



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Nouvelle Aesthetics, Livingston

Service Provider: Carrie-Ann Smith

23 August 2023

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1 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 Nouvelle Aesthetics on Wednesday 23 August 2023. We spoke with the owner (practitioner) during the inspection. We received feedback from 12 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Livingston, Nouvelle 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 Nouvelle 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
We were told that the service's vision was to consistently deliver a high standard of care for its patients, by keeping up to date with changes in the aesthetics industry, legislation and best practice guidance. The sole practitioner is a registered nurse and independent prescriber. Although the service reviewed its aims and objectives, the outcome should be recorded.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patients were fully informed about treatment options and involved in all decisions about their care. A clear procedure and policy was in place for managing complaints. A participation policy would help to make sure patient feedback was used to continually improve the service. Effective systems that demonstrate the proactive management of risk must be developed. A regular audit programme and a quality improvement plan should be developed.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
Patients told us they felt safe and confident with the service. Although equipment was clean and in a good state of repair, a more structured approach to recording what cleaning had taken place is needed. Information about patients' GP and next of kin must be documented in patient care records, and sharing information with other healthcare professionals should also be documented.		✓ 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 Carrie-Ann Smith 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 seven recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should record the outcomes of all discussions when reviewing the service's vision, aims and objectives (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 4.7</p>

Implementation and delivery	
Requirement	
1	<p>The provider must develop effective systems that demonstrate the proactive management of risk (see page 14).</p> <p>Timescale – by 26 January 2024</p> <p><i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
b	<p>The service should develop and implement a participation policy to document its approach to gathering and using feedback from patients (see page 12).</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 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 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
d	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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 4.19</p>

Results	
Requirements	
2	<p>The provider must develop cleaning schedules which include details on cleaning products, processes and records of completion of cleaning (see page 17).</p> <p>Timescale – by 17 November 2023</p> <p><i>Regulation 3(d)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Results (continued)	
Requirements	
3	<p>The provider must ensure patients' GP and next of kin contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 17).</p> <p>Timescale – by 26 January 2024</p> <p><i>Regulation 4(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
e	<p>The service should record patients' consent to share information with GPs and other relevant healthcare professionals in patient care records (see page 17).</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>
f	<p>The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance (see page 17).</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>
g	<p>The service should ensure it has fully documented all discussions with the patient in the patient care record when using a medicine outside of the manufacturer's guidelines (off licence) (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

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

www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Carrie-Ann Smith, the provider, must address the requirements and make the necessary improvements as a matter of priority.

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

2 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

We were told that the service's vision was to consistently deliver a high standard of care for its patients, by keeping up to date with changes in the aesthetics industry, legislation and best practice guidance. The sole practitioner is a registered nurse and independent prescriber. Although the service reviewed its aims and objectives, the outcome should be recorded.

Clear vision and purpose

We noted that the service's aim was detailed on the service's website. We were told that the service's vision was to consistently deliver a high standard of care to its patients. The practitioner would achieve this through face-to-face consultations, listening to patients and reflecting on their practice.

An experienced nurse practitioner and independent prescriber, registered with the Nursing and Midwifery Council (NMC), owned and ran the service. They attended aesthetic conferences and training seminars, and was a member of aesthetic forums and aesthetic practitioner forums on social media. The service had also formed a partnership with another aesthetic practitioner for peer support and to discuss treatments, procedures or complications. This helped the service keep up to date with changes in the aesthetics industry, legislation and best practice guidance.

Key performance indicators helped to define and measure progress towards the service's goals. The service measured progress towards its goals by discussing and comparing itself with peer clinics and reflecting on treatments provided. This included issuing and then reviewing a treatment-specific survey for patients.

What needs to improve

We were told that the service reviewed its vision statement, along with its aims and objectives, through discussions with peer clinics and patients. However, the outcome of these discussions was not recorded (recommendation a).

- No requirements.

Recommendation a

- The service should record the outcomes of all discussions when reviewing the service's vision, aims and objectives.

Key Focus Area: Implementation and delivery

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

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. A clear procedure and policy was in place for managing complaints. A participation policy would help to make sure patient feedback was used to continually improve the service. Effective systems that demonstrate the proactive management of risk must be developed. A regular audit programme and a quality improvement plan should be developed.

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

Feedback was gathered by the service from patients using a paper-based feedback form, through verbal feedback or from reviews posted online or on the service's social media pages.

Patient information leaflets were given to patients after each treatment. The service's website also had information on treatments, costs and information on the service.

What needs to improve

While the various methods used to gather feedback were useful, 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. We discussed with the service the importance of having a structured approach to patient feedback. This should include:

- developing and implementing a participation policy
- recording and analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation b).

■ No requirements.

Recommendation b

- The service should develop and implement a participation policy to document its approach to gathering and using feedback from patients.

Quality improvement

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

A range of written policies and procedures were available to ensure the safe delivery of care for patients. These were reviewed and regularly updated by the practitioner. These included:

- safeguarding (public protection)
- complaints
- duty of candour
- emergency arrangements policy, and
- medication management.

Treatments were provided to patients in their own homes. An infection prevention and control policy was in place, and the service had a good awareness of infection prevention and control practices, including hand hygiene and how to manage clinical waste when visiting patients' homes. The correct cleaning products were used to clean equipment and a blood spillage kit was in place.

