

# Announced Inspection Report: Independent Healthcare

**Service:** West Aesthetics, Glasgow

**Service Provider:** West Aesthetics Ltd

29 November 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 three 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 West Aesthetics on Tuesday 29 November 2022. We spoke with the service manager (practitioner) during the inspection. We also 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 West Aesthetics, the following grades have been applied to three key quality indicators.

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 felt fully involved and informed about their treatment options. Clear information about how to make a complaint was easily accessible to patients. While the service had a participation policy, and informal feedback was sought, a more structured method would make sure patient feedback was used to evaluate the service. An annual duty of candour report should be produced and published.	✓ Satisfactory

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	A range of up-to-date policies and procedures made sure care was delivered safely. This included good systems in place for the safe and secure handling of medicines, and infection prevention and control. A regular programme of audits should be introduced.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with current best practice through training and development. A quality improvement plan should be developed to help evaluate and measure the quality, safety and effectiveness of the service provided.	✓ Satisfactory

The following additional quality indicator was 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	Comprehensive patient assessments were completed and clearly documented before any treatment was provided. Consent should be recorded for sharing photographs and information with patients' GPs and other healthcare professionals in an emergency.

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

More information about grading can be found on our website at:  
[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

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

[https://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach/quality\\_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

### **What action we expect West Aesthetics Ltd to take after our inspection**

This inspection resulted in six recommendations. See Appendix 1 for a full list of the recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/independent\\_healthcare/find\\_a\\_provider\\_or\\_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

We would like to thank all staff at West 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

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**Patients felt fully involved and informed about their treatment options. Clear information about how to make a complaint was easily accessible to patients. While the service had a participation policy, and informal feedback was sought, a more structured method would make sure patient feedback was used to evaluate the service. An annual duty of candour report should be produced and published.**

The service operated an appointment only system for all consultations and treatments. All patients who completed our online survey agreed they had been treated with dignity and respect.

Treatment options and costs were discussed with the patient in a face-to-face pre-treatment consultation with the practitioner. Patients were given information highlighting the risks and possible side effects of treatment. Patients were given time to consider treatments options and ask questions before agreeing to treatment. This helped to make sure patients had realistic expectations of the proposed treatment. Patients were provided with the practitioner's contact details should they have any complaints or concerns following treatment.

All patients who completed our online survey were very positive about the information and aftercare advice the service gave them. Comments included:

- 'Practitioner has been the most informative. Her care before during and after the procedure was more than I expected.'
- 'Everything was explained in detail and all my questions were answered thoroughly.'
- 'The consultation provided all the relevant and important information. Practitioner took her time and explained everything fully.'

Although a process was in place to record and respond to any complaints, no complaints had been received since the service registered with Healthcare Improvement Scotland in July 2020. The service's complaints policy was accessible to patients, included Healthcare Improvement Scotland contact details and stated that patients could complain to Healthcare Improvement Scotland at any point. Information about how to make a complaint was available to patients in the aftercare information provided.

### **What needs to improve**

The service had a patient participation policy, and patients were able to provide feedback verbally, by texting and through social media. While this information was useful, it was difficult for the service to draw any conclusions that could be used to drive improvement. We saw evidence that a post-treatment questionnaire had recently been developed but had not yet been issued to any patients. We discussed with the service the importance of having a structured approach to patient feedback. This should include:

- gathering patient feedback
- analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation a).

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. The service had not produced and published a yearly duty of candour report. Even where no incidents had occurred requiring the implementation of the duty of candour procedure, a report is still required (recommendation b).

- No requirements.

### **Recommendation a**

- The service should develop the way it engages with its patients and uses this information to implement improvements in the service.

### **Recommendation b**

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



## Service delivery

This section is where we report on how safe the service is.

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

### Our findings

#### Quality indicator 5.1 - Safe delivery of care

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**A range of up-to-date policies and procedures made sure care was delivered safely. This included good systems in place for the safe and secure handling of medicines, and infection prevention and control. A regular programme of audits should be introduced.**

An infection prevention and control policy was in place and we saw good compliance with infection prevention and control procedures. Personal protective equipment such as disposable gloves and masks, and medical devices such as needles and syringes, were single use to prevent the risk of cross-infection. A contract was in place for the safe disposal of sharps, medicines and other clinical waste.

The service had a safe system for prescribing, storing and administering medicines. Medicines were stored securely in a locked medical refrigerator and the practitioner regularly checked them to make sure they remained in date. A system was in place to monitor the temperature of the fridge to make sure that medicines were stored at the correct temperature. A first aid kit and emergency medication was available and the practitioner had been trained to deliver basic adult life support in the event of a medical emergency.

