Announced Inspection Report: Independent Healthcare

Service: Dr Roz Aesthetics, Bearsden
Service Provider: Dr Roz Aesthetics Ltd

15 September 2021
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 three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Dr Roz Aesthetics on Wednesday 15 September 2021. We spoke with doctor in the service who is a sole practitioner. 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 Dr Roz Aesthetics, the following grades have been applied to three key quality indicators.

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<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td>Quality indicator</td>
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<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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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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<tbody>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
<td>The service had detailed patient assessments, consultations and treatment plans records. The service audits the patient care records and regularly reviews findings within their quality improvement plan. Patient care records should include where aftercare advice has been given.</td>
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</table>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Dr Roz Aesthetics Ltd to take after our inspection**

This inspection resulted in two recommendations. See Appendix 1 for a full list of the 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)
Dr Roz Aesthetics Ltd, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at Dr Roz 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 clinic environment was clean and well maintained. The service had implemented a number of policies and procedures to ensure that the care environment and delivery of care was safe. The service should develop an environmental risk register.

The service had systems and processes in place to help keep the care environment and equipment safe. This included increased cleaning schedules, which we saw were audited monthly. The environment was clean and well maintained. The service had also implemented a number of policies covering health and safety, medicines management and infection prevention and control.

The service had taken a number of infection prevention and control measures to reduce the risk of cross infection and transmission of COVID-19. Patients completed COVID-19 screening questionnaires before their appointment. The service introduced measures, such as protective personal equipment, temperature screening and use of alcohol-based hand rub.

Patient feedback about the service’s environment was positive. Some of the comments included:

- ‘The clinic is very clean plus additional sanitising was carried out on handrails, door surfaces and treatment chair upon both my entry and exit of the treatment room.’
- ‘Dr Roz was observed to maintain meticulous hygiene standards as well as COVID-19 precautions for the duration of the consultation.’
A range of audits carried out helped make sure practice in the service was safe, including:

- complaints (yearly)
- consent forms (yearly)
- cleaning schedules (monthly), and
- medication (monthly).

Equipment was single-use only and had appropriate clinical waste disposal in place. A lockable medication fridge was in place and fridge temperatures were recorded to make sure medication was stored at appropriate temperatures. The doctor who runs the service is trained in responding to physical health emergencies and carries a kit bag with emergency medication and equipment. The service carried out a monthly audit to check the stock levels and expiry dates of this equipment.

The landlord managed the maintenance of the clinic and carried out the required fire safety tests, including alarm drills and electric equipment PAT testing.

We saw evidence of an incident book where appropriate actions had been taken and recorded after incidents occurred. While it had not needed to use the process, the service was aware of when and how to notify Healthcare Improvement Scotland about incidents. The service had a duty of candour policy in place and had produced a report that would be published on the website.

**What needs to improve**

While the service had a COVID-19 environmental risk assessment, it had not completed an environmental risk assessment and developed a risk register to help make sure patients and those working in the service were safe (recommendation a).

- No requirements.

**Recommendation a**

- The service should complete an environmental risk assessment and risk register to ensure the safety of patients and those working in the service.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

The service had detailed patient assessments, consultations and treatment plans recorded in patient care records. The service audits the patient care records and regularly reviews findings within their quality improvement plan. Patient care records should include where aftercare advice has been given.

We reviewed five patient care records and found that all had detailed consultations and assessments recorded, along with signed consent forms. We also saw evidence of care planning, including the risks and benefits of treatments being discussed.

Before a patient’s appointment, the service sent them:

- a COVID-19 questionnaire
- a data protection consent form, including consent for photographs to be taken and used on the website
- aftercare advice, and
- an electronic copy of the consent form for their treatment.

The service documented patient notes on paper records which were stored appropriately in a locked filing system. All patient care records reviewed were clear, legible and signed appropriately by both the patient and the clinician.

A number of patients revisited the service for ongoing treatments. We saw that their patient care records were reviewed and updated at each appointment, including any changes to their health, medications or allergy status.

Where medication was used as part of the treatment, the details of the medicine dosage and batch numbers were documented in the patient care record. The service used a code system to accurately record the dosage of medicine given in each area.

The service carried out a yearly patient care record audit. We saw evidence of the audits and associated action plans. We saw that the service had embedded ongoing patient care record audits in its quality improvement plan.
We received positive feedback from those who completed our survey about their assessment and treatment. Some of the comments included:

- ‘Very clear guidance before, during and after the procedure.’
- ‘Time was taken before appointment to answer all queries and Roz spent considerable time ensuring I was fully informed during the consultation, including risks.’
- ‘I felt very comfortable and knowledgeable about the procedure and after care.’

**What needs to improve**
We were told that all patients received an electronic copy of the aftercare advice. Best practice would be to record that aftercare has been given in the patient care records (recommendation b).

- No requirements.

**Recommendation b**
- The service should ensure that each patient care record documents when aftercare information is given to the patient.
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 practitioner is proactive in keeping up to keep with the latest findings in the aesthetics industry. The service has a robust audit programme and is continually reviewing practice to improve. The service has a quality improvement plan in place that is reviewed regularly.

The aesthetics doctor is a single practitioner and we saw evidence of a number of training courses completed through their substantive post as a general practitioner. This training included courses such as first aid, life support, and infection prevention and control.

Patient feedback was collected, reviewed and used to drive improvements where identified. The patient feedback questionnaires had been audited and all responses were positive. The service includes information on how to complain in the aftercare leaflet.

The quality of the service delivered was proactively reviewed. We saw evidence of a detailed quality improvement plan, where the practitioner identified a number of areas of practice that had been reviewed with audits and associated action plans. The service had a rolling programme to review the quality improvement plan monthly, focusing on a different area of improvement each month. The service’s quality improvement plan detailed actions taken and the impact this had on the service. For example, the service noticed the risks associated with having aesthetic treatments in a specific timeframe window of having a COVID-19 vaccine. To address this issue, it amended the screening form to make sure the dates of patients’ vaccines were reviewed before treatments were given.

We were told that the service was open to change and keen to continually improve the service. For example, we saw that recent audit findings had
highlighted a small number of incomplete consent forms. This had been reflected on and the service had added prompts to encourage full completion of the form in future.

The service is a member of Aesthetic Complications Expert Group (ACE) and the Complications in Medical Aesthetics collaborative (CMA). These groups provided guidance to help prevent complications in the cosmetic industry and produce reports on difficulties encountered and potential solutions. As well as this, we saw evidence that the practitioner attended online training and webinars about complications with aesthetics treatments. The practitioner told us about online forums they were part of to share research in the aesthetics industry.

The practitioner had been supporting a trainee to complete their nurse prescribing qualification. This role has involved providing ongoing mentorship, support and assessment.

■ 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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<thead>
<tr>
<th>Requirements</th>
<th>Recommendations</th>
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<tr>
<td>None</td>
<td>a The service should complete an environmental risk assessment and risk register to ensure the safety of patients and those working in the service (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 4.11

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<th>Recommendations</th>
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<td>b The service should ensure that each patient care record documents when aftercare information is given to the patient (see page 12).</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