Announced Inspection Report: Independent Healthcare

**Service:** Eaton Aesthetics, Bieldside, Aberdeen

**Service Provider:** Eaton Health Services Limited

2 June 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
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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 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 Eaton Aesthetics on Thursday 2 June 2022. We spoke with the manager (practitioner) during the inspection. We also received feedback from 38 patients through an online survey we had asked the service to issue from 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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Eaton 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>Domain 2 – Impact on people experiencing care, carers and families</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>
</tr>
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</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Safe delivery of care</td>
<td>The environment was clean and well maintained. Clinical governance processes helped the service to provide assurance of safe care and treatment, including risk assessments. An audit programme should be introduced.</td>
<td>✓✓ Good</td>
</tr>
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### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Grade</th>
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<tbody>
<tr>
<td>9.4 Leadership of improvement and change</td>
<td>The service stayed up to date with advances in the sector through regular attendance at educational sessions and through professional groups. A detailed quality improvement planning process helped the service to demonstrate a culture of continuous improvement.</td>
<td>✓✓ Good</td>
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The following additional quality indicator was inspected against during this inspection.

#### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
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<tr>
<td>5.2 Assessment and management of people experiencing care</td>
<td>Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Patients were fully included and well informed about their treatments. The service kept in regular contact with patients following their procedures to check on their progress.</td>
</tr>
</tbody>
</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)
Further information about the Quality Framework can also be found on our website at: https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

**What action we expect Eaton Health Services Limited to take after our inspection**

This inspection resulted in one recommendation. See Appendix 1 for the recommendation.

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

We would like to thank all staff at Eaton 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 were able to make fully informed decisions about their treatment. Patient feedback was actively sought to help improve the quality of the service provided. A clear and accessible complaints process was in place.

The service’s informative website included details about the procedure available, including what to expect afterwards and a clear explanation of costs. We saw that patients were also given information through email and during the consultation process so they could make a fully informed decision. Patients had time to consider treatment options and ask questions before agreeing to treatment.

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

- ‘Such a caring professional genuinely she is interested in your feelings.’
- ‘Always takes the time to discuss my desires and gives me options on how I can achieve this, while ensuring my expectations are realistic.’
- ‘From consultation to treatment I was always asked if I was happy about the advice given and what I was looking for from my treatment’

The service made sure that patients’ privacy and dignity was maintained. All consultations were appointment-only and only one patient was treated at a time, maintaining confidentiality. The treatment room door was locked when patients were being treated.
The service had a comprehensive up-to-date participation policy. Patients had the opportunity to provide feedback to the service in a number of ways, including online or in written form. We were told that feedback received was reviewed regularly and acted on.

After treatment, patients received an email with appropriate aftercare information, including information about how to raise a concern or make a complaint. Patients who left feedback electronically also received an automated email telling them how to contact the service and how to make a complaint. The service had an up-to-date complaints policy which referred to Healthcare Improvement Scotland as an alternative process for complaints. This information was available on the service’s website and a complaints form was available in the clinic.

We noted the service had not received any complaints since registration in July 2019.

Duty of candour is where healthcare organisations have a responsibility to be honest with patients if something goes wrong. The service had an up-to-date duty of candour policy and we were told the service had not had any instances requiring it to implement duty of candour principles.

- 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

The environment was clean and well maintained. Clinical governance processes helped the service to provide assurance of safe care and treatment, including risk assessments. An audit programme should be introduced.

The clinic environment and equipment was clean, well maintained and fit for purpose. Appropriate systems were in place to help make sure the clinic environment was kept clean, tidy and well maintained. All equipment was in good condition, and external contractors regularly tested and maintained the heating systems and electrical appliances. Appropriate fire safety equipment and signage was in place.

Appropriate and up-to-date policies and procedures helped to support the safe delivery of care, including:

- information management
- infection prevention and control,
- medication management, and
- safeguarding (public protection).

We saw that the service worked in line with its infection prevention and control policy. Effective measures were in place to reduce the risk of infection. Cleaning of the clinic environment and equipment was carried out in between patient appointments, as well as a programme of regular deep cleaning. Appropriate cleaning products were used. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment such as face masks, gloves and aprons. A suitable waste contract was in place for the safe disposal
of swabs, syringes, needles and other clinical waste. Waste transfer notes were kept, in line with guidance.

