



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: A+ Aesthetics, East Kilbride

Service Provider: A Plus Aesthetics Ltd

25 July 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 A+ Aesthetics on Thursday 25 July 2024. We spoke with the owner (practitioner) and two members of staff during the inspection. We received feedback from 15 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 East Kilbride, A+ 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 A+ 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
The service shared a clear vision with patients and staff. Key performance indicators included monitoring the safe care and treatment of patients. Clinical governance measures demonstrated a proactive approach to maintaining and improving the quality of patient care. Staff were able to contribute to the development and improvement of the service through team meetings.	✓✓✓ Exceptional
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Policies and procedures set out the way the service delivered safe care. An audit programme and quality improvement plan supported the continuous improvement of the service. A proactive approach to managing risks was evident. The service had a structured method of gathering and acting on patient feedback. Patients were kept informed of service improvements.	✓✓✓ Exceptional
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
Processes were followed that ensured the clinic environment and equipment was clean and well maintained. Patient care records were well completed. Recruitment processes and ongoing checks of staff helped make sure they remained safe to work in the service. Patients had confidence in the staff and the service.	✓✓✓ Exceptional

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 A Plus Aesthetics Ltd 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 no requirements and no recommendations.

We would like to thank all staff at A+ 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 shared a clear vision with patients and staff. Key performance indicators included monitoring the safe care and treatment of patients. Clinical governance measures demonstrated a proactive approach to maintaining and improving the quality of patient care. Staff were able to contribute to the development and improvement of the service through team meetings.

Clear vision and purpose

The service displayed its vision statement in the clinic that included practicing safe, evidence-based and patient-centred care. More information was available to patients in an information folder, which included details on the service's core values.

The clinic also displayed a safety monthly barometer chart that informed patients of the number of:

- accidents in the service
- complaints
- complications, and
- infections.

The service's key performance indicators were:

- compliance with mandatory training
- new, returning and non-returning patients
- number of adverse events and infections, and
- patient feedback and complaints.

Key performance indicators were discussed at a twice-yearly clinical governance meeting. A key performance indicator report provided a detailed overview of

how the service had performed against each indicator covering any themes or observations identified, areas for improvement and actions taken.

The key performance report findings fed into a yearly quality assurance review that assessed key areas of the service. The areas were in line with the Healthcare Improvement Scotland Quality Framework to help make sure it was compliant with the standards and regulatory requirements.

Information from the clinical governance meetings and quality assurance review fed into a business strategy that sets out the projected plan for the next 5 years.

- No requirements.
- No recommendations.

Leadership and culture

The service was owned and managed by a registered nurse and aesthetic practitioner. Two members of staff were working under a practicing privileges agreement (staff not employed directly by the provider but given permission to work in the service) also carried out aesthetic treatments.

Informal communication for day-to-day clinic issues was through an online chat group. We saw good communication between the team about clinical governance, through regular meetings. Staff meetings with a set agenda were held every 3 months. We saw minutes of these meetings, which recorded discussions of agenda items, including:

- case note review findings
- infection control
- new practices and procedures for shared learning, and
- patient feedback
- quality improvement, and
- staff training.

A clinical governance policy described the service's approach to maintaining and improving the quality of patient care through different methods, such as:

- audits
- events analysis
- risk assessments, and
- staff knowledge and skills.

We saw that the 6-monthly clinical governance meeting covered these topics in the agenda.

The service had a leadership plan in place with objectives of the kind of leadership the service aimed to have. We saw evidence that the progress on meeting the objectives was discussed at the clinical governance meetings.

The team carried out a documented monthly governance peer review of each other, including the owner (practitioner). This checked their individual practice, based on governance standards the service had identified, such as:

- complaints
 - incidents, and
 - training.
-
- No requirements.
 - No recommendations.

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

Policies and procedures set out the way the service delivered safe care. An audit programme and quality improvement plan supported the continuous improvement of the service. A proactive approach to managing risks was evident. The service had a structured method of gathering and acting on patient feedback. Patients were kept informed of service improvements.

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

The service's participation policy stated how it would proactively seek feedback from patients and learn from negative and positive feedback to continuously improve. Methods it used to obtain feedback included:

- a QR code in the reception on an online review platform
- a structured survey sent to patients 2 weeks after an appointment
- feedback and suggestions box with feedback forms in the clinic, and
- verbal, email and text feedback.

All feedback was collated, reviewed and acted on if required at the time it was submitted. We saw that feedback was positive and improvement suggestions had been acted upon, such as requests for:

- bottled water
- longer review appointments, and
- sanitary supplies in the toilet.

A 'you said, we did' board was displayed that fed back the improvements made as a result of the patients' suggestions.

The service also produced an annual feedback report where all feedback could be evaluated to identify any trends that required an improvement action. All actions from feedback were added to a quality improvement plan.

