

Announced Inspection Report: Independent Healthcare

Service: Afterglow Aesthetics, Peterhead

Service Provider: Afterglow Aesthetics Ltd

7 April 2023

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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 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 Afterglow Aesthetics on Friday 7 April 2023. We spoke with a number of staff during 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 Afterglow 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 told us they felt fully involved and informed about their treatment options. Clear information about how to make a complaint was easily accessible to patients. A more formal method to gather and use patient feedback to evaluate the service should be implemented.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Patients were cared for in a clean and safe environment with systems and processes in place to maintain safety. A regular audit programme should be implemented.	✓ Satisfactory
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 through its membership with local groups and national organisations. A quality improvement plan was in place to help evaluate and measure the quality, safety and effectiveness of the service provided. The service should record minutes of any meetings with other services.	✓ Satisfactory

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	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Consent should be recorded to allow information-sharing.

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 Afterglow Aesthetics Ltd to take after our inspection

This inspection resulted in eight 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

Afterglow Aesthetics Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Afterglow Aesthetics 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

Patients told us they felt fully involved and informed about their treatment options. Clear information about how to make a complaint was easily accessible to patients. A more formal method to gather and use patient feedback to evaluate the service should be implemented.

The service's social media provided information about the procedures available, including what to expect afterwards and a clear explanation of costs. We saw that patients were given information in emails prior to consultation and during the consultation process to allow them to make a fully-informed decision. Patients had time to consider treatment options and ask questions before agreeing to treatment.

Results from our online survey showed that patients felt involved in their treatment and were confident in the service. Comments included:

- 'Everything explained in detail so I understood and was comfortable before proceeding.'
- 'Everything was made very clear.'
- 'I was kept well informed by [practitioner] from booking and during my appointment. Also I was reviewed promptly following my first procedure - excellent aftercare.'

The service maintained patient privacy and dignity. Consultations were appointment-only and only one patient was treated at a time, maintaining confidentiality. The treatment room door was locked when patients were receiving treatments.

Aftercare leaflets were on display at reception. The service had an up-to-date complaints policy, which referred to Healthcare Improvement Scotland as an alternative process for complaints. Complaints information was also available as a leaflet that was displayed near the front door.

Duty of candour is where healthcare organisations have a responsibility to be honest with patients if something goes wrong. The service had an up-to-date duty of candour policy and we were told it had not had any instances requiring it to implement duty of candour principles. A copy of its yearly duty of candour report was displayed in the service and a published copy was available on the service social media platforms.

What needs to improve

The service had a patient participation policy and patients were able to provide feedback verbally, as well as through text messages and social media. While this policy was detailed, it was not being followed. While we saw evidence that a post-treatment questionnaire had recently been developed, it had not been issued to any patients at the time of our inspection. We discussed with the service the importance of implementing a structured approach to gathering and using patient feedback. This should include:

- reviewing and implementing the patient participation policy
- analysing feedback gathered
- implementing changes to help improve, and
- measuring the impact of improvements (recommendation a)

■ No requirements.

Recommendation a

- The service should implement a structured approach to gathering and using patient feedback.

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 with systems and processes in place to maintain safety. Medication and equipment were in date. A regular audit programme should be implemented. The clinical hand wash basin should be cleaned with a chlorine solution. Single use mop heads should be used.

Appropriate and up-to-date policies and procedures helped to support the safe delivery of care, including those for:

- duty of candour
- information management
- medication management, and
- safeguarding (public protection).

We saw that the service followed its infection prevention and control policy. Effective measures were in place to reduce the risk of infection and we saw that the service was clean. Cleaning of the clinic environment and equipment was carried out in-between patient appointments using appropriate cleaning products, as well as a programme of regular deep-cleaning daily. A cleaning checklist was in place.

All patients who responded to our survey agreed the environment was clean and in a good state of repair. Comments included:

- 'Clinic was extremely clean and modern.'
- 'Clinic room was very clean and professional.'
- 'Really welcoming, really clean and professional environment.'

To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment, such as face masks, gloves and aprons.

A suitable waste contract was in place for the safe disposal of swabs, syringes, needles and other clinical waste and waste transfer notes were kept in line with guidance. Sharps bins were compliant with the European Waste Codes (EWC).

All medicines were obtained from appropriately-registered suppliers. The service kept a small number of prescription-only medicines as stock, including medicine required in an emergency. All medicines and single-use patient equipment was in-date.

A system was in place for recording and managing accidents and incidents, as well as responding to emergencies. Emergency medicines were available, in-date and easily accessible. The practitioner had carried out basic life support training.