While the service had not had any incidents or accidents since registration, systems were in place to record any that may occur. The practitioner was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, and relevant incidents under health and safety legislation.

A range of policies and procedures were in place to help the service deliver care safely. The service had implemented a review programme to make sure its policies and procedures remained up to date.

### What needs to improve

We noted a medicine management audit had taken place in November 2022. A patient care record audit had recently been developed, but was still to be implemented. A more comprehensive programme of regular audits would help the service to review the safe delivery and quality of care provided. This should include auditing the safety and maintenance of the care environment. An audit programme would help structure the service's audit process, record findings and improvements made (recommendation c).

- No requirements.

### Recommendation c

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

## Our findings

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

**Comprehensive patient assessments were completed and clearly documented before any treatment was provided. Consent should be recorded for sharing photographs and information with patients' GPs and other healthcare professionals in an emergency.**

The five patient care records we reviewed showed that comprehensive consultations and assessments had been carried out before treatment started. Patient care records contained information about patients' medical history, including details of any health conditions, allergies, medications and previous treatments to help plan care and treatment according to individual need. Consent to treatment forms were completed for all new and returning patients. For aesthetic procedures, treatment plans included facial mapping with a description of the treatment and diagram of the areas treated, including batch numbers and expiry dates of the medicines used. This would allow tracking if any issues arose with the medications used. All entries in the patient care records were signed and dated by the practitioner.

We were told that, following treatment, all patients received verbal aftercare advice and an aftercare leaflet to take away with them. Patients were invited to attend a free follow-up appointment. This allowed the service to ensure patients were happy with the results and provide any additional treatment or advice.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). The service maintained the confidentiality of patients' information by storing paper records in a locked filing cabinet.

All patients who responded to our survey said they felt involved in decisions about their care and treatment, and were given sufficient time to reflect on treatment options before they gave consent to any treatment. Comments included:

- 'After consultation I was told to contact in my own time when I had made a decision.'
- 'Practitioner listened to my goals for treatment and together we discussed how I could achieve the best result.'

### **What needs to improve**

Consent for sharing photographs and relevant information with the patient's GP and other healthcare professionals in an emergency, if required, was not recorded in the patient care records reviewed (recommendation d).

The provision of aftercare was not documented in patient care records. This would allow more detailed recording of patient care (recommendation e).

- No requirements.

### **Recommendation d**

- The service should record patient consent for sharing photographs and relevant information with their GP and other healthcare professionals in an emergency, if required.

### **Recommendation e**

- The service should document what aftercare has been provided in the patient care record.

## 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 current best practice through training and development. A quality improvement plan should be developed to help evaluate and measure the quality, safety and effectiveness of the service provided.**

The practitioner maintained their professional registration with the Nursing and Midwifery Council (NMC) through its regular and routine revalidation process. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC, every 3 years. They also kept up to date with their own professional development through self-learning and also attended regular training days provided by pharmaceutical companies.

We saw training records and certificates for several training courses the practitioner had recently attended, in various industry relevant subjects. For example, they had recently trained in facial cannula (blunt needle) training for dermal filler. The practitioner had remained in contact with the course tutors and also engaged with an aesthetics mentor for continued peer support and supervision.

The service is a member of the Aesthetic Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions.

The practitioner told us they were looking at ways to improve how the service was delivered. This included introducing an electronic patient care record system which would allow the service to access patient information more efficiently so that they could spend more time with patients.

### **What needs to improve**

Although the service had assurance systems such as audits and reviewing patient feedback, there was no overarching quality assurance system or improvement plan. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation f).

- No requirements.

### **Recommendation f**

- The service should develop and implement a quality improvement plan.

## Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
<b>a</b>	The service should develop the way it engages with its patients and uses this information to implement improvements in the service (see page 8).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
<b>b</b>	The service should produce and publish an annual duty of candour report (see page 8).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
<b>c</b>	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (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 4.19</p>
<b>d</b>	<p>The service should record patient consent for sharing photographs and relevant information with their GP and other healthcare professionals in an emergency, if required (see page 11).</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>
<b>e</b>	<p>The service should document what aftercare has been provided in the patient care record (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
<b>f</b>	<p>The service should develop and implement a quality improvement plan (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

## Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

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

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

### Before inspections

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

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



Before

### During inspections

We use inspection tools to help us assess the service.

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

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



During

### After inspections

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

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

We check progress against the improvement action plan.



After

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

[www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)



## Complaints

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

Our contact details are:

**Healthcare Improvement Scotland**

Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

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