



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: AME Aesthetics, Aberdeen

Service Provider: AME Aesthetics Ltd

18 April 2024

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First published June 2024

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1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to AME Aesthetics on Thursday 18 April 2024. We spoke with the service owner (aesthetics practitioner) and one of the service's aesthetics practitioners, who is also a nurse prescriber. We received feedback from 16 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Aberdeen, AME Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For AME Aesthetics, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings	Grade awarded	
<p>The service had a vision statement which included its aims and objectives. A governance structure was in place and staff spoke positively about the service manager's leadership as visible, approachable and responsive. The service's vision and purpose statement should be shared with staff and patients and the service develop a formal process to record staff meetings and actions arising from them.</p>	✓ Satisfactory	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patient feedback was actively sought. Information about treatments offered was available on the service's website and patients were informed about treatment options. A fire safety risk self-assessment had been completed. An incident and accident logbook was available. A range of policies were in place. Portable appliance testing was carried out.</p> <p>A proactive approach must be taken for the assessment and management of risk. Appraisals for staff employed by the service should be carried out. A quality improvement plan should be developed.</p>	✓ Satisfactory	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The environment was clean and well equipped. The clinical handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date. Adequate personal protective equipment was available for use.</p> <p>Any stock of medication that the service holds must be able to be prescribed to individual patients. Consent to share information with medical professionals in the event of an emergency should be recorded. A system to monitor medication should be implemented.</p>	✓ Satisfactory	

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:

[Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect AME Aesthetics to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in three requirements and 10 recommendations.

Direction	
Requirements	
None	
Recommendations	
a	The service should service should service should share its vision and purpose statement with patients and staff (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
b	The service should keep a record of all staff meetings and any actions arising from them (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery

Requirements

- 1** The provider must develop effective systems that demonstrate the proactive management of risk to patients and staff (see page 17).

Timescale – by 18 July 2024

Regulation 13(2)(a)

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

Recommendations

- c** The service should develop and implement a formal mechanism to actively seek the views of staff working in the service (see page 13).

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

- d** The service should complete annual appraisals with all members of staff who work in the service (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14.

- e** The service should develop a programme of regular audits to cover key aspects of care and treatment, including medicines management, infection prevention and control, the safety and maintenance of the care environment and patient care records. Audits should be documented improvement action plans implemented (see page 17).

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 develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 17).

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

Results	
Requirements	
2	<p>The provider must ensure that as an independent clinic, any stock of medication that they hold, must be able to be prescribed to individual patients (see page 21).</p> <p>Timescale – by 18 July 2024</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
3	<p>The provider must only use appropriate cleaning equipment, including single use disposable mop heads (see page 21).</p> <p>Timescale – by 18 August 2024</p> <p><i>Regulation 3(d)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
g	<p>The service should obtain contain consent from the patient for the sharing of information with their GP and other medical staff in an emergency, if required in the patient care record. If the patient refuses, this should be documented (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>
h	<p>The service should develop a checklist to record the checking of medication (see page 21).</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>
i	<p>The service should securely destroy original Disclosure Scotland PVG records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

Results (continued)

Recommendations

- j The service should ensure that an annual professional registration check is completed for all staff that are granted practicing privileges to work in the service (see page 21).

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

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

AME 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 AME Aesthetics for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service had a vision statement which included its aims and objectives. A governance structure was in place and staff spoke positively about the service manager's leadership as visible, approachable and responsive. The service's vision and purpose statement should be shared with staff and patients and the service develop a formal process to record staff meetings and actions arising from them.

Clear vision and purpose

The service's vision was to deliver aesthetically pleasing results in line with patients' expectations and desires. The clinic's purpose was to make sure that every patient felt secure and well cared for during their aesthetic journey, minimising potential risks and prioritising their overall health and satisfaction.

The service's aims and objectives included:

- Employ qualified and experienced professionals.
- Maintain the highest standards of hygiene.
- Use evidence-based practice.

What needs to improve

The service's vision and purpose statement which included its aims and objectives was not visible in the clinic and we saw no evidence that it had been shared with patients and staff. This would help to inform them of the service's aim and objectives (recommendation a).

- No requirements.

Recommendation a

- The service should service should share its vision and purpose statement with patients and staff.

Leadership and culture

The service is owned and run by a registered nurse. Two independent nurse prescribers worked under practicing privileges (staff not employed directly by the provider but given permission to work in the service).

All clinical staff were registered with their professional regulator, the Nursing and Midwifery Council (NMC). The nurse prescribers worked alongside the service manager (practitioner) when required, before issuing prescriptions for treatments.

The service's approach to governance activities included:

- gathering and patient feedback
- reporting adverse events, and
- reviewing findings from previous Healthcare Improvement Scotland inspections.

Staff spoke positively about the leadership and support that the service manager provided. They told us they were kept up to date with any changes and described the service manager's leadership as visible, approachable and responsive.

