Announced Inspection Report: Independent Healthcare

Service: Riley Aesthetics, Clarkston
Service Provider: Riley Aesthetics Ltd

5 November 2019
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www.healthcareimprovementscotland.org
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1 Progress since our complaint investigation

What the provider had done to meet the requirements we made following our complaint investigation on 8 December 2017

Requirement
The service provider must ensure a record is made in the patient care records as closely to the time of the relevant, of the following matters:

(a) The date and time of every consultation with, or examination of, the service user by a healthcare professional and the name of that healthcare professional.
(b) The outcome of that consultation or examination.
(c) Details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the healthcare professional responsible for providing it.
(d) Every medication ordered for the service user and the date and time at which it was administered or otherwise disposed of.

Action taken
Our findings are reported in Quality indicator 5.2. This requirement is met.

Requirement
The service provider must ensure that appropriate systems, processes and procedures are in place for all aspects of care and treatment carried out by the independent healthcare service for the management of medicines.

Action taken
Our findings are reported in Quality indicator 5.1. This requirement is met.

Requirement
The service provider must ensure that all concerns and complaints received by the service user are formally recorded and responded to. Any correspondence with the complainant must also be retained to demonstrate the service’s response to the concern or complaint.

Action taken
Our findings are reported in Quality indicator 2.1. This requirement is met.
**What the service had done to meet the recommendations we made following our complaint investigation on 8 December 2017**

**Recommendation**
*We recommend that the service should ensure that consent to treatment and consent to photography are formally recorded in the patient care record for each episode of care.*

**Action taken**
All patient care records we reviewed had a record of the patient’s consent to treatment and photography. **This recommendation is met.**

**Recommendation**
*We recommend that the service should ensure that a minimum cooling-off period of 24 hours is given to all patients between consultation and treatment in line with the service provider’s own policy.*

**Action taken**
The service manager told us that new patients were always given a 24-hour cooling-off period to allow them to make an informed decision about going ahead with treatment. A professional judgement was made for regular patients where a cooling-off period may be required, depending on the outcome of a patient’s individual assessment. **This recommendation is met.**

**Recommendation**
*We recommend that the service should ensure that before and after photos are held confidentially in the patient care record and not retained on a personal mobile phone device.*

**Action taken**
Patients’ before and after photographs were stored on the service manager’s personal mobile phone, under a locked password. We discussed a more secure way of storing this type of sensitive personal data. The service manager told us they would purchase a digital camera which would be held securely in a locked cabinet on the premises. **This recommendation is not met.** We will follow this up at the next inspection.
Recommendation
We recommend that the service should ensure that bacteriostatic saline solution is used as a single-use product only to reduce the risk of cross-infection.

Action taken
We saw a supply of single-use bacteriostatic saline in the service’s pharmacy refrigerator. This liquid is mixed with botulinum toxin powder to make an injectable product. The service manager told us they had now changed their process to just use the solution as a single-use product for individual patients. This recommendation is met.

Recommendation
We recommend that the service should ensure that written aftercare advice is provided to all patients following treatment and a record made in the patient care record that this information has been provided.

Action taken
All patient care records we reviewed contained a record of what written aftercare advice had been given to the patient. This recommendation is met.
2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Riley Aesthetics on Tuesday 5 November 2019. We spoke with the service manager during the inspection. We did not receive any feedback from patients to an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Riley Aesthetics, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<td>5.1 - Safe delivery of care</td>
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risks must be introduced, including carrying out a regular programme of audits. The service’s safeguarding policy should be more detailed.

**Domain 9 – Quality improvement-focused leadership**

| 9.4 - Leadership of improvement and change | The service manager maintained current best practice through ongoing training and development. Good peer networks supported continuous learning. A quality improvement plan should be developed to demonstrate improvements and measure the impact on the service. | ✓ Satisfactory |

The following additional quality indicator was inspected against during this inspection.

**Additional quality indicators inspected (ungraded)**

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients had a full consultation, gave consent to treatment and photography, and were provided with aftercare information. Patient care records we reviewed were well completed. However, the quality and consistency of patient care records should be monitored. Patients should be made aware that information will be shared with other healthcare professionals if required.</td>
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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)
What action we expect Riley Aesthetics Ltd to take after our inspection

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

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Riley Aesthetics Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Riley Aesthetics for their assistance during the inspection.
3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

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

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients were able to access information to allow them to make informed choices about treatments. A system needs to be developed for gathering and analysing patient feedback. Although the service had recently updated its complaints policy, patients should have more information about how to make a complaint.

