Announced Inspection Report: Independent Healthcare

Service: Aesthetic Training Academy, Glasgow
Service Provider: Clinetix Rejuvenation (Glasgow) Limited

4 September 2019
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
Contents

1 A summary of our inspection 4

2 What we found during our inspection 7

Appendix 1 – Requirements and recommendations 15
Appendix 2 – About our inspections 16
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 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 the Aesthetic Training Academy on Wednesday 4 September 2019. We were unable to gather any views from patients about the service as it is used for training purposes only. 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 the Aesthetic Training Academy, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
</tbody>
</table>
Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>9.4 - Leadership of improvement and change</td>
</tr>
</tbody>
</table>

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

<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>All models received pre-treatment and aftercare advice including the service’s emergency contact details. Models were fully consented before and during their treatments. Care records were held securely, and were audited regularly.</td>
</tr>
</tbody>
</table>

#### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Safe recruitment processes were in place. All staff accessed training for their professional development. Regular appraisals and mentoring was in place to support staff.</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 Clinetix Rejuvenation Limited to take after our inspection

This inspection resulted in two recommendations (see Appendix 1).

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)

We would like to thank all staff at the Aesthetic Training Academy 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

The service actively asked delegates for feedback to improve how the service was delivered. Models, as service users, should also be asked for feedback, to inform delegates’ practice. Information on how to make a complaint should be easily accessible.

Delegates provided treatments to models during their training course. Models received an email before the training event which included information about their procedure and any pre-treatment instructions. Further information was given during the face-to-face consultation process. This was recorded in the model’s care record which also documented that risks, benefits and expected results had been explained.

All delegates were sent an email which included a link to a feedback form after they had attended a training course. The feedback form asked questions about the quality of the training provided and how it would improve the delegates’ practice, the facilities and cleanliness of the academy, and any suggestions for improvements. We saw evidence that collated feedback was reviewed and discussed at weekly management meetings. Delegates were contacted directly if further information was required. We saw evidence of improvements made as a result of delegate feedback included in a quality improvement plan. For example, agendas and changes to the agenda were now emailed to delegates.

To date, no complaints had been received by the service or to Healthcare Improvement Scotland.
What needs to improve
The service’s participation policy stated that feedback would be requested from service users and that it would be reviewed and acted upon. However, it did not provide detail as to how the feedback was collected (recommendation a).

Only feedback from delegates was requested. However, models are also service users and collecting their feedback would allow the service to support delegates in improving their practice (recommendation b).

The complaints policy was available in reception. The service used the provider’s complaints policy which can be accessed from the Clinetix website, although we found this difficult to find.

- No requirements.

Recommendation a
- The service should ensure that its participation policy details the way in which feedback is collected.

Recommendation b
- The service should ensure that feedback from models is collected, reviewed and acted upon.
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

Good systems were in place to ensure the service was delivered in a clean and well maintained environment, and to minimise any risks to maintain safety in the service. Medicines were managed safely. A programme of audits was carried out, with any findings acted on.

The environment appeared clean, well maintained and fit for purpose. The service was cleaned by contractors after each training course and, during use, the service’s staff carried out cleaning. Cleaning schedules were in place and cleaning audits were carried out every month. The service had appropriate safety policies in place, such as infection prevention and control, and health and safety.

The service carried out a programme of audits, including hand hygiene and fire alarm audits. Findings were reported and discussed at the weekly management meeting. Risk assessments had taken place on all aspects of the service such as human resource issues, the management of drugs, and the use of equipment. Risk assessments had also been carried out for all products used under the Control of Substances Hazardous to Health Regulations.

An accident book and adverse event log was available to record any accidents, incidents or adverse events that occur. To date, there had been no accidents or adverse events in the service.

The service’s medication policy covered all aspects of the safe and secure handling of medicines. This included procurement, storage, prescribing and administration of medicines. We saw that medicines were stored appropriately and securely. A system was in place to receive and check deliveries, and for stock checking and rotation. Prescribing of medicine was carried out by qualified
medical staff. The drugs prescribed were documented in the models’ care records and in the treatment log book. An audit of record keeping and the treatment log book was carried out every 3 months. Drugs for medical emergencies were held and checked every week. Other items, such as sharps (for example, syringes and needles), were also stored appropriately and securely.

Maintenance contracts were in place, such as for the testing of portable electrical equipment. Appropriate hand hygiene facilities were in place and a supply of personal protective equipment (such as disposable gloves and aprons) was available. Suitable arrangements were in place for the management and disposal of sharps and clinical waste.

