Announced Inspection Report: Independent Healthcare

Service: Aesthetics by Eimear, Livingston
Service Provider: Aesthetics by Eimear

5 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
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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 Aesthetics by Eimear on Thursday 5 September 2019. We spoke with the director during the inspection. Nine patients completed an online survey we had issued to share their experience of using the service. 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 Aesthetics by Eimear, 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><em>Quality indicator</em></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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| **Domain 5 – Delivery of safe, effective, compassionate and person-centred care** |
| *5.1 - Safe delivery of care* | Equipment was clean and well maintained. A regular programme of audits should be introduced to help the service make improvements. A medicines management policy should be developed. | ✓ Satisfactory |
Key quality indicators inspected

<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>
<td>9.4 - Leadership of improvement and change</td>
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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>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>Quality indicator</td>
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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
What action we expect Aesthetics by Eimear to take after our inspection

This inspection resulted in two requirements and seven 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

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

We would like to thank all staff at Aesthetics by Eimear 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**

Patients felt they were treated with dignity and respect and were fully informed about their treatment options. Although the service had a participation policy, it did not actively seek feedback from patients. Information on how to make a complaint should be given to patients.

All consultations were appointment-only and only one patient was treated at a time, maintaining confidentiality. An aftercare leaflet was given to patients that included contact details for the service.

The service provided information to patients about treatments verbally, on social media and in information leaflets. A pricelist for treatments was available through social media. All patients who had completed our online survey agreed they had been treated with dignity, respect and had been provided with information in a format they could understand. Comments included:

- ‘We had a lengthy and detailed discussion about the procedure and I was then given time to make a decision before I went ahead with the treatment.’
- ‘I was given step by step information all through my treatment.’
- ‘I was to feel at ease and all my questions were answered.’

The service’s complaints policy included contact details for Healthcare Improvement Scotland and information about how to make a complaint to us. The service had not received any formal complaints.
What needs to improve

While the service had a patient participation policy and patients were encouraged to give feedback verbally during consultations, we found limited evidence that feedback was actively sought. For example, patients were not given a post-treatment feedback questionnaire. A more structured approach to patient feedback would help to drive improvement and measure the impact of that change (recommendation a).

While patients were encouraged to verbally discuss any complaints with the service during consultations, clear information about how to make a complaint was not provided (recommendation b).

- No requirements.

Recommendation a

- The service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Recommendation b

- The service should provide information for patients on how to make a complaint.
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

Equipment was clean and well maintained. A regular programme of audits should be introduced to help the service make improvements. A medicines management policy should be developed.

We saw a good supply of personal protective equipment, such as disposable aprons and gloves. Contracts were in place for the safe disposal of medical sharps, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection).

Patient care records documented the medicines used, batch numbers and expiry dates so that medications could be easily tracked. The service had emergency medication in place, appropriate for the treatments being carried out. The director had been trained to deliver basic adult life support in the event of a medical emergency.

Policies such as data protection, protecting vulnerable adults and duty of candour were in place. Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things have gone wrong with patient treatment or care.

What needs to improve

While we saw appropriate medicine management processes in place, we saw no evidence of a medicines policy. This should detail the safe and secure handling of medicines, including systems for:

- administration
- prescribing
- procurement, and
- storing (recommendation c).
We found no evidence of audits taking place to review the safe delivery and quality of the service. For example, audits could be carried out on patient care records and medicine management. An audit programme would help the service structure its audit process, record its findings and record the improvements (recommendation d).

The infection prevention and control policies and procedures were adequate and the manager was aware of good practice. However, they did not reference Healthcare Improvement Scotland’s *Healthcare Associated Infection (HAI) Standards* (February 2015) or Health Protection Scotland’s *National Infection Prevention and Control Manual* (recommendation e).

- No requirements.

**Recommendation c**
- The service should develop a medicines management policy.

**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.

**Recommendation e**
- The service should update its infection prevention and control policies to reference current legislation and best practice guidance.

### Our findings

**Quality indicator 5.2 - Assessment and management of people experiencing care**

Comprehensive assessments and aftercare were carried out for all patients. Consent should be recorded for sharing information.

The service and its prescriber carried out comprehensive assessments before treatment and documented this in the patient care record. This included a medical history, previous treatments and any areas which would highlight any risks associated with the treatment, such as pregnancy or previous allergic reactions.

