

# Announced Inspection Report: Independent Healthcare

**Service:** Westpark Aesthetics, Inverness

**Service Provider:** Julia Hastings

13 June 2023

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

© Healthcare Improvement Scotland 2023

First published August 2023

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

**[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)**

## Contents

<b>1</b>	<b>A summary of our inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>What we found during our inspection</b>	<b>7</b>
<hr/>		
	<b>Appendix 1 – Requirements and recommendations</b>	<b>16</b>
	<b>Appendix 2 – About our inspections</b>	<b>20</b>
<hr/>		

## 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 Westpark Aesthetics on Tuesday 13 June 2023. We spoke with the service owner (practitioner). 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 Westpark 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	Patient information was provided as part of the consultation and consent process. Patients could give feedback in a number of ways. The service should show how it analyses this feedback to help improve.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The environment and equipment were clean and well maintained. A range of policies helped the service deliver care safely to patients. Regular audits were carried out to help improve the quality of care provided. The service should maintain a register of incidents and accidents.	✓ 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 formal 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 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 were fully assessed and a consent process was in place before any treatment took place. The consent process should include sharing with patients' GPs and other healthcare professionals.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	No staff were employed in the service. An independent nurse prescriber worked alongside the practitioner. The service must follow its own practicing privileges policy. Staff files must be kept for all staff 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](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 Julia Hastings to take after our inspection**

This inspection resulted in four requirements and nine recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

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

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

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

We would like to thank all staff at Westpark 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

---

**Patient information was provided as part of the consultation and consent process. Patients could give feedback in a number of ways. The service should show how it analyses this feedback to help improve.**

Consultations could be booked online or over the telephone. All consultations were face-to-face. Treatments and consultations were held in a treatment room with a lockable door and a screened window to help maintain patient privacy and dignity.

Patient treatments were carried out approximately 1 week after the consultation, which meant patients had a cooling-off period. Patients were given leaflets for each treatment which described the treatments and risks associated with them. Written and verbal aftercare information was given to patients during consultations and after treatments, as well as a 24-hour telephone number for the practitioner.

The service's participation policy set out how it would involve patients in their treatment and include them in all decisions regarding their treatment. We were told patients could provide feedback on social media and through the service's website. We were told patients could also complete feedback questionnaires after treatments, which were available in paper format and online. We saw examples of improvements made after feedback had been received, such as introducing online appointment booking for patients.

A duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong) was in place. We saw that a recent yearly report had been completed. The service had experienced no incidents that required it to follow the duty of candour process.

Patients who completed our online survey agreed they had been treated with dignity and respect. Patients also stated they had been given adequate information about treatments, risks and benefits, costs and aftercare. Comments included:

- ‘Treated professionally and respectfully. Always put at ease and reassured I was in good hands and was safe.’
- ‘Any questions I had were professionally answered and was listened to as a client.’
- ‘Always listened to and advised with great care.’

The service’s complaints policy was available to patients on request. The service had not received any complaints since it was registered with Healthcare Improvement Scotland in April 2021.

### **What needs to improve**

While the service had a complaints policy in place, it did not state that patients could contact Healthcare Improvement Scotland with their complaint at any stage of the provider’s complaints process (requirement 1).

Information about how to make a complaint, such as the complaints policy, was not readily accessible to patients. For example, it was not available on the service’s website (recommendation a).

While we saw patient feedback was received, we saw no evidence of how the service analysed it (recommendation b).

### **Requirement 1 – Timescale: by 8 November 2023**

- The provider must amend its complaints procedure to include the full contact details of Healthcare Improvement Scotland and make clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process.

### **Recommendation a**

- The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment.

### **Recommendation b**

- The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service.



## 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

---

**The environment and equipment were clean and well maintained. A range of policies helped the service deliver care safely to patients. Regular audits were carried out to help improve the quality of care provided. The service should maintain a register of incidents and accidents.**

The environment and clinical areas were clean and well maintained. All equipment was in a good state of repair. Single-use equipment was used for clinical procedures to prevent the risk of cross-infection. We saw a good supply of personal protective equipment available, such as face masks, disposable gloves and aprons. This was stored safely and located close to the point of care.

