Announced Inspection Report: Independent Healthcare

Service: Dr Darren McKeown Aesthetic Medicine Institute, Glasgow
Service Provider: Aesthetic-Doctor.com Ltd

6 March 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 .................................................. 4

2. What we found during our inspection .................................. 7

Appendix 1 – Requirements and recommendations .............. 18
Appendix 2 – About our inspections ........................................ 21
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 Dr Darren McKeown Aesthetic Medicine Institute on Wednesday 6 March 2019. Before the inspection, we asked the service to display a poster asking patients to provide us with feedback on the service. We received feedback from five patients who had received treatment. We also telephoned two patients after the inspection who had received treatment at the clinic. We spoke with two staff during the inspection. This was our first inspection to this service.

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

For Dr Darren McKeown Aesthetic Medicine Institute, 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>Domain 2 – Impact on people experiencing care, carers and families</td>
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<table>
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<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Patients were very positive about their experience in the service. They told us care was provided in a responsive and respectful way and they were fully involved and informed about their treatment. A clear and accessible complaints procedure was in place.</td>
<td>✔️ Good</td>
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</table>
### Key quality indicators inspected (continued)

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Appropriate systems helped manage a safe and supportive environment. Lasers were managed safely and arrangements were in place to deal with medical emergencies. Although the service was clean, a more structured approach to cleaning is needed. A risk assessment is needed for using a clinical hand wash basin for surgical scrubs.</td>
<td>✔ Satisfactory</td>
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</tbody>
</table>

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

<table>
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<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>A business strategy was in place outlining the vision for the service. New treatments are continuing to be introduced for patients to help improve their outcomes. Regular staff meetings are held and staff are encouraged to identify new ideas and ways of improving the service. A quality improvement plan should be developed.</td>
<td>✔ Satisfactory</td>
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</table>

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

### Additional quality indicators inspected (ungraded)

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients received a good quality patient consultation and assessment before any treatment was provided. We saw clear and accurate documentation in patient care records. Patients we spoke with felt they had been given information in a way they understood.</td>
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</table>
## Additional quality indicators inspected (ungraded)

### Domain 7 – Workforce management and support

<table>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Recruitment, induction and training policies were in place. Staff appraisals were carried out. We saw that staff had opportunities for training and development. Staff personnel files were incomplete.</td>
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</table>

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 Aesthetic-Doctor.com Ltd to take after our inspection

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

Aesthetic-Doctor.com 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 Dr Darren McKeown Aesthetic Medicine Institute 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 were very positive about their experience in the service. They told us care was provided in a responsive and respectful way and they were fully involved and informed about their treatment. A clear and accessible complaints procedure was in place.

Patients were required to have an initial consultation to determine their suitability for treatment. This was carried out by a medical practitioner. Consent forms were completed at the consultation appointment, but this was fully discussed again when the patient returned for treatment. This allowed patients to be supported to make informed decisions before any treatment was undertaken.

The service had a service user participation policy and actively sought feedback from patients in a number of ways. The service uses a mobile app for appointment booking which patients use to leave reviews and rate the service. All reviews on the app were positive. Patients were also sent an email 2 weeks after their appointment requesting feedback. Responses are monitored by the manager. We were shown some of these reviews during the inspection and, again, all were positive about their experience with the service.

The service’s website provides information on all treatments offered. A wide range of information leaflets are available in the service which are actively given to patients. The service uses social media to share relevant information. For example, videos of procedures are posted to allow patients and potential patients to see what a procedure involves.

Feedback we received from patients was very positive about their experience in the service.
Comments included:

- ‘The treatments are always explained fully, and [the doctor] will always guide me with suggestions on how to achieve the desired result.’
- ‘All staff deliver excellent customer service and treat clients with such a warm welcome... instantly putting you at ease for your clinic visit.’
- ‘... all the staff are so friendly, they make me feel important.’

We were told the service had used a ‘secret shopper’ in the past. As a result of the findings, a customer service trainer was employed to provide training for staff and improve the patient experience.

The service has a complaints policy and clearly displayed this information to patients in the waiting area. The clinic is also a member of the Cosmetic Redress Scheme which provides dispute resolution for the cosmetic market.