We saw evidence that staff were able to contribute to the development and improvement of the service from:

- staff appraisals
 - staff discussions, and
 - team meetings held every 3 months.
-
- No requirements.
 - No recommendations.

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.

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. Since registration with Healthcare Improvement Scotland in May 2022, the service had submitted appropriate notifications to keep us informed about changes and events in the service.

Appropriate policies, procedures and processes were in place to deliver safe, person-centred care. All documents were reviewed and ratified at the clinical governance meetings.

A safeguarding policy described the actions staff should take in case of an adult protection concern.

A medicines management policy and protocols helped to make sure medicines were managed safely and effectively. Medicines were stored in a locked 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 had not passed their expiry and best-before dates. A file of prescribing resources was available to prescribing staff and safe operating procedures provided a step-by-step guide for all treatments for practitioners to follow to help make sure their practice was safe and consistent.

Emergency medicines were easily accessible and aesthetic complications step-by-step treatment guide and medical emergencies posters were displayed for staff to refer to. A first aid kit was also available in the treatment room. Two members of staff were always present during some aesthetic procedures,

including a prescriber in case of an aesthetic emergency, such as a vascular occlusion (a blood vessel blockage that prevents blood from moving through pathways in your body). Staff had resuscitation training as part of their substantive posts in the NHS and had also completed simulation training in the service for aesthetic emergencies.

The service manager was a member of national groups, such as the Aesthetic Complications Expert Group. This group of practitioners regularly reported on any difficulties encountered and the potential solutions. It also provided learning opportunities and support for its members. The staff also completed ongoing training as part of their Nursing and Midwifery Council registration and attended aesthetic training events. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

An infection prevention and control policy described the precautions in place to prevent patients and staff being harmed by avoidable infections. Appropriate products were used to clean equipment and the environment, and a cleaning schedule detailed the required cleaning tasks.

A fire safety policy was in place and an annual fire risk assessment was carried out. Fire safety signage was displayed, and fire safety equipment was in place and safety checked. A safety certificate was in place for the fixed electrical wiring, and portable electrical equipment had been tested.

The service told us that it had not received any complaints since registration, and Healthcare Improvement Scotland had not received any about the service. A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to Healthcare Improvement Scotland. A complaints leaflet was available for patients.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). A duty of candour statement was displayed in the clinic and the service had produced and published its yearly duty of candour report.

A patient information folder in the clinic included the service's:

- complaints policy
- core values
- feedback forms, and
- the duty of candour report.

While the service had not received any complaints, if a patient expressed disappointment about the outcome of a treatment, all staff attended a meeting to discuss the patient's treatment. This was used to assess if anything could have been done differently for a better outcome and for future learning.

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).

A consent policy detailed how the service would ensure that informed consent was obtained before any treatment took place. When making an appointment on the online system, patients received a consent form that detailed information about the treatment they had booked, including the risks, and a medical history questionnaire to be completed before their appointment.

Other appropriate consents were also obtained, such as consent for digital images and sharing information with other healthcare professionals if required.

A policy was in place that detailed the service's rationale for only using medicines in line with the Summary of Product Characteristics, for its licensed use where possible. However, for cases where a medicine would be used off-licence, the policy detailed the discussions to take place with patients and appropriate consents to be obtained.

Patients had a face-to-face consultation with the practitioner before attending their treatment appointment, giving them a cooling-off period and time to consider the information received before going ahead with treatment.

Discussions at the consultations included:

- aftercare
- expected outcomes of treatment
- full medical history, and
- risks and side effects.

Consultations included completion of a facial assessment form that included the patient's areas of concern and what the outcome the patient wished to achieve. Following this discussion, a psychological assessment form was also completed if the practitioner suspected the patient had body dysmorphia (a mental health condition where a person spends a lot of time worrying about flaws in their appearance. These flaws are often unnoticeable to others).

Patients received a follow-up call after the treatment and were offered a 2-week review appointment to review the outcome of the treatment. Patients were provided with aftercare information that included an emergency contact telephone number. Members of the team manned the emergency number on a rota, 24 hours a day.

Policies were in place that detailed safe recruitment and staffing, including for staff working under a practicing privileges arrangement. Staff had received an appropriate level of Disclosure Scotland check to help make sure they were safe to work in the service. An induction process was in place that included a checklist as a record that all parts of the induction had been completed. It included mandatory training and covered topics, such as the service's:

- policies and procedures
- safety and emergency procedures, and
- treatment protocols.

Processes were in place to support new staff in their role and help make sure their practice was safe.

The service had a mandatory list of ongoing training requirements for all staff. A process was in place for all staff to have a yearly appraisal carried out, including a peer-appraisal of the service manager.

- No requirements.
- No recommendations.

