Announced Inspection Report: Independent Healthcare

Service: Evie’s Aesthetics, Bannockburn
Service Provider: Evelyn Kenny

28 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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First published November 2021

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www.healthcareimprovementscotland.org
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 Evie’s Aesthetics on Tuesday 28 September 2021. We spoke with the manager (practitioner) during the inspection. We received feedback from six 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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Evie’s Aesthetics, the following grades have been applied to key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
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</table>
### Key quality indicators inspected (continued)

#### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The manager was an experienced senior nurse and aesthetics practitioner. The service’s quality improvement plan contained realistic and measurable goals to help the service to further develop and improve. The manager regularly engaged with patients and peer services to ensure the improvements they made were based on feedback. They stayed up to date with advances in the sector through their membership of local and regional peer groups.</td>
<td>✔️ Good</td>
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</table>

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>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>A comprehensive clinical assessment was carried out with patients before a treatment plan was agreed. Patient care records were thorough, clear and described follow-up and aftercare arrangements. Patient care records were regularly audited. Consent was recorded for each treatment episode. Patients spoke positively about the way they were included in their treatment plans.</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 Evelyn Kenny to take after our inspection

This inspection resulted in one recommendation (see Appendix 1).

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

We would like to thank all staff at Evie’s 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 environment was suitably clean and well maintained. Effective systems were in place to manage risks associated with the treatment provided. Care and treatment was being delivered in line with best practice guidelines. Patient feedback about the service was overwhelmingly positive. A risk assessment and flushing programme for the clinical hand wash basin was needed.

The clinic environment was clean, well equipped and fit for purpose. The infection prevention and control policy was comprehensive and reflected best practice and current guidance. Effective measures were in place to reduce the risk of infection, such as the transmission of COVID-19. Additional measures had been introduced to safely manage the risks associated with the pandemic, such as enhanced cleaning and restricted access to the premises. Cleaning of the clinic environment and equipment was carried out between patients followed by a thorough daily, weekly and monthly deep clean. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment, such as disposable aprons and gloves, and single-use items such as syringes and needles.

A suitable 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. Contracts were in place for the regular servicing and maintenance of electrical equipment, including portable appliance testing.
A safe and effective system was in place for the ordering, prescribing and administering of medicines. No medicines were on site when we carried out this inspection. However, we saw policies, protocols and patient care records which showed that medicines were managed safely and effectively. A suitable medicines fridge was monitored daily to make sure effective temperature ranges were maintained. An effective stock control system was in place to make sure medicines and single-use items remained in date. We reviewed six patient care records and saw that each had a record of what treatment or medicine had been prescribed, the date it was used, the batch number and the expiry date. Emergency aesthetic medicines were easily accessible and the manager checked them regularly to make sure they remained in date.

An effective governance system was in place, as well as good systems to identify and manage risks to staff and patients. The manager had a good understanding of adult and child protection, and knew what to do if there were concerns. Policies had been reviewed every year since the service was registered in June 2018. New policies for COVID-19 had also been introduced and reviewed as national guidance changed.

The manager knew what information should be shared with Healthcare Improvement Scotland and other relevant public bodies.

A comprehensive programme of regular environmental and clinical audits were carried out to make sure the service delivered safe care and treatment. Audits included infection prevention and control, medicines management and stock control. Any action to be taken as a result of these audits was carried out quickly and effectively.

Feedback from our survey was very positive about patients’ experience of using the service. Patients told us that the manager treated them with kindness, dignity and respect. Patients told us the environment was always clean.

Comments included:

- ‘Extremely clean and tidy environment.’
- ‘Clinic is very clean/tidy/sanitised.’
- ‘Beautiful purpose built clinic.’
What needs to improve
The clinical hand wash basin was not plumbed into the mains water supply. This meant the water was supplied from a refillable sealed container. The service’s quality improvement plan included the plumbing of mains water to the treatment room. However, until this work is completed a risk assessment should be developed and a regular flushing programme introduced to ensure a safe water supply to the treatment room (recommendation a).

- No requirements.

