Announced Inspection Report: Independent Healthcare

Service: Sculpt Aesthetics, Glasgow
Service Provider: Ashleigh Todd Aesthetics (Scotland) Limited

7 December 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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2  A summary of our inspection  

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Appendix 1 – Requirements and recommendations  
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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 22 June 2021

Recommendation
The service should continue to develop its audit programme. Audits should be documented and improvement action plans implemented.

Action taken
The audit programme should be further developed to include other key aspects of care such as patient care records, medicine management and practicing privileges contracts. This is reported in Quality indicator 5.1 (see recommendation b).

Recommendation
The service should review its infection control policy to make sure it details how staff and practitioners will comply with the standard infection control precautions described in Chapter 1 of Health Protection Scotland’s National Infection Prevention and Control Manual.

Action taken
The infection prevention and control policy had not been further developed in line with Health Protection Scotland’s National Infection Prevention and Control Manual and current COVID-19 guidance. The policy should have a consistent naming convention, including the date it was published, version control and review date. This is reported in Quality indicator 5.1. A new recommendation is made (see recommendation a).
2 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 Sculpt Aesthetics on Tuesday 7 December 2021. We spoke with the service manager during the inspection. No patients responded to an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of two inspectors.

We did not request a self-evaluation from the service before this inspection.

What we found and inspection grades awarded

For Sculpt 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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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<td><strong>Quality indicator</strong></td>
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<td>5.1 - Safe delivery of care</td>
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<th><strong>Domain 9 – Quality improvement-focused leadership</strong></th>
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<td>9.4 - Leadership of improvement and change</td>
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oversight system must be implemented to ensure a quality service is being provided. A quality improvement plan and programme will help to improve the quality of the service provided, and ensure the delivery of safe and effective treatments.

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 |
|---------------------------------|---------------------------------------------------------------------|

#### Quality indicator | Summary findings
---|---
5.2 - Assessment and management of people experiencing care | All patients received an assessment before any treatment was carried out. Verbal information about risks and benefits of treatments was given to patients before treatments began. A face-to-face consultation with a prescriber should take place. A summary of the discussions that take place between the patient and the practitioner should be recorded in the patient care record.

#### Domain 7 – Workforce management and support

| 7.1 - Staff recruitment, training and development | Policies were in place for the recruitment, induction and training of staff, including a practicing privileges policy. All relevant pre-employment safety checks must be completed, and documented, before staff start work in the service. Induction and ongoing mandatory training should be formally documented for all staff. |

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 Ashleigh Todd Aesthetics (Scotland) Limited to take after our inspection

This inspection resulted in four requirements and 11 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

Ashleigh Todd Aesthetics (Scotland) 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 Sculpt Aesthetics for their assistance during the inspection.
3 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

Patients were cared for in a clean and safe environment. A range of policies and procedures were in place to help the service deliver care safely with systems in place to manage accidents, incidents and complaints. The audit programme should be developed further to include a wider range of topic areas, and a risk register should be introduced.

Patients were cared for in a clean and safe environment. All equipment used for procedures was single use to prevent the risk of cross-infection. An infection prevention and control policy was in place, and staff had a good awareness of infection prevention and control practices. We saw that appropriate infection prevention and control precautions were in place.

We saw a safe system for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked cupboard or a drug refrigerator. Systems were in place to monitor the fridge temperature to ensure medication was stored at the correct temperature.

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

A range of policies and procedures were in place to help the service deliver care safely for patients and staff. A rolling programme of review made sure all policies and procedures remained up to date and in line with current legislation and best practice.
An adult support and protection policy was in place. This described the process for staff to follow if there were any concerns.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with patients when thing go wrong). The service told us that no incidents had occurred that had triggered the need to apply duty of candour principles.

The landlord was responsible for servicing and maintaining the building, including fixed electrical safety and fire safety. We saw appropriate fire safety equipment was in place. The service had adequate arrangements to make sure portable electrical appliances and equipment remained safe for use.

We saw that the service had a complaints log that gave details of any complaints received, the investigation and the outcome. The service also used logs to record any accidents or incidents that take place. There had been no accidents and three incidents recorded in the service since registration in September 2018. We tracked one incident to see how this had been responded to and managed, and saw that appropriate action had been taken.

Audits of patient and staff feedback were carried out, as well as some aspects of infection prevention and control, including hand hygiene, social distancing and the use of face masks. We saw examples of completed audits and, when required, action that had been taken. We were told that audit results were shared with staff.

**What needs to improve**

Although an infection prevention and control policy was in place, this should be further aligned to current legislation and guidance (recommendation a).

The audit programme should be further developed to include other key aspects of care such as patient care records, medicine management and practicing privileges contracts. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation b).

The service did not have a risk register. We were shown a risk register template that the service planned to introduce in the coming months (recommendation c).

- No requirements.
Recommendation a

- The service should update its infection prevention and control policy in line with guidance in Health Protection Scotland’s *National Infection Prevention and Control Manual* and current national guidance for COVID-19.

