



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Aesthetika, Inverurie

**Service Provider:** Megan Stephen

24 October 2023

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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 Aestetika on Tuesday 24 October 2023. We spoke with the owner (practitioner) during the inspection. We received feedback from 14 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 Inverurie, Aestetika 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 Aestetika, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
<b>Summary findings</b>		<b>Grade awarded</b>
The owner (practitioner) had the service aims and vision in place. The sole practitioner is a registered nurse and independent prescriber. Clear and measurable objectives should be developed for the service.		✓ Satisfactory
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patients were fully informed about treatment options and a range of policies and procedures were available to help ensure patient care was delivered safely. A comprehensive improvement plan was in place. A risk management programme must be developed. The service should develop a structured programme of clinical audits to demonstrate ongoing improvement. Patient feedback should be formally gathered and used to improve the service. A participation policy should be developed.		✓ Satisfactory
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
Patients were cared for in a modern, clean and well maintained environment. Patients reported feeling safe and happy with the service. Patients reported that the service was clean and tidy. Information on sharing information should be recorded in patient care records.		✓ 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:

[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

Further information about the Quality Assurance Framework can also be found on our website at:

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## What action we expect Megan Stephen 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 one requirement and five recommendations.

Direction	
<b>Requirements</b>	
None	
<b>Recommendation</b>	
a	The service should develop and implement a process for measuring, recording and reviewing its vision, purpose, aims and objectives (see page 9).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.7

Implementation and delivery	
<b>Requirement</b>	
1	The provider must develop effective systems that demonstrate that proactive management of risk (see page 13).  Timescale – immediate  <i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>

<b>Implementation and delivery (continued)</b>	
<b>Recommendations</b>	
<b>b</b>	<p>The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
<b>c</b>	<p>The service should develop and implement a participation policy to document its approach to gathering and using feedback from patients (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
<b>d</b>	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

<b>Results</b>	
<b>Requirements</b>	
None	
<b>Recommendation</b>	
<b>e</b>	<p>The service should record consent to share information in the patient care records (see page 16).</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>

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Megan Stephen, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Aesthetika 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 owner (practitioner) had the service aims and vision in place. The sole practitioner is a registered nurse and independent prescriber. Clear and measurable objectives should be developed for the service.**

#### *Clear vision and purpose*

The service's aim was detailed on its website. We were told the service's vision was to provide exceptional service and enhance natural beauty through individual consultations with detailed discussions outlining realistic expectations. The practitioner would achieve this through face-to-face consultations, listening to patients and reflecting on their practice.

An experienced nurse practitioner and independent prescriber, registered with the Nursing and Midwifery Council (NMC) owned and ran the service. They attended aesthetic training seminars and was a member of social media forums and for aesthetics and aesthetics practitioners. This helped the service keep up to date with changes in the aesthetics industry, legislation and best practice guidance.

#### **What needs to improve**

The owner (practitioner) should develop clear and measurable objectives for the service (recommendation a).

- No requirements.

#### **Recommendation a**

- The service should develop and implement a process for measuring, recording and reviewing its vision, purpose, aims and objectives.

## 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

**Patients were fully informed about treatment options and a range of policies and procedures were available to help ensure patient care was delivered safely. A comprehensive improvement plan was in place. A risk management programme must be developed. The service should develop a structured programme of clinical audits to demonstrate ongoing improvement. Patient feedback should be formally gathered and used to improve the service. A participation policy should be developed.**

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

Patient information leaflets were available in the service and e-mailed to patients. The service's website also had information on treatments, costs and information on the service.

The service had both regular and new patients attending and an appointment only policy for aesthetic treatments was in place.

#### **What needs to improve**

We found no evidence that feedback was collected, recorded and analysed. This meant it was difficult for the service to draw conclusions that could be used to drive improvement (recommendation b).

We discussed with the service the importance of having a structured approach to patient feedback. This should include:

- developing and implementing a participation plan
- recording and analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation c).

### **Recommendation b**

- The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service.

### **Recommendation c**

- The service should develop and implement a participation policy to document its approach to gathering and using feedback from patients.

