients were given verbal and written advice after their treatments. Patients could contact the practitioner out of hours if they had any concerns following their treatment.

Patients appeared very satisfied with the service and the treatments they had received. Comments from our online survey included:

- 'The practitioner is very knowledgeable. The first day she came for a consultation she advised me of her qualifications, her products and what I could expect the results to look like.'
- 'I trust the practitioner completely. She takes time and money to invest in training for herself and is incredibly knowledgeable.'
- 'The practitioner is patient and takes her time to let you know the risks and her aftercare is amazing. Always follows you up days later asking how you are.'

Patient care records were stored on a password-protected electronic system, in line with data protection legislation. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

What needs to improve

The patient care records we reviewed did not consistently document patients' GP contact details or consent to share information with other healthcare professionals. This information should be included in case it is needed in the event of an emergency situation (recommendation d).

- No requirements.

Recommendation d

- The service should ensure patients' GP contact details and consent to share information with other healthcare professionals are documented in the patient care record.

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

No staff were employed in the service. Although a practicing privileges policy was in place, there was no contract or agreement with the independent nurse prescriber. Appropriate background checks must be carried out on staff before they start working in the service.

The practitioner worked with an independent nurse prescriber who worked under practicing privileges (staff not employed directly by the provider but given permission to work in the service). A practicing privileges policy was in place.

What needs to improve

We found no evidence that the service had followed safe recruitment practices or had carried out necessary pre-employment checks for the nurse prescriber. This should include references, qualifications, Protecting Vulnerable Groups (PVG) background checks and to ensure appropriate up-to-date insurance was in place. We also saw no evidence of a practicing privileges contract or agreement (requirement 1).

We also saw no process in place to ensure annual checks were carried out on staff working under practicing privileges. This should include checks on insurances, professional registration and ensuring staff are annually appraised (recommendation e).

There was no evidence to suggest staff had formal or informal opportunities for learning and development relevant to their roles in the service (recommendation f).

Requirement 1 – Timescale: immediate

- The provider must ensure any staff working in the service, including staff working under practicing privileges, are safely recruited.

Recommendation e

- The service should ensure that annual checks are carried out on staff, including those working under practicing privileges.

Recommendation f

- The service should implement a staff learning and development policy which should include a learning development plan.

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 changes in the aesthetics industry, legislation and best practice guidance. Good peer networks also supported continuous learning. A quality improvement plan helped the service to evaluate and measure the quality, safety and effectiveness of treatments delivered. Staff meetings and actions should be formally documented.

The manager is the sole practitioner of the service and is a registered nurse with the Nursing & Midwifery Council (NMC). They maintain continuing professional development in order to complete mandatory revalidation with the NMC in a variety of ways. This included maintaining and developing current clinical skills within a healthcare setting. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers to their professional body, such as the NMC, every 3 years.

This also included attending regular training and conferences in the aesthetic industry to keep up to date with best practice and delivery of treatments in line with evidence-based research.

We saw evidence of quality assurance systems for reviewing the quality of care and treatment provided in the service. Informal reviews of patient feedback and outcomes from audits helped make sure the quality of the service delivered met patient needs. A quality management plan helped to guide and direct continuous quality improvement activities in the service. This described how the service was committed to continually improving, and a framework had been developed for measuring and improving the quality of the service.

What needs to improve

We were told the practitioner and nurse prescriber met regularly, though informally, to address any issues that may occur in the service and to discuss best practice and identify areas for improvement. However, there was no record of formal or informal meetings taking place. Meetings should include sharing information and updates about the service and any clinical governance issues. This would allow staff to contribute to how the service continues to develop (recommendation g).

- No requirements.

Recommendation g

- The service should formally record the minutes of any meetings to ensure all contributions and decisions are captured and actioned. This should include a documented action plan highlighting those responsible for any actions to be taken forward.

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	
a	<p>The service should develop a more structured approach for recording and evaluating patient feedback, and using the outcomes to improve the service (see page 8).</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>
b	<p>The service should ensure that information about how to make a complaint about the service is easily accessible for patients (see page 8).</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>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
c	<p>The service should develop a risk register to support the management and review of identified risks (see page 10).</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>
d	<p>The service should ensure patients' GP contact details and consent to share information with other healthcare professionals are documented in the patient care record (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

Domain 7 – Workforce management and support	
Requirement	
1	<p>The provider must ensure any staff working in the service, including staff working under practicing privileges, are safely recruited (see page 13).</p> <p>Timescale – immediate</p> <p><i>Regulation 8(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
e	<p>The service should ensure that annual checks are carried out on staff, including those working under practicing privileges (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>

Domain 7 – Workforce management and support (continued)	
Recommendations	
f	<p>The service should implement a staff learning and development policy which should include a learning development plan (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 4.11</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
g	<p>The service should formally record the minutes of any meetings to ensure all contributions and decisions are captured and actioned. This should include a documented action plan highlighting those responsible for any actions to be taken forward (see page 16).</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

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

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
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EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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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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