



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Ardcroft Medical Clinic, Bothwell

Service Provider: Ardcroft Medical Clinic Ltd

12 December 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 Ardcroft Medical Clinic on Tuesday 12 December 2023. This service was previously known as Viso Aesthetics. We spoke with the service manager. We received feedback from 13 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 Bothwell, Ardcroft Medical Clinic 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 Ardcroft Medical Clinic, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service's purpose was to provide safe care from a qualified and experienced practitioner. Patients were included in every aspect of their care. The service should regularly assess how it is achieving its purpose and meeting its objectives.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
A participation policy was in place and encouraged feedback from patients, using this to improve the service. The practitioner worked with peer groups to keep up to date with best practice. A range of policies, audits and risk assessments helped to make sure the service was safe. An improvement plan and a structured system for using patient feedback to inform the improvement plan should be developed. Complaints information on the service's website should be updated with the correct contact details for Healthcare Improvement Scotland.	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The treatment environment was clean and well maintained. Effective processes were in place to make sure the service continued to be clean and well maintained. Patients were positive and complimentary about the service. A risk assessment must be developed for the ventilation system, until this can be upgraded to comply with current standards. The service should document GP and emergency contact details in patient care records where consent to do so is given.	✓ 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 Ardcroft Medical Clinic Ltd to take after our inspection

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in three requirements and eight recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop and implement a process for reviewing its vision, purpose, aims and objectives and assessing their effectiveness (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 ensure when unlicensed medicines are used, good medicines governance arrangements must be in place, including documented rationale and informed patient consent (see page 15).</p> <p>Timescale – by 1 March 2024</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)

Recommendations

- b** The service should implement a structured approach to gathering and analysing patient feedback to help continually improve the service (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

- c** The service should develop a process of keeping patients informed of the impact their feedback has on the service (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

- d** The service should ensure that the complaints information for patients is accessible on its website and that contact details are accurate (see page 15).

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

- e** The service should develop a quality improvement plan that demonstrates and directs the way it measures improvement (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

- f** The service should further 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 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

- g** The service should further develop its patient care records audit process to make it clearer what records are being audited, and what actions are taken to address any findings (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results	
Requirements	
2	<p>The provider must carry out a risk assessment on its ventilation system in the treatment room to mitigate against any risk associated with using a non-compliant system until this can be upgraded to conform with national guidance for specialised ventilation for healthcare premises (see page 18).</p> <p>Timescale – by 1 March 2024</p> <p><i>Regulation 10(2)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
3	<p>The provider must ensure patients’ next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented (see page 19).</p> <p>Timescale – by 1 March 2024</p> <p><i>Regulation 4(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
h	<p>The service should ensure that the patient’s emergency and GP contact details are routinely recorded in patient care records, along with the patient’s consent to share relevant information with their GP, where relevant (see page 19).</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>

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

Ardcroft Medical Clinic Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Ardcroft Medical Clinic 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

The service's purpose was to provide safe care from a qualified and experienced practitioner. Patients were included in every aspect of their care. The service should regularly assess how it is achieving its purpose and meeting its objectives.

Clear vision and purpose

The service manager was a sole practitioner, registered nurse with the Nursing and Midwifery Council (NMC). The service offered non-surgical aesthetic treatments its vision was to be able to expand the range of treatments as the practitioner gained more experience through training and practice.

The service's aims and objectives were:

- To focus on patient safety when providing treatments.
- To seek feedback from patient that confirms satisfaction and positive outcomes.
- To continue to develop its knowledge base.
- To offer practicing privileges (staff not employed directly by the provider but given permission to work in the service) to suitable qualified professionals in the future to help expand the service.

We were told the service measured its performance against certain indicators, such as:

- audit outcomes
- its improvement plan development,
- patient satisfaction.

What needs to improve

The service did not have a formal means of assessing its purpose, vision, aims and objectives to help make sure it was effectively meeting its patients' needs (recommendation a).

- No requirements.