The service had a programme of risk assessments in place, including those for:

- infection control
- medication, and
- slips, trips and falls.

An accident book was in place.

We saw appropriate fire safety equipment and signage in the service. A fire risk assessment, fire plan and fire safety policy were in place. The service tested portable electrical devices every year.

What needs to improve

The service did not use single-use mop heads (recommendation b).

We did not see any documented evidence that clinical wash hand basins were cleaned with 1000ppm chlorine solution in line with national guidance (recommendation c).

While all medication was in-date, the service did not have a medication checklist in place to record the checking of medication (recommendation d).

The service did not carry out audits. A structured programme of regular audits should be introduced for key areas, such as medication, patient care records and the care environment (recommendation e).

- No requirements.

Recommendation b

- The service should ensure that single-use mop heads are used.

Recommendation c

- The service should ensure that in line with national guidance, appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks.

Recommendation d

- The service should implement a medication checklist.

Recommendation e

- 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.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Patients told us they were fully included and well informed about their treatments. Consent should be recorded to allow information-sharing.

We reviewed five electronic patient care records and that in all records, patients' GP and emergency contact details were recorded. In addition, patients completed a consultation form, including a medical history questionnaire and COVID-19 wellness screening. This was discussed with the patient during their initial consultation to make sure patients had realistic expectations of the proposed treatment plan. Risks and benefits of the treatment were explained before treatment. Treatment plans included facial mapping with a description of the treatment and diagram of the areas treated, including batch numbers and expiry dates of the medicine used. These were reviewed and updated at each treatment.

Patients were asked to consent to treatment and this was recorded in the patient care record.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). The service used electronic records which were stored securely on electronic devices. Access to any electronic information was password-protected to maintain confidentiality of patient information, in line with data protection legislation.

Patients stated they were very satisfied with the service and the treatments they had received. Comments from our online survey included:

- 'I always leave happy and know that the best result is achieved.'
- '[The practitioner] is very friendly and puts you at ease. She is professional, explains the whole procedure and keeps you informed throughout.'
- 'Very satisfied with all aspects of service.'

What needs to improve

A service may at times need to inform a patient's GP about their treatment, such as an adverse reaction to a medicine or a complication. In order to share information, the service needs the patient's consent. The layout of the service's consent form did not allow this patient consent to be recorded (recommendation f).

We were told that patients were given verbal and written aftercare advice after their treatment and were also provided with out-of-hours contact details for the practitioner. However, we found that this was not recorded in the patient care records we reviewed (recommendation g)

We saw no evidence that patient care records were audited to make sure they were fully and accurately completed. This should also be part of a regular programme of audits implemented in the service (see recommendation e).

- No requirements.

Recommendation f

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records.

Recommendation g

- The service should formally document what aftercare has been provided to patients including an out of hours contact number.

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 local groups and national organisations. A quality improvement plan with appropriate action plans was produced to help evaluate and measure the quality, safety and effectiveness of the service provided. The service should record minutes of any meetings with other services.

The service was owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). This requires them to register with the NMC every year and to complete a revalidation process every 3 years where they gather evidence of their competency, training and feedback from patients and peers in order to remain a registered nurse practitioner. They were also a member of a number of aesthetic forums. This included the Aesthetic Complications Expert (ACE) group and a number of prescribing and complications forums.

The practitioner had recently qualified as an independent nurse prescriber. This allowed them to prescribe prescription-only medicines, such as Botulinum toxin. The practitioner was in regular contact with other local aesthetic practitioners, allowing them to share information, support and learning with each other.

The service's quality improvement plan included plans to review patient feedback, as well as the ongoing development of the service. We noted that action plans were produced, where appropriate.

What needs to improve

The aesthetics practitioner regularly met with another service to share learning and discuss updates in current practice. However, minutes of this were not recorded (recommendation h).

- No requirements.

Recommendation h

- The service should record minutes of any meetings with other services.

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 2 – Impact on people experiencing care, carers and families

Requirements

None

Recommendation

- a** The service should implement a structured approach to gathering and using patient feedback (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

Requirements

None

Recommendations

- b** The service should ensure that single-use mop heads are used (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

- c** The service should ensure that in line with national guidance, appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks (see page 11).

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 implement a medication checklist (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- e** 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 (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

- f** The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in 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 4.11

- g** The service should formally document what aftercare has been provided to aesthetic patients including an out of hours contact number. This would enable patients to be better informed about their care (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 2.9

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
h	<p>The service should record minutes of any meetings with other services (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

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

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