We saw the service had a suitable waste disposal arrangement in place ensuring the safe disposal of waste materials, including sharps.

The service had a fire policy in place and carried out regular fire safety checks.

A safe system was in place for the procurement, prescribing and storage of medicines. The practitioner was registered with the Nursing and Midwifery Council (NMC) and carried out all treatments. The practitioner used a prescriber working under practicing privileges to prescribe prescription-only medicines, such as anti-wrinkle injections. The prescriber was present during consultations and treatments where prescriptions were needed, in line with current legislation. Medicines we looked at were in-date and stored securely in a locked refrigerator or a locked cupboard.

We saw that the service had a programme of regular audits, such as those for medicine, cleaning and patient care records. The service had also recently

introduced a process for documenting risk assessments. We saw that the service recorded daily fridge temperatures.

Feedback from patients to our online survey included:

- ‘Facilities always clean and sanitary during all visits.’
- ‘The whole environment was first and foremost immaculately presented, you can tell everything is cleaned extremely well.’

### **What needs to improve**

We saw no evidence of regular portable appliance testing (to make sure electrical appliances and equipment are safe to use) (requirement 2).

While we saw evidence of fire risk assessments, the fire extinguisher had not been serviced in the 12 months before our inspection (recommendation c).

The service had not had any incidents since registration. However, it did not have a process in place to record these (recommendation d).

The service’s health and safety policy was not suitable for a single practitioner service (recommendation e).

### **Requirement 2 – Timescale: immediate**

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

### **Recommendation c**

- The service should ensure that fire extinguishers are subject to a suitable system of maintenance.

### **Recommendation d**

- The service should introduce a system to record and monitor any accidents or incidents in the service.

### **Recommendation e**

- The service should amend its health and safety policy to meet its needs.

## Our findings

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

---

**Patients were fully assessed and a consent process was in place before any treatment took place. The consent process should include sharing with patients' GPs and other healthcare professionals.**

We saw evidence of initial assessments which formed part of the consent documentations. The assessments included:

- allergies
- medical history
- medications, and
- previous treatments.

Patients were given leaflets for each treatment which described the treatments and risks associated with them. The consultations included a visual face plan and explained costs. Follow-up consultations were offered to patients.

The patient records were in paper format and held in a locked filing cabinet. We saw that patients' GP and emergency contact details were recorded on the electronic booking records. We saw examples of the aftercare information given to patients for each treatment.

We were told that patient care record audits were carried out regularly. We looked at five examples of patient care records. These demonstrated the comprehensive initial assessments and details of the treatments given, including prescribing records, batch numbers and expiry dates.

The service is registered with the Information Commissioners Office (an independent authority for data protection and privacy rights) to make sure it handled confidential patient information safely and securely.

### What needs to improve

The consent process did not include consent for sharing information; for example, with other healthcare professionals (recommendation f).

The consent process did not include consent for the use of patients' photographs (recommendation g).

While we saw examples of aftercare available to patients, the aftercare was not routinely documented in the patient care records (recommendation h).

- No requirements.

#### Recommendation f

- The service should record in the patient care record that patients are aware of the arrangements for information sharing with GPs and other medical practitioners if required.

#### Recommendation g

- The service should obtain and record consent to photography in the patient care record.

#### Recommendation h

- The service should ensure that each patient care record documents when aftercare information is given to the patient.

### 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. An independent nurse prescriber worked alongside the practitioner. The service must follow its own practicing privileges policy. Staff files must be kept for all staff working in the service.**

An independent nurse prescriber was granted practicing privileges (staff not employed directly by the provider but given permission to work in the service). The service had a practicing privileges policy. We saw that a signed contract was in place for the prescriber. We were told pre-employment checks were completed before they began work in the service. This included proof of identity, the right to work in the UK, qualifications and Disclosure Scotland checks. We were told the prescriber went through induction training.

### **What needs to improve**

The practitioner did not keep records within the service for staff working under practicing privileges. For example, staff files should demonstrate the prescriber's fitness to work in the UK as a nurse prescriber, as well as their ongoing training and development. They should also include copies of qualifications and training certificates, proof of identity and induction training (requirement 3).