### ***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.

A range of written policies and procedures were available to make sure patient care was delivered safely. The practitioner regularly reviewed and updated the policies and procedures, including those for:

- complaints
- duty of candour
- emergency arrangements policy
- medication management, and
- safeguarding (public protection).

An infection prevention and control policy was in place and the service had a good awareness of infection prevention and control practices, including hand hygiene and clinical waste management. The service had a clinical waste contract in place. We saw that the correct cleaning products were used to clean equipment and a blood spillage kit was available.

We saw a safe system in place for the procurement and prescribing of medicines. All medicines were stored securely in a locked cupboard or a drug refrigerator. The temperature of the refrigerator was monitored and recorded to make sure medicines were stored at the correct temperature.

Arrangements were in place to deal with medical emergencies. This included up-to-date training, first aid supplies and medicines available that could be used in an emergency, such as adrenaline.

An incident and accident book was available to record all accidents or incidents. The service was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not experienced

any events or incidents that should have been notified to Healthcare Improvement Scotland.

The service had a complaints policy in place, which described the process for managing a complaint. The policy also provided information on how a patient could make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. The service displayed its complaints policy in the clinic, which signposted patients to the procedure on how to make complaints. No formal complaints had been received since the service was registered with Healthcare Improvement Scotland in September 2021.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. The service had a duty of candour policy, and displayed a duty of candour report in the clinic.

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. Patient care records were stored electronically and password-protected, to help maintain patient confidentiality. A consultation and assessment was carried out to assess patients' suitability for treatment. The initial consultation included a discussion about:

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

This allowed patients to make an informed decision about their care and treatment.

All patients who responded to our online survey commented positively about the consultation, care and treatment they had received from the service:

- '[The practitioner] is always very clear on what to expect, what the treatment entails, aftercare and cost.'
- 'Consultation and advice given during pre-appointment with no pressure to book, allowing time to think.'
- 'Time is allowed before the appointment to make you feel comfortable and [the practitioner] is always attentive and gives clear instructions.'

The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed through the NMC registration and revalidation process, as well as yearly appraisals. 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.

The service was a member of Complications of Medical Aesthetics Collaborative (CMAC), which provided support if complications arose after patients' treatment.

### ***Planning for quality***

The service had a quality improvement and developing plan in place, which detailed initiatives and actions taken to improve the service. The plan set out short and long term goals and was reviewed regularly by the owner (practitioner). The plan included:

- expand business hours
- implementing online booking system, and
- introduce skincare products.

In the event that the service was unable to operate, we were told that patients would be referred to another service.

### **What needs to improve**

We saw no risk assessments in place to protect patients. A risk management process must be in place in the service. This 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 trips and falls (requirement 1).

We found no evidence of audits taking place to review the safe delivery and quality of the service. An audit programme would help the service demonstrate how it identified and implemented improvements (recommendation d).

### **Requirement 1 – Timescale: immediate**

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

### **Recommendation d**

- 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.

## 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

**Patients were cared for in a modern, clean and well maintained environment. Patients reported feeling safe and happy with the service. Patients reported that the service was clean and tidy. Information on sharing information should be recorded in patient care records.**

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. Although requested, the service did not submit an annual return this year. 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 limited self-evaluation.

The treatment room and equipment used was clean and well maintained. Patients who responded to our survey also told us they felt safe in the environment. The cleaning measures in place helped reassure them that their risk of infection in the service was reduced. All patients stated the clinic was clean and tidy.

All five of the electronic patient care records we reviewed showed that consultation and assessments had been carried out before treatment started. Patient care records included:

- comprehensive practitioner notes
- consultation and detailed assessment
- medical history, including details of any health conditions, allergies, and medication, and
- treatment plans.

All patients who responded to our online survey were very positive about the environment and care they received:

- ‘Her attention to detail when it comes to cleanliness and care over treatment.’
- ‘I think [...] is a credit to the aesthetic industry – her professional manner and passion for what she does is evident on every visit.’
- Very professional and friendly service from start to finish.’

### **What needs to improve**

Patient care records we reviewed did not document patient consent to share information with their GP or other medical staff in an emergency (recommendation e).

### **Recommendation e**

- The service should record consent to share information in the patient care records.



## 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.

### 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](http://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:

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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  
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EH12 9EB

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**Email:** [his.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

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