Announced Inspection Report: Independent Healthcare

Service: Age Reversal Therapies, Inverurie
Service Provider: Age Reversal Therapies

13 December 2018
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

© Healthcare Improvement Scotland 2019

First published February 2019

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc-nd/4.0/

www.healthcareimprovementscotland.org

Healthcare Improvement Scotland Announced Inspection Report
Age Reversal Therapies: 13 December 2018
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 three 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 Age Reversal Therapies on Thursday 13 December 2018. We spoke with one member of staff during the inspection. We telephoned five patients after the inspection who had received treatment at the clinic. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Age Reversal Therapies, the following grades have been applied to three key quality indicators.

### Key quality indicators inspected

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Very good use is made of social media, patient questionnaires and speaking with patients to gather their feedback. The service has developed its feedback methods to ensure that the whole patient experience is captured. The service acts continuously on maintaining the high standards that it has created.</td>
<td>✅ ✅ Good</td>
<td></td>
</tr>
</tbody>
</table>

| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | 5.1 - Safe delivery of care | All aspects of care delivery are monitored on a regular basis. Risk assessments were comprehensive with improvement action plans developed with timescales for completion. All areas of care delivery were in line with best practice | ✅ ✅ Good |
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**

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive record keeping was in place for consultations, assessments and treatments provided.</td>
</tr>
</tbody>
</table>

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)

### What action we expect Age Reversal Therapies to take after our inspection

This inspection resulted in no requirements and recommendations.

We would like to thank all staff at Age Reversal Therapies 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

Very good use is made of social media, patient questionnaires and speaking with patients to gather their feedback. The service has developed its feedback methods to ensure that the whole patient experience is captured. The service acts continuously on maintaining the high standards that it has created.

The service has good systems for gathering patient feedback and was able to show that it was responsive to the feedback that was provided.

The service has a patient participation policy. This helps to improve the collection of patient feedback as part of the service’s quality improvement process. The service used a variety of methods to gather patient feedback, including using patient questionnaires. We saw the service has a very high return rate and the returned questionnaires were very complimentary about the service.

The service makes extensive use of social media. We saw evidence that patient feedback was regularly recorded and monitored. The manager reported that they also record any text messages received outwith the normal feedback system. We saw examples of these texts during the inspection.

Information that is fed back is collated and analysed by the manager. An improvement action plan is produced for any areas identified as needing improvement with any progress made monitored. We were shown examples of improvement action plans and how any actions implemented were monitored.

We saw a high volume of feedback received, and noted consistently high levels of satisfaction about treatments and the environment. The only concern identified was that the outside area leading to the service’s treatment room was
uneven. The manager had risk assessed this and had identified that it may be a falls risk. The area was then completely refurbished.

The service issues a patient information leaflet to prospective patients. This contains information about their treatment. A variety of leaflets are available about different treatments offered. The leaflets highlight the risks and possible side effects of the treatment, an out-of-hours contact for the service and contact details for Healthcare Improvement Scotland.

The service’s complaints policy contained details of how to complain to Healthcare Improvement Scotland. We saw that a complaints log book was kept. The service has not received any complaints. We saw the service had included details of Healthcare Improvement Scotland and how to complain in leaflets available in the service.

From the feedback collated by the service and from the people that we spoke with, we saw evidence of a very high level of satisfaction of the services received and the overall experience of attending the clinic.

People that we spoke with said:

- ‘She is terrific, very skilled. She makes you feel wanted. I was given loads of information and she talks you all the way through it (the procedure). Good aftercare advice. She makes you feel so comfortable. Very good at her job.’
- ‘Really good, definitely enough information. Totally comfortable, lovely relaxing clinic. Loads of good aftercare advice.’
- ‘Good experience. I have being going to the service for a few years now. She is always informative about what she is doing. Never had any problems. Very happy with the service.’

The manager had received training in general data protection regulations. We saw that all paper and electronic files were stored safely. The manager displayed a good knowledge of complying with the regulations and showed us how they took steps to make sure no data breaches could take place.

