

Announced Inspection Report: Independent Healthcare

Service: The Aesthetics Club, Glasgow

Service Provider: The Aesthetics Club Ltd

21 April 2023

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First published June 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 The Aesthetics Club on Friday 21 April 2023. We spoke with the director, who is also the service manager. We received feedback from 17 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector and one observer.

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 satisfactory self-evaluation.

What we found and inspection grades awarded

For The Aesthetics Club, 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 felt able to make informed decisions about their treatment. Patient feedback was gathered and reviewed regularly to help continually improve the service. All staff should receive duty of candour and safeguarding training.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The clinic was clean and well maintained. Appropriate patient safety policies, such as infection prevention and control and medicines management were in place. An audit programme would help to identify areas for improvement.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service stayed up to date with advances in the sector through its membership of 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.

Additional quality indicators inspected (ungraded)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
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 and comprehensive. Patients were well informed about their treatments.	
Domain 7 – Workforce management and support		
7.1 - Staff recruitment, training and development	Training and development opportunities were available for staff. Appropriate recruitment checks will help make sure staff are safe 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

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 The Aesthetics Club Ltd to take after our inspection

This inspection resulted in one requirement and seven recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirement and 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

The Aesthetics Club Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Aesthetics Club 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 were very complimentary about the service and felt able to make informed decisions about their treatment. Patient feedback was gathered and reviewed regularly to help continually improve the service. All staff should receive duty of candour and safeguarding training.

After making a booking, we saw that patients were emailed a patient information form, which included a medical history and a body dysmorphia questionnaire. This is a mental health condition where a person spends a lot of time worrying about flaws in their appearance. This information was reviewed before the appointment and the patient telephoned for more information about anything of concern.

Patients also had a face-to-face consultation before attending their treatment appointment, giving them a cooling-off period and time to consider the information received before proceeding with treatment. Discussions at the consultations included:

- aftercare
- alternative treatments
- expected outcomes of treatment
- risks, and
- side-effects.

We saw this was documented on a consent form included in patient care records. Consent forms were completed at every appointment.

All patients who responded to our survey said they received adequate information on the procedure, risks and benefits and expected outcomes.

If the service manager considered the treatment booked unsuitable for the patient, we saw evidence that the patient would be refused and alternative treatment options offered. This was reflected in the responses from patients to our survey:

- 'I was advised on what would benefit and what likely wouldn't.'
- 'Give me various options for types of treatment.'

Information about services and treatments available were clearly displayed on the service's website, including:

- an explanation of the product and treatment
- costs
- duration of results, and
- side-effects.

Information leaflets were also available in the clinic. Results from our online survey showed that patients felt fully informed and involved in decisions about their treatment. Comments included:

- 'Every step of the way I was given clear and helpful information.'
- 'Always extremely thorough with all this information as well as addressing and concerns I have.'
- 'Full consultation was carried out with clear recommendations.'

After each appointment, patients were emailed a link to a patient satisfaction survey. The reviews linked to the patient care record so that they could be discussed with the patient if required and actions fed back. When making the review, the patient could choose for it to be published to a public online review website, where the service had a five-star rating. The service had responded to all comments on the online review site. The service manager received an alert whenever a review was published. We saw evidence that feedback was reviewed every 3 months and shared with the staff during team meetings.

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. The service had not received any complaints.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong).

The service also had a chaperone policy and a dignity and respect policy in place. The staff handbook included all the service's policies, including those for:

- chaperones
- consent
- dealing with complaints
- duty of candour
- safeguarding, and
- patient participation.

In response to our online survey, all patients said they were treated with dignity and respect.

What needs to improve

We were told that the service had not had any instances requiring the need to implement duty of candour principles and a yearly duty of candour report had been produced and published. However, staff had not received duty of candour training (recommendation a).

A safeguarding (public protection) policy made sure a protocol was in place to respond to any adult protection concerns. However, staff had not received safeguarding training (recommendation b).

Information on how to make a complaint was not accessible to service users, such as in a leaflet in reception or on the website (recommendation c).

- No requirements.

Recommendation a

- The service should ensure staff are trained in the principles of duty of candour.