Recommendation b

- The service should further develop its programme of audits to cover key aspects of care. Audits should be documented and improvement action plans developed and implemented.

Recommendation c

- The service should develop and implement a risk register to help manage any risks in the service.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

All patients received an assessment before any treatment was carried out. Verbal information about risks and benefits of treatments was given to patients before treatments began. A face-to-face consultation with a prescriber should take place. A summary of the discussions that take place between the patient and the practitioner should be recorded in the patient care record.

We reviewed three electronic patient care records. Before a consultation appointment, patients were asked to complete a medical history. This included questions about their current physical health, medications and allergies. Patients were asked to consent to treatment and to having their photograph taken. We saw these records had been signed by both the practitioner and the patient.

Verbal information about the risks and benefits of treatment were given to patients before any treatment started.

Following treatment, we were told that patients were provided with verbal aftercare information and signposted to the service’s website and social media pages. This provided emergency contact details for the service.

Where patient information was stored electronically, it was password protected. Any paper files were stored in a locked filing cabinet in a locked office.
We were told the service had recently started to email patients with COVID-19 procedures, pre-treatment information and information about how to make a complaint ahead of their appointment. These changes had been implemented following a recent complaint investigation.

**What needs to improve**

We saw no evidence of a face-to-face consultation taking place between a prescriber and the patient for prescription-only medicines, such as botulinum toxin. These discussions should include a review of:

- the patient’s medical history
- treatment options
- risks and benefits of treatment, and
- the prescribed treatment plan, prescription and costs (requirement 1).

We saw no evidence of discussions between the practitioner and the patient documented consistently in the patient care record (recommendation d).

The health questionnaire did not include questions about specific contraindications of treatment. It is important to make sure there is no reason for a person to not receive a particular treatment or procedure because it may be harmful to them. For example, for treatments using botulinum toxin, patients were not asked about their use of herbal supplements such as St. John’s Wort (this may increase the risk of bleeding or bruising at the treated site) (recommendation e).

Information about a patient’s next of kin and GP were not recorded in patient care records. Patients were not asked to consent to share information with other healthcare professionals, in the case of an emergency (recommendation f).

Although we were told that pre-treatment information was now provided to all patients by email, we did not see any evidence of this correspondence or see this documented that it had been provided in the patient care records we reviewed. We were also told that patients were only provided with verbal aftercare information and signposted to the service’s website and social media pages. However, we did not see this consistently documented in the patient care records we reviewed (recommendation g).

The service was not registered with the Information Commissioner’s Office (ICO) (an independent authority for data protection and privacy rights) (recommendation h).
Requirement 1 – Timescale: immediate
■ The provider must ensure that a face-to-face consultation takes place between the patient and a prescriber and this is documented in the patient care record. This includes any assessments, consultation, discussions, treatment plan, costs and details of any medicines prescribed.

Recommendation d
■ The service should record a summary of discussions that take place between the patient and the practitioner in the patient care record.

Recommendation e
■ The service should include questions about specific contraindications of treatment in the patient health questionnaire.

Recommendation f
■ The service should record patient’s next of kin and GP contact information and seek the patient’s consent to share information with other healthcare professionals.

Recommendation g
■ The service should provide written pre-treatment and post-treatment information to all patients. The provision of verbal and written information should be documented in the patient care record.

Recommendation h
■ The service should register with the Information Commissioner’s Office.
Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

**Quality indicator 7.1 - Staff recruitment, training and development**

Policies were in place for the recruitment, induction and training of staff, including a practicing privileges policy. All relevant pre-employment safety checks must be completed, and documented, before staff start work in the service. Induction and ongoing mandatory training should be formally documented for all staff.

One staff member was employed to work in the service. Twenty-seven staff had been granted practicing privileges to work in the service. Staff with practicing privileges are not employed directly by the provider but given permission to work in the service. This included nurse prescribers.

Recruitment, induction and training policies were in place. The employed staff member had completed a general induction when they started working in the service. This included training in topics such as health and safety, fire safety, and infection prevention and control. We were shown certificates of role-specific training completed by the employee, including COVID-19 procedures and cleaning procedures.

**What needs to improve**

Although a practicing privileges policy and practicing privileges contracts were in place, we found that the majority of pre-employment safety checks had not been completed for these individuals. This included references and professional registration checks. For the individual employed to work in the service, we also saw no evidence of a contract of employment or any recruitment checks completed. This included no completed application form or CV, references or evidence of qualifications (requirement 2).

For all staff, including those granted practicing privileges, we saw no evidence of Disclosure Scotland Protecting Vulnerable Groups (PVG) background checks completed by the provider at recruitment (requirement 3).
We also saw no evidence of ongoing safety checks being completed for staff that were employed or had been granted practicing privileges, such as Disclosure Scotland background checks or professional registration status checks (recommendation i).

Although we were shown evidence of training completed by the employee, a more structured approach to the provision and documentation of training provided to all staff working in the service should be introduced (recommendation j).