What needs to improve

We were told that staff in the service had regular discussions as a team and kept in contact through social media and electronic messaging apps. However, the service did not have a formal process in place to record these meetings and actions arising from them (recommendation b).

- No requirements.

Recommendation b

- The service should keep a record of all staff meetings and any actions arising from them.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patient feedback was actively sought. Information about treatments offered was available on the service’s website and patients were informed about treatment options. A fire safety risk self-assessment had been completed. An incident and accident logbook was available. A range of policies were in place. Portable appliance testing was carried out.

A proactive approach must be taken for the assessment and management of risk. Appraisals for staff employed by the service should be carried out. A quality improvement plan should be developed.

Co-design, co-production (patients, staff and stakeholder engagement)

The service’s participation policy set out how it would encourage feedback from patients. The policy described how the service would gather and use patient feedback to continually improve. Patient feedback was collected verbally, through social media reviews and a service questionnaire. Patients were asked for feedback about their most recent treatments. After feedback was received from these methods, it was reviewed and used to inform the service’s improvement plan. We found all feedback on social media was positive. We saw examples of changes made after the service had received feedback, such as:

- introducing skin care treatments, and
- moving to electronic patient care records.

What needs to improve

The service did not have a formal mechanism for seeking views from staff. As the team was small, suggestions for improvements were only discussed informally (recommendation c).

- No requirements.

Recommendation c

- The service should develop and implement a formal mechanism to actively seek the views of staff working in the service.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

Policies and procedures were in place to support the delivery of person-centred care. These included those for:

- complaints
- duty of candour
- emergency arrangements policy
- information management, and
- medication.

The service manager (practitioner) and staff were aware of the notification process and what they should notify Healthcare Improvement Scotland of. A clear system was in place to record and manage accident and incident reporting. We saw that the service had recorded one incident of a vascular occlusion in the accident book and the service was in the process of submitting a notification about this incident. We later confirmed that this notification had been submitted, as required.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies. Portable appliance testing (PAT) was in place and the service had an up-to-date electrical safety certificate.

All medications were in-date and stored in a locked cabinet. Medicines were obtained from an appropriately registered supplier and the service was registered to receive alerts from Medicines and Healthcare products Regulatory Agency (MHRA).

Maintenance contracts for fire safety equipment and fire detection systems were up to date. Electrical and fire safety checks were completed regularly. The service had a clinical waste contract in place for the supply and disposal of clinical waste.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. We saw evidence that the service had published a yearly duty of candour report in the clinic.

Electronic patient care records were stored securely on an password-protected tablet computer. Each practitioner had an individual login and password. This protected confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations.

We were told that a face-to-face consultation and assessment was carried out to assess patients' suitability for treatment. We were told that the initial consultation included discussions about:

- benefits and risk of treatment
- desired outcomes of the patient
- information about aftercare, and
- treatment costs.

We saw that an aftercare leaflet for anti-wrinkle injections and dermal fillers was available and we were told that it was given to patients after treatment. This informed patients of who to contact if they had any questions or queries about their treatment.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through attending conferences and additional masterclass sessions. The practitioners engaged in regular continuing professional development and had all completed their revalidation. This is managed through the NMC registration and revalidation process. 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. They also kept up to date with appropriate training, such as for adult support and protection, equality and diversity and infection control.

We saw that the service worked in line with its practicing privileges policy and had clear processes in place to make sure all checks were carried out on the independent prescriber, including those for:

- fitness to practice
- ongoing continuous personal and professional development
- Protecting Vulnerable Groups (PVG) checks, and
- qualifications.

We saw evidence of a signed and dated contract between the owner and the independent nurse prescribers. The contract made it clear that the independent nurse prescriber agreed to work in line with the service's policies and procedures.

What needs to improve

While the service manager regularly spoke with the nurse prescribers, we found that the service did not undertake annual appraisals with all members of staff who work in the service (recommendation d).

The service had a variety of policies in place. While all policies had been reviewed since our last inspection, some policies lacked specific details. For example:

- The safeguarding policy did not contain details of who the service would contact (such as the local authority adults support and protection unit).
- The complaints policy did not state that patients could complain to Healthcare Improvement Scotland at any point during the complaint process.
- The information management policy did not detail destruction arrangements for notes.
- The infection control policy did not detail all the standard infection control procedures (SICPs) as detailed in the National Infection Control Manual.

The service immediately rectified these during our inspection and understood the need for planned review of policies in the future. We will follow this up at future inspections.

- No requirements.

Recommendation d

- The service should complete annual appraisals with all members of staff who work in the service.

Planning for quality

We saw that the service had a business continuity plan in place. This detailed that a contingency arrangement was in place that would provide patients with an option to continue their treatment plans with an alternative practitioner, in case of emergencies (such as sickness, flood or power failure).

What needs to improve

While we saw that the service had a fire risk assessment in place, no other risk assessments were in place to protect patients. A risk management process would demonstrate that all risks had been considered and help to make sure the service was safe. Risk assessments must be completed, addressing all possible risks in the service. For example, the risk of:

- control of substances hazardous to health
- clinical risks
- electrical hazards, and
- trips and falls (requirement 1).

