

Announced Inspection Report: Independent Healthcare

Service: AKA Aesthetics, Troon

Service Provider: AKA Aesthetics Ltd

18 May 2023

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 27 July 2022

Requirement

The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Action taken

A risk register was in place with detailed information on identified risks for the service. The risk register also had information for identified risks of treatments for patients. The service audited this process. **This requirement is met.**

Requirement

The provider must ensure that all patient care records are signed and dated by the healthcare professional to comply with professional standards from the Nursing and Midwifery Council (NMC) about clear and accurate record keeping.

Action taken

Patients and practitioners had signed and dated all patient care records we reviewed during our inspection. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 27 July 2022

Recommendation

The service should develop a patient participation policy to formalise and direct the way it engages with its patients and used their feedback to drive improvement.

Action taken

The service had a participation policy with author, date of inception and review date in place. This included identified methods of gathering, recording and evaluating patient feedback, using the outcomes to drive improvements in the service.

Recommendation

The service should ensure that information about how to make a complaint about the service is available to patients.

Action taken

The complaints policy was available in the service for all patients to see, displayed on the wall at the entrance. All patients received electronic information before and after treatments, including information about making a complaint to the service.

Recommendation

The service should ensure medicine is disposed of in line with the manufacturers and best practice guidance and update its medicine management policy to accurately reflect the processes in place.

Action taken

The medicines management policy had been updated to accurately reflect processes in place. The service disposed of medicines in line with the manufacturer's and best practice guidance. This included appropriate disposal of cytostatic waste (European Waste Code (EWC) 18-01-08).

Recommendation

The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented.

Action taken

The service carried out regular audits, which covered key aspects of care and treatment. This included:

- cleaning of the environment
- fridge temperatures
- infection prevention and control of the environment and personal protective equipment, and
- stock control.

Recommendation

The service should develop and implement a medical emergencies policy.

Action taken

The service had an emergency policy in place. Emergency drugs were available in the event of a medical emergency.

Recommendation

The service should develop and implement appropriate guidance for staff in the event of an accident, incident or adverse event.

Action taken

The service had processes and procedures in place for staff to follow in the event of an emergency, incident or adverse event.

Recommendation

The service should record patient consent to their information being shared with other healthcare professionals in the event of an emergency.

Action taken

All patient care records contained patient consent for sharing information with other healthcare professionals in the event of an emergency.

Recommendation

The service should review its clinical governance policy to ensure that the policy reflects the activity in the service and that the service delivered is of appropriate quality to meet patient needs.

Action taken

The service had updated its clinical governance policy.

Recommendation

The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Action taken

The service developed a formal quality improvement plan which addressed areas and issues, with identified measures for improvement noted.

Recommendation

The service should formally record the minutes of meetings. These should include a documented action plan highlighting those responsible for the actions.

Action taken

All meetings had accurately recorded minutes addressing areas and issues identified in the service. This started an action plan with identified staff responsible for addressing issues.

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 AKA Aesthetics on Thursday 18 May 2023. We spoke with two of the three practitioners during the inspection. We received feedback from 19 patients from an online survey we had asked the service to issue for us before the inspection.

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 comprehensive self-evaluation.

What we found and inspection grades awarded

For AKA Aesthetics, the following grades have been applied to the key quality indicators inspected.

| 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 satisfied with the quality of care and treatment. Patients were fully consulted before a care plan was agreed. Feedback was gathered and reviewed. Information about how to make a complaint was easily accessible. | ✓✓ Good |

| Key quality indicators inspected (continued) | | |
|---|--|---------------|
| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | | |
| Quality indicator | Summary findings | Grade awarded |
| 5.1 - Safe delivery of care | The care environment and patient equipment was clean and well maintained. Policies and procedures helped maintain a safe environment. A comprehensive audit programme was in place. Medicines were disposed of in line with the manufacturer and best practice guidance. | ✓✓ Good |
| Domain 9 – Quality improvement-focused leadership | | |
| 9.4 - Leadership of improvement and change | The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance in a variety of ways. Peer networks supported continuous learning. A quality improvement plan helped measure the quality, safety and effectiveness of the service delivered. | ✓✓ Good |

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 | Patients had a full consultation and assessment before treatment. Consent to treatment, photography and sharing information with other healthcare professionals was obtained before treatment. Patient care records were complete. Written and verbal aftercare information was provided. |
| Domain 7 – Workforce management and support | |
| 7.1 - Staff recruitment, training and development | All safety checks had been completed. Staff were encouraged to complete regular role-specific training. Appraisal programmes were in place for all members of 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

Further information about the Quality Framework can also be found on our website at:

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

What action we expect AKA Aesthetics Ltd to take after our inspection

This inspection resulted in no requirements or recommendations.