Patients could discuss their expectations about the outcomes of the treatment and treatment options at their initial consultation. Any risks and benefits of the
treatment were also explained. Patients were given time to consider their treatment options before treatment.

A record of the treatment with facial diagrams showing injection sites, consent to treatment, including having their photograph taken, were also recorded in the patient care record. A new consent form was completed for each treatment.

All patients who completed our survey agreed they had been involved in decisions about their care and the risks and benefits had been explained to them before the treatment. Comments included:

- ‘Full advice was given both before and during my treatment.’
- ‘All risks were explained.’

Patients were given verbal and written aftercare advice and invited to attend a free follow-up appointment. This allowed the service to make sure patients were happy with the results and provide any additional treatment or advice.

The service stored paper files in a locked filing cabinet to help maintain the confidentiality of patients’ information. The manager had completed training in the updated general data protection regulations.

**What needs to improve**
The service did not record patient consent for sharing information with their GP and other medical staff in an emergency, if required (recommendation f).

- No requirements.

**Recommendation f**

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

The manager maintained current best practice through training and self-directed learning. Staff safety checks must be implemented and contracts addressed for the prescriber.

An experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC) owned and operated the service. Every 3 years, nurses complete an ongoing professional registration-check process with the NMC. As part of the process, they demonstrate that they have met the requirements of their professional registration to an appropriate person. They maintain current best practice through ongoing training and development.

What needs to improve
The clinic engaged the services of a prescriber through an informal practicing privileges arrangement (staff that the provider does not employ but have permission to work in the service). We saw no evidence that pre-employment checks, such as qualifications, references, Protecting Vulnerable Groups (PVG) and the status of professional registration of the prescriber had been carried out (requirement 1).

We saw no documented practicing privileges arrangement or employment contract in place between the prescriber and the service (requirement 2).

Requirement 1 – Timescale: immediate
- The provider must ensure that all staff working in a registered healthcare service have appropriate safety checks in place.

Requirement 2 – Timescale: immediate
- The provider must ensure that employment or practicing privilege contracts are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified.

- No recommendations.
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

Future improvements to how the service is delivered are in progress. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

Some recent improvements had been made to how the service was delivered. The service currently operates as a mobile clinic but was in the process of moving to a permanent premise which is newly renovated and easily accessible.

The service is an active member of a variety of industry specific and national organisations. This included Association of Scottish Aesthetics Practitioners (ASAP), the British Association of Cosmetic Nurses (BACN) and the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. The service kept up to date with changes in the aesthetics industry, legislation and best practice through attending regular conferences and training days provided by pharmaceutical companies.

The service had informal partnerships with other experienced aesthetic practitioners. These partnerships helped to provide peer support, advice and best practice and discuss any treatments, procedures or complications.

What needs to improve

We saw no system in place to review the quality of the service delivered or evidence that lessons were learned from incidents or audits to help improve service delivery. Regular reviews would help make sure the service met patients’ needs, measure the impact of change and demonstrate a culture of continuous improvement (recommendation g).

No requirements.
**Recommendation g**

- The service should develop and implement a quality improvement plan.
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.

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<thead>
<tr>
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<tbody>
<tr>
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</tr>
<tr>
<td>None</td>
</tr>
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<td><strong>Recommendations</strong></td>
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<tr>
<td>a The service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
</tr>
<tr>
<td>b The service should provide information for patients on how to make a complaint (see page 8).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</td>
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### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
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<tr>
<td><strong>None</strong></td>
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<tbody>
<tr>
<td><strong>c</strong> The service should develop a medicines management policy (see page 10).</td>
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</table>

> 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 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 10). |

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

| **e** The service should update its infection prevention and control policies to reference current legislation and best practice guidance (see page 10). |

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

| **f** The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ care records (see page 11). |

> 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 7 – Workforce management and support

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<thead>
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<th>Requirements</th>
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<tbody>
<tr>
<td><strong>1</strong> The provider must ensure that all staff working in a registered healthcare service have appropriate safety checks in place (see page 12).</td>
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> Timescale – immediate

*Regulation 8*

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

<table>
<thead>
<tr>
<th>Requirements</th>
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<tbody>
<tr>
<td>The provider must ensure that employment or practicing privilege contracts are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified (see page 12).</td>
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**Timescale – immediate**

*Regulation 12(d)*

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

<table>
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<tr>
<td>None</td>
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### Domain 9 – Quality improvement-focused leadership

<table>
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<td>The service should develop and implement a quality improvement plan (see page 14).</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