We saw a safe system for the procurement and prescribing of medicines. All medicines were stored securely in a locked cupboard or a drug refrigerator. The temperature of the refrigerator was monitored and recorded to make sure medicines were stored at the correct temperature. Medicines were transported securely to the patient's home in an insulated bag, with a built-in thermometer, to maintain the temperature of the medicine.

Arrangements were in place to deal with medical emergencies. This included up-to-date training, first aid supplies and medicines available that could be used in an emergency, such as adrenaline.

An incident and accident book was available to record all accidents and/or incidents. The service was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had had no events or incidents that should have been notified to Healthcare Improvement Scotland.

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. The service's website signposted patients to the procedure on how to make a complaint. No formal complaints had been received since the service was registered with Healthcare Improvement Scotland in September 2021.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. The service had a duty of candour policy, and had published a duty of candour report on its website.

Patient care records were stored in a lockable box to help maintain patient confidentiality. A consultation and assessment was carried out to assess patients' suitability for treatment. As a mobile practitioner, all consultations were by appointment only in the patient's own home, and a high number of patients were returning customers. The initial consultation included a discussion about the patient's desired outcomes, the benefits and risks of treatment, information about aftercare and treatment costs. This allowed patients to make an informed decision about their care and treatment.

All patients who responded to our online survey commented positively about the consultation, care and treatment they had received from the service:

- '... talked me through the entire treatment beginning to end. She made me feel really comfortable and confident that I was getting the best treatment.'
- '... was professional and caring throughout the whole process. She was thorough with all the information given to me and I could understand all the information.'

The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed through the NMC registration and revalidation process, and yearly appraisals. 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.

- No requirements.
- No recommendations.

Planning for quality

We saw evidence that the practitioner regularly reflected on and evaluated their practice, as part of an ongoing review of the quality of care of the service. This was documented on an improvement log.

In the event that the service was unable to operate, we were told that patients would be referred to another service.

What needs to improve

There was no evidence of a proactive risk assessment and management process, such as a risk register and risk assessments. This would help to make sure care and treatment was delivered safely by identifying and reducing any risks to patients (requirement 1).

We found no evidence of audits taking place to review the safe delivery and quality of the service. An audit programme would help the service demonstrate how it identified and implemented improvements (recommendation c).

A formal quality improvement plan would help the service to structure and record its improvement processes. This could include outcomes identified from audits, complaints, accidents and incidents, patient feedback, and education and training events (recommendation d).

Requirement 1 – Timescale: by 26 January 2024

- The provider must develop effective systems that demonstrate the proactive management of risk.

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.

Recommendation d

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

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

Patients told us they felt safe and confident with the service. Although equipment was clean and in a good state of repair, a more structured approach to recording what cleaning had taken place is needed. Information about patients' GP and next of kin must be documented in patient care records, and sharing information with other healthcare professionals should also be documented.

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 limited self-evaluation.

All patient equipment was clean and fit for purpose. All equipment used for procedures was single use to prevent the risk of cross-infection.

All four paper patient care records we reviewed showed that consultation and assessments had been carried out before treatment started. Patient care records were up to date and legible and included:

- comprehensive practitioner notes
- consultation and detailed assessment
- medical history, including details of any health conditions, allergies, medication and previous treatments, and
- treatment plans.

All patients who responded to our online survey were very positive about the care they received from the service:

- ‘... talked me through the treatments and explained what she was capable of doing, as she was registered with relevant bodies, I felt she was more than skilled enough to perform the treatment.’
- ‘... let me know what she was doing throughout. She was very reassuring.’
- ‘[...] and me talked about what shape and look I wanted to achieve. She showed me the progress throughout my filler treatment and consistently asked me if I was happy with them.’
- ‘... offered me different options and went into depth about each treatment and we both agreed on a plan that would be suitable for me.’

What needs to improve

Although we saw that the correct cleaning products were being used to clean equipment, there was no cleaning schedule to document when and how cleaning took place. This should include details on cleaning products used, frequency, processes and a record of completion of cleaning (requirement 2).

Contact details for the patient’s next of kin and GP were not documented in the patient care records we reviewed (requirement 3).

In certain circumstances, a service may need to inform a patient’s GP about something relevant to their treatment, such as an adverse reaction to a medicine or a complication. In order to share information, the service needs the patient’s consent. The patient care records we reviewed had no record of patient consent to share their medical information with their GP (recommendation e).

We saw the service kept solutions of prepared botulinum toxins and we were told this was for more than 24 hours. This is when a liquid solution is used to turn a dry substance into a fluid for injection. This meant the service was not preparing reconstituted botulinum toxin vials in line with best practice or the manufacturer’s guidance (recommendation f).

Although patient care records were detailed, discussions about medicines used outside of the manufacturer’s recommended guidelines (off licence) as part of a treatment were not documented as part of the consultation process (recommendation g).

Requirement 2 – Timescale: by 17 November 2023

- The provider must develop cleaning schedules which include details on cleaning products, processes and records of completion of cleaning.

Requirement 3 – Timescale: by 26 January 2024

- The provider must ensure patients' GP and next of kin contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented.

Recommendation e

- The service should record patients' consent to share information with GPs and other relevant healthcare professionals in patient care records.

Recommendation f

- The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance.

Recommendation g

- The service should ensure it has fully documented all discussions with the patient in the patient care record when using a medicine outside of the manufacturer's guidelines (off licence).

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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