



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Essence Medical Cosmetic Clinic, Glasgow

**Service Provider:** Essence Medical Ltd

August 2019

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## Contents

<b>1</b>	<b>A summary of our inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>What we found during our inspection</b>	<b>7</b>
<hr/>		
	<b>Appendix 1 – Requirements and recommendations</b>	<b>16</b>
	<b>Appendix 2 – About our inspections</b>	<b>17</b>
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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 Essence Medical Cosmetic Clinic on Thursday 8 August 2019. We spoke with the service manager and two reception staff and we telephoned three patients after the inspection who had received treatment at the clinic. A further seven patients completed our online survey.

This was our first inspection to this service. The inspection team was made up of one inspector.

### What we found and inspection grades awarded

For Essence Medical Cosmetic Clinic, the following grades have been applied to three key quality indicators.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients were well informed about the risks, benefits and options before agreeing to treatment. A comprehensive complaints policy was in place and all patients who completed our survey knew how to make a complaint. Patients were routinely asked for feedback and we saw very good examples where this was used to improve.	✓✓✓ Exceptional
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The clinic environment was clean, comfortable and well maintained. Good quality assurance systems made sure patient care was safe. Clinical and environmental risk was well	✓✓ Good

	managed. Patients told us they felt safe when using the service.	
<b>Domain 9 – Quality improvement-focused leadership</b>		
9.4 - Leadership of improvement and change	Effective quality assurance systems were in place and an improvement plan demonstrated continuous improvement. The service manager sought and actioned feedback from patients regularly and measured the impact of improvements.	✓✓✓ Exceptional

The following additional quality indicators were inspected against during this inspection.

<b>Additional quality indicators inspected (ungraded)</b>	
<b>Quality indicator</b>	<b>Summary findings</b>
<b>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</b>	
5.2 - Assessment and management of people experiencing care	Patient care records provided detailed information about all aspects of patient care. Individual assessments and treatment plans were person-centred. Patient records were legible, up to date and included a record of consent to treatment. Patient care records were audited regularly as part of the service's commitment to quality improvement.
<b>Domain 7 – Workforce management and support</b>	
7.1 - Staff recruitment, training and development	The service manager was the sole practitioner in the service. Reception staff were employed to carry out administrative functions, such as patient enquiries, appointments and to welcome patients on arrival at the clinic. Pre-employment checks were carried out before staff were allowed to work in the service.

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 Essence Medical 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)

Essence Medical Ltd, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at Essence Medical Cosmetic Clinic for their assistance during the inspection.

## 2 What we found during our inspection

### Outcomes and impact

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

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

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

#### Our findings

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

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**Patients were well informed about the risks, benefits and options before agreeing to treatment. A comprehensive complaints policy was in place and all patients who completed our survey knew how to make a complaint. Patients were routinely asked for feedback and we saw very good examples where this was used to improve.**

We spoke with three patients and another seven completed our online survey. Most were returning customers and had attended the clinic for years. They told us that the service manager and reception staff were polite, professional and respectful. Some travelled long distances to use the service because they had confidence in the high standard of care and treatment were satisfied that it matched their individual needs and wishes.

Patients told us they felt fully involved in their care and treatment and received good information from when they first made contact with the service until after treatment. From patient care records we reviewed, we saw that face-to-face consultations took place before every treatment. Patients told us they did not feel pressured into using the service and were actively encouraged to take time to consider their treatment options before agreeing to treatment. Other comments included:

- 'The journey through the service was a very positive experience'.
- 'The service manager was very precise in explaining the possible side effects as well as the benefits of the treatment every time I visited the clinic'.
- 'I felt very well informed before, during and after treatment'.

Mystery shoppers were commissioned to make sure patients received a quality service from when they first made contact with the clinic. We saw two mystery

shopping reports which showed that reception staff were consistently polite and helpful when welcoming or speaking to patients and booking appointments.

The service's engagement strategy detailed how it would involve patients in its development. Patient feedback was gathered in a variety of ways, including social media, patient questionnaires and website testimonials. We reviewed 15 of the 50 questionnaires that patients had completed between April and June 2019. Results were very positive and 100% rated their experience of the service as excellent. The service's website provided lots of patient information, such as policies, procedures and detailed information about treatments.

