



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Eden Medical Aesthetics Limited, Lauder

**Service Provider:** Eden Medical Aesthetics Limited

6 December 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 2024

First published March 2024

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>9</b>
<hr/>		
	<b>Appendix 1 – About our inspections</b>	<b>19</b>
<hr/>		

# **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 Eden Medical Aesthetics Limited on Wednesday 6 December 2023. We spoke with the two owners (practitioners) during the inspection. This was our first inspection to this service. We received feedback from eight patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Lauder, Eden Medical Aesthetics Limited 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 Eden Medical Aesthetics Limited, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
<b>Summary findings</b>	<b>Grade awarded</b>
The service had clear and measurable aims and objectives to deliver safe care and promote positive outcomes for patients and displayed these in the clinic. The service is managed by two Nursing and Midwifery Council-registered nurses.	✓✓ Good
<b>Implementation and delivery</b>	<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. The service had a comprehensive participation policy. Appropriate safety assurance processes were in place, including an audit programme and a quality improvement plan. These helped to ensure person-centred care was delivered in line with best practice. Clear procedures for managing complaints were in place. Face-to-face consultations were completed and signed consent to treatment forms were in place for all patients. Risk assessments were fully completed and reviewed regularly.	✓✓ Good
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and well equipped. Patients reported very positively about the treatments they received and told us they felt confident in the practitioners and listened to. Cleaning schedules were in place.	✓✓ Good

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 Assurance Framework can also be found on our website at:

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## What action we expect Eden Medical Aesthetics Limited 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 two requirements and three recommendations.

Direction	
<b>Requirements</b>	
None	
<b>Recommendation</b>	
<b>a</b>	<p>The service should keep a record of all staff meetings and any actions arising from them (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>

Implementation and delivery	
<b>Requirement</b>	
<b>1</b>	<p>The provider must ensure that a responsible healthcare professional is able to prescribe and administer prescription-only medicines as part of a response to complications and/or an emergency situation, if required (see page 14).</p> <p>Timescale – by 19 February 2024</p> <p><i>Regulation 8</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)
<b>Recommendations</b>
None

Results
<b>Requirement</b>
<p><b>2</b> The provider must ensure that all staff with practicing privileges have contracts in place to ensure safe delivery of care with individual responsibility and accountability clearly identified (see page 18).</p> <p>Timescale – by 19 February 2024</p> <p><i>Regulation 8</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<b>Recommendations</b>
<p><b>b</b> The service should ensure Botulinum toxin is used in line with the manufacturer’s and best practice guidance (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my support. Statement 4.11</p>
<p><b>c</b> The service should ensure it has documented fully, all discussions with the patient in the patient care record when using a medicine outside of the manufacturer’s guidelines (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

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

We would like to thank all staff at Eden Medical Aesthetics Limited 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 had clear and measurable aims and objectives to deliver safe care and promote positive outcomes for patients and displayed these in the clinic. The service is managed by two Nursing and Midwifery Council-registered nurses.**

#### *Clear vision and purpose*

The service's vision and purpose for the future was to maintain a personal service with the continued introduction of new and up-to-date treatments, while maintaining a high quality of person-centred care.

The service had clear aims and measurable objectives in place. The aims were displayed in the clinic and stated that it aimed to offer 'A safe, non-judgmental space to seek advice on patient-centred treatment options whilst managing expectations.' Promotion of patient wellbeing through the 'fostering of trusting relationships' was important to the service. We saw that this was supported through planning treatment with each patient, attending aesthetic training courses and benchmarking the service with peer clinics to review and reflect on treatments.

Treatments in the service were appointment-only and a high number of patients were returning customers. We were told the practitioners aimed for a person-centred approach with each patient. This included discussion about individual expectations, requirements and costs. The service measured the following aspects of the patient journey to ensure its objectives were being achieved:

- complaints
- patient satisfaction, and
- return rates.

Patients satisfaction was captured through verbal feedback, follow up calls and online reviews. The service analysed the numbers of returning individuals for repeat procedures and monitored complaints.

The current strategic plan included wider sharing of information through a new service website. One of the practitioners was provisionally enrolled in the independent nurse prescribers' course in 2024, with the second practitioner also planning to enrol in 2024 to improve service delivery and in line with service demand.

- No requirements.
- No recommendations.