Recommendation b

- The service should ensure staff have received safeguarding (public protection) training.

Recommendation c

- The service should provide information for patients on how to make a complaint.

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 clinic was clean and well maintained. Appropriate patient safety policies, such as infection prevention and control and medicines management were in place. An audit programme would help to identify areas for improvement.

The clinic environment was modern, clean and well equipped. Equipment was in good condition and maintenance contracts in place, where appropriate. Appropriate insurances were in-date, such as public and employer liability insurance.

An infection prevention and control policy and effective measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment (such as disposable aprons, gloves and face masks) and alcohol-based hand gel. Hand hygiene instructional posters were displayed. An appropriate waste management contract was in place and sharps were well managed.

Cleaning of the treatment rooms and equipment was carried out between patient appointments, as well as a full clean of the clinic every day. Completed and up-to-date cleaning schedules were in place. Patient comments from our online survey on the cleanliness of the clinic included:

- 'I was very impressed with the cleanliness and cross infection procedures in place.'
- 'Always impeccably clean.'
- 'The facilities and equipment are absolutely spotless.'

A medicines management policy and protocols helped to make sure medicines were managed safely and effectively. A registered prescriber worked in the

service. Patient care records we reviewed showed batch numbers and expiry dates of medicines used during treatment were 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 stored at the appropriate temperature. A stock control system for medicines and other treatment products helped make sure all items were not past expiry and best before dates.

A first aid kit was available in the clinic. Emergency medicines were easily accessible and checked monthly. Medical emergency procedures were included in the staff handbook and resuscitation guideline posters were available for staff to refer to in the treatment rooms. As a member of aesthetic professional organisations, the service could access additional support if a complication occurred from cosmetic treatments. Patients received advice on what to do in the event of an emergency as part of their aftercare information.

Some treatments and procedures in the service used intense pulse light (IPL) equipment. We saw that local rules for the equipment were in place. 'Local rules' are the local arrangements to manage laser safety which that a laser protection advisor must have signed and dated. The service had an appointed laser protection advisor and all staff involved in the use of the equipment had completed the core of knowledge (laser safety) training.

An annual fire risk assessment was carried out. Fire safety signage was displayed, fire safety equipment was in place and this was serviced every year. A new smoke detection and fire alarm system had recently been installed. Electrical equipment had been tested, and a safety certificate was in place for the fixed electrical wiring.

The service had an accident and incident reporting procedure in place and had not had any accidents or incidents. The service was aware that, as a registered independent healthcare service it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance.

All patients who responded to our survey said they felt safe and had confidence in the service.

What needs to improve

While clinical hand wash basins were not compliant with national guidance, the service had carried out a risk assessment. The service did not use the correct cleaning products for cleaning blood contamination and sanitary fittings including clinical wash hand basins in line with its own risk assessment and national guidance (recommendation d).

Audits to review the safe delivery and quality of the service were not carried out. Audits could be carried out on patient care records, the environment and medicine management. An audit programme would help the service structure its audit process, and record its findings and improvements made (recommendation e).

- No requirements.

Recommendation d

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins.

Recommendation e

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement 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 and comprehensive. Patients were well informed about their treatments.

We saw that the three patient care records we reviewed had been completed with detailed information, including:

- appropriate consents
- 'before and after' photographs
- consultation
- medical history, and
- medicines dosage, batch numbers and expiry dates.

All patients were provided with aftercare information. Patients who responded to our online survey said:

- ‘Full aftercare advice given by practitioner.’
- ‘Excellent after care, with responses to questions answered in minutes.’

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights).

What needs to improve

Patients GP details were not recorded in the patient care records. Patient’s next of kin or emergency contact was also not recorded (recommendation f).

- No requirements.

Recommendation f

- The service should ensure patients’ GP and next of kin or emergency contact details are documented in 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

Training and development opportunities were available for staff. Appropriate recruitment checks will help make sure staff are safe to work in the service.

Induction training was provided and staff had opportunities for ongoing training and development. Staff were encouraged to attend aesthetics industry conferences and external training. The owner was also a trainer with an independent aesthetics training provider and could provide in-house training to the service’s staff.

