Announced Inspection Report: Independent Healthcare

**Service:** Enhanced Facial Aesthetics, Larbert
**Service Provider:** Enhanced Facial Aesthetics Ltd

10 September 2019
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 contactpublicinvolvement.his@nhs.net
## Contents

1  A summary of our inspection  

2  What we found during our inspection  

Appendix 1 – Requirements and recommendations  
Appendix 2 – About our inspections
1  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 Enhanced Facial Aesthetics on Tuesday 10 September 2019. We spoke with one member of staff who was the manager of the service. 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 one inspector.

What we found and inspection grades awarded

For Enhanced Facial 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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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<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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<tr>
<td>5.1 - Safe delivery of care</td>
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</table>
Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tbody>
<tr>
<td>Quality indicator</td>
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<tr>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
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</table>

Grade awarded: ✓ Satisfactory

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td>Quality indicator</td>
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<tr>
<td>-------------------</td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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<tr>
<th>Domain 7 – Workforce management and support</th>
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<tr>
<td>7.1 - Staff recruitment, training and development</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 Enhanced Facial Aesthetics Ltd to take after our inspection

This inspection resulted in four requirements and eight recommendations. 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Enhanced Facial 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 Enhanced Facial Aesthetics for their assistance during the inspection.
2 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

The service provides patients with information allowing them to make an informed decision about potential treatments. A participation policy should be developed to document how feedback from patients is collected and used to improve the service.

The service’s website provided information about the treatments offered. This included the risks and benefits of treatments and what the patient could expect as part of the treatment process. A clear pricing guide was also available. Treatment information could be printed and given to patients if requested. The website allowed patients to book appointments for consultations, treatments and follow-up review appointments. The service also provided prospective patients with an information pack that was tailored to specific treatments. The service used a combination of its own treatment information and information produced by aesthetic companies.

Patients could provide feedback through social media and submit feedback as part of the service’s electronic payment receipt system. When patients returned for review appointments, verbal feedback was also sought. A sign in the reception area asked for patient feedback and a suggestion box was available. However, the service told us there was a poor response rate to this method of gathering feedback.

Feedback from patients was displayed on the service’s website. Comments included ‘professional service’, ‘step by step explanation’ and ‘beautiful studio’. We also saw that written feedback in the form of thank you cards was displayed in the reception area.
The service had a complaints policy with a supporting information leaflet that could be given to patients who wished to make a complaint. We saw this information leaflet included timescales for the service to respond to a complaint. The complaint leaflet included the contact details for Healthcare Improvement Scotland. The service had not received any complaints to date. We were told that staff meetings were held every 2 months, where any complaints received would be discussed.

The service had a duty of candor policy in place (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong). A sign in the reception area informed patients that the service operated under duty of candor.

**What needs to improve**

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

The service’s website could contain details of how to make a complaint and make clear that patients can approach Healthcare improvement Scotland at any time. We will follow this up at future inspections.

The service could consider developing a log to record any complaints received, and any subsequent actions taken.

- No requirements.

**Recommendation a**

- 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

Treatments are provided in a safe and clean environment with appropriate policies and equipment in place. Improvements must be made to the service’s risk management systems and procedures, and a regular programme of audit implemented.

The clinic was bright and spacious and in good decorative order. The environment was very clean and tidy. We saw completed cleaning schedules for each area in the clinic. Feedback we saw on the service’s website was complimentary about the environment.

Adequate arrangements were in place for fire safety, servicing and maintenance of equipment.

The service’s infection prevention and control manual included appropriate standard infection control procedures for the treatments being offered, including hand hygiene and waste management. Appropriate personal protective equipment was available, such as disposable aprons and gloves. We saw the service had a waste contract for the uplift and disposal of clinical waste and there were appropriate sharps and clinical waste bins.

A clinical fridge was used for storing medications. Medications were in date and we saw that fridge temperature monitoring and recording was being completed.

The service had a medicines management policy. The only prescriber in the service was a registered nurse. The service held a small stock of botulinum toxin which it obtained from an online pharmacy. We were told that botulinum toxin was only used for single patients and was disposed of after each treatment. This
is in line with best practice. We saw the service had appropriate emergency medications for the treatments being offered.