We would like to thank all staff at AKA Aesthetics for their assistance during the inspection.

3 What we found during our inspection

Outcomes and impact

This section is where we report 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

Patients were satisfied with the quality of care and treatment. Patients were fully consulted before a care plan was agreed. Feedback was gathered and reviewed. Information about how to make a complaint was easily accessible.

The clinic had its own entrance at the back of a main street. The treatment room was easily accessible and the service door was closed and locked at all times to maintain patient privacy and dignity when receiving treatments. Blinds on windows in treatment rooms also helped to maintain patient privacy. The service had a small waiting area for patients to relax in before their treatment.

While the service did not have an official website, it had many returning patients with new patients finding the service from social media reviews and recommendations. The service shared all information for current and prospective patients electronically using an electronic device specific to the service. This was password-protected and only the three practitioners could access it. This information was made available to patients after enquiries and information about treatment options were shared before patients agreed to any treatments.

The service had a participation policy in place and patients were encouraged to complete electronic feedback forms, give verbal feedback to the practitioner or leave reviews on social media. We saw patient feedback the service had gathered on the day of our inspection. The practitioner reviewed all feedback received and used it informally to evaluate and review the service. This feedback was documented and included in the service improvement plan to indicate where improvements had been made from the feedback. The practitioner was able to view all this information and reference when carrying out improvement actions. For example, new treatments had been offered and introduced to patients.

Feedback we saw showed that patients were satisfied with their treatment and the service had met their expectations.

Feedback from our online survey showed that patients were pleased with the service and were fully involved in decisions reached about their care. Patients told us that treatment options were discussed and agreed at their initial consultation. They also said they had time to consider the options available to them before they agreed to go ahead with the treatment. Comments from our survey included:

- 'Discussions take place about treatment each time.'
- 'I was offered choice between Botox and fillers and given info on benefits of each.'
- 'Full details and options discussed.'

The service had not received any complaints since it was first registered with Healthcare Improvement Scotland in December 2019. We saw that its complaints policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint. Feedback from our online survey showed that all patients knew they could also complain to Healthcare Improvement Scotland at any time.

A duty of candour policy described how the service would meet its responsibility to be honest with patients when things go wrong. We saw that the service produced a yearly duty of candour report. The service had not recorded any instances requiring it to implement duty of candour principles since registration with Healthcare Improvement Scotland in December 2019.

- 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

The care environment and patient equipment was clean and well maintained. Policies and procedures helped maintain a safe environment. A comprehensive audit programme was in place. Medicines were disposed of in line with the manufacturer and best practice guidance.

Patients were cared for in a clean and safe environment. Good systems were in place to maintain this, including:

- completed cleaning schedules
- regular internal checks, such as fridge temperature monitoring, and
- servicing and maintenance contracts for equipment.

The service followed Health Protection Scotland's national guidance to reduce infection risks for patients, in line with its infection prevention and control policy.

All equipment used, including personal protective equipment, was single-use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A contract was in place for the safe disposal of sharps and other clinical waste.

Patients who responded to our online survey were very satisfied with the standard of cleanliness. Comments included:

- 'Excellent new premises, and everything felt very sterile and clean. All implements used came out of new packaging and visible to see.'
- 'The clinic is very clean, bright and fresh. All sanitation stations and sharps bins and boxes are visible.'
- 'Beautiful clinic, so clean and well presented.'

The service was responsible for building maintenance, fire safety equipment, building security and had completed a fire risk assessment. Fire exit signs were in place above the treatment room door to tell patients what route to take out of the service in an emergency.

The service's medicine management policy was based on best practice guidelines. This included information on administration, storage, procuring and prescribing of medications.

The medical fridge had a built-in thermometer which was checked on days the treatment room was used for delivery of treatments to patients. Other non-refrigerated medicines, such as dermal fillers were stored appropriately. A small stock of emergency medicines was available in the treatment room to respond to complications or adverse reactions to treatment.

The practitioners were responsible for the safe procurement, prescribing, storage and administration of medicines. The medicine management policy contained information to demonstrate the safe:

- administration
- prescribing
- procuring, and
- storage of medicine.