- No requirements.
- No recommendations.
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

Appropriate systems helped manage a safe and supportive environment. Lasers were managed safely and arrangements were in place to deal with medical emergencies. Although the service was clean, a more structured approach to cleaning is needed. A risk assessment is needed for using a clinical hand wash basin for surgical scrubs.

Appropriate risk management policies and procedures were in place to cover the care, support and treatment delivered in the service. This included medicines management, laser safety, fire safety, and infection prevention and control. Staff had been trained in health and safety, and the service’s policies and procedures were followed to help deliver care safely. We saw evidence of maintenance contracts for the electrical installation, emergency lights, fire extinguishers and boiler safety, and an up-to-date fire risk assessment.

The general clinic environment was very clean. Clinical equipment we also looked at was clean. We were told cleaning was carried out by the clinic staff on a day-to-day basis and once a week by an external contractor. All patients we spoke with rated the cleanliness of the service as excellent and all observed good practice in relation to hand hygiene. Other comments we received about the environment included:

- ‘I find the premises to be comfortable and relaxing and the consulting room to be clinical and clean.’
- ‘The clinic is beautiful and the atmosphere is always so pleasant.’

To keep the clinic secure, the service operated an appointment only system for all consultations and treatments. Arrangements were in place to deal with
medical emergencies. This included training for staff, first aid supplies and equipment. This meant that trained and informed staff could support patients in an emergency.

Lasers are used in the service for certain treatments and procedures. Regular input had been provided to the service by an appropriately qualified, named laser protection advisor. ‘Local rules’ are the local arrangements to manage laser safety usually developed by the laser protection advisor. These were in place for each laser. The service also had a named on-site laser protection supervisor, a patient register of treatments, evidence that all relevant staff had received core of knowledge laser safety training, a risk assessment for the use of lasers, and equipment maintenance records.

Audits are carried out once a year by the manager covering infection prevention and control, staff personnel files, patient care records and medicines management. We were told the audit programme was being developed so that each topic is audited on a rolling programme of one each month. This means that all topics will be audited every 4 months. Areas for improvement will be documented as part of the audit process.

Where medicines are required before or following treatment, these are prescribed and dispensed by medical staff. All prescriptions were documented in the patient care record alongside information on allergies and current medication. Medicines were appropriately stored.

What needs to improve
We were provided with a cleaning schedule for the clinic rooms. However, it was not clear if the cleaning products listed were suitable for the effective decontamination (cleaning) of a healthcare environment, particularly in the minor surgical procedure room. We advised that chlorine-releasing cleaning products should be used. Specific cleaning processes are also required for cleaning sanitary fittings, including clinical hand wash basins. The service was unaware of this. We referred staff to national guidance about this (requirement 1).

Due to the type of procedures provided by the service, namely hair transplant surgery, eyelid surgery and face lift procedures, staff are required to carry out a ‘surgical scrub’ before treating patients. This method of washing hands, forearms and finger nails is required before carrying out surgical procedures. The clinical hand wash basin in the minor surgical procedure room is not designed for this type of hand washing technique and restricts the ability of staff to do this effectively. Therefore, a surgical scrub sink is required (requirement 2).
No evidence could be provided that the theatre ventilation system complied with the required specification for the surgical procedures carried out in the service (requirement 3).

All sterile instruments used in theatre should be tracked and traceable to allow identification, for example in the case of instrument failure. Correct tracking and traceability allows the service to know what equipment was used on which patient. The service did not have an effective tracking and traceability process (recommendation a).

We noted that the procedure chair used by patients was close to the clinical hand wash basin. This could cause a risk of splash contamination of the sterile field of treatment. We were told the treatment chair would be moved to avoid this risk. A risk assessment should be done (recommendation b).

We found all alcohol-based hand rub available at the point of use in the clinic was out of date.

**Requirement 1 – Timescale: by 5 August 2019**

- The provider must review the existing cleaning schedule and ensure that appropriate cleaning products and processes are being used to decontaminate the healthcare environment in line with Health Protection Scotland’s *National Infection Prevention and Control Manual*.

**Requirement 2 – Timescale: immediate**

- The provider must undertake a risk assessment of the use of a clinical hand wash basin for surgical scrubs in the minor surgical procedure room, and implement the appropriate controls until a surgical scrub sink can be installed as part of the wider clinic refurbishment plans.