The service had a dedicated room for intense pulse light (IPL) and super hair removal treatments. We saw a copy of the ‘local rules’ in place to ensure this equipment is managed safely. This matched the equipment used and the environment where these treatments were delivered. Both staff members who carried out these treatments had completed their core of knowledge training.

We saw the service’s accident and incident book used to record any accidents, incidents or adverse events that occur in the service. We were told there had been no serious accidents or incidents. We were told any incidents or accidents would be discussed at the staff meeting held every 2 months.

**What needs to improve**

All risks to patients and staff in the service must be effectively managed on an ongoing basis. Although the service was beginning to develop and carry out risk assessments, we saw no structured approach to risk management (requirement 1).

We found no evidence of audits taking place to review the safe delivery and quality of the service. An audit programme would help the service 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 b).

**Requirement 1 – Timescale: by 3 February 2020**

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

**Recommendation b**

- 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.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

A full assessment is carried out before treatments and appropriate aftercare is given. Patient care records were well completed. A consent policy should be developed and consent should be recorded for sharing information. The service should also make clear how it manages all aspects of data protection. A safeguarding policy should be in place.

Face-to-face consultations took place before any treatment where the risks and benefits of treatments were discussed. We saw examples of the specific consent forms used for each treatment. We were told a psychological assessment would be carried out if there were any concerns about patients’ mental health and wellbeing. We were told staff would be happy to refuse a treatment for this reason or if they felt the patient was unable to give informed consent.

A 2-week cooling-off period was in place between consultation and treatment to allow time for patients to consider their options, especially new patients. All patients could cancel their treatments up to 24 hours before the planned treatment.

Following treatments, patients were provided with contact details for the clinic as well as out-of-hours advice. Patients were provided with aftercare information, which included treatment ‘passports’ for patients following injectable treatments. These passports documented what treatment the patient had, the injection sites and aftercare information.

We reviewed four patient care records and saw these were well completed, with entries legible and dated. The patient care records included information about the patient’s past medical history, current medications and if the patient was pregnant. Treatments that had been carried out were recorded, including injection sites. The patient care records we reviewed also had a record of the product used for that treatment allowing effective tracking of the product, if required.

Patients were offered follow-up appointments 2–3 weeks after treatments, and these were booked at the time of the treatment. We were told that follow-up appointments were used to check the results of treatments and to obtain verbal patient satisfaction. We were told that any complications from treatments would be documented in the patient care record.
The service is registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) and had a general data protection policy. This detailed how the service gathered and used patient information. Patient care records were in paper form and we saw they were stored securely in a locked filing cabinet. We were told that before and after photographs were taken on a mobile telephone for certain treatments with the patient’s consent. We were told that any photographs were deleted after the treatment was completed.

**What needs to improve**

Although we were assured the staff member we spoke with during the inspection would raise concerns about the welfare of a patient, the service did not have a safeguarding policy to guide and support staff (recommendation c).

There was no policy to inform the consent process. The consent forms used did not highlight that patient information may need to be shared with other healthcare professionals in an emergency (recommendation d).

The general data protection policy did not have timescales for the retention of patient information, and how patient care records would be destroyed, including photographs (recommendation e).

- No requirements.

**Recommendation c**
- The service should develop a safeguarding policy to support staff when they have safety concerns about a patient.

**Recommendation d**
- The service should develop and implement a consent policy, and record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ care records.

**Recommendation e**
- The service should ensure that the retention period for, and the destruction method of, patient care records is included in its general data protection policy.
Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Improvements are needed to ensure that staff are safe to work in the service. A recruitment policy must be developed.

The service has four members of staff: an aesthetic practitioner, who is the manager, a therapist and two receptionists. The therapist worked under a practicing privileges arrangement (staff not employed directly by the provider but given permission to work in the service). We saw a policy that covered this arrangement.

We saw up-to-date training certificates for the aesthetic practitioner and therapist.

What needs to improve
Part of a safe recruitment process is ensuring appropriate checks are carried out on potential employees to ensure they are fit to work with vulnerable adults. The service did not have a recruitment policy that describes what pre-employment checks will be carried out so that those working in the service are deemed safe (requirement 2).

