

# Announced Inspection Report: Independent Healthcare

**Service:** Aspire Aesthetics, Inverurie

**Service Provider:** Aspire Aesthetics Ltd

2 November 2022

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## **1 Progress since our last inspection**

### **What the service had done to meet the recommendations we made at our last inspection on 30 November 2018**

#### **Recommendation**

*We recommend that the service should produce a safeguarding and protecting people from abuse policy.*

#### **Action taken**

The service had a safeguarding and protecting people from abuse policy, which detailed how it would respond to any safeguarding issues.

#### **Recommendation**

*We recommend that the service should complete a fire risk assessment every year.*

#### **Action taken**

We saw that a fire risk assessment was in place and reviewed yearly.

## 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 Aspire Aesthetics on Wednesday 2 November 2022. We spoke with a number of staff during 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 Aspire 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 very complimentary about the service and were able to make informed decisions about their treatment. A structured method for obtaining patient feedback in the service was in place. Clear procedures were in place for managing complaints and responding to duty of candour incidents.	✓✓ Good
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment was modern, clean and well maintained. A detailed and effective risk management system helped to provide assurance of safe	✓✓ Good

	care and treatment, including regular risk assessments and a comprehensive audit programme.	
<b>Domain 9 – Quality improvement-focused leadership</b>		
9.4 - Leadership of improvement and change	The manager was an experienced nurse and aesthetics practitioner. They stayed up to date with advances in the sector through their membership of peer and professional groups. A quality improvement process helped to continually evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.	✓✓ Good

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

<b>Additional quality indicators inspected (ungraded)</b>	
<b>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</b>	
<b>Quality indicator</b>	<b>Summary findings</b>
5.2 - Assessment and management of people experiencing care	Comprehensive assessments were completed with clients before treatment. Client expectations and treatment plans were accurately documented and appropriately stored.
<b>Domain 7 – Workforce management and support</b>	
7.1 - Staff recruitment, training and development	Safe recruitment practices were in place including for staff employed by the service. Staff received good opportunities for training and development.

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)

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

### **What action we expect Aspire Aesthetics Ltd to take after our inspection**

This inspection resulted in no requirements or recommendations.

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

### 3 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 were very complimentary about the service and were able to make informed decisions about their treatment. A structured method for obtaining patient feedback in the service was in place. Clear procedures were in place for managing complaints and responding to duty of candour incidents.**

The service's informative website included details about the procedure available, including what to expect afterwards and a clear explanation of costs. We saw that patients were also given information through email and during the consultation process so they could make a fully informed decision. This information included risks, side-effects and expected outcomes of treatment, as well as aftercare. 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:

- 'I always feel that treatment is given within a safe clinical environment. Everything is thoroughly explained before, during and after care. I would only recommend Aspire to my friends and family. They have a proven track record.'
- 'Despite it not being my first time, they went over everything in great detail to ensure I was still happy and understood the expected outcomes.'
- 'The practitioner was brilliant, she explained everything in detail regarding what the procedure involved and spoke me through each step as she did it so I was nice and relaxed and felt very informed throughout. I explained before we began the results I was looking for and that's exactly what I received from the procedure by the practitioner. I am so happy with the results.'



The service made sure that patients' privacy and dignity was maintained. All consultations were appointment-only and only one patient was treated at a time, maintaining confidentiality. The treatment room door was locked when patients were being treated.

A complaints policy detailed the process for managing a complaint and provided information on how a patient can make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. This information was emailed to all patients. The complaints policy was also given to patients if requested and was displayed in the clinic. The service had received no complaints since its registration in February 2017.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). A yearly duty of candour report was published on the service's social media. The service had not had any instances requiring the need to implement duty of candour principles.

The service's participation policy described how patient feedback would be obtained, reviewed and actioned where appropriate. The service used a variety of methods to identify and measure clients' needs and expectations in line with its participation strategy. An automated email asked clients for feedback after all appointments. If the client gave their consent, this was shared on social media. A yearly patient survey was also used to collect feedback as part of the service's quality improvement process. Questions were in line with the Healthcare Improvement Scotland Quality Framework and the service had received a large volume of responses. All clients that responded had rated the service as excellent or very good in areas, such as:

- client involvement in treatment and care
- confidence and trust in the service, and
- quality of care.