We saw evidence of 3-monthly appraisals where further training needs were discussed. Appraisal agendas included:

- goals and objectives,
- performance review,
- salary review, and
- service improvement.

We were told about promotion opportunities for staff as the service continued to expand.

Patients who responded to our survey said they had confidence in the staff:

- ‘Extremely experienced staff with lots of helpful advice.’
- ‘Total confidence my practitioner was extremely knowledgeable.’
- ‘Absolutely staff are professional, explain their experience.’

What needs to improve

The two staff members had not had a Disclosure Scotland background check completed to make sure they were safe to work in the service (requirement 1).

We reviewed the staff files of the two employed members of staff. One staff file included the CV, evidence that appropriate references had been obtained and that interview notes had been taken. However, the other staff member was already known to the service manager and did not go through the usual recruitment process (recommendation g).

Requirement 1 – Timescale: immediate

- The provider must ensure that:
 - (a) *all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are recruited to work in the service*
 - (b) *introduce a system to obtain Disclosure Scotland updates for all staff at regular intervals to ensure staff remain safe to work in the service.*

Recommendation g

- The service should ensure that all staff are subject to its pre-employment procedure and the information requested for new members of staff in line with the Scottish Government’s Safer Recruitment through Better Recruitment (2016) guidance.

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 stayed up to date with advances in the sector through its membership of 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 used membership of peer and professional groups to keep up to date with changes in best practice and legislation. The service was a member of the Complications in Medical Aesthetic Collaborative (CMAC) which provides guidance and support to help prevent complications in cosmetic treatments. The service was also an accredited practitioner of Save Face, a national register for people who provide non-surgical cosmetic treatments, accredited by the Professional Standards Authority.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. A quality improvement plan, which included short-term and long-term actions, helped the service to demonstrate a culture of continuous improvement. The quality improvement plan was divided into areas of:

- company goals
- patient services, and
- staff goals.

We saw evidence of items for improvement added from patient feedback and enquiries and staff suggestions.

A staff workshop had also been held where the service's missions and values were discussed and how they would be achieved. We saw evidence of identifying and discussing the areas for improvement. A tracker was made of

the identified areas discussed at each weekly staff meeting and progress reviewed.

We saw evidence that the service reviewed its performance through monitoring against targets for rates of:

- business growth
- client referrals
- patient retention, and
- patient satisfaction ratings.

Leadership in the service was visible and staff were asked to provide feedback on their manager's performance as part of their 3-monthly review.

Staff activities were organised every 3 months and an online chat group allowed communication and team-building between the staff at this service and those in the provider's London-based clinic.

A contingency plan was in place with another aesthetics clinic in case of events that may cause an emergency closure of the clinic. This would help make sure patients could continue their treatment plans.

The service had links with other local businesses to promote services as part of a bridal package. An arrangement was also a relationship in place with a local physiotherapy service. This allowed cross-referral for patients who would benefit from the different gynaecological type treatments offered by the two services.

The service manager had been recorded for a podcast discussing the aesthetics industry, including the importance of patients choosing registered health care professionals and services for their aesthetics treatments. The podcast was publicly available on an online streaming service.

- 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 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
a	<p>The service should ensure staff are trained in the principles of duty of candour (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>
b	<p>The service should ensure staff have received safeguarding (public protection) training (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20</p>
c	<p>The service should provide information for patients on how to make a complaint (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
d	<p>The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
e	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 13).</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>
f	<p>The service should ensure patients' GP and next of kin or emergency contact details are documented in patient care records (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 4.14</p>

Domain 7 – Workforce management and support

Requirement

1 The provider must ensure that:

- (a) all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are recruited to work in the service*
- (b) introduce a system to obtain Disclosure Scotland updates for all staff at regular intervals to ensure staff remain safe to work in the service (see page 15).*

Timescale – immediate

Regulation 9(2)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendation

g The service should ensure that all staff are subject to its pre-employment procedure and the information requested for new members of staff in line with the Scottish Government's Safer Recruitment through Better Recruitment (2016) guidance (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

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.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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