**Requirement 2 – Timescale: 1 April 2022**
- The provider must ensure that all staff, including those with practicing privileges, have appropriate, and documented safety checks completed.

**Requirement 3 – Timescale: 1 April 2022**
- The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed or granted practicing privileges to work in the service.

**Recommendation i**
- The service should ensure that ongoing safety checks are completed and recorded for all staff that are employed or granted practicing privileges to work in the service.

**Recommendation j**
- The service should ensure that a written record of all training provided is held for each staff member, including for those that are granted practicing privileges to work in the service.
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 clinical oversight system must be implemented to ensure a quality service is being provided. A quality improvement plan and programme will help to improve the quality of the service provided, and ensure the delivery of safe and effective treatments.

We were told that the manager was present in the service the majority of the time. A private social media group had also been set up so that staff working under practicing privileges arrangements could be kept up to date or given advice. We saw minutes of meetings held every 3 months that staff, including those working under practicing privileges, were invited to attend. We were told the minutes could be emailed to staff not able join the meeting.

The manager told us they regularly attended study days to keep themselves up to date, and was in the process of completing a course to allow them to deliver aesthetic training. We saw that they had already developed their own aesthetic masterclass training booklet. This was to help train new practitioners in the industry and to provide further training to those working in their service. The manager also told us that they intended to complete a non-medical prescriber course to allow them to prescribe medications for their patients receiving aesthetic treatments. They also told us they were a member of various aesthetic groups where they could access support and advice. This included the Complications in Medical Aesthetics Collaborative (CMAC). The manager told us they had developed a staff training video with a product supplier for the management of a particular aesthetic complication.
We were told that mentorship was provided to the other practitioners working in the service, especially those who had recently started to deliver aesthetic treatments.

We were told patients were sometimes provided with patient feedback forms. However, the majority of patient feedback was obtained through social media reviews. We saw action plans had been developed as a result of patient feedback.

**What needs to improve**

The service did not have any systems or processes in place for the clinical oversight of practitioners who had been granted practicing privileges to work in the service. For example, the service manager was not aware how the practitioners assessed their patients’ care needs (requirement 4).

The service did not have a quality improvement plan to allow it to monitor and manage any quality improvement activity in the service (recommendation k).

**Requirement 4 – Timescale: by 1 March 2022**

- The provider must have a risk management arrangement to ensure treatments offered are done so safely, appropriately and meet patient needs.

**Recommendation k**

- The service should develop and implement a quality improvement plan.
### 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>Requirement</th>
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<tr>
<td>1 The provider must ensure that a face-to-face consultation takes place between the patient and a prescriber and this is documented in the patient care record. This includes any assessments, consultation, discussions, treatment plan, costs and details of any medicines prescribed (see page 12).</td>
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**Timescale** – immediate

*Regulation 4(2)*

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

<table>
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<th>Recommendations</th>
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<tbody>
<tr>
<td>a The service should update its infection prevention and control policy in line with guidance in Health Protection Scotland’s <em>National Infection Prevention and Control Manual</em> and current national guidance for COVID-19 (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

This was previously identified as a recommendation in the June 2021 inspection report for Sculpt Aesthetics.
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
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<th>Recommendations</th>
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| **b** The service should further develop its programme of audits to cover key aspects of care. Audits should be documented and improvement action plans developed and implemented (see page 10).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19  |
| **c** The service should develop and implement a risk register to help manage any risks in the service (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  |
| **d** The service should record a summary of discussions that take place between the patient and the practitioner in the patient care record (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  |
| **e** The service should include questions about specific contraindications of treatment in the patient health questionnaire (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  |
| **f** The service should record patient’s next of kin and GP contact information and seek the patient’s consent to share information with other healthcare professionals (see page 12).  
Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14  |
| **g** The service should provide written pre-treatment and post-treatment information to all patients. The provision of verbal and written information should be documented in the patient care record (see page 12).  
Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.18  |
| **h** The service should register with the Information Commissioner’s Office (see page 12).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11  |
## Domain 7 – Workforce management and support

### Requirements

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<th>The provider must ensure that all staff, including those with practicing privileges, have appropriate, and documented safety checks completed (see page 14).</th>
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**Regulation 8**

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

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<th>The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed or granted practicing privileges to work in the service (see page 14).</th>
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**Regulation 9(2)**

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

### Recommendations

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<th>The service should ensure that ongoing safety checks are completed and recorded for all staff that are employed or granted practicing privileges to work in the service (see page 14).</th>
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<tr>
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<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</td>
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<th>The service should ensure that a written record of all training provided is held for each staff member, including for those that are granted practicing privileges to work in the service (see page 14).</th>
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<td>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</td>
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## Domain 9 – Quality improvement-focused leadership

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<td>4</td>
<td>The provider must have a risk management arrangement to ensure treatments offered are done so safely, appropriately and meet patient needs (see page 16). Timescale – by 1 March 2022</td>
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**Regulation 13(1)(2)(a)**  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

<table>
<thead>
<tr>
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| k | The service should develop and implement a quality improvement plan (see page 16).  
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