



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Wilson Aesthetics, Methil

Service Provider: Deborah Wilson

18 January 2024

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	10
<hr/>		
	Appendix 1 – About our inspections	19
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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 Wilson Aesthetics on Thursday 18 January 2024. We spoke with the service owner (sole practitioner) during the inspection. We received feedback from 19 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 Methil, Wilson Aesthetics is independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Wilson 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
The practitioner is a registered nurse. A practicing privileges policy is in place for the independent nurse prescriber. The service had clear aims and objectives, which were available for patients to view on social media and in the clinic. A process should be implemented to regularly review the service aims and objectives.	✓ 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. Patient feedback was actively sought and used to improve the service. Clear systems and processes were in place to monitor and manage complaints and risk. Maintenance contracts were in place. Medication was in-date and regularly reviewed. A formal process of reviewing patient feedback should be in place. A more structured approach and yearly audit programme should be implemented. A risk register should be developed.	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and well equipped. Patients reported good levels of satisfaction, told us they felt safe in the service and that the service was clean and tidy. The service had recorded no accidents or serious incidents. Appropriate cleaning materials were used to clean all areas in the clinic. Appropriate personal protective equipment was available for use. Information about patients' GP must be documented in patient care records.	✓ 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 Deborah Wilson 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 one requirement and four recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should implement a process for reviewing and measuring its aims and objectives (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
None	
Recommendations	
b	The service should develop a formal process for reviewing patient feedback. This should include informing patients how their feedback has been used to improve the service (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery (continued)

- c** The service should develop a risk register to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- d** 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 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

Requirement

- 1** The provider must ensure patients' GP contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 18).

Timescale – by 13 March 2024

Regulation 4(1)

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

Recommendations

None

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

Deborah Wilson, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Wilson 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

The practitioner is a registered nurse. A practicing privileges policy is in place for the independent nurse prescriber. The service had clear aims and objectives, which were available for patients to view on social media and in the clinic. A process should be implemented to regularly review the service aims and objectives.

Clear vision and purpose

The service aimed to provide 'the most up-to-date holistic care in a professional, caring manner'. It aimed to work 'closely in partnership with patients to deliver the best possible person-centred treatments, focusing on best practice, safety and wellbeing'. This included supporting patients to meet realistic outcomes and expectations.

Information about the service's aims was kept in a folder for patients, along with information about the service's objectives and vision. Patients were encouraged to read this information while attending the service.

The service had short-, medium- and long-term goals, with three main priorities, of:

- 'Further develop the patient feedback process.'
- 'Implement changes and improvements to the service, adding to the current quality improvement plan.'
- 'Review current service as a single-handed practitioner.'

What needs to improve

The service did not have a process in place to review whether it was meeting the aims and objectives identified in its business plan (recommendation a).

- No requirements.

Recommendation a

- The service should implement a process for reviewing and measuring its aims and objectives.

Leadership and culture

The owner (sole practitioner) was an experienced registered nurse. An independent nurse prescriber worked with the service under a practicing privileges agreement (where staff are not employed directly by the provider but given permission to work in the service). We saw that the service worked in line with its practicing privileges policy and had clear processes in place to make sure all checks were carried out on the independent prescriber, including those for:

- relevant qualifications
- Protecting Vulnerable Groups (PVG) checks
- fitness to practice
- ongoing continuous personal and professional development.

The independent prescriber carried out face-to-face consultations with the service's patients before issuing prescriptions for treatments. The owner (practitioner) carried out all treatments in the service.

The owner and independent nurse prescriber met regularly. We saw minutes and agendas for meetings held every 3 months, which identified actions for individuals and set out clear review dates. The meeting minutes also demonstrated discussions about the service's processes and suggestions for improvements were considered. The independent nurse prescriber was scheduled to attend an aesthetics conference with the owner to review new practices and products.

We saw evidence of a signed and dated contract between the owner and the independent nurse prescriber. The contract made it clear that the independent nurse prescriber agreed to work in line with the service's policies and procedures. We also saw that the contract set out a yearly review date for supervision and appraisal sessions.

- No requirements.
- No recommendations.

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. Patient feedback was actively sought and used to improve the service. Clear systems and processes were in place to monitor and manage complaints and risk. Maintenance contracts were in place. Medication was in-date and regularly reviewed. A formal process of reviewing patient feedback should be in place. A more structured approach and yearly audit programme should be implemented. A risk register should be developed.

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

Patients could contact the service in a variety of ways, including telephone calls, email enquiries, text messages and online enquiries through the service's website or social media pages.

While the service did not have a website, it did have a social media page. We were told that new patients had used the service after recommendations from friends and after reading reviews on social media sites. All consultations were appointment-only.

The initial consultation included a discussion about:

- the benefits and risks of treatment
- the patient's desired outcomes, and
- treatment costs.

A participation policy was in place which set out how patient feedback would be collected and how this would be used to improve the service. Feedback from patients about their overall experience of the service was gathered in several ways. For example, a comments book was available in the waiting area. Patients could also provide verbal feedback directly to the practitioner or could post online reviews, including on the service's social media pages. We were told new skin treatments had been introduced after patient feedback.

A variety of aftercare leaflets were available and shared with patients after treatment. This made sure patients knew who to contact if they had any questions or queries about the treatment they had received. This allowed patients to make an informed decision about their care and treatment.

