



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: AMG Aesthetics Ltd, Kilmarnock

Service Provider: AMG Aesthetics Ltd

7 September 2021

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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 AMG Aesthetics Ltd on Tuesday 7 September 2021. We spoke with the owner (practitioner) during the inspection. We also received feedback from 53 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.

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 AMG Aesthetics Ltd, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Patients were cared for in a clean and safe environment. Appropriate systems were in place for safe and secure handling of medicines and infection prevention and control. A process was being introduced to ensure the service's policies and procedures were regularly reviewed.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	Regular staff meetings are held and the service had made improvements to how the service was delivered following patient feedback. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.	✓✓ 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	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Comprehensive patient assessments were completed and clearly documented before any treatment was provided. Consent should be recorded for sharing information with other medical staff in the event of an emergency.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Suitable and safe recruitment practices were in place. Staff had opportunities for training and development. Staff appraisals must be carried out for all staff members. A system should be introduced to obtain Protecting Vulnerable Groups (PVG) updates for staff at regular intervals.

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

What action we expect AMG Aesthetics Ltd to take after our inspection

This inspection resulted in one requirement and four 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 requirements 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

AMG Aesthetics 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 AMG Aesthetics Ltd for their assistance during the inspection.

2 What we found during our inspection

Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Patients were cared for in a clean and safe environment. Appropriate systems were in place for safe and secure handling of medicines and infection prevention and control. A process was being introduced to ensure the service's policies and procedures were regularly reviewed.

We saw that all areas of the clinic were clean and equipment was in good working order. An infection prevention and control policy was in place and we saw good compliance with infection prevention and control procedures. This included the safe disposal of medical sharps such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of personal protective equipment available (disposable gloves and aprons) and cleaning schedules were up to date.

We saw maintenance contracts in place and regular servicing was carried out, such as portable appliance testing (for electrical appliances and equipment to ensure they are safe to use). Fire safety checks were carried out regularly and the service manager had recently updated the fire risk assessment.

A safe system was in place for the procurement, prescribing, storage and administration of medicines, in line with the service's medication policy. Patient care records documented medicines used, batch numbers and expiry dates. Medications were stored in a locked fridge in a locked treatment room. The fridge had built-in temperature readings to make sure medication was stored within accepted temperature ranges. Staff were trained to deal with medical

emergencies, with emergency protocols and procedures available and emergency medications stored safely and up to date.

An audit programme had been developed and implemented. Regular audits were carried out, including hand hygiene, environment, management of medicines and patient feedback. We saw examples of these audits and corresponding action plans. We were told that audit results were shared with staff by an online messaging system.

While no serious incidents had been reported in the service, a clear system was in place to record and manage accident and incident reporting.

Feedback from our online survey showed that all patients were satisfied with the cleanliness of the environment they were treated in. Comments included:

- ‘The cleanliness of the environment is always maintained to a very high standard.’
- ‘Extremely clean environment.’

What needs to improve

As part of its quality assurance monitoring, the service had identified that it could introduce a more robust review system for policies and procedures. Some key policies, such as infection prevention and control and duty of candour had already been updated to reflect changes in current legislation. The service planned to implement a yearly review of all its policies and procedures. 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

Comprehensive patient assessments were completed and clearly documented before any treatment was provided. Consent should be recorded for sharing information with other medical staff in the event of an emergency.

From the five patient care records we reviewed, we saw that comprehensive assessments and consultations were carried out for all new and returning patients. This included a medical history, any health conditions, medications,

previous treatments and any areas which would highlight any risks associated with the treatment such as pregnancy or any previous allergic reactions.

Records were kept of each treatment session, and diagrams and photographs of the treated area helped to inform the overall plan of care. Risks and benefits of the treatment were explained and a consent to treatment form completed for all new and returning patients.

Patients were given verbal and written aftercare advice. Patients were invited to attend a free follow-up appointment if required. This allowed the service to ensure patients were happy with the results and had not experienced any side-effects.

Feedback from our online survey showed that all patients felt they had been involved in decisions about their care and provided with sufficient information in a format they could understand. All stated that the risks and benefits had been explained to them before the treatments. Comments included:

- 'Information delivered to me was easily understood and detailed including risks involved.'
- 'I was involved in the whole process.'
- 'Explained everything very clearly and ensured I understood before carrying out the treatment.'

