Announced Inspection Report: Independent Healthcare

Service: LG Medical Aesthetics, Stirling
Service Provider: Leona Gilhooley

31 August 2022
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 his.contactpublicinvolvement@nhs.scot
## Contents

1. **A summary of our inspection**  
   4

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

Appendix 1 – Requirements and recommendations  
   15

Appendix 2 – About our inspections  
   18
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 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 LG Medical Aesthetics on Thursday 4 August 2022. We spoke with the service manager who is the sole practitioner during the inspection. We received feedback from 19 patients through 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.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a limited self-evaluation.

What we found and inspection grades awarded

For LG Medical Aesthetics, the following grades have been applied to the key quality indicators inspected.

<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>
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<tr>
<td><strong>Quality indicator</strong></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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</table>
Domain 5 – Delivery of safe, effective, compassionate and person-centred care

| 5.1 - Safe delivery of care | The environment was modern and well maintained. Safe operating procedures would ensure safe delivery of treatments. An audit programme should be introduced to review the safe delivery and quality of the service. | Unsatisfactory |

Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. A quality improvement plan was in place to help develop the quality and effectiveness of the service provided. | ✓ 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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<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients told us they were fully informed and received aftercare advice. Fully completed patient care records would help demonstrate safe delivery of care.</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

Further information about the Quality Framework can also be found on our website at:
What action we expect Leona Gilhooley to take after our inspection

This inspection resulted in two requirements and six 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)

Leona Gilhooley, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at LG Medical 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

Patients were very complimentary about the service and able to make informed decisions about their treatment. A structured method for obtaining patient feedback helped to improve the quality of the service delivered.

We saw that patients were given detailed information about the requested treatments during their initial consultation, so they could make an informed decision. This information included risks, side effects and expected outcomes of treatment, as well as aftercare. After the consultation, patients had a cooling-off period before the treatment appointment. Information about treatments and costs were clearly displayed on the service’s website.

Results from our online survey showed that patients felt involved in decisions about their treatment and were confident in the service. Comments included:

- ‘I’m always involved regarding my care and treatment.’
- ‘Effect from each treatment was explained. And what effect would be gained.’
- ‘Took time to discuss the treatment options and the cost involved.’

Patients were asked to complete comment cards and we saw they also wrote reviews on social media. All reviews were positive and all comments on social media were responded to.

A complaints policy detailed the process for managing a complaint and provided information on how a patient can make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. The service had received no complaints since registration in July 2020.
The practitioner had completed duty of candour training (where healthcare organisations have a professional responsibility to be honest with people when things go wrong) and a duty of candour policy was in place. A yearly duty of candour report had been produced. The service had not had any instances requiring the need to implement duty of candour principles.

The service also had a chaperone policy and a dignity and respect policy in place. In response to our online survey, all patients said they were treated with dignity and respect and had confidence in the service. Comments included:

- ‘Loved the inclusive feel. Was a cared for client.’
- ‘Always treats me with respect and dignity.’

**What needs to improve**

The complaints policy described the complaints process. However, it was not accessible to patients, such as on display in the clinic or on the website (recommendation a).

The service’s participation policy stated that patient who use the service ‘will be engaged and involved with the staff and colleagues to improve service delivery.’ However, the policy does not state how feedback will be obtained, reviewed and actioned. While patients were encouraged to complete a comment card and leave feedback on social media, the service had no method for obtaining structured feedback, such as a questionnaire or an online survey (recommendation b).

- No requirements.

**Recommendation a**

- The service should ensure that information on how to make a complaint is accessible to patients.

**Recommendation b**

- The service should consider developing the participation policy to include structured methods to obtain and action patient feedback to drive improvement of the service.
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 was modern and well maintained. An appropriate waste disposal contact must be in place. Safe operating procedures would help deliver treatments and manage emergencies safely. An audit programme should be introduced to review the safe delivery and quality of the service.

The clinic environment was modern, clean, well equipped and fit for purpose. Equipment, such as the treatment couch was in good condition. Patients commented:

- ‘The environment in this clinic has always been clean, friendly and comfortable.’
- ‘Very professional, clean and welcoming. Very happy with standard of all infection control measures.’

An infection prevention and control policy was in place. A cleaning schedule was in place for the clinic environment and equipment. Cleaning was carried out in-between patient appointments as well as through a programme of regular, scheduled deep-cleaning. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment (such as disposable aprons, gloves and face masks) and alcohol-based hand gel.

Fire safety equipment was in place and electrical equipment was tested regularly to make sure it was safe for use.

Patient care records we reviewed showed batch numbers and expiry dates of medicines used during treatment were being recorded in line with best practice. This would allow tracking if any issues arose with the medications used. An emergency policy was in place. Emergency medicines were easily accessible and
the practitioner regularly checked them to make sure they remained in-date. The temperature of the medicines fridge was monitored to make sure medicines were stored at the correct temperatures. The practitioner was an advanced nurse prescriber.

While no accidents or incidents had happened, the service had a system in place to record them.

All patients who completed our online survey said they had confidence in the service. Patients commented:

- ‘Knowledge and skill apparent and reassuring.’
- ‘Always professional and organised.’

