Announced Inspection Report: Independent Healthcare

Service: Arty Aesthetics, East Kilbride
Service Provider: Roslyn Torrance

21 April 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 Arty Aesthetics on Thursday 21 April 2022. We spoke with aesthetic practitioner during the inspection. We received feedback from two 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 satisfactory self-evaluation.

What we found and inspection grades awarded

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>The service’s small number of patients were able to contact the practitioner at any time over the phone. Patients felt supported and that they were given time to reach decisions about their treatment. The service should develop a structured process of gathering feedback and informing patients of its impact. Processes and procedures should continue to be developed and</td>
<td>✓ Satisfactory</td>
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patients should be fully informed during their experience in the service.

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

| 5.1 - Safe delivery of care | The environment was clean and well maintained with an appropriate clinical waste contract in place. A system must be introduced to manage risk effectively. A structured process of audits should be carried out and reviewed regularly. | 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 through its membership with local forums and national organisations. A quality improvement plan should be developed. | Unsatisfactory |

The following additional quality indicator was inspected against during this inspection.

**Additional quality indicators inspected (ungraded)**

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

<table>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>All patient care records were in paper format and stored securely. The provider must develop the patient care records further to include a documented consultation process and treatment plan. Patient information should be documented. GP and emergency contact details should be requested from patients and documented.</td>
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</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: 

What action we expect Arty Aesthetics to take after our inspection

This inspection resulted in three requirements and eight recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: 
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

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

We would like to thank all staff at Arty Aesthetics for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

The service’s small number of patients were able to contact the practitioner at any time over the phone. Patients felt supported and that they were given time to reach decisions about their treatment. The service should develop a structured process of gathering feedback and informing patients of its impact. Processes and procedures should continue to be developed and patients should be fully informed during their experience in the service.

The service had a small number of patients, personally known to the practitioner. This allowed for a personal approach, allowing each patient to have treatment specific to their requirements. The same patients returned regularly for treatments.

The service environment was secure and allowed for the patient’s privacy and dignity to be maintained. The risks and benefits were discussed during the initial consultation and patients were given the opportunity to re-consider their options before commencing treatment.

We were told that feedback was obtained verbally from the individual patient. Each patient could contact the practitioner over the phone at any time.

We were told the service had received no complaints since its registration. The service had a duty of candour policy in place.

The patients who completed our online survey said:

- ‘I have been attending this establishment over the course of several months I am very confident in receiving my treatment.’
- ‘100% satisfaction every time I visit.’
What needs to improve
The service did not have a formal or structured process of gathering patient feedback (recommendation a).

No process was in place to inform patients of how their feedback impacted on service improvement (recommendation b).

While we saw that the risks and benefits to treatment was discussed during the process of consent there was no treatment information available for patients to access before treatment began. Treatment information should be made available to patients before treatments begin to make sure patients are fully informed of the risks and benefits before they make their decision (recommendation c).

The service had a complaints policy in place. However, patients were not made aware of how to access the complaints policy (recommendation d).

While a duty of candour policy was in place, no report had been produced in the last 12 months. A new duty of candour report should be made available every year on the service’s website or social media site for patients to review. We will follow this up at future inspections.

■ No requirements.

Recommendation a
■ The service should develop a structured process of obtaining patient feedback.

Recommendation b
■ The service should keep patients informed of the impact their feedback has on the service.

Recommendation c
■ The service should develop written patient information leaflets.

Recommendation d
■ The service should ensure patients know 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

The environment was clean and well maintained with an appropriate clinical waste contract in place. A system must be introduced to manage risk effectively. A structured process of audits should be carried out and reviewed regularly.

The environment was clean and well maintained. Patient equipment was in a good state of repair. Single-use patient equipment was used where appropriate to minimise the risk of cross-infection.

Appropriate cleaning regimes were in place. We saw good practice in relation to infection prevention and control.

We saw the service had a clinical waste contract in place and appropriate bins to dispose of sharps.

We saw that appropriate fire safety processes were in place, including a fire extinguisher and fire signage. We were told that all electrical equipment was due for servicing later in 2022.

All medications were ordered from appropriately-registered suppliers and ordered for individual patients. All medicines and single-use patient equipment was in date.

The service had a policy on the safeguarding of vulnerable adults. ‘Safeguarding’ is the protection of a person’s health, wellbeing, and right to live in safety, free from harm, abuse, and neglect.
Feedback from our survey showed that patients were satisfied with the cleanliness of the environment they were treated in. Comments included:

- ‘Very professional in a very clean and sterile environment.’
- ‘Facilities were beautifully clean, very minimal with only the essentials present; treatment couch, chair, drug fridge, and hand basin.’