The service had a website and a social media page. The website provided patients with basic information about the treatments the service offered, contact details and the qualifications of the practitioner. The social media page allowed patients to book appointments and had a basic pricing guide for treatments. The service also had information leaflets and business cards available on the premises.

As part of the consultation process, the service manager discussed treatment options, expectations, risks and benefits with patients. We were told that patients could be provided with written information leaflets if required.

The service obtained the majority of its patient feedback through testimonials on its social media page. It also received feedback from computer search engine websites. The service manager had recently used social media to seek patients’ opinions before introducing a new treatment.

Recent reviews left by patients on the service’s social media page were positive about the care and treatment they had received.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with patients when thing go wrong).
Since our complaint investigation in December 2017, the provider had updated its complaints policy. The policy contained clear timescales for investigation and response and made reference to patients being able to complain to Healthcare Improvement Scotland at any time. The service manager told us they provided acknowledgement of a complaint either verbally or by using social media messaging. They asked patients to submit their complaint in writing to help the provider understand the issues being raised.

**What needs to improve**

Although the service had recently updated its complaints policy, information on how to raise a complaint was not easily accessible for patients. We discussed ways to make the process more widely available, for example adding information to the service’s website, including it on written aftercare information sheets and displaying information in the premises (recommendation a).

There was no structured approach to gathering or recording patient feedback, evaluating it and using the outcomes to drive improvements in the service. Information and outcomes from feedback should be shared with patients (recommendation b).

- No requirements.

**Recommendation a**

- The service should ensure that information about how to make a complaint about the service is available to patients.

**Recommendation b**

- The service should develop a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.
Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The environment and equipment were clean and well maintained, medicines were managed safely and arrangements were in place to deal with medical emergencies. A structured approach to managing risks must be introduced, including carrying out a regular programme of audits. The service’s safeguarding policy should be more detailed.

The clinic environment and equipment were clean and well maintained. We saw appropriate measures were in place to reduce the risk of infection. The service had an infection and prevention control policy, and the service manager was aware of infection prevention and control practices. Only single-use instruments and equipment such as disposable gloves were used. Appropriate arrangements were in place to dispose of needles, syringes and other clinical waste.

Fire safety equipment, heating systems and electrical appliances were regularly tested and maintained.

The service’s approach to managing safety and quality was set out in its policies. For example, a medicines management policy was in place and we saw a safe system for the procurement, prescribing, storage and administration of medicines. All medicines were in-date and stored securely in a locked pharmacy refrigerator or cupboard. Arrangements were in place to deal with medical emergencies, including emergency medication.

The provider had a practicing privileges arrangement in place with a consultant aesthetic gynaecologist. Practicing privileges are arrangements where staff are not employed directly by the provider but given permission to work in the service. We saw a policy that covered this arrangement and a contract that had been signed by both the provider and consultant.
What needs to improve

A fire risk assessment was in place and a risk assessment had been carried out on the steep step in the bathroom. However, we saw no evidence that other risk assessments had been carried out and no structured approach to risk management. Risks to patients must be proactively identified and effectively managed on an ongoing basis (requirement 1).

The practicing privileges agreement between the provider and consultant aesthetic gynaecologist did not demonstrate that the provider had carried out appropriate checks on the consultant before granting practicing privileges. The service manager told us they had checked the consultant’s registration status on the General Medical Council (GMC) website, but had not checked the consultant’s Protecting Vulnerable Groups (PVG) status (requirement 2).

We found no evidence of audits taking place to review the overall safe delivery and quality of the service. An audit programme would help the service structure its approach to this ongoing review and demonstrate how improvements are being identified and implemented. Audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment (recommendation c).

Although the service had a safeguarding policy, this did not describe the process that would be followed if a safeguarding issue was identified. For example, which relevant agency would be contacted and their contact details (recommendation d).

While the service had not had any incidents or accidents since registration, there was no mechanism for recording and monitoring accidents and incidents. We discussed the benefits of keeping a log book to record and monitor all accidents and incidents.

**Requirement 1 – Timescale: by 17 April 2020**

- The provider must develop effective systems that demonstrate the proactive management of risks to patients.

**Requirement 2 – Timescale: by 17 April 2020**

- The provider must ensure that all healthcare professionals with practicing privileges to work from the service are not included on the adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007.
Recommendation c

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

Recommendation d

■ The service should amend its safeguarding policy to include the process that will be followed if a safeguarding issue is identified.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a full consultation, gave consent to treatment and photography, and were provided with aftercare information. Patient care records we reviewed were well completed. However, the quality and consistency of patient care records should be monitored. Patients should be made aware that information will be shared with other healthcare professionals if required.