We saw that patient feedback was evaluated and used to drive improvements in the service in line with its engagement strategy. For example, in the 2018 survey some patients suggested the clinic extend morning appointment hours for greater flexibility. The service offered morning appointments from 9am instead of 11am and the most recent survey confirmed that patients were very satisfied with the new opening times.

The service's comprehensive complaints policy specified how it would respond to and investigate complaints or concerns and included the details for Healthcare Improvement Scotland. While the service had not received any complaints, patients told us they had seen the complaints policy and knew how to make a complaint. Reception staff had been trained how to respond to complaints or concerns from patients in line with the policy.

- No requirements.
- No recommendations.



## 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

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**The clinic environment was clean, comfortable and well maintained. Good quality assurance systems made sure patient care was safe. Clinical and environmental risk was well managed. Patients told us they felt safe when using the service.**

The service had good systems and processes in place to help make sure it was clean, well maintained and all equipment was fit for purpose. Patients told us the clinic was always spotlessly clean and said the service manager carried out hand hygiene before delivering treatments. The service had a daily cleaning schedule and we saw the cleanliness of the environment was audited monthly. A building manager was responsible for the maintenance and repair of fire safety equipment, the central heating system and electrical appliances to make sure all equipment was safe to use. The service had up-to-date insurance cover for public liability and cosmetic indemnity.

The service took appropriate precautions to reduce the risk of infection to patients. Single-use disposable devices and personal protective items, such as disposable gloves and aprons were used during non-surgical treatments. The service had a clinical waste management contract for the safe disposal of sharps, medicines and medical devices. Portable hand wash basins were used in the service and water temperature was maintained at 40 degrees celsius. Cleaning and disinfecting of the portable sinks were carried out daily according to the manufacturer’s guidance. Hand hygiene audits we reviewed showed full compliance with the service’s policy.

We saw a safe system in place for the procurement, prescribing and administration of medicine in line with the service’s medicines management policy. All medicines were stored securely in either a locked cupboard or a

medical refrigerator. Fridge temperatures were monitored and recorded daily as part of the medicines audit. Prescription-only medicines were ordered for each patient and a record of the batch number and expiry date was kept so that these could easily be traced in case of a medicines alert. We saw evidence of compliance with this in all three patient files that we reviewed. An up-to-date supply of emergency medicines allowed the service manager to respond to complications or adverse reactions to treatment.

The service had a policy in place for reporting accidents or incidents involving patients, staff and visitors. While no accidents or incidents had occurred, the service manager knew the incidents that must be reported to Healthcare Improvement Scotland and under health and safety legislation.

Our online survey showed that patients felt safe and the service had an adult support and protection policy in place to protect patients from risk of harm or abuse. The service had recently invested in a defibrillator, staff were trained in its use and had received training in basic life support to assist the manager in responding to life threatening emergencies.

### **What needs to improve**

While the service reviewed its policies and procedures every year, its infection control policy did not include reference to the National Infection Prevention and Control Manual.

- No requirements.

### **Recommendation a**

- The service should update its infection prevention and control policy to include reference to the National Infection Prevention and Control Manual.

### Quality indicator 5.2 - Assessment and management of people experiencing care

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**Patient care records provided detailed information about all aspects of patient care. Individual assessments and treatment plans were person-centred. Patient records were legible, up to date and included a record of consent to treatment. Patient care records were audited regularly as part of the service's commitment to quality improvement.**

The three patient care records we reviewed were legible, up to date and had a record of patient consent to treatment, including consent to share information with other healthcare professionals. The initial consultation documented information about the patient's medical history, prescribed medicines and allergies. The manager had recently introduced a psychological assessment to establish patients' views and expectations of future treatment. An information pack given to patients at their first visit included:

- treatment options
- aftercare advice
- follow up and
- out-of-hours arrangements in the event of a complication or allergic reaction.

Patients could contact the manager out of hours if they had any concerns and the information pack included contact details for the local hospital.

Patient information was held in paper form and stored securely in a locked filing cabinet inside a lockable cupboard in the service. An electronic filing system for storing patient files was being developed. The service manager audited patient care records every 6 months to make sure information was maintained in line with the service's information management policy. Results from a recent audit had led to improvements to the patient assessment process. For example, the patient consent to treatment was updated and a psychological questionnaire was now part of the patient assessment.

