Announced Inspection Report: Independent Healthcare

**Service:** Face Factor Aesthetics, Aberdeen

**Service Provider:** Skintech Aesthetics and Medispa Limited

1 February 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 Face Factor Aesthetics on Tuesday 1 February 2022. 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.

What we found and inspection grades awarded

For Face Factor Aesthetics, the following grades have been applied to the key quality indicators.

<table>
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<th>Key quality indicators inspected</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>Quality indicator</td>
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<td>5.1 - Safe delivery of care</td>
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The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national groups and training events. A quality improvement plan would help to improve the quality of the service provided, and help make sure the delivery of treatments is safe and effective.

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**

| 5.2 - Assessment and management of people experiencing care | The service kept patient care records securely. Although we found that a detailed consultation was recorded which included the patients past medical history, we found significant gaps in patient care records. Consent should be recorded to allow information-sharing. |

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](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

**What action we expect Skintech Aesthetics and Medispa Limited to take after our inspection**

This inspection resulted in four 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

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

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

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 care environment and patient equipment was clean and well maintained and policies and procedures were in place to maintain a safe environment. The service should develop an audit programme and systems to manage risk within the service. Policies should be updated to regularly and medicines disposed of in line with manufacturer’s instructions.

The clinic area was clean and equipment was fit for purpose. We noted that the correct cleaning products were being used to clean the service. The practitioner told us about the additional cleaning introduced in response to the COVID-19 pandemic. Patient appointments were arranged with appropriate gaps between them to allow for appropriate cleaning to be carried out.

Single-use mops were used to clean the clinic floor. The clinical handwash basin was cleaned with a chlorine solution in line with current guidance.

To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment, including:

- aprons
- fluid-resistant face masks
- gloves, and
- single-use items, such as syringes and needles.

Alcohol-based hand rub was also available throughout the service.
Any patient suspecting that they had symptoms of COVID-19 were advised not to attend the appointment. A COVID-19 screening questionnaire was completed on arrival at the clinic. Other precautionary measures in place included:

- alcohol-based hand rub
- temperature checks on arrival, and
- use of protective personal equipment.

The door to the service was locked in between patients and the treatment room door was closed between appointments for privacy and dignity.

A waste contract was in place for the safe disposal of syringes, needles and other clinical waste. Equipment, such as the treatment couch was in good condition. Stock cupboards were well organised and not overfilled with surplus stock or equipment.

Patient feedback from our survey was very positive about their experience of using the service. Some comments included:

- ‘Very relaxing environment.’
- ‘Very clean and professional working environment.’

We saw systems in place for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked cupboard or a drug refrigerator and were in-date.

Arrangements in place to deal with medical emergencies included training and first aid supplies. In-date medicines were available that could be used in an emergency, such as adrenaline.

The practitioner was aware of the reporting process to Healthcare Improvement Scotland. We noted that no accidents, incident or adverse events had occurred since the service was registered in October 2018.

What needs to improve
We found that the service was not recording the details of the medications being used, including dose and batch number of medication (requirement 1)
While a fire risk assessment was in place, the service did not have an effective process in place for risk management. All risks to patients and staff in the service must be effectively managed continuously. Proactive risk management processes must be developed, which include:

- a comprehensive risk register
- appropriate risk assessments to protect patients and staff, and
- an accident and incident investigation procedure (requirement 2).

We noted that bins were available for the disposal of sharps, as well as for clinical and non-clinical waste. A contract was in place for the safe removal of sharps and other clinical waste from the premises. However, the clinical waste bin used to dispose of botulinum toxin was not suitable. We saw no evidence that this was being appropriately segregated from other clinical waste and being disposed of correctly, in line with national waste legislation. We also noted waste transfer notes were not used (requirement 3).

The environment was visibly clean and clutter free. We were told that staff regularly carried out cleaning. However, the service had no documented evidence to show cleaning was taking place (recommendation a).

We saw no evidence of audit activity carried out in the service. A programme of regular audit should be implemented which, as a minimum, includes:

- medicine management, including checking expiry dates of single-use equipment and medicines
- patient care records, and
- health and safety (recommendation b).

We saw no evidence of a programme of regular review to make sure policies and procedures were kept up to date, such as if legislation changed. All policies were out of date and had no imminent review date (recommendation c).

We also noted a number of key policies were not in place, including the management of adverse events and duty of candour. Duty of candour shows how the service would meet its professional responsibilities to be honest with patients if things went wrong (recommendation d).
Requirement 1 – Timescale: immediate
■ The provider must ensure that patient care records set out how patients’ health, safety and welfare needs will be met. As a minimum, this must include every medicine ordered for the service user and the date and time at which it was administered or otherwise disposed of, including the batch number.