The service had a duty of candour policy. This is when healthcare organisations have a professional responsibility to be open and honest with patients if something goes wrong with their treatment.

The company’s vision was to ‘raise the standards and improve outcomes of aesthetic procedures throughout aesthetic medicine’. Therefore, training courses were only offered to healthcare professionals who were clinically trained such as nurses, doctors and dentists.

- No requirements.
- No recommendations.

<table>
<thead>
<tr>
<th>Our findings</th>
</tr>
</thead>
</table>

**Quality indicator 5.2 - Assessment and management of people experiencing care**

All models received pre-treatment and aftercare advice including the service’s emergency contact details. Models were fully consented before and during their treatments. Care records were held securely, and were audited regularly.

We reviewed five models’ care records. These were completed by the delegates attending training and delivering treatments. We saw evidence of consultation, assessment and a consent process. Models provided consent to treatments before the course, and again during the course, as a part of the training programme agenda. The treatment given was recorded with details of any drugs used. Records also documented that aftercare advice had been given verbally. Models also received a post-treatment email which included aftercare advice and contact details in case of an emergency. We found care records were legible.
Audits of care records were carried out to ensure they were completed correctly and consistently. Findings from the audits were discussed at the weekly management meetings.

Care records were currently a combination of paper and electronic documents. The paper records were stored securely in a lockable cabinet. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights). The service’s information management policy detailed the storage, retention and destruction of information held by the service.

- No requirements.
- No recommendations.

**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**

Safe recruitment processes were in place. All staff accessed training for their professional development. Regular appraisals and mentoring was in place to support staff.

From the five staff files we reviewed, we saw the service followed its recruitment policy to make sure staff were recruited safely. This included Disclosure Scotland Protecting Vulnerable Groups (PVG) background checks on all appropriate staff.

New staff received a staff handbook detailing treatments offered by the service and were emailed links to the service’s policies they needed to be aware of. New staff initially ‘shadowed’ existing staff and a mentoring system was then in place to provide ongoing support.

A staff training and development policy was in place. All staff had an individual budget and were given the opportunity to create a personal training and development plan using their allocated budget. However, they were able to request further financial help for any training that would benefit both the service and them personally.
Staff attended conferences and fed back relevant information to the wider team through the provider’s intranet site and during team meetings.

An electronic system was used for staff files which included records of staff training. Annual staff appraisals were also recorded, including staff development needs and action plans. We saw evidence of post-appraisal reviews taking place to discuss the progress of development needs identified during appraisal.

An annual staff survey was carried out. Results of the survey were discussed at the management meeting. Any actions required would be added to the quality improvement plan.

Whilst it was staff’s own responsibility to maintain their professional registration, the service manager carried out an annual check to ensure staff continued to be registered by their relevant professional body.

All staff were invited to regular social events organised by the service as team building exercises. When the service was invited to award ceremonies, all staff were also invited to attend.

- 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

Assurances systems and a quality improvement plan were in place to help the service demonstrate and promote a culture of continuous improvement. Communication was good between staff and the management team. The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership of national groups.

A clear leadership structure was in place with well-defined roles, responsibilities and support arrangements for staff. The management team had invested in its staff by organising training events, away days, and introducing staff benefits and team building activities to support and encourage a team approach.

Career progression was encouraged and supported. We saw that some staff had progressed into senior roles.

The service held weekly management meetings, and team meetings every 3 months. All computers had been fitted with webcams so that meetings could be held with staff from the wider provider group of services. This helped to provide support to each other and to share learning and improvements.

The service subscribed to journals, attended meeting and conferences, and belonged to a variety of industry-specific and national organisations, such as the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions, and provides learning opportunities and support for its members. This allowed the service to keep up to date and knowledgeable about improvements in practice. The service had published an aesthetics medical injectable techniques book and a number of articles in established aesthetic journals.
The service was part of an advisory board for aesthetic industry organisations and was co-founder of the Association of Scottish Aesthetic Practitioners (ASAP). The service entered industry awards and had been shortlisted for the Best Independent Training Provider for 2 years running.

Good assurance systems were in place through regular management meetings, staff meetings, reviewing delegate feedback and carrying out regular audits. The service’s quality improvement plan was a ‘live’ document which was updated regularly to include and act on actions as a result of meetings and in response to feedback.

- 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.

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>a The service should ensure that its participation policy details the way in which feedback is collected (see page 8).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
</tr>
<tr>
<td>b The service should ensure that feedback from models is collected, reviewed and acted upon (see page 8).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
</tr>
</tbody>
</table>
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: hcis.ihcregulation@nhs.net
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net