All patients who responded to our survey agreed the environment was clean and in a good state of repair. Comments included:

- ‘Everything was very clean and tidy and all safety precautions were followed to the letter.’
- ‘The room is spotless and very clean and comfortable’
- ‘Clinic is always spotless and exactly how you would expect a professional aesthetics clinic to look.’

All medicines were obtained from appropriately-registered suppliers. The service kept a small number of prescription-only medicines as stock, including medicine required in an emergency. A system was in place to record the temperature of the clinical fridge to check that medicines were stored at the correct temperature. All medicines and single-use patient equipment was in-date and we saw monthly checks were carried out.

A variety of processes had been implemented to make sure care was delivered safely. This included an accident book used to record any accidents or incidents that took place and an incident-recording and review process.

The practitioner had a good understanding of their responsibilities for reporting accidents, incidents and adverse events. The service had comprehensive risk assessments appropriate to the service in place.

What needs to improve
The service did not carry out audits. A structured programme of regular audits should be introduced for key areas, such as medication, patient care records and the care environment (recommendation a).

- No requirements.

Recommendation a
- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Patients were fully included and well informed about their treatments. The service kept in regular contact with patients following treatment to check on their progress.

We reviewed 10 electronic patient care records and found all were comprehensive, including information for patients’ GP and emergency contact details. Patients completed an initial online consultation form, including a medical history questionnaire and COVID-19 wellness screening. This was discussed with the patient during their initial consultation to make sure patients had realistic expectations of the proposed treatment plan. Risks and benefits of the treatment were explained before treatment. Treatment plans included facial mapping with a description of the treatment and diagram of the areas treated, including batch numbers and expiry dates of the medicine used. These were reviewed and updated at each treatment.

Patients were asked to consent to treatment, sharing information with their GP if required and consent to have their photograph taken and shared for marketing purposes.

Patients were given verbal and written aftercare advice after their treatment and were invited for a post-treatment consultation. Patients were also provided with out-of-hours contact details for the practitioner.

The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights). The service used electronic records which were stored securely on electronic devices. Access to any electronic information was password-protected to ensure confidentiality of patient information was maintained, in line with data protection legislation.

Patients stated they were very satisfied with the service and the treatments they had received. Comments from our online survey included:

- ‘She spent a lot of time explaining the procedure and advised that I didn’t have to go ahead if I had any doubts, at no time did I feel rushed or pushed into treatment.’
- ‘No pressure came from her. Everything was explained and then I had time to consider all my options.’
• ‘I was not pressured at all to go ahead with the treatment and was actually emailed the plan and cost and given time to read it and think about whether I wanted to go ahead.’

**What needs to improve**

We saw no evidence that patient care records were audited to make sure they were fully and accurately completed. This should also be part of a regular programme of audits implemented in the service.

- No requirements.
- 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

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with local groups and national organisations. A quality improvement plan with appropriate action plans was produced to help evaluate and measure the quality, safety and effectiveness of the service provided.

The service was owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). This requires them to register with the NMC every year and to complete a revalidation process every 3 years where they gather evidence of their competency, training and feedback from patients and peers in order to remain a registered nurse practitioner. They were also a member of a number of aesthetic forums. This included the Aesthetic Complications Expert (ACE) group, Complications in Medical Aesthetic Collaborative (CMAC) and a number of prescribing and complications forums.

The practitioner had recently qualified as an independent nurse prescriber. This allowed them to prescribe prescription-only medicines, such as Botulinum toxin. The practitioner was in regular contact with other local aesthetic practitioners, allowing them to share information, support and learning with each other.

The service’s quality improvement plan included reviews of patient feedback, as well as the ongoing development of the service. We noted that action plans were produced, where appropriate.

- No requirements.
- No recommendations.
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

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<th>Requirements</th>
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<tr>
<th>Recommendation</th>
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<td>a The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented (see page 10).</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: his.ihcregulation@nhs.scot