#### **What needs to improve**

The service followed NHS guidance for the retention and destruction of patient information. However, a written policy to consolidate these arrangements had not yet been developed.

- No requirements.

### Recommendation b

- The service should develop a written retention and destruction policy for patient care records.

## 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

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**The service manager was the sole practitioner in the service. Reception staff were employed to carry out administrative functions, such as patient enquiries, appointments and to welcome patients on arrival at the clinic. Pre-employment checks were carried out before staff were allowed to work in the service.**

A sole practitioner owned and managed the service. Two reception staff were employed to carry out administrative functions, including:

- managing patient appointments
- responding to telephone enquiries, and
- welcoming those patients attending for treatment.

An effective system was in place to make sure staff were recruited safely. While staff were employed in an administrative role, Disclosure Scotland background checks and satisfactory references were obtained before they could work in the service. Once employed, induction included a period of shadowing another, more experienced staff member. The manager carried out supervision and appraisals regularly with reception staff.

The manager met regularly with reception staff to keep them informed about developments in the service. Minutes of quality assurance meetings confirmed a whole-team approach to quality improvement and service development. Staff we met were clear about their roles and responsibilities and said they received good opportunities to maintain their skills and knowledge. Staff had recently attended training in basic life support.

- 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

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**Effective quality assurance systems were in place and an improvement plan demonstrated continuous improvement. The service manager sought and actioned feedback from patients regularly and measured the impact of improvements.**

The service manager is registered as a General Practitioner with the General Medical Council and belonged to a number of professional organisations. This included the Aesthetic Complications Group (ACE) and associate membership with the British College of Aesthetic Medicine (BCAM). This has allowed the clinic to maintain high standards of care and safe practice in line with evidence-based research. It had also allowed the manager to develop peer support networks with other aesthetic colleagues through attendance at industry specific conferences, seminars and provided further education opportunities.

Staff we spoke with told us they felt well supported in their role and that the service manager appreciated and valued their contributions. The manager recognised and rewarded their achievements with incentives, including:

- pay increases
- regular bonus payments
- team-building breakfasts, and
- team dinners.

Reception staff were often the first point of contact for patients. The manager made sure they had the skills and knowledge to respond appropriately to patient enquiries, book appointments and provide support to patients awaiting treatment. The manager encouraged staff to share ideas for improvement and involved them in wider decisions about the service.

The whole team attended the quality assurance meetings and we saw that service improvements and their impact were discussed and reviewed as part of the commitment to quality improvement. For example, staff identified that initial consultations with patients sometimes took longer because of the paperwork they had to complete. Extending appointment times allowed patients more time to do this while maintaining the smooth running of the clinic.

The service's quality improvement plan detailed actions taken and the impact this had on the service. For example:

- Audits of patient feedback resulted in service changes to clinic opening times and refurbishment of the reception area. Results from the most recent patient survey showed that patients were very satisfied with these changes.
- Evaluation of the 6-monthly audit of patient care records led to the inclusion of a psychological questionnaire in the assessment process and a more detailed consent-to-treatment form. While the impact of these changes were still to be measured, early indications were positive.
- A random sample of 45 patients who used the service completed a yearly patient satisfaction survey in 2018. This information was sent to the BCAM and the results were compared with over 300 other aesthetic doctors nationally. Results were very positive and showed the service scored better than the national average in every category.

We saw the service had effective quality assurance systems in place to identify and manage risk. Audits of clinical and environmental risk showed good compliance in the safe delivery of patient care. Clear protocols were in place for reporting accidents, incidents and managing complaints. No accidents, incidents or complaints had been reported in the service. However, a 'lessons learned' approach was embedded in policy documents to help make sure root causes of incidents would be identified and analysed to improve practice.

Over the last few years, the service had been nominated and won awards in the aesthetic industry. The service manager had edited and published articles in trade journals and lectures and held masterclasses in aesthetic medicine to other healthcare professionals nationally and internationally.

- 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	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>a</b>	The service should update its infection prevention and control policy to include reference to the National Infection Prevention and Control Manual (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
<b>b</b>	The service should develop a written retention and destruction policy for patient care records (see page 12).  Health and Social Care Standards; My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19



## 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.



Before

### 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.



During

### 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.



After

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:** [hcis.ihtregulation@nhs.net](mailto:hcis.ihtregulation@nhs.net)

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