The service had a system in place for documenting accidents, incidents and reporting notifiable incidents or adverse events to the appropriate regulatory authorities. No accidents, incidents or adverse events had occurred in the service since it was registered with Healthcare Improvement Scotland. Patients told us they trusted the practitioner and were confident they had the skills and knowledge to deliver high quality care.

Patients could contact the practitioner out of hours if they had any concerns following their treatment. The out-of-hours contact information was sent to patients after their treatment.

Appropriate insurance cover was in place.

We saw a comprehensive programme of audits regularly carried out. This included:

- infection prevention and control, equipment and environment
- health and safety (risk register)
- medicines management, including checking expiry dates of equipment and medicines and fridge temperatures, and
- patient care records.

Appropriate bins were available for the disposal of sharps, clinical and non-clinical waste. We saw that a contract was in place for the safe removal of sharps and other clinical waste from the premises.

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a full consultation and assessment before treatment. Consent to treatment, photography and sharing information with other healthcare professionals was obtained before treatment. Patient care records were complete. Written and verbal aftercare information was provided.

The service used an electronic booking system. All patient care records were in electronic format and stored on the service's mobile device. Access to any electronic information was password-protected in line with data protection legislation.

We reviewed five patient care records and saw that outcomes from initial consultations and proposed treatment plans were documented. A full assessment of patients' medical history was carried out before they received any treatment. This included gathering information about any pre-existing

medical conditions, including allergies and prescribed medicines. The service also carried out a basic psychological assessment before treatment was agreed.

Patient care records had detailed discussions and conversations with patients about setting realistic outcomes and expectations. The electronic record-keeping system was password-protected and access to the system was restricted to key staff members. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Patients' consent to treatment and taking photographs was documented in all patient care records we reviewed. A record of the treatment delivered, including batch numbers and expiry dates for medications used was clearly recorded. Aftercare arrangements and future follow-up appointments were also documented.

Patients told us they received good advice and information before, during and after their treatment. They also told us they could take time to consider the options available to them before they agreed to go ahead with the treatment.

Patients were satisfied with the quality of care and treatment they received from the service. Comments from our online survey included:

- 'Very knowledgeable and answered all my questions.'
- 'Absolutely, clearly highly trained and professional in all areas.'
- 'Absolutely trusted the nurse/therapist.'

Patients were given verbal advice after their treatments. They also received this information in electronic format after treatments routinely. The practitioner could be contacted out of hours if patients had any concerns after their treatment.

We saw evidence that the practitioner reviewed five patient care records each month as part of the service's audit programme.

- No requirements.
- No recommendations.

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

All safety checks had been completed. Staff were encouraged to complete regular role-specific training. Appraisal programmes were in place for all members of staff.

No staff were employed in the service. All three practitioners were equal partners in the business. All safety checks were evident for all practitioners, for example Protecting Vulnerable Groups (PVG), indemnity, qualifications and fitness to practice. This information was kept in a staff file, which was kept in a lockable cupboard. The three practitioners were able to access this information as and when required.

A full history of continuous professional development for each practitioner was held in the clinic.

We saw details of background and professional safety checks were available for all practitioners.

Ongoing professional development opportunities were available, including education in new processes for aesthetic treatments and on the use of equipment.

- 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 service kept up to date with changes in the aesthetics industry, legislation and best practice guidance in a variety of ways. Peer networks supported continuous learning. A quality improvement plan helped measure the quality, safety and effectiveness of the service delivered.

All three practitioners for the service are registered nurses with the Nursing and Midwifery Council (NMC) and completed mandatory revalidation with the NMC. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC, every 3 years. All practitioners attended regular training and conferences in the aesthetic industry to help continue their professional development. This helped them keep up to date with best practice and delivery of treatments in line with evidence-based research.

All practitioners had access to the Complications in Medical Aesthetic Collaborative (CMAC).

We saw evidence of quality assurance systems in place to review the quality of care and treatment provided. Formal and informal reviews of patient feedback and the outcome from audits carried out helped make sure the quality of the service delivered met patient needs. A quality improvement plan helped to inform continuous quality improvement activities and described how the service was committed to continuous improvement. For example, the service had changed the style and format of questions asked on the feedback forms for patients to complete.

We saw minutes of regular staff meetings between all three practitioners with detailed information about:

- improvement ideas
- issues in the service
- staff training, and
- treatments.

■ 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.

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|---|
| This inspection resulted in no requirements and no recommendations. |
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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

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

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

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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