Recommendation a
- The service should ensure a risk assessment is in place for the safe management of the water supply, which includes actions such as regular flushing of water outlets, to reduce the risk of water borne infection.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

A comprehensive clinical assessment was carried out with patients before a treatment plan was agreed. Patient care records were thorough, clear and described follow-up and aftercare arrangements. Patient care records were regularly audited. Consent was recorded for each treatment episode. Patients spoke positively about the way they were included in their treatment plans.

The manager carried out a full assessment with patients before any treatment took place. The assessment supported patients to make sure they had realistic expectations of the proposed treatment plan. Patients completed a self-evaluation and pre-treatment questionnaire before their consultation appointment. The manager discussed this information with them before developing a treatment plan. Treatment would not proceed if patients had unrealistic expectations, if the treatment was unnecessary or if a clinical risk was indicated.

We reviewed six patient care records. We saw that patients received a thorough consultation and assessment. The consultation included medical history, pre-existing health conditions and known allergies. Consent for each treatment had been obtained and recorded. Patient care records were clear and showed a traceability record for prescribed medicines. Treatment reviews took place and were recorded in the patient care record. Pre-treatment screening was also carried out for COVID-19. All records were clearly written and stored securely.
The service was moving from paper files to an electronic patient care record system. The quality improvement plan identified this would support the service to improve.

Patients who responded to our online survey said:

- ‘Everything was explained in detail in advance of the treatments.’
- ‘As well as going through what was going to happen verbally I was also given all information in a leaflet.’
- ‘… explains everything in detail and ensures that you are happy with the treatment.’

Patients were provided with verbal and written aftercare advice about their treatment. They could contact the service by telephone if they had any queries about their aftercare.

Patient care records were audited every 3 months to make sure best practice guidelines were followed. These audits helped the service to adapt and improve, for example the new electronic patient record system and the development of a body dysmorphic disorder assessment (a mental health condition where people spend a lot of time worrying about flaws in their appearance).

- No requirements.
- No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

_**Domain 9 – Quality improvement-focused leadership**_

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

_**Our findings**_

**Quality indicator 9.4 - Leadership of improvement and change**

The manager was an experienced senior nurse and aesthetics practitioner. The service’s quality improvement plan contained realistic and measurable goals to help the service to further develop and improve. The manager regularly engaged with patients and peer services to ensure the improvements they made were based on feedback. They stayed up to date with advances in the sector through their membership of local and regional peer groups.

The manager was an advanced nurse practitioner and an experienced aesthetics practitioner. They demonstrated a strong record of continued professional development both within and outwith the field of aesthetics. They used their membership of local and regional peer groups to benchmark their service and to keep up to date with changes in best practice and legislation.

The service was also a member of the Aesthetic Complications Expert (ACE) Group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on both difficulties and potential solutions encountered in the sector.

The service’s quality improvement plan detailed realistic and achievable goals, which were designed to help the service grow and improve. The service routinely gathered the views of patients and peers. This information was used to inform the quality improvement plan, for example the manager had recently undertaken specific training on new treatments that patients had said they would like to see offered.
A new electronic patient care record system was being introduced to replace the paper filing system. The manager proposed to use the new electronic system to further develop the audit programme. They were also engaging with peers to further develop the pre-assessment health questionnaire, to ensure they considered patients’ psychological needs.

- 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>
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<tr>
<td>None</td>
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<table>
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<tr>
<th>Recommendation</th>
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<td>a The service should ensure a risk assessment is in place for the safe management of the water supply, which includes actions such as regular flushing of water outlets, to reduce the risk of water borne infection (see page 9).</td>
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Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22
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.

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<th>Before inspections</th>
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<tr>
<td>Independent healthcare services submit an annual return and self-evaluation to us.</td>
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<td>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.</td>
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<th>During inspections</th>
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<td>We use inspection tools to help us assess the service.</td>
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<td>Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.</td>
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<td>We give feedback to the service at the end of the inspection.</td>
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<th>After inspections</th>
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<tbody>
<tr>
<td>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: <a href="http://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a></td>
</tr>
<tr>
<td>We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.</td>
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<tr>
<td>We check progress against the improvement action plan.</td>
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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
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