Planning for quality

A contingency plan was in place in case of events that may cause an emergency closure of the clinic or cancellation of appointments, such as flooding or sickness. This would help make sure patients could continue their treatment plans. Appropriate insurances were in-date, such as insurances for employer liability, medical malpractice and public and products liability.

A programme of monthly audits helped to review the safe delivery and quality of the service. The service manager or a staff member carried out the audits, peer-reviewing each other's practice. The findings were documented, and an action plan completed, if required. This was then discussed during staff meetings. A range of audits included:

- environmental
- hand hygiene
- medicines management
- patient care records, and
- practitioner governance (including patient care record review, continued professional development, appraisal actions, training compliance and patient satisfaction).

The patient care record audit was a secondary governance measure as reports were generated on the digital patient care record system of any non-completion of fields. This report was checked at the end of each clinic day to rectify any issues. The full team also did a monthly full-case-note review. During this review, the whole team selected and reviewed one patient care record in detail to make sure the patient had received safe, evidenced-based care and a positive patient experience. The reviews were documented.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. A regularly reviewed quality improvement plan was in place with detailed improvement activities, which included:

- a description of the issue requiring improvement
- how change would be implemented,
- the timeframe for the change, and
- how the change would be evaluated.

We saw that quality improvement projects followed a recognised healthcare quality improvement methodology. We saw that one project had resulted in the implementation of a documented 'safety pause' before aesthetic treatments. A safety pause is a deliberate, temporary stop to allow the practitioner to assess and address potential risks, ensure patient safety, and prevent unintended harm. These pauses can occur during critical moments, such as surgeries or medication administration, to verify protocols, equipment and patient information.

A risk assessment policy was in place. Risk assessments had been carried out for:

- business risks
- clinical risks
- health and safety risks, and
- infection control risks.

A risk register recorded details of all the identified risks in one place and their potential impact. The risk assessments in the register were reviewed at the 6-monthly clinical governance meeting and updated with appropriate processes in place to help manage any risks identified.

- No requirements.
- No recommendations.

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

Processes were followed that ensured the clinic environment and equipment was clean and well maintained. Patient care records were well completed. Recruitment processes and ongoing checks of staff helped make sure they remained safe to work in the service. Patients had confidence in the staff and the service.

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 comprehensive self-evaluation.

The clinic was modern, clean and well equipped. Equipment was in good condition. The cleaning of the treatment rooms and equipment was carried out between patient appointments, as well as a full clean at the end of the day. Cleaning schedules described the cleaning process, and we saw that cleaning checklists were completed, with appropriate cleaning products used. Cleaning equipment was colour-coded to prevent cross-contamination and improve safety in cleaning processes. All patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- ‘The clinic is clean and bright and very welcoming. I have every confidence in the standards of care given from this facility.’
- ‘The place is perfect, spotless and manages to be cosy whilst still feeling suitable sterile.’
- ‘Clean and safe environment.’

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 and alcohol-based hand gel. A hand hygiene poster was

displayed. An appropriate waste management contract was in place and sharps (needles and syringes) were well managed.

The clinic environment was well maintained and safety checks of facilities, such as gas, electrical wiring and portable appliances carried out.

The three patient care records we reviewed had been well completed with detailed information, including documentation of:

- consultation and consents
- medical history
- medicine dosage, batch numbers and expiry dates
- the procedure, and
- the provision of aftercare information.

All patients who responded to our online survey told us they received adequate information about their procedure and felt involved in the decisions about their care. Comments included:

- ‘Even though I’ve had treatment before [the practitioner] always goes over everything and makes sure I’ve got the opportunity to ask questions.’
- ‘I was fully informed of the treatment and what to expect. I felt all my questions were answered in my consultation and I knew exactly what to expect.’
- ‘I am happy I have been giving all the information to make the right decision for me.’
- ‘The detail in the consultation was exceptional.’

Staff files we reviewed included evidence of relevant initial and ongoing checks to help make sure staff were safe to work in the service. Staff had completed an induction process when starting in the service, and ongoing aesthetics training. We saw evidence of documented annual appraisals. Each staff member, including the owner (practitioner) had a learning and development folder with a yearly training-needs analysis and evidence of completed training.

We saw evidence that the learning was shared with the team when one member of staff attended a conference or training session for a new aesthetic treatment or product. A documented discussion took place to decide if and how the service would offer the new treatment.

Patients told us in our online survey that they had confidence in the service and staff. Comments included:

- 'I met with [the practitioner] and...prescribers and felt confident in their ability to assess my medical history and provide treatment.'
 - 'medical professionals with many years of clinical experience. I wouldn't trust anyone less qualified...'
 - 'They are incredibly informed but share it in an easy to digest way. It's always in layman's terms. Which I hugely appreciate.'
-
- No requirements.
 - No recommendations.

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:

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1 South Gyle Crescent

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EH12 9EB

Email: his.ihcregulation@nhs.scot

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