Recommendation a

- The service should develop and implement a process for reviewing its vision, purpose, aims and objectives and assessing their effectiveness.

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

A participation policy was in place and encouraged feedback from patients, using this to improve the service. The practitioner worked with peer groups to keep up to date with best practice. A range of policies, audits and risk assessments helped to make sure the service was safe. An improvement plan and a structured system for using patient feedback to inform the improvement plan should be developed. Complaints information on the service's website should be updated with the correct contact details for Healthcare Improvement Scotland.

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

The service's participation policy detailed how it would seek feedback from patients. Patients had the option to provide feedback through social media, text messages or directly on the service's website.

We saw that improvements had been made based on patient feedback. For example, the service manager changed the skin cleanser used in the service as some patients found the previous cleanser slightly irritating.

What needs to improve

The service did not have a structured process for collecting and using patient feedback to better contribute to service improvement (recommendation b).

While the service encouraged feedback from patients to help improve the service, it did not have a process sharing these improvements to patients (recommendation c).

- No requirements.

Recommendation b

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

Recommendation c

- The service should develop a process of keeping patients informed of the impact their feedback has on the service.

Quality improvement

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

The practitioner was proactive in developing and implementing policies and procedures to make sure patients' experience was safe. This included policies and procedures for:

- emergencies
- infection control
- health and safety
- medicines management, and
- safeguarding (public protection).

We saw that policies had recently been updated.

We saw that facilities maintenance, such as electrical appliance servicing were routinely carried out.

The service had recently renewed its waste management contract and it included appropriate disposal of all waste, including Botulinum toxin.

A medicines management policy described how medicines were ordered, supplied, stored and disposed of. The service ordered medicines as needed and held only a small amount in stock. We saw the fridge temperature was monitored to make sure any medicines would be stored at the correct temperature. The service manager was registered as an independent/supplementary prescriber with the NMC.

An emergency policy was in place and the service had an emergency drug supply and first aid kit. All medicines supplied, used and disposed of were logged. Emergency drugs that we saw were all in-date.

The service had a process in place for recording any adverse events, incidents and accidents. The service was aware that certain incidents and events must be notified to Healthcare Improvement Scotland. During the inspection, we saw that no incidents which required reporting to Healthcare Improvement Scotland

had occurred since the service was registered with Healthcare Improvement Scotland in December 2021.

The service also had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service's most recent duty of candour report was published on the service's website. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

The service had a complaints policy displayed which made it clear to patients they could complain to Healthcare Improvement Scotland at any time during the complaints process. The complaints policy was also published on the service's website. No complaints had been received since the service had been registered in December 2021.

Patients could book appointments through the service's website, social media or over the telephone.

Consultations were always carried out face-to-face. Patients were offered follow-up appointments for treatment, allowing the option of a cooling-off period.

Patient care records were a mixture of paper and electronic and we were told all would be moving to electronic in the future. This will mean that the whole patient journey from booking to aftercare and follow-up would be kept in one place. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to help make sure all patient information was held and managed securely.

All patients were given a 24-hour emergency contact number in the event of complications.

The service was a member of peer groups, such as the Complications in Medical Aesthetics Collaborative (CMAC) Group. This group helped the service to keep up to date with changes in legislation, best practice guidance and offered advice on aesthetics treatments, including the management of complications. The service manager also kept up to date with their own practice through continued training. For example, the service manager had recently attended a Scottish Aesthetics conference and completed online courses on new products.

What needs to improve

We saw the service used bacteriostatic saline to reconstitute the vials of botulinum, this is when a liquid solution is used to turn a dry substance into a specific concentration of solution. The bacteriostatic saline used is an

unlicensed product and the use of this instead of normal saline for reconstitution means that the Botulinum toxin is being used out with its Summary of Product Characteristics and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. However, there was no evidence within the patient care record that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients nor that informed consent had been sought before treatment administered (requirement 1).

The service had published its complaints process on the website. However, the contact details to email Healthcare Improvement Scotland were incorrect (recommendation d).