A safeguarding (public protection) policy made sure a clear protocol was in place to respond to any adult protection concerns.

The service also had a dignity and respect policy. In response to our online survey, all patients said they were treated with dignity and respect and were confident in the service. Comments included:

- 'The whole team are extremely polite, pleasant and person centred with clients, from personal experience. I have never entered the clinic and felt overwhelmed, or had to wait beyond my time. They are organised, discreet and just fantastic!'
- 'You are very much treated as an individual and the treatment is very personal to you.'
- 'The practitioner listened to me and provided the treatment I wanted. She is a lovely person and I had total confidence in her.'

A suggestion box and you said we did were also used in the service reception room to collect feedback. We saw positive comments from clients displayed on the tree. Clients could access information about how to make complaints, treatments and book online through an easy-to-use website. While the service had a system in place to record complaints, it had not received any complaints at the time of our inspection.

- 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 environment was modern, clean and well maintained. A detailed and effective risk management system helped to provide assurance of safe care and treatment, including regular risk assessments and a comprehensive audit programme.**

The clinic environment was modern, clean, well equipped and fit for purpose. Effective measures were in place to reduce the risk of infection. Cleaning of the clinic environment and equipment was carried out in-between patients, as well as a programme of regular, scheduled, deep-cleaning. 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 consignment notes were kept. Equipment, such as the treatment couch was in good condition. Contracts were in place for the regular servicing and maintenance of fire safety and electrical equipment.

Effective policies and protocols helped to make sure medicines were managed safely and effectively. Patient care records we reviewed showed batch numbers and expiry dates of medicines used during treatment were being recorded, in line with best practice. This would allow tracking if any issues arose with the medications used. Medicines were stored in a suitable locked pharmacy fridge, and the fridge temperature was monitored to make sure medicines were being stored at the appropriate temperature.

Emergency medicines were easily accessible and the practitioner regularly checked them to make sure they remained in-date. Emergency protocols for

cardiac arrest, anaphylaxis and vascular occlusion (blockage of a blood vessel) were clearly displayed.

Suitable systems and processes were in place for the safe use of intense pulse light (IPL) treatments. A laser protection advisor was in place to make sure the service followed laser safety guidance. The most recent report found the service was fully compliant. Staff using the machine had completed appropriate laser safety training. 'Local rules' were displayed, which are the local arrangements to manage laser safety usually developed by the laser protection advisor. The service had a nominated laser protection supervisor in place.

A duty of candour policy was also in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). The practitioner had completed duty of candour training and their certificate was displayed. A yearly duty of candour report was available on the service's website. The service had not had any instances requiring it to implement duty of candour.

The service's quality assurance policy specified the need to carry out risk assessments and regularly audit policies, processes and guidelines. A comprehensive programme of audits was carried out to make sure the service delivered safe care and treatment. This audit programme, along with other quality improvement tasks was scheduled on an electronic quality improvement system and included:

- a weekly audit of the condition and cleanliness of the environment and equipment (infection prevention and control) audit
- a monthly medicines management audit
- a monthly audit of a sample of five patient care records, and
- a 6-monthly audit of policies and procedure documents.

We saw evidence of these audits being carried out with actions taken documented where necessary.

A comprehensive risk register was in place. Risk assessments for health and safety and infection prevention and control were recorded and reviewed at least once a year. Control of substances hazardous to health (COSHH) risk assessments were also in place.

We saw that monthly staff meeting took place, with an agenda and minutes of the meeting produced. The minutes were shared with staff and the displayed on

the staff room. Results from the patient feedback survey was also displayed in the staff room for staff to see.

Feedback from our survey was positive about patients' experience of using the service. Patients told us the environment was clean. Comments included:

- 'Spotlessly clean and comfortable.'
- 'The clinic is immaculate and spotlessly clean every time.'
- 'Impeccable clinical areas. Toilet facilities also.'

### What needs to improve

While the service used a chlorine solution to regularly clean the clinical hand wash sinks, it was unclear what the dilution ratio was. This had been rectified at the end of our inspection. We will follow this up at future inspections.

- No requirements.
- No recommendations.

## Our findings

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

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**Comprehensive assessments are completed with clients before treatment. Client expectations and treatment plans were accurately documented and appropriately stored.**

Comprehensive assessments were completed with all patients before treatment to make sure that consent was collected and clients were fully aware of their choices. Each client had a completed treatment option plan which set out the proposed plan and cost.