Patient care records were stored securely in a lockable filing cabinet. We reviewed five records and found that entries were legible, dated, timed and signed. Each one included a record of consent to treatment and for the taking of photographs. They also included a treatment plan that recorded injection sites and the batch number and expiry date of the product used. This allowed traceability of the product should there be a complication after treatment or an issue with the product itself.

The service had recently added a specific consultation section to its patient care record template. We saw this section had been completed in each of the care records we reviewed. In some care records, patients themselves had recorded their expectations and desired outcomes from treatment. This showed that a discussion about the patient’s expectations had taken place before treatment.

Patient care records we reviewed showed that patients had been provided with both verbal and written aftercare following anti-wrinkle and dermal filler injections. This included follow-up arrangements and emergency contact details. The service manager told us that if a patient experienced any complications or side-effects following treatment, this would be recorded in the patient care records.
What needs to improve
In the patient care records we reviewed, we saw that all patients had completed consent forms. However, patients were not asked for consent to share their information with other healthcare professionals, for example in an emergency situation (recommendation e).

■ No requirements.

Recommendation e
■ The service should develop its consent form to ensure that patients are asked to consent to relevant information about them being shared with other healthcare professionals, as and when appropriate.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service manager maintained current best practice through ongoing training and development. Good peer networks supported continuous learning. A quality improvement plan should be developed to demonstrate improvements and measure the impact on the service.

The service manager, who owned and operated the service, was an experienced nurse practitioner registered with the Nursing and Midwifery Council. They underwent a revalidation process where they were required to send evidence of their competency, training and feedback from patients and peers to the Nursing and Midwifery Council every 3 years.

The service was an active member of social media peer support groups and the Aesthetics Complications Expert (ACE) Group. This is a group of practitioners who provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions. The service manager attended regular conferences and training days provided by pharmaceutical companies. This helped the service to keep up to date with changes in the aesthetic industry, legislation and best practice.

The service was also part of an informal support group with other experienced aesthetic practitioners in Glasgow and the surrounding area. This group helped to provide peer-support, advice and best practice and discuss any treatments, procedures or complications.
What needs to improve
The service had no quality improvement process in place to review the quality of the care and treatment provided. For example, outcomes from patient feedback, audits, complaints investigations and incidents should be used to drive improvement. A quality improvement plan would help structure improvement activities and help demonstrate the impact of change on the quality of the service (recommendation f).

While the service had informal contingency arrangements in place with other local aesthetic practitioners, nothing had been documented to detail this. A written contingency plan describing how appropriate continuity of care and treatment will be provided during times of annual leave or unplanned absence would be beneficial to both the service and its patients.

■ No requirements.

Recommendation f
■ The service should develop a quality improvement plan that demonstrates a structured approach to carrying out and recording improvement activities and evaluating the impact of change on the quality of the service.
Appendix 1 – Requirements and recommendations

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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

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<th>Requirements</th>
<th>Recommendations</th>
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<tr>
<th>Recommendations</th>
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| **a** The service should ensure that information about how to make a complaint about the service is available to patients (see page 11).  

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

| b | The service should develop a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement (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 |
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

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| **1** | The provider must develop effective systems that demonstrate the proactive management of risks to patients (see page 13).  

Timescale – by 17 April 2020  

*Regulation 13(2)(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **2** | The provider must ensure that all healthcare professionals with practicing privileges to work from the service are not included on the adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007 (see page 13).  

Timescale – by 17 April 2020  

*Regulation 9(2)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |

### Recommendations

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| **c** | The service should develop a programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 14).  

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 amend its safeguarding policy to include the process that will be followed if a safeguarding issue is identified (see page 14).  

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20 |
| **e** | The service should develop its consent form to ensure that patients are asked to consent to relevant information about them being shared with other healthcare professionals, as and when appropriate (see page 15).  

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 |
## Domain 9 – Quality improvement-focused leadership

<table>
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<th>Requirements</th>
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<th>Recommendation</th>
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<tr>
<td>The service should develop a quality improvement plan that demonstrates a structured approach to carrying out and recording improvement activities and evaluating the impact of change on the quality of the service (see page 17).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
Appendix 2 – About our inspections

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

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

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

**Before inspections**

Independent healthcare services submit an annual return and self-evaluation to us. We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

**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.

**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.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

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

Our contact details are:

**Healthcare Improvement Scotland**
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** hcis.ihcregulation@nhs.net
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 contactpublicinvolvement.his@nhs.net