Patient care notes were recorded electronically. Appropriate procedures were in place to maintain patient confidentiality in line with the service's information management policy. Patient care records were reviewed every month to check if they were fully completed. The service manager had carried out training in updated general data protection regulations.

What needs to improve

The service did not record consent for sharing information with the patient's GP and other medical staff in an emergency, if required (recommendation a).

- No requirements.

Recommendation a

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

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

Suitable and safe recruitment practices were in place. Staff had opportunities for training and development. Staff appraisals must be carried out for all staff members. A system should be introduced to obtain Protecting Vulnerable Groups (PVG) updates for staff at regular intervals.

Safe and effective recruitment policies and procedures were in place and followed. We reviewed four staff files which included staff members granted practicing privileges (staff not employed by the provider but given permission to work in the service). We saw processes in place to ensure staff had up-to-date Disclosure Scotland checks, and maintained their registration and insurance. We saw references and contracts of employment. Staff had clear roles, responsibilities and accountabilities.

All staff received induction, mentoring support and supervised practice. The induction training included role-specific competencies for staff. The service manager monitored completion of training to ensure that all staff were up to date and had the necessary knowledge and skills to do their role.

A mandatory training programme ensured staff maintained their skills and knowledge in a number of areas, including public protection (safeguarding), infection prevention and control, and handling medical emergencies. The service used internal and external training and education materials to keep staff up to date with relevant practice.

What needs to improve

Staff did not receive an annual appraisal. Regular review of staff performance must take place (requirement 1).

The service had retained the original certificates following completed Protecting Vulnerable Groups (PVG) scheme checks in staff files. This is not in line with current legislation. A system should be introduced to record PVG scheme identification numbers for staff (recommendation b).

As well as the PVG scheme informing an employer whether an individual is barred from working with protected adults and/or children, the certificate provides a point in time check of an individual's criminal convictions history. A system should be introduced to obtain a PVG update for staff at regular intervals (recommendation c).

Requirement 1 – Timescale: by 7 March 2022

- The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated.

Recommendation b

- The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff.

Recommendation c

- The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

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

Regular staff meetings are held and the service had made improvements to how the service was delivered following patient feedback. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

The service manager told us they regularly reflected on patient feedback received and used that to drive improvement. For example, an electronic patient booking system had been introduced giving patients greater flexibility when booking an appointment, and aftercare information had been updated to include information on the service's complaint process.

We saw evidence that the service held staff meetings approximately every 3 months. We saw that different aspects of the service were discussed at this meeting including complaints, infection prevention and control, and how improvements to the patient experience could be made.

The service kept up to date with changes in the aesthetics industry, legislation and best practice through subscribing to forums and attending a variety of training days provided by pharmaceutical companies.

The service is a member of a variety of industry-specific and national organisations. This included the Aesthetics Complications Expert (ACE) Group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions. The service is also a member of the British Association for Medical Aesthetic Complications (BAMAC) and is a designated emergency aesthetic clinic, providing a complication management service for referred patients and other services.

From staff files, we saw that all registered nurses the service employed had their Nursing and Midwifery Council (NMC) registration checked and completed revalidation, if required. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the NMC, every 3 years.

The service had reviewed findings from inspections that had taken place in other similar services, and used this information to inform its own policy and procedure development.

What needs to improve

Good assurance systems in place included staff meetings, audits, reviewing and acting on patient survey comments and complaints. However, the service did not have an overall quality assurance system or improvement plan. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation d).

- No requirements.

Recommendation d

- The service should develop and implement a quality improvement plan.

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 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendation	
a	<p>The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records (see page 9).</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>

Domain 7 – Workforce management and support	
Requirement	
1	<p>The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated (see page 11).</p> <p>Timescale – by 7 March 2022</p> <p><i>Regulation 12(c)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Domain 7 – Workforce management and support (continued)

Recommendations

- b** The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all 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 4.24

- c** The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 11).

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

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

- d** The service should develop and implement a quality improvement plan (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

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:

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Gyle Square
1 South Gyle Crescent
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Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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