Requirement 2 – Timescale: immediate
■ The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Requirement 3 – Timescale: immediate
■ The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of safely in line with national waste legislation. A waste transfer note must also be used each time waste is collected from the service.

Recommendation a
■ The service develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.

Recommendation b
■ 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.

Recommendation c
■ The service should introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance.

Recommendation d
■ The service should ensure that all key policies are in place, including the management of adverse events and duty of candour.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

The service kept patient care records securely. Patient care records contained initial consultation information including treatments, GP details, and next of kin or emergency contact details should all be recorded in patient care records. Patients should receive appropriate written aftercare. We found significant gaps in patient care records. Consent should be recorded to allow information-sharing, the consent form must be signed by the healthcare professional and details of the treatment must be accurately recorded.

Patient feedback from our survey was very positive about their experience of using the service. All respondents told us they felt involved in decisions about their care. They also told us they were informed about the risks and benefits before going ahead with treatment. Comments included:

- ‘Put me at ease and explained everything she was doing Very professional and friendly.’
- ‘Extensive knowledge and felt comfortable with practitioner.’
- ‘Very efficient and professional at all times.’

We reviewed five electronic patient care records and saw evidence of consultations for all treatments, including:

- the patient’s medical history
- medication
- emergency contact details
- treatment options, and
- risks and benefits of treatment.

Written aftercare was recorded as being given to patients.

What needs to improve

From the patient care records reviewed, we found that the practitioner had not signed patients’ consent forms. The practitioner had also not recorded details of the aesthetic procedure administered to the patient along with signing and dating the patient care record. Patient care records must set out how patient health, safety and welfare needs will be met (requirement 4).
A service may sometimes need to inform a patient’s GP about something relevant to their treatment, such as an adverse reaction to a medicine or a complication. GP details were documented in patient care records we reviewed. However, in order to share information the service needs the patient’s consent. The layout of the service’s consent form did not allow this patient consent to be recorded (recommendation e).

**Requirement 4 – Timescale: immediate**

- The provider must ensure that patient care records set out how patients’ health, safety and welfare needs will be met. As a minimum, this must include:

  (a) the date and time of every consultation with, or examination of, the service user by a health care professional and the name of that health care professional  
  (b) the outcome of that consultation or examination, and  
  (c) details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the health care professional responsible for providing it.

**Recommendation e**

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records.
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 national groups and training events. A quality improvement plan would help to improve the quality of the service provided, and help make sure the delivery of treatments is safe and effective.

The service was owned and managed by an experienced doctor registered with the General Medical Council (GMC). The owner is also a member of aesthetics forums.

The practitioner kept up to date with clinical practice through ongoing training and development, as well as attending training events. This made sure the service kept up to date with changes in the aesthetics industry, legislation and current guidance. Update training in infection prevention and control and basic life support was carried out every year. They also engaged in the GMC revalidation process.

What needs to improve

We were told the practitioner had made improvements based on patient feedback. However, this was not recorded and the service did not have a quality improvement plan to help structure and record any improvements made. A formal quality improvement plan would allow the service to measure the impact of change and demonstrate a culture of continuous improvement. The improvement plan should be informed from audits, risk assessments, education and patient feedback (recommendation f).

We were told of a peer group where the practitioner and other aesthetics practitioners met every 3 months to share learning and discuss updates in
current practice. However, minutes of this were not recorded. We will follow this up at future inspections.

■ No requirements.

Recommendation f

■ The service should develop and implement a quality improvement plan which should be informed from audits and risk assessments and patient feedback to formalise and direct the way it drives and measures improvements.
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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| *Regulation 4(2)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |

| **2** The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 10). |
| Timescale – immediate |
| *Regulation 13(2)(a)*  
*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 arrange for all hazardous waste produced by the service to be segregated and disposed of safely in line with national waste legislation. A waste transfer note must also be used each time waste is collected from the service (see page 10).

Timescale – immediate

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

4 The provider must ensure that patient care records set out how patients’ health, safety and welfare needs will be met. As a minimum, this must include:

(a) the date and time of every consultation with, or examination of, the service user by a health care professional and the name of that health care professional

(b) the outcome of that consultation or examination, and

(c) details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the health care professional responsible for providing it (see page 12).

Timescale – Immediate

*Regulation 4(2)*
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

**Recommendations**

a The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
**Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)**

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<td><strong>b</strong></td>
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<td>The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records (see page 12).&lt;br&gt;&lt;br&gt;Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</td>
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**Domain 9 – Quality improvement-focused leadership**

| Requirements |
|---|---|
| None |

| Recommendation |
|---|---|
| **f** | The service should develop and implement a quality improvement plan which should be informed from audits and risk assessments and patient feedback to formalise and direct the way it drives and measures improvements (see page 14).<br><br>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](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 or email his.contactpublicinvolvement@nhs.scot