Requirement 1 – Timescale: by 1 March 2024

- The provider must ensure when unlicensed medicines are used, good medicines governance arrangements must be in place, including documented rationale and informed patient consent.

Recommendation d

- The service should ensure that the complaints information for patients is accessible on its website and that contact details are accurate.

Planning for quality

The service had implemented a quality management plan that included the details of audits and risk management. The service had a comprehensive and documented programme of audits and risk assessment. We could see a variety of audits had been carried out. These included audits for:

- cleaning
- medicines
- patient care records.

The service also had a risk register detailing risk identified and how risks were managed, such as risks for:

- cytotoxic waste
- infection prevention and control, and
- needlestick injuries.

We saw evidence of improvements made to the service following audits. For example, the service planned to use software to store patient care records securely and install a television in the waiting area. The television would display information about the service and general public health information, such as advice on flu vaccines.

What needs to improve

The service did not formally record improvements made or planned. This meant that we did not see any recorded evidence of the outcome of improvements made and their impact on the service and benefits to its patients. Recording improvement activities would allow the service to clearly demonstrate a culture of continuous quality improvement (recommendation e).

While the service carried out audits, its audit plan should be expanded to detail what will be audited, when and how often. The plan should specify who will be responsible for addressing non-compliances and timelines for any actions arising. The service should also demonstrate how audit findings contribute to its improvement activities (recommendation f).

The service's audit of patient care records did not show any reference to what records had been audited and did not detail actions needed to resolve any discrepancies (recommendation g).

- No requirements.

Recommendation e

- The service should develop a quality improvement plan that demonstrates and directs the way it measures improvement.

Recommendation f

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

Recommendation g

- The service should further develop its patient care records audit process to make it clearer what records are being audited, and what actions are taken to address any findings.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The treatment environment was clean and well maintained. Effective processes were in place to make sure the service continued to be clean and well maintained. Patients were positive and complimentary about the service. A risk assessment must be developed for the ventilation system, until this can be upgraded to comply with current standards. The service should document GP and emergency contact details in patient care records where consent to do so is given.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

The environment and equipment was clean and well maintained. We saw that the service had implemented a cleaning schedule and was using appropriate cleaning equipment and products in line with national standards. Personal protective equipment, such as gloves, aprons and face masks were available and close to the point of care.

The treatment room and wider premises were private and secure, with a lockable door to the treatment room and screened windows in the premises. This helped to maintain patient privacy and dignity.

We reviewed five patient care records covering different treatments. The patient care records were comprehensive and documented patients’:

- assessments
- consents
- medical histories, and
- treatments agreed and provided.

Patient care records included details of medicines used, such as expiry dates and batch numbers. From the patient care records we reviewed, we saw that the medicines administered were all in-date

Patients who had responded to our survey were positive about their experience with the service. Comments included:

- ‘The clinic is immaculate.’
- ‘Extremely professional and organised.’
- ‘No hesitation in returning to this clinic and recommending it.’

What needs to improve

The ventilation system in the treatment room was installed before current legislation for healthcare premises and did not meet current standards. A risk assessment is required to make sure appropriate actions were taken for the current ventilation, such as ensuring it was adequately cleaned, until it can be upgraded (requirement 2).

Patient care records did not routinely include details of patient’s next of kin or emergency contacts (requirement 3).

Details of emergency contacts and patients’ GPs were not routinely recorded in patient care records we reviewed. Patient care records also did not document evidence of patients’ consent to share information with GPs (recommendation h).

Requirement 2 – Timescale: by 1 March 2024

- The provider must carry out a risk assessment on its ventilation system in the treatment room to mitigate against any risk associated with using a non-compliant system until this can be upgraded to conform with national guidance for specialised ventilation for healthcare premises.

Requirement 3 – Timescale: by 1 March 2024

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

Recommendation h

- The service should ensure that the patient's emergency and GP contact details are routinely recorded in patient care records, along with the patient's consent to share relevant information with their GP, where relevant.

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.ihtcregulation@nhs.scot

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