### ***Leadership and culture***

The service was owned and managed by two practitioners, both registered nurses with the Nursing and Midwifery Council (NMC). The service also included an independent, registered nurse prescriber with practicing privileges (staff not employed directly by the provider but given permission to work in the service). The nurse prescriber worked alongside the practitioners when required for consultations and prescription-only medicines, such as anti-wrinkle treatments.

The service's approach to governance activities included:

- an audit programme
- carrying out risk assessments
- gathering and evaluating patient feedback
- reporting adverse events, and
- reviewing findings from previous Healthcare Improvement Scotland inspections.

### **What needs to improve**

We were told that staff in the service had regular discussions as a team and kept in touch through social media and electronic messaging. However, the service did not have a formal process in place to record these meetings and actions arising from them (recommendation a).

- No requirements

### **Recommendation a**

- The service should keep a record of all staff meetings and any actions arising from them.

## 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. The service had a comprehensive participation policy. Appropriate safety assurance processes were in place, including an audit programme and a quality improvement plan. These helped to ensure person-centred care was delivered in line with best practice. Clear procedures for managing complaints were in place. Face-to-face consultations were completed and signed consent to treatment forms were in place for all patients. Risk assessments were fully completed and reviewed regularly.**

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

Patients could access information about the treatments and prices through the service's social media pages. Patients could message or email the service with any enquiries.

The service's comprehensive participation policy informed how it would encourage feedback from patients. The policy described how the service would gather and use patient feedback to continually improve. Patient feedback was collected verbally, through social media reviews and a service questionnaire. Patients were asked for feedback on their recent treatment. When the service received feedback from this system, it was reviewed and used to inform the service's improvement plan. We found all feedback on social media was positive. Changes had been made after feedback. For example, a treatment process and policy had been reviewed and changed. This had been shared with patients on the service's social media and in the clinic.

We saw further examples of improvement made as a result of patient feedback. For example, the provision of music or relaxing sounds that could be played during treatments, according to the individual preferences of each patient. This had been introduced after patients had asked about it. The service had evaluated this improvement and patients reported that they felt it made a positive difference to their experience. The implementation of the service's website was also part of the improvement plan after a review of existing information platforms and other services' webpages.

We were told that a website was in development and that it was looking at other service websites to compare content and ease of navigation. From the service's improvement plan, we saw it planned to include feedback and information on the service's policies and vision on the website.

- No requirements.
- No recommendations.

### ***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 service was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland. A clear system was in place to record and manage accidents and incidents.

A range of policies and procedures was in place to help make sure that patients and staff had a safe experience in the service, including those for:

- adult safeguarding (public protection)
- dealing with emergencies
- infection prevention and control
- information management, and
- medication management.

Effective measures were in place to reduce the risk of infection. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. All equipment used, including personal protective equipment (such as disposable aprons and gloves), was single-use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A contract was in place for the disposal of sharps and other clinical waste.

A fire risk assessment was carried out every year. Fire safety signage was displayed and fire safety equipment was in place and checked. A safety certificate was in place for the fixed electrical wiring. Portable appliance testing on electrical equipment had been completed.

Arrangements were in place to deal with medical and aesthetic emergencies, including an emergency drugs supply. All medicines were obtained from appropriately registered suppliers. Emergency medicines were stored correctly and were in-date, with checks carried out on expiry dates. The practitioners were trained in basic life support and attended training yearly. The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details.

The complaints procedure was displayed in the clinic. At the time of our inspection, the service had not received any complaints in the last year. The service 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 available in the clinic. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

Patients booked their appointments using the service's online booking system. Patients were sent a health questionnaire and treatment-specific information. We were told patient consultations for treatment were always carried out face-to-face with their practitioner and the prescriber. A comprehensive assessment was carried out, which included discussions about the patient's past medical history. The risks, benefits and possible side effects of treatments were also discussed and documented in patient care records we reviewed.

Patients were offered follow-up appointments for treatment. On the day of treatment, patients reviewed a consent to treatment form which the patient and practitioner signed.

Post-treatment aftercare instructions were provided for patients at the consultation stage and after treatment. We saw that patients were emailed aftercare leaflets, which included out-of-hours contact numbers for staff in case of any complications.

Patient information was stored securely on a password-protected device. This helped to protect confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that the service followed the appropriate data protection regulations.

The service had recruitment and a practicing privileges policy in place. We saw current evidence of indemnity and professional registration checks for the nurse with practicing privileges. We saw that the practitioners completed ongoing training as part of their NMC registration. We saw evidence that they kept up to

date with their own practice and with best practice in aesthetics through continued training on procedures. We were told they participated in peer reflection with other aesthetic practitioners.