**Requirement 3 – Timescale: by 5 August 2019**

- The provider must ensure that the theatre ventilation system installed in the procedure room conforms to national guidance for specialised ventilation for healthcare premises.

**Recommendation a**

- We recommend that the service should ensure an effective process is in place for the tracking and traceability of both single use and reusable patient equipment.
**Recommendation b**

- We recommend that the service should put procedures in place to ensure the surgical sterile field is protected from the risk of splash contamination.

**Our findings**

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

Patients received a good quality patient consultation and assessment before any treatment was provided. We saw clear and accurate documentation in patient care records. Patients we spoke with felt they had been given information in a way they understood.

We discussed with staff how patients' needs were assessed, and how treatment was planned and delivered, in line with patients' individual treatment plans. The five patient care records we reviewed showed that comprehensive assessments and consultations were carried out before treatment started. Patients completed the first part of their patient care record before their consultation. This included their medical history, medicines, allergies and GP contact details. Information about the consultation, treatment plans and operative notes were all documented in the patient care record. We saw documented evidence of discussions with patients about the risks and benefits of treatment, as well as the possibility that treatments may not provide the desired effect. All patient care records were dated and signed appropriately.

Clear post-treatment aftercare instructions were provided for patients at the consultation stage and following treatment. This included the service’s emergency contact details. This was documented in the patient care record. Patients we spoke with felt they had been given information in a way they understood. Some comments we received included:

- ‘I explained all my feelings and fears with [the doctor] and he discussed thoroughly what my options were.’
- ‘A fantastic doctor, very approachable able to speak about any concerns you may have.’

Patient records were appropriately stored locked out of public access. We were told the service plans to store older paper records in a secure facility off-site and to introduce an electronic system for patient care records in the near future.
What needs to improve

Although patients completed the initial part of the patient care record, two out of the five records we reviewed did not have next of kin details completed. The service was clear that it asked patients to provide a next of kin. However, sometimes patients declined to do this. The service agreed to review the patient care record when this is next updated to ensure that staff are able to record when patients decline to give their next of kin details.

We saw evidence in the patient care records that patients undergoing surgical procedures had a surgical safety checklist completed in line with the World Health Organization guidelines. This takes place before starting surgery to check staff have the correct patient and equipment. We were told this had recently been introduced. We discussed with the service that the checklist should be adapted to suit the needs of individual patients and the procedure they are undergoing.

- No requirements.
- No recommendations.

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

Recruitment, induction and training policies were in place. Staff appraisals were carried out. We saw that staff had opportunities for training and development. Staff personnel files were incomplete.

Recruitment, induction and training policies were in place. We reviewed five staff personnel files and saw that recruitment checks had been carried out before they started working in the service.

All staff receive an annual appraisal. We were told plans are under way to also carry out mid-year one-to-one reviews. The service had a training programme for all staff and we saw evidence of training completed in the staff personnel files.
Once a year, the service checks that staff continue to hold professional registrations with either the General Medical Council or the Nursing and Midwifery Council as required.

**What needs to improve**

All clinical staff had been Protecting Vulnerable Groups (PVG) checked for working with vulnerable adults. 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 4).

From the five staff personnel files we looked at, two doctors had two references in place. However, only one reference had been sought for the remaining staff files we reviewed. The Scottish Government’s *Safer Recruitment through Better Recruitment* guidance states that two references should be obtained, one of which should be from an appropriately senior manager. However, some of the references appeared to be from peers. Full PVG checks were also kept in all staff personnel files, which is not in line with data protection or Disclosure Scotland’s guidance (recommendation c).

There was no record of any occupational health checks on staff in staff files, including hepatitis B status, before starting employment. We were told this was not requested as part of the pre-employment process as staff had all worked previously in the NHS or were still working in NHS positions that required immunisation. The service acknowledged that it should keep a record of occupational health checks in staff files. As the service carries out minor surgical procedures, occupational health checks on staff should be carried out as recommended by the Integrated guidance on health clearance of healthcare workers produced by Public Health England (2017) (recommendation d).