**What needs to improve**
The service did not have a structured process to manage risk. All risks to patients and staff must be effectively managed. This includes developing a register of risk assessments that is regularly reviewed and updated (requirement 1).

No system was in place to check and record the temperature of the clinical fridge. We were told that stock expiry dates were checked regularly. However, the service did not document evidence of this. A formal programme of regular audits, which should include audits of:

- cleaning and maintenance of care environment
- medicine management, including checking the temperature of the medicine fridge, and
- patient care records (recommendation e).

**Requirement 1 – Timescale: immediate**
- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

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

Quality indicator 5.2 - Assessment and management of people experiencing care

All patient care records were in paper format and stored securely. The provider must develop the patient care records further to include a documented consultation process and treatment plan. Patient information should be documented. GP and emergency contact details should be requested from patients and documented.

All patient care records were in paper format and stored securely in a locked cabinet. We reviewed three patient care records and found that all patients had consented fully for their treatment. The process included a discussion about the risks and benefits of treatment and covered any allergies to previous treatments. Consent was requested for photographs to be taken. All consent forms were signed and dated by the patient and the practitioner.

The lot number and expiry dates of medicines used were documented on the consent form.

The service is registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights).

What needs to improve
We reviewed three patient care records and found that the only information recorded was consent to treatment and consent to taking photographs. While the consent form included the patient name and address, other patient information was not recorded. Information recorded should have included the patient’s past medical history, routine medicines and general allergies. The provider must develop a more detailed patient care record that includes this information. A documented consultation and detailed treatment plan highlighting what areas have been treated and what doses of medicines have been used must also be included (requirement 2).

Patient care records did not request or document next-of-kin contact details or GP contact details (recommendation f).

We saw that all patient consent forms were stored together within the locked cabinet. Each patient should have a separate file, storing all their relevant information and documentation (recommendation g).
**Requirement 2 – Timescale: immediate**

- The provider must ensure a record is made in the patient care record of the date and time of every consultation with examination, the outcome of the consultation or examination. The details of every treatment provided with details of every medicine ordered for the patient with date and time when it was administered.

**Recommendation f**

- The service should request and record emergency and GP contact details for all patients in the event of an emergency.

**Recommendation g**

- The service should develop appropriate filing processes ensuring each patient care record is in file format storing all the relevant patient information and documentation of the first and return appointments.
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 forums and national organisations. A quality improvement plan should be developed.

The service was owned and managed by a nurse practitioner. The practitioner was a registered nurse 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.

We were told the practitioner was a member of a number of aesthetic forums including the British Association of Cosmetic Nurses (BACN). These forums were accessed through social media. The practitioner had a network of local aesthetic practitioners they kept in touch with and gained support and learning from. We saw evidence of recent training that the practitioner had completed on new treatments. To further develop their skills the practitioner had recently qualified as an independent nurse prescriber.

We were told that the practitioner planned to develop a service social media page and create a website.

What needs to improve

The practitioner had not informed Healthcare Improvement Scotland (HIS) of changes in the service. For example, when the service re-opened after lockdown. The practitioner had not consistently submitted the HIS annual return documentation for the service. The annual return allows HIS to be made aware of the progress of the service over the previous year (requirement 3).
The service did not have a quality improvement plan. The service also did not have any quality systems in place to inform service development or quality assurance (recommendation h).

**Requirement 3 – Timescale: immediate**
- The provider must inform Healthcare Improvement Scotland of any changes in the service and submit information when requested by Healthcare Improvement Scotland.

**Recommendation h**
- The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement and informs quality assurance.
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>Requirements</th>
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<td>None</td>
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<th>Recommendations</th>
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<tr>
<td>a The service should develop a structured process of obtaining patient feedback (see page 8).</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 4.8

| b The service should develop a process of keeping patients informed of the impact their feedback has on 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

| c The service should develop written patient information leaflets (see page 8). |

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

| d The service should ensure patients know how to make a complaint (see page 8). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

<table>
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<th>The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 10).</th>
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<td><strong>Timescale</strong> – immediate</td>
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| 1 | *Regulation 13(2)(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
|   | The provider must ensure a record is made in the patient care record of the date and time of every consultation with examination, the outcome of the consultation or examination. The details of every treatment provided with details of every medicine ordered for the patient with date and time when it was administered (see page 12). |
|   | **Timescale** – immediate |
| 2 | *Regulation 4(2)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |

### Recommendations

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<tr>
<td><strong>f</strong></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</td>
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### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
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<th>g</th>
<th>The service should develop appropriate filing processes ensuring each patient care record is in file format storing all the relevant patient information and documentation of the first and return appointments (see page 12).</th>
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Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.18

### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
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<th>Requirement</th>
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Timescale – immediate

*Regulation 5(4)*

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

<table>
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<th>Recommendation</th>
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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