We saw no evidence of audits carried out in the service. A comprehensive audit programme would help the service provide continuous safe care and treatment for patients and to identify areas for improvement. For example, audits should be carried out for:

- infection prevention and control
- medicines management
- patient care records, and
- the safety and maintenance of the care environment (recommendation e).

The service had not developed a quality improvement plan. A quality improvement plan would help the service to structure and record its service improvement processes and outcomes. It would also allow the service to measure the impact of any service changes and demonstrate a continuous cycle of improvement (recommendation f).

Requirement 1 – Timescale: by 18 July 2024

- The provider must develop effective systems that demonstrate that proactive management of risk.

Recommendation e

- The service should develop a programme of regular audits to cover key aspects of care and treatment, including medicines management, infection prevention and control, the safety and maintenance of the care environment and patient care records. Audits should be documented improvement action plans implemented.

Recommendation f

- The service should develop a quality improvement plan.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The environment was clean and well equipped. The clinical handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date. Adequate personal protective equipment was available for use.

Any stock of medication that the service holds must be able to be prescribed to individual patients. Consent to share information with medical professionals in the event of an emergency should be recorded. A system to monitor medication should be implemented.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

We saw the clinic was clean, tidy and well maintained. We saw that appropriate cleaning wipes were used and that the clinical handwash sink was cleaned in line with national guidance. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available to staff and in plentiful supply. Clinical waste was disposed of appropriately.

Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'Everything was clean and tidy.'
- 'Environment is clean, tidy and comfortable.'
- 'The clinic room is warm, welcoming, clean and professional.'
- 'The environment and facilities are always 5 star.'

We saw a system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service and felt involved in the decisions about their care. Some comments we received included:

- 'There was time taken to discuss my treatment and the outcome that I wanted.'
- 'Procedure explained and discussed if correct treatment for myself.'
- 'The practitioner took time to explain my treatment and aftercare, happy with my results.'
- 'Excellent consultation. Explained everything fully and made me feel extremely comfortable.'

Pre-treatment consultations were carried out and included:

- a review of previous treatments
- additional treatments to be completed, and
- treatments' efficacy, benefits and side effects.

We reviewed five patient care records and saw that all documented patient details, such as their:

- address
- date of birth
- GP details
- name, and
- past medical history.

The patient care records we reviewed included details of face-to-face consultations, which included a treatment plan, consent form that the patient and practitioner both signed on the day of treatment. Detail of the treatments administered, including the dose of anti-wrinkle injections administered along with the medicine batch numbers and expiry dates were recorded. Aftercare information was also recorded as being provided. The practitioner had signed and dated their entries into the patient care records.

We saw the service used an alternative sterile saline solution from that recommended in the manufacturer's guidance for the reconstitution of botulinum toxin. This is when a liquid solution is used to turn a dry substance into a fluid for injection. We were told this provided better pain relief for patients. We saw in the patient care records that there was evidence that the unlicensed use of this product had been discussed with patients (when a medicine is being used in a way that is different to that described in the product license) and that informed consent had been sought.

We reviewed the staff files of two staff members who worked in the service under a practicing privileges arrangement. Recruitment information held in the files included:

- insurance policies and aesthetic training certificates
- occupational health status
- professional registration
- proof of identity, and
- references.

What needs to improve

The service was able to prescribe medication. We saw that vials of an emergency medication had an individual's name recorded on it. It was not clear how this medication would be prescribed to another patient (requirement 2).

We found that re-usable mop heads were being used to clean the floor (requirement 3).

Patient care records we reviewed did not include consent to share information with GPs and other relevant healthcare professionals in the event of a medical emergency (recommendation g).

The service did not have a system in place to document that regular medication checks had been completed (recommendation h).

From the staff files we reviewed, we saw that the service had not securely destroyed the original certificates received from Disclosure Scotland in line with current legislation. A system should be introduced to record PVG scheme identification numbers for staff (recommendation i).

We also saw no evidence that annual checks of staff members' professional registration status had been carried out (recommendation j).

Requirement 2 – Timescale: by 18 July 2024

- The provider must ensure that as an independent clinic, any stock of medication that they hold, must be able to be prescribed to individual patients.

Requirement 3 – Timescale: by 18 August 2024

- The provider must only use appropriate cleaning equipment, including single use disposable mop heads.

Recommendation g

- The service should obtain consent from the patient for the sharing of information with their GP and other medical staff in an emergency, if required in the patient care record. If the patient refuses, this should be documented.

Recommendation h

- The service should develop a checklist to record the regular checking of medication.

Recommendation i

- The service should securely destroy original Disclosure Scotland PVG records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff.

Recommendation j

- The service should ensure that an annual professional registration check is completed for all staff that are granted practicing privileges to work in the service.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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.



More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

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

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EH12 9EB

Email: his.ihcregulation@nhs.scot

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