The staff files we reviewed contained limited information. There was no evidence of pre-employment checks such as Protecting Vulnerable Groups (PVG) checks through Disclosure Scotland and no employment references. The service told us that it had been informed by another agency that it should not complete PVG checks for non-clinical staff. However, individuals cannot be employed in an independent healthcare service if they are listed under the Protection of Vulnerable Groups (Scotland) Act 2007. The service must have a system in place to check all employees before employment (requirement 3).

We saw no evidence of a formal induction programme or ongoing staff training plan (recommendation f).

Requirement 2 – Timescale: by 4 May 2020
- The provider must develop a policy to ensure safe and robust recruitment.
Requirement 3 – Timescale: by 4 May 2020

- The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Recommendation f

- The service should develop an induction and ongoing training programme for staff.
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

Staff maintained current best practice through ongoing training and development. Regular reviews of the quality of treatment provided must be carried out and a quality improvement plan developed. Staff meetings and actions taken should be formally documented.

Both the aesthetic practitioner and the therapist are registered nurses with the Nursing and Midwifery Council and undertake revalidation every 3 years to maintain their registration. The aesthetic practitioner is a member of the British Association of Cosmetic Nurses, which provides professional support and advice. They are also a member of the Aesthetics Complications Expert (ACE) group which aims to improve the safety of aesthetic treatments. The therapist is a member of a closed social media forum that provides product and complications advice for specific aesthetic treatments.

We were told that the clinical staff regularly attended study days where they were observed delivering treatments. We saw certificates of attendance. We were also told they received peer support from other aesthetic practitioners.

What needs to improve

Feedback from patients was not being used to drive service improvement. No quality assurance system or process was in place for reviewing the quality of the care and treatment provided. For example, outcomes from audits, complaint investigations and incidents should also be used to drive improvement (requirement 4).

A quality improvement plan would help to structure and record the service’s improvement processes and outcomes. This would allow the service to demonstrate a continuous improvement cycle and measure the impact of any changes implemented (recommendation g).
Although we were told staff meetings took place every 2 months, these were not formal and no minutes were taken. Regular standing agenda items would also help to ensure better governance and accountability around this meeting, such as infection prevention and control, health and safety, patient satisfaction and quality improvement, and would allow staff to formally contribute to developing and improving the service (recommendation h).

**Requirement 4 – Timescale: immediate**

- The provider must implement a suitable system of regularly reviewing the quality of the service.

**Recommendation g**

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

**Recommendation h**

- The service should formally record the minutes of staff and management meetings. These should include any actions taken and those responsible for the actions.
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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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</table>

| Recommendation | 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 8). |

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>1 The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 10).</th>
</tr>
</thead>
</table>

Timescale – by 3 February 2020

*Regulation 13(2)(a)*

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

**b** 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 10).

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

**c** The service should develop a safeguarding policy to support staff when they have safety concerns about a patient (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.22

**d** The service should develop and implement a consent policy, and record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ care records (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

**e** The service should ensure that the retention period for, and the destruction method of, patient care records is included in its general data protection policy (see page 12).

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

## Domain 7 – Workforce management and support

### Requirements

**2** The provider must develop a policy to ensure safe and robust recruitment (see page 13).

Timescale – by 4 May 2020

*Regulation 8*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
### Domain 7 – Workforce management and support (continued)

#### Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007 (see page 14).</th>
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<tbody>
<tr>
<td>Timescale</td>
<td>by 4 May 2020</td>
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*Regulation 9(2)*

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

#### Recommendation

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>The service should develop an induction and ongoing training programme for staff (see page 14).</th>
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<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</td>
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### Domain 9 – Quality improvement-focused leadership

#### Requirement

<table>
<thead>
<tr>
<th>Requirement</th>
<th>The provider must implement a suitable system of regularly reviewing the quality of the service (see page 16).</th>
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<tbody>
<tr>
<td>Timescale</td>
<td>immediate</td>
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*Regulation 13*

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership (continued)</th>
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<tbody>
<tr>
<td><strong>Recommendations</strong></td>
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<tr>
<td><strong>g</strong> The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).</td>
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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:
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