- No requirements.
- No recommendations.
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

All aspects of care delivery are monitored on a regular basis. Risk assessments were comprehensive with improvement action plans developed with timescales for completion. All areas of care delivery were in line with best practice guidelines. The service should consider developing a risk register.

The clinic was very clean and well organised. We saw contracts in place for maintenance of the premises, and the safe disposal of medical sharps and clinical waste. Portable appliance testing had been carried out.

All practitioners working in the service were trained in adult life support and had their registrations and qualifications checked every year. The manager showed us the medical emergency equipment, including a kit for dealing with allergic reactions. All equipment we saw was in a good state of repair and emergency medication was in date.

Comprehensive policies had been implemented including:

- protecting vulnerable adults
- child protection
- duty of candour (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong), and
- whistleblowing.

We saw that policies were regularly updated. The manager displayed a very good knowledge of how these policies should be implemented.
The service’s infection prevention and control policy uses and makes reference to Healthcare Improvement Scotland’s *Healthcare Associated Infection (HAI) Standards* (February 2015) and Health Protection Scotland’s *National Infection Prevention and Control Manual*. We saw a good supply of personal protective equipment (aprons, gloves) available. Cleaning rotas were completed and up to date.

The service has a comprehensive system for the ordering, storage and administration of medicines.

A programme of regular audits ensures that the safe delivery of the service is monitored. This included hand hygiene, management of medicines and adverse events. The service continuously monitors the treatment methods that it uses. This ensures that the most up to date and effective methods in contemporary aesthetics are used.

We saw a number of risk assessments took place. These covered the environment, treatments, and infection prevention and control. Each risk assessment had a likelihood of occurrence attached. We saw that each risk had been reviewed on a regular basis and that all necessary action plans were in place. All risk assessments and risk management plans were contained in one folder. The service should consider collating this information into a risk register.

- No requirements.
- No recommendations.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive record keeping was in place for consultations, assessments and treatments provided.

We reviewed six patient care records. They showed that comprehensive consultations and assessments were carried out before treatment. These included taking a full medical history. Risks and benefits of the treatment were explained and a consent form completed. We saw that treatment plans were developed and agreed with the individual.

Records were kept of each treatment session. Every time a patient visited, their initial assessment was reviewed and updated and the patient consented for further treatment.

Each patient’s care record showed a clear pathway from assessment to treatments provided and that advice on aftercare was given. We saw that consent included any risks or side effects and that patients were given the opportunity for a cooling-off period if this was required.

Patients were given verbal and written aftercare advice.

- No requirements.
- No recommendations.
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 continuously monitors how it deliver its treatments. Continuous comparisons of current treatment methods are made to ensure the service can continue to deliver safe, high quality care.

Quality improvement was included in all parts of the service. Patient feedback was collected and used along with audit results to continually improve the service provided. The manager is an active member of the British College of Aesthetics Medicine. As part of this organisation, the service is required to complete an annual audit and appraisal. This provides the service with the opportunity to constantly evaluate its performance. The manager is also a member of the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. This allows the service to keep up to date with changes in the aesthetics industry, legislation or best practice.

The manager told us formal partnerships are in place with other aesthetics practitioners. These partnerships helped to provide peer support, advice and best practice when needed, and to discuss any treatment procedures or complications.

The manager has recently been accepted as an appraiser by the British College of Aesthetic Medicine for doctors practicing solely in aesthetics. If new products are on the market, they will research these thoroughly, including scientific results as well as patient reviews, before undertaking training and setting this up in their practice. This will allow the service to continually improve the treatments offered to patients.
The manager showed us that, through a series of audits, they monitor the safety and effectiveness of the treatments performed. This has led to some procedures being modified to increase their effectiveness.

At the time of the inspection, the manager was conducting research into aesthetics procedures, although they were not yet at the point of publishing their results.

- No requirements.
- No recommendations.
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.

This inspection resulted in no requirements and no recommendations.
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.

**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.

**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.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://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: comments.his@nhs.net