The prescriber had applied to Disclosure Scotland for their own membership of the Protecting Vulnerable Groups (PVG) scheme. This would mean the service would not be informed of any changes to the prescriber's status (requirement 4).

### **Requirement 3 – Timescale: by 8 November 2023**

- The provider must retain full up-to-date records of all staff recruited and employed in the service, including those with practicing privileges. These must contain relevant contracts, up-to-date qualifications, professional registration and training certificates.

### **Requirement 4 – Timescale: by 8 November 2023**

- The provider must arrange for its own check to ensure that a practitioner is a registered PVG scheme member, before granting them practicing privileges.
- No recommendations.

## 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 formal quality improvement plan should be developed to help evaluate and measure the quality, safety and effectiveness of the service provided.**

The practitioner engaged in regular continuing professional development, managed through the Nursing and Midwifery Council (NMC) registration and revalidation process. Revalidation is where nursing staff must meet the requirements of their professional registration through gathering evidence of their competency, training and development for their professional body, the NMC, every 3 years.

We saw evidence of the practitioner's training on the treatments provided and when introducing new treatments. We were told that the prescriber also completed training to improve the service.

The service was a member of the Aesthetic Complications Expert (ACE) group. This group regularly report on any difficulties encountered with cosmetic treatments and the potential solutions. The practitioner had also completed product training from the suppliers of the aesthetics products used in the service.

We saw improvements recently made to the service. For example, monthly meetings between the practitioner and prescriber had recently been made more formal, with written agendas and minutes. We also saw examples of service improvement activities based on feedback received, such as updating the service's website to allow patients to book appointments online.

### **What needs to improve**

The service had recently developed processes for documenting audits and risk assessments, as well as encouraging feedback. However, it did not have a formal quality improvement plan in place. A quality improvement plan would help the service to fully benefit from these sources (recommendation i).

- No requirements.

### **Recommendation i**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

## Appendix 1 – Requirements and recommendations

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

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

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

#### Requirement

- 1** The provider must amend its complaints procedure to include the full contact details of Healthcare Improvement Scotland and make clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process (see page 8).

Timescale – by 8 November 2023

*Regulation 15(6)(a)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendations

- a** The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

- b** The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of 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



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

### Requirement

- 2** The provider must ensure that regular checks are carried out on the service's portable electrical appliances to ensure they are maintained in a safe condition (see page 10).

Timescale – immediate

*Regulation 3(a)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

- c** The service should ensure that fire extinguishers are subject to a suitable system of maintenance (see page 10).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

- d** The service should introduce a system to record and monitor any accidents or incidents in the service (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

- e** The service should amend its health and safety policy to meet its needs (see page 10).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17

- f** The service should record in the patient care record that patients are aware of the arrangements for information sharing with GPs and other medical practitioners if required (see page 12).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

- g** The service should obtain and record consent to photography in the patient care record (see page 12).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

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

### Recommendations

- h** The service should ensure that each patient care record documents when aftercare information is given to the patient (see page 12).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

## Domain 7 – Workforce management and support

### Requirements

- 3** The provider must retain full up-to-date records of all staff recruited and employed in the service, including those with practicing privileges. These must contain relevant contracts, up-to-date qualifications, professional registration and training certificates (see page 13).

Timescale – by 8 November 2023

*Regulation 8*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

- 4** The provider must arrange for its own check to ensure that a practitioner is a registered PVG scheme member, before granting them practicing privileges (see page 13).

Timescale – by 8 November 2023

*Regulation 9(2)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

None

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
i	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

## Appendix 2 – About our inspections

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

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

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

### Before inspections

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

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



Before

### During inspections

We use inspection tools to help us assess the service.

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

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



During

### After inspections

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

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

We check progress against the improvement action plan.



After

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

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

## Complaints

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

Our contact details are:

**Healthcare Improvement Scotland**

Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Telephone:** 0131 623 4300

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

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

#### Healthcare Improvement Scotland

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

0131 623 4300

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0141 225 6999

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)