



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Aspyre Aesthetics, Glasgow

Service Provider: Aspyre Aesthetics

3 May 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 Aspyre Aesthetics on Wednesday 3 May 2023. We spoke with sole practitioner (manager) during the inspection. We also received feedback from 13 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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Aspyre Aesthetics, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients felt they were treated with dignity and respect, and were fully informed about their treatment options. Feedback was actively sought from patients and used to improve the service. Information on how to make a complaint should be provided for patients.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The environment was clean and well maintained, with good systems and processes in place for the safe and secure handling of medicines, and infection prevention and control. A regular programme of audits should be introduced. Policies should be regularly reviewed and updated to reflect current legislation and best practice.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with current best practice through training and development. Although the service was striving to continually improve, a quality improvement plan would help to evaluate and measure the quality, safety and effectiveness of the service provided.	✓ Satisfactory

The following additional quality indicator was 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	Patients received a consultation and assessment before any treatment was provided. The benefits and risks of treatment were fully explained and patients were provided with aftercare information. However, patient care records should be fully completed, including details about medicines used, and contact details for patients' GPs and next of kin. Consent should be recorded for sharing information with patients' GPs and other healthcare professionals in an emergency.

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 Aspyre Aesthetics to take after our inspection

This inspection resulted in seven recommendations. See Appendix 1 for a full list of the 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

We would like to thank all staff at Aspyre Aesthetics 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 felt they were treated with dignity and respect, and were fully informed about their treatment options. Feedback was actively sought from patients and used to improve the service. Information on how to make a complaint should be provided for patients.

The service's environment helped maintain patients' privacy and dignity. The treatment room was locked when patients were undergoing treatments and windows were adequately screened. All consultations were by appointment and only one patient was treated in the service at a time, maintaining confidentiality.

The service provided information to patients about the treatments available through social media, information posters in the treatment room and information leaflets. During consultations, patients were given appropriate treatment options, as well as information about the risks and benefits and costs of proposed treatments to help them make an informed decision.

We saw a range of ways for patients to provide input into how the service continued to develop. This included verbally, feedback forms and posting online reviews. Patients were emailed a feedback form following treatment asking them to leave comments and rate the service. We were told that all feedback the service had received to date was positive.

The service's complaints policy contained details of how to complain to Healthcare Improvement Scotland at any time. The service had not received any complaints since registration with Healthcare Improvement Scotland in June 2018.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. A duty of candour policy was in place and the service had produced an annual duty of candour report detailing that no incidents had triggered the need to act.

Feedback from our online survey was very positive about the experience patients had at the service. All patients agreed they had been treated with dignity and respect, and had received adequate information. Comments included:

- '[...] is always warm, friendly and very professional.'
- 'Truly professional and knowledgeable, felt very reassured and would recommend this service to anyone, superb in my opinion.'
- 'Transparent information from enquiry, to consultation to treatment.'

What needs to improve

Patients were encouraged to verbally discuss any complaints or concerns with the service during consultations. However, the service had not provided clear information for patients on how to make a complaint, such as a complaints leaflet, poster or information on the service's website (recommendation a).

- No requirements.

Recommendation a

- 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 environment was clean and well maintained, with good systems and processes in place for the safe and secure handling of medicines, and infection prevention and control. A regular programme of audits should be introduced. Policies should be regularly reviewed and updated to reflect current legislation and best practice.

We saw that all areas of the clinic were clean and equipment was well maintained. Appropriate infection prevention and control processes were in place, such as single-use equipment used for clinical procedures to prevent the risk of cross-infection. A contract was in place for the safe disposal of sharps, medicines and other clinical waste. We saw a good supply of personal protective equipment (such as disposable aprons, gloves and face masks) and alcohol-based hand gel.

The landlord was responsible for the servicing and maintenance of the building. Appropriate fire safety equipment and signage was in place. Electrical equipment had been tested, and safety certificates were in place for the portable appliance testing and fixed electrical wiring.

Safe management processes were in place for ordering, storing, prescribing and administering all medicines. Medicines were stored securely in a locked refrigerator. Fridge temperatures were checked and recorded every day to make sure medicines were kept in line with manufacturer’s guidelines. The service had an emergency kit with a supply of emergency medicines to respond to any complications or adverse reactions after treatment. The practitioner was trained in advanced life support.

A process was in place to record and respond to accidents and incidents, although none had occurred since the service was registered. The practitioner was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, as well as relevant incidents under health and safety legislation.

All respondents to our survey said they were satisfied with the facilities, equipment and environment in which they were treated. Comments included:

- ‘Very clean, well kept.’
- ‘The equipment and facilities are of a very high standard.’