### **What needs to improve**

Patients who are treated with dermal fillers are at risk of adverse effects, such as vascular occlusions (blockage of a blood vessel) and may require prescription-only medication in this emergency situation. Dermal filler treatments should not be provided unless a prescriber is present to prescribe the emergency medication, if required. However, the prescriber was not always present during administration of dermal fillers (requirement 1).

### **Requirement 1 – Timescale: by 19 February 2024**

- The provider must ensure that a responsible healthcare professional is able to prescribe and administer prescription-only medicines as part of a response to complications and/or an emergency situation, if required.
  
- No recommendations.

### ***Planning for quality***

Appropriate risk assessments were in place to effectively manage risk in the service. These included those for:

- fire risk
- lone working, and
- slips, trips and falls.

This helped to make sure that care and treatment was delivered in a safe environment by identifying and taking action to reduce any risks to patients and staff. We were told of one example where a staff member had fallen outside the main door during adverse weather. A risk assessment was carried out after the accident and further measures put in place to reduce the chance of it happening again. The action taken had been evaluated through feedback from staff and no further falls had occurred.

A business contingency plan was in place in the event that the service was unable to operate for any reason.

The service had a comprehensive improvement plan in place which was regularly reviewed.

- No requirements.
- No recommendations.

## 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 environment was clean and well equipped. Patients reported very positively about the treatments they received and told us they felt confident in the practitioners and listened to. Cleaning schedules were in place. The service had recorded no accidents, significant or serious incidents.**

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 comprehensive self-evaluation.

We saw that the clinic was clean and the environment was of a high standard and well maintained. Cleaning schedules were in place and up to date, we saw the service used chlorine-releasing agents to clean all sanitary fixtures and fittings. Single-use equipment was used where appropriate and any reusable equipment was appropriately decontaminated. A medication fridge was in place, which was clean and in working order. The service had a temperature-recording logbook, where fridge temperature was recorded every time a treatment was carried out. This was fully completed and up to date. We saw the schedules and checklists were regularly audited for compliance. People who used the service told us the environment was:

- 'Relaxed yet immaculate.'
- 'Well organised.'
- 'Professional.'

The service had a comprehensive practicing privileges policy in place. We saw all the appropriate pre-employment checks had been completed for the staff working under practicing privileges including Disclosure Scotland background

checks, evidence of training and professional registration status and maintained annually.

Patients who responded to our online survey told us they were very happy with the care and treatment they received from the service. Some comments we received included:

- 'Staff are very friendly and professional.'
- 'Always the best service...would not go anywhere else.'
- 'Knowledgeable and skilled practitioners.'
- 'There is always a detailed discussion beforehand.'
- 'Great team, great service.'

The four patient care records we reviewed showed that patients received a face-to-face consultation about their expectations before treatments were offered. A comprehensive assessment included past medical history, as well as risks, benefits and side effects of treatments. Patient care records were legible, accurate and up to date. The practitioners had signed and dated their entries.

Information included:

- a treatment plan
- aftercare advice and follow-up
- consent to sharing information with GP or other healthcare professional
- next of kin and GP contact details, and
- prescription, dosage, expiry and batch number of medicines.

The service implemented and worked in line with its medicines management policy.

### **What needs to improve**

All staff working under practicing privileges must have a contract or written agreement to demonstrate their responsibilities and accountability in the service help make sure the care delivered is safe (requirement 2).

When using medicines outside of the manufacturer's guidelines (off license), services should document all discussions with the patient and consent gained for its use in the patient care record (recommendation b).

The use of bacteriostatic saline to reconstitute Botulinum toxin was not in line with manufacturers current guidance. When using a medicine off-license,

prescribers should be satisfied that there is suitable evidence to support the safe use of this medicine. Any prescribing decision should be in the best interest of patients (recommendation c).

#### **Requirement 2 – Timescale: by 19 February 2024**

- The provider must ensure that all staff with practicing privileges have contracts in place to ensure safe delivery of care with individual responsibility and accountability clearly identified.

#### **Recommendation b**

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

#### **Recommendation c**

- The service should ensure Botulinum toxin is used in line with the manufacturers and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

## 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](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:

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](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.ihtregulation@nhs.scot](mailto:his.ihtregulation@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)