All five client care records we reviewed during our inspection were fully completed. We saw that detailed medical history and consent forms were completed, during which any risks or complications were discussed. Consent was recorded for treatment, sharing information in an emergency situation and taking photographs. Appropriate verbal and written aftercare was provided and clients were offered a follow-up appointment.

The service had introduced a psychological assessment that clients completed before treatment. This helped the service identify clients' needs and expectations and to decide if treatment was appropriate. The service was

researching how it could collect similar information after treatment as part of its patient outcome measures.

We saw that client care records were stored safely and in line with the service's medical record-keeping policy to maintain client confidentiality. The service's privacy statement was available on its website and in the reception area. Policies were updated in line with data protection regulations.

The service completed audits of compliance with best practice and used them to identify areas for improvement. A recent audit of the care records showed 100% compliance in fully completing the clinical notes for consultation, treatment planning and client self-management.

- 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

**Safe recruitment practices were in place including for staff employed by the service. Staff received good opportunities for training and development.**

We reviewed three staff files for members of staff employed by the service. These confirmed that all appropriate and necessary pre-employment checks had taken place. This included proof of ID, Disclosure Scotland background checks, references and the professional registration status for all clinical staff.

The service carried out its own Protecting Vulnerable Groups (PVG) checks and we saw a system in place to record staff PVG information. Staff files had a checklist to help make sure that appropriate recruitment checks were carried out. Professional registration checks were carried out for clinical staff every year.

All staff received an induction, mentoring and supervised practice before commencing their role. All staff had weekly one-to-one meetings and yearly appraisals to identify and set personal development objectives.

The provider had developed an in-house training programme for all staff and good processes were in place to support staff development. Certificates of qualifications were in place for all staff members. All staff had access to an internal staff intranet. This allowed staff to keep up to date with changes in the service, and available training and opportunities for them to progress. A training record was held for each staff member and the service manager audited this to make sure training was up to date. Mandatory training topics included:

- basic life support
- fire safety
- general data protection regulations
- infection prevention and control, and
- safeguarding.

Staff we spoke with were clear about their roles. They told us they enjoyed working in the service and felt supported. Staff told us they received good opportunities for training and career progression. They told us they felt listened to and were encouraged to give feedback about how the service should continue to improve.

- 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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**The manager was an experienced nurse and aesthetics practitioner. They stayed up to date with advances in the sector through their membership of peer and professional groups. A quality improvement process helped to continually evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service.**

The service manager was an experienced nurse and aesthetics practitioner who was an active member and the Scottish regional lead of the British Association of Cosmetic Nurses (BACN). In this role they provide leadership, support and advice to its members nationally, keeping up to date with changes in the aesthetics industry, legislation or best practice

They used their membership of peer and professional groups to keep up to date with changes in best practice and legislation. They also had access to educational resources and subscribed to industry journals.

Should any complications arise following treatment, the service was a member of the British Association of Cosmetic Nurses (BACN). This group helps to provide guidance and support to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and tacking corrective actions. A quality improvement plan, which included both short term and long term actions, helped the service to demonstrate a culture of continuous improvement.

Patient feedback was gathered through a range of methods. Any feedback received was reviewed every week and added to a patient feedback log for further evaluation. We were told the service had not received any negative



feedback, or complaints, since the service registered in May 2019. Weekly meetings took place between the practitioner and the service's directors to ensure the service focused on the key priorities of the business and to review interactions on social media and patient feedback.

A yearly strategy meeting also took place to make sure that key performance indicators were being met. We saw evidence that the service was performing very well against these indicators, such as retention of current patients and the number of new patients.

The service had a detailed quality improvement planning process. We saw that changes for improvement were entered into an electronic quality improvement system following any audits, feedback evaluation and meetings. A detailed quality improvement plan had been developed using an established quality improvement methodology. We also saw that following implementation of new treatments patients were asked their views on the treatments

A number of improvements to how the service operated had recently been introduced. This included using business planning software to help the service to plan, monitor and improve the quality of care. The service had also become fully digital, including providing an online appointment booking system. We were told this had improved compliance with patients completing their consent forms and medical history before their appointments.

Several patients who replied to our online survey about what works well for the service praised the online booking system.

- 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.

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](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:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

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or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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