What needs to improve

Although a range of policies and procedures were in place to help the service deliver care safely, these were not being regularly reviewed or updated.

A programme of regular review would help to make sure policies and procedures are kept up to date and policies are in line with current legislation and best practice guidance (recommendation b).

We found no evidence of audits taking place to review the safe delivery and quality of the service. For example, audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation c).

- No requirements.

Recommendation b

- The service should review all policies and procedures on a regular basis to ensure each one accurately reflects practice in the service, and that current legislation and best practice is always being followed, with the appropriate version control and review dates listed.

Recommendation c

- 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.

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients received a consultation and assessment before any treatment was provided. The benefits and risks of treatment were fully explained and patients were provided with aftercare information. However, patient care records should be fully completed, including details about medicines used, and contact details for patients' GPs and next of kin. Consent should be recorded for sharing information with patients' GPs and other healthcare professionals in an emergency.

The four patient care records we reviewed showed that assessments and consultations were carried out before treatment started. This included a medical history, medications, previous treatments and any areas which would highlight any risks associated with the treatment, such as pregnancy or any previous allergic reactions. The risks and benefits of treatment were explained and a consent to treatment form completed for all new and returning patients. Records were kept of each treatment session and photographs of the treated area helped to inform the overall plan of care. The practitioner had signed and dated all entries in the patient care records we reviewed.

Patient care records were kept in electronic format. Appropriate procedures were in place to make sure that information was held securely and to prevent unauthorised access. The service was registered with the Information Commissioner's Office (ICO) (an independent authority for data protection and privacy rights).

Patients were invited to attend a follow-up appointment, if required. This allowed the service to make sure patients were happy with the results and provide any additional treatment or advice.

The practitioner had recently developed customised aftercare packs. These included post-treatment aftercare instructions, the service's emergency contact details in case of complications, and products to reduce possible post-treatment side effects such as swelling and bruising.

All patients who completed our survey agreed they were involved in decisions about their care and were given sufficient time to reflect on their treatment options before consenting to treatment. Comments included:

- 'Full explanation, enquired what results I was after.'
- 'The information relayed to myself permitted me to make the correct decision which in turn was a positive outcome.'
- 'On enquiring about another treatment, received full information and advised to think it over and make another appointment if I decided to go ahead.'

What needs to improve

From the patient care records we reviewed, we found that patients' next of kin, GP details and batch numbers, dosage and expiry dates of medicines used were not consistently recorded (recommendation d).

Consent for sharing photographs and relevant information with the patient's GP and other healthcare professionals in an emergency, if required, was not recorded in the patient care records we reviewed (recommendation e).

The provision of aftercare was not documented in patient care records. This would allow more detailed recording of patient care (recommendation f).

- No requirements.

Recommendation d

- The service should ensure that patient care records are fully completed.

Recommendation e

- The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required.

Recommendation f

- The service should document what aftercare has been provided in the patient care record.

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 kept up to date with current best practice through training and development. Although the service was striving to continually improve, a quality improvement plan would help to evaluate and measure the quality, safety and effectiveness of the service provided.

The service is owned and operated by a nurse practitioner who is registered with the Nursing and Midwifery Council (NMC). The practitioner engaged in regular continuing professional development, managed through the NMC registration and revalidation process. Revalidation is where nurses have to meet the requirements of their professional registration through submitting evidence of their competency, training and development to their professional body, the NMC, every 3 years.

The practitioner kept up to date with changes in the aesthetics industry, legislation and best practice through subscribing to journals and forums, and attending industry events. The practitioner engaged in regular continuing professional development through training days provided by pharmaceutical companies. We saw certificates for several training courses the practitioner had carried out, in a variety of industry-relevant subjects.

The practitioner told us they were looking at ways to improve how the service was delivered. This included relocating to an improved premises that was more accessible for patients and expanding the treatments on offer to patients.

We were told the service reviewed findings from inspections by Healthcare Improvement Scotland that had taken place in other similar services, and used this information to inform its own policy and procedure development.

What needs to improve

The service did not have a quality improvement plan. This would help to structure and record service improvement processes and outcomes, and allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation g).

- No requirements.

Recommendation g

- 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 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendation	
a	The service should provide information for patients on how to make a complaint (see page 8). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
b	The service should review all policies and procedures on a regular basis to ensure each one accurately reflects practice in the service, and that current legislation and best practice is always being followed, with the appropriate version control and review dates listed (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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

Recommendations

- c** 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 10).

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 ensure that patient care records are fully completed (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- e** The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required (see page 12).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

- f** The service should document what aftercare has been provided in the patient care record (see page 12).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

- g** The service should develop and implement a quality improvement plan (see page 14).

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.



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.ihtregulation@nhs.scot

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