We discussed with the manager the importance of ensuring nursing staff working in certain clinical areas such as the minor surgical procedure room had the knowledge and skills to do so. This includes ensuring nursing staff are aware how they should scrub up, prepare the sterile field and how to handle instruments, ligatures and sutures. This would ensure the service was adhering to best practice at all times.
Requirement 4– Timescale: 5 August 2019

- 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 c

- We recommend that the service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government’s *Safer Recruitment through Better Recruitment* guidance (2016).

Recommendation d

- We recommend that the service should retain full up-to-date records of all staff recruited and employed in the service, including occupational health records, in line with relevant guidance.
**Vision and leadership**

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

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**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.

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**Our findings**

**Quality indicator 9.4 - Leadership of improvement and change**

A business strategy was in place outlining the vision for the service. New treatments are continuing to be introduced for patients to help improve their outcomes. Regular staff meetings are held and staff are encouraged to identify new ideas and ways of improving the service. A quality improvement plan should be developed.

The service’s business strategy outlined the provider’s vision for the future of the service. This is a developing, progressive service that is continually acquiring new equipment and offering new treatments for their patients. The service ensured that staff had training and personal development opportunities. The service worked closely with its staff to develop their practice, and improve and expand the treatments on offer to patients.

The service held formal meetings every 3 months that all staff attend. We saw that different aspects of the service were discussed at this meeting, in particular how improvements to the patient experience can be made. Any feedback from patients, complaints and audit results was discussed at these meetings.

**What needs to improve**

We saw no evidence of comprehensive action plans being developed to address any issues identified or improvements made from incidents that had occurred in the service, or through the audit process. This would provide a structured way to manage any improvements identified through the audit process (recommendation e).

Although a number of improvements had already taken place in the service, 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 f).

We discussed with the service that it would be good practice if the agenda for the all staff meetings included some regular standing agenda items such as infection prevention and control, health and safety, patient satisfaction and quality improvement.

Services must keep a record of all significant incidents, accidents or events that occur in the service. Although the service did this, we were provided with limited information on two events. We advised the service that more detail should be recorded such as how these events were investigated and what action was taken as a result.

■ No requirements.

Recommendation e
■ We recommend that the service should develop action plans to address issues that have been identified from any audits or incidents.

Recommendation f
■ We recommend that the service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.
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 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirements

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| 1 | The provider must review the existing cleaning schedule and ensure that appropriate cleaning products and processes are being used to decontaminate the healthcare environment in line with Health Protection Scotland’s *National Infection Prevention and Control Manual* (see page 11).  

Timescale – by 5 August 2019  

*Regulation 3(d)(i)(ii)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| 2 | The provider must undertake a risk assessment of the use of a clinical hand wash basin for surgical scrubs in the minor surgical procedure room, and implement the appropriate controls until a surgical scrub sink can be installed as part of the wider clinic refurbishment plans (see page 11).  

Timescale – immediate  

*Regulation 3(d)(i)(ii)*  
*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)

3. The provider must ensure that the theatre ventilation system installed in the procedure room conforms to national guidance for specialised ventilation for healthcare premises (see page 11).

Timescale – by 5 August 2019

*Regulation 10(2)(c)*

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

### Recommendations

a. We recommend that the service should ensure an effective process is in place for the tracking and traceability of both single use and reusable patient equipment (see page 11).

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

b. We recommend that the service should put procedures in place to ensure the surgical sterile field is protected from the risk of splash contamination (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

**Requirement**

4. 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 15).

Timescale – by 5 August 2019

*Regulation 9*

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

#### Recommendations

c. We recommend that the service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government’s *Safer Recruitment through Better Recruitment* guidance (2016) (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

d. We recommend that the service should retain full up-to-date records of all staff recruited and employed in the service, including occupational health records, in line with relevant guidance (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

### Domain 9 – Quality improvement-focused leadership

#### Requirements

None

#### Recommendations

e. We recommend that the service should develop action plans to address issues that have been identified from any audits or incidents (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.23

f. We recommend that the service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 17).

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

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

Healthcare Improvement Scotland Announced Inspection Report
Dr Darren McKeown Aesthetic Medicine Institute, Aesthetic-Doctor.com Ltd:
6 March 2019
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:** comments.his@nhs.net