What needs to improve

While the service gathered patient feedback in a variety of ways, we found no evidence that feedback was formally reviewed and analysed. We discussed with the service the importance of having a structured approach to reviewing patient feedback in line with its participation policy. This should include:

- 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 a formal process for reviewing patient feedback. This should include informing patients how their feedback has been used to improve 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 service had policies and procedures in place to support the safe delivery of person-centred care. These included those for:

- complaints
- duty of candour
- emergency arrangements policy
- information management, and
- medication.

Policies were reviewed every 2 years and where legislation or current guidelines had been updated or changed. These were kept electronically, as well as in paper format in an information folder for patients to view in the waiting area.

The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of. A clear system was in place to record and manage accident and incident reporting. We saw that the service had not had any accidents or incidents since its registration with Healthcare Improvement Scotland in February 2022.

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

Maintenance contracts for fire safety equipment, electrics and fire detection systems were up to date. Electrical and fire safety checks were monitored regularly. The service had a clinical waste contract in place.

A clear system was in place to record and manage accident and incident reporting. The practitioner was able to describe how adverse events and incidents should be reported appropriately, including to Healthcare Improvement Scotland. We noted no incidents or accidents had been reported since the service registered with Healthcare Improvement Scotland in February 2022.

Information about how to make a complaint was clearly displayed in the waiting area. This included details on how to contact Healthcare Improvement Scotland. There had been no complaints since the service was registered with Healthcare Improvement Scotland.

The service had a safeguarding (public protection) policy in place. The practitioner had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The practitioner fully understood their duty of candour responsibilities and the service's duty of candour report was displayed in the waiting area.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations. Patient care records were paper copies and kept in a locked cabinet in the service's office. The practitioner was the sole key holder for this cabinet. This protected confidential patient information in line with the service's information management policy.

On the day of treatment, patients received a face-to-face consultation where they completed a consent form, which was signed by both the patient and

practitioner. The service shared a variety of aftercare leaflets with patients after their treatment.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer support, additional training masterclass sessions and attending conferences. The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed through the Nursing and Midwifery Council (NMC) registration and revalidation process, as well as 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. They also kept up to date with appropriate training, such as for adult support and protection, equality and diversity and infection control.

We saw evidence of the practitioner's personal and professional development displayed in the service. We also saw evidence of completed online training modules.

The practitioner had peer support from another practitioner to discuss treatments, procedures or complications and was part of several online aesthetic practitioners groups. These provided additional information on complications and adverse reactions from aesthetic treatments in the UK and Ireland. The practitioner was also a member of the Aesthetics Conference UK Group (ACE) and was a member of the British Association of Cosmetic Nurses (BACN).

- No requirements.
- No recommendations.

Planning for quality

We saw several risk assessments had been carried out which included those for:

- COVID-19
- fire
- Health and Safety Executive risks (Control of Substances Hazardous to Health (COSHH))
- medicine management, and
- patients' past medical history, including allergies and reactions to medicines.

We saw evidence that the service carried out some regular audits, including those for:

- health and safety
- infection prevention and control, and
- medicine management.

We saw evidence in the minutes of meetings that the practitioner had reviewed the format of patient care records. Changes were identified and action plans developed. The changes were then implemented as a result of this review.

The service had a contingency plan in place to help make sure patients could access aesthetic treatments from peers and aesthetic colleagues, should the service cease to operate.

What needs to improve

While the service carried out some risk assessments, we saw no evidence of a risk register in place. This would help the service to mitigate risk and protect the safe health and welfare of patients attending the service (recommendation c).

While some audit activity was carried out, the service did not have a formal audit programme in place to determine when audits would be completed. The range of audits carried out could also be extended to include patient care records and patient feedback (recommendation d).

We saw no evidence that the service held a record or certificate for regular electrical equipment testing or review. We will follow this up at future inspections.

- No requirements.

Recommendation c

- The service should develop a risk register to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service.

Recommendation d

- 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.

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 good levels of satisfaction, told us they felt safe in the service and that the service was clean and tidy. The service had recorded no accidents or serious incidents. Appropriate cleaning materials were used to clean all areas in the clinic. Appropriate personal protective equipment was available for use. Information about patients' GP must be documented in patient care records.

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.

We saw the clinic was clean and tidy and well maintained. Cleaning schedules were in place, fully completed and up to date. All equipment for procedures was single-use to prevent the risk of cross-infection.

Personal protective equipment was readily available to staff and in plentiful supply. Clinical waste and used sharps equipment was disposed of appropriately.

We saw a safe system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic. The medicines fridge was clean and in good working order. A temperature recording logbook was used to record fridge temperatures daily. This made sure medicines were stored at the correct temperature. The logbook was fully completed and up to date. We noted minimal amounts of medication was stored in the service on the day of our inspection.

Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service was

reassuring. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- ‘Stunning clinic room, does not push any treatments but answers all queries without bias.’
- ‘Very clean and professional environment.’
- ‘Facilities and equipment were to a very high standard, the environment itself is absolutely immaculate.’

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

- ‘Everything was explained in full and there was no rush to make a decision.’
- ‘I was guided which was very helpful for me.’
- ‘The practitioner always checks with me to see what results I am looking for.’

The five 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 practitioner had signed and dated their entries. Medicine batch numbers and expiry dates were also noted.

What needs to improve

While patients had consented to treatments, patients’ GP contact details were not documented in patient care records we reviewed (requirement 1).

Requirement 1 – Timescale: by 13 March 2024

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

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.ihtregulation@nhs.scot

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