What needs to improve
It is a legal requirement that any clinical waste producer segregates, packages and disposes of all waste in line with current national waste legislation. While a clinical waste contract was in place for the removal and disposal of clinical waste, this was not carried out correctly for Botulinum toxin. For example, an incorrect waste sharps box was being used. As this medicine is categorised as hazardous under waste legislation, using the wrong sharps box would mean the clinical waste was not disposed of (incinerated) correctly (requirement 1).

The service had a non-compliant clinical hand wash basin in the treatment room. No risk assessment had been carried out to help mitigate the risks and an incorrect cleaning product was used to clean it (requirement 2).

An audit programme would allow the service to demonstrate how improvements are identified and implemented. Audits could be carried out on patient care records and the safety and maintenance of the care environment (recommendation c).

The service did not have a management of emergencies policy or safe operating procedures in place for treatments carried out (recommendation d).

Requirement 1 – Timescale: immediate

- The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with appropriate national waste legislation.
Requirement 2 – Timescale: immediate

■ The provider must carry out a risk assessment on the sink in the treatment room to mitigate any risk associated with using non-compliant clinical wash hand basins and ensure an appropriate cleaning product is used.

Recommendation c

■ The service should develop audits to cover key aspects of care and treatment such as patient care records and the clinic environment. Audits and associated action plans should be documented, and actions added to the quality improvement plan.

Recommendation d

■ The service should develop safe operating procedures for all treatments.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients told us they were fully informed and received aftercare advice. Fully completed patient care records would help demonstrate safe delivery of care.

We looked at three electronic patient care records and saw that all had consultations and details of treatments recorded, including any medicines used. Patients were emailed a medical history questionnaire to be completed before their first appointment and to update their medical history, if relevant before all future appointments.

New patients had a face-to-face consultation before attending for their treatment appointment, giving them a cooling-off period and time to consider the information they had received.

Patients who responded to our online survey said:

• ‘Was given the opportunity to take as long as I wanted before committing to any treatment.’
• ‘Gave me plenty of time to have a good think on whether to go ahead.’

A consultation was carried out with all patients before any treatment took place. Patients were fully informed to make sure they had realistic expectations.
of their proposed treatment plan. Treatment would not proceed if patients had unrealistic expectations, if the treatment was unnecessary or if a clinical risk was indicated.

All patients said they received adequate information on the procedure, risks and benefits and expected outcome.

All patients were given written aftercare information, including instructions of what to do in an emergency. Patients were also offered a review appointment to check their satisfaction with the results of their treatment.

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights).

What needs to improve

We found gaps in documentation for all of the patient care records we reviewed. For example, not all records had the following information documented:

- patients date of birth, next of kin and GP
- medical history, and
- completed medical history form and consent form.

Regular, scheduled audits of patient care records would help identify gaps and lead to improved record-keeping (recommendation e).

- No requirements.

Recommendation e

- The service should ensure that all relevant information is recorded in the patient care record to ensure safe delivery of care.
**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 kept up to date with changes in the aesthetics industry, legislation and best practice guidance. A quality improvement plan was in place to help develop the quality and effectiveness of the service provided.

The service was owned and managed by a nurse practitioner registered with the Nursing and Midwifery Council (NMC). They kept up to date with legislation and best practice through their professional regulatory revalidation process, reflective learning and attending aesthetics industry training events. Revalidation means they are required to register with the NMC every year and complete a revalidation process every 3 years.

The practitioner was a member of the British Association of Cosmetic Nurses (BACN) who promote patient safety in aesthetics and provides support and training to its members. We saw evidence that the practitioner had attended relevant training for new treatments and to keep up to date with current treatments.

A quality improvement plan was in place. Planned improvements, such as a new electronic patient care record system and offering a new treatment were listed with an explanation and expected completion date.

**What needs to improve**

The practitioner told us that case studies are carried out for trialing new products and treatments. However, these tests of change were not documented (recommendation f).

- No requirements.
Recommendation f

- The service should document improvement activities to further demonstrate a culture of continuous improvement 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>Recommendations</th>
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| **a** The service should ensure that information on how to make a complaint is accessible to patients (see page 8).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20 |

| **b** The service should consider developing the participation policy to include structured methods to obtain and action patient feedback to drive improvement of the service (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

### Requirements

1. The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with appropriate national waste legislation (see page 10).

   **Timescale** – immediate

   *Regulation 3(d)(iii)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

2. The provider must carry out a risk assessment on the sink in the treatment room to mitigate any risk associated with using non-compliant clinical wash hand basins and ensure an appropriate cleaning product is used (see page 11).

   **Timescale** – immediate

   *Regulation 3(d)(iii)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

- **c** The service should develop audits to cover key aspects of care and treatment such as patient care records and the clinic environment. Audits and associated action plans should be documented and actions added to the quality improvement plan (see page 11).

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

- **d** The service should develop safe operating procedures for all treatments (see page 11).

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

- **e** The service should ensure that all relevant information is recorded in the patient care record to ensure safe delivery of care (see page 12).

  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27
## Domain 9 – Quality improvement-focused leadership

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| The service should document improvement activities to further demonstrate a culture of continuous improvement of the service (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 |
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
Complaints

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

Our contact details are:

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

**Telephone:** 0131 623 4300

**Email:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)
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
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