Announced Inspection Report: Independent Healthcare

Service: AKA Aesthetics, Prestwick
Service Provider: AKA Aesthetics Ltd

27 July 2022
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www.healthcareimprovementscotland.org
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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 AKA Aesthetics on Wednesday 27 July 2022. We spoke with all three practitioners, including the service manager during the inspection. We received feedback from 19 patients from 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 AKA Aesthetics, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td>Domain 2 – Impact on people experiencing care, carers and families</td>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>-------------------</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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</tbody>
</table>
The following additional quality indicator was inspected against during this inspection.

**Additional quality indicators inspected (ungraded)**

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
</tr>
<tr>
<td>Patient care records contained initial consultation information including treatments and consent to treatment. Consent to share information with other healthcare professionals should be included in all patient care records.</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:
What action we expect AKA Aesthetics Ltd to take after our inspection

This inspection resulted in two requirements and 10 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

AKA Aesthetics Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at AKA Aesthetics for their assistance during the inspection.
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 were very satisfied with the service provided. Feedback from patients should be gathered in different ways and the service should demonstrate the improvements made from it.

Patients entered the service through a public area to access the treatment room. The treatment room door was closed and locked at all times to maintain patient privacy and dignity when receiving treatments. Patients could also use a small waiting area before their treatment. Procedures were in place to help maintain patients’ privacy, dignity and confidentiality, such as locks on the treatment room doors.

The service’s website had detailed information about aesthetic treatments available to patients, including costs. We were told that patients used the service after recommendations from friends as well as from reviews on social media sites. From the service’s social media accounts, we saw that the practitioner responded to enquiries with verbal and written information about the service and treatment options before patients agreed to treatments. Patients were told about treatment risks, benefits and expected outcomes, including follow-up care during their first consultation.

We were told that the service asked patients for verbal feedback after their consultations and treatments, as well as through social media sites.

Feedback from our survey showed that patients were very pleased with the service and spoke highly of the practitioner’s skills, knowledge, ability and professionalism. Respondents stated they were satisfied with the quality of advice and information given during consultations and follow-up care provided.
Treatment options were discussed and agreed with patients at their initial consultation. Patients said they could take time to consider the options available to them before they agreed to go ahead with the treatment. Comments from our survey included:

- ‘I was asked what outcome I expected and procedure discussed fully.’
- ‘Fully explained and given time to make decisions.’
- ‘Not only the best treatments but also the exact costs of the range that suited me best.’

The service had not received any complaints since it was first registered with us in January 2020. We saw that its complaints policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint.

**What needs to improve**
The service did not have a participation policy in place and we saw no evidence that patient feedback was evaluated or used to make improvements (recommendation a).

The service had a complaints policy that included information on how to make a complaint. However, this information was not readily available on social media sites, the service website or on display in the service for patients to see or access (recommendation b).

- No requirements

**Recommendation a**
- The service should develop a patient participation policy to formalise and direct the way it engages with its patients and used their feedback to drive improvement.

**Recommendation b**
- The service should ensure that information about how to make a complaint about the service is available to patients.
**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 service was clean and well maintained. Appropriate processes and procedures must be in place to manage risk and a safe environment for patients and staff. An audit programme should be introduced. A risk register and an emergency policy should be developed and implemented. Unused medicines should be discarded in line manufacturer’s guidance and best practice.

The clinic area was clean, the equipment was fit for purpose and we noted that the correct cleaning products were used to clean the service. The service’s infection prevention and control policy was up to date and appropriate processes were in place in line with it.

We were told additional cleaning introduced in response to the COVID-19 pandemic was still being carried out to minimise the risk of COVID-19 transmission. Patient appointments were still arranged with gaps between appointments to allow for appropriate additional cleaning to be carried out.

The service’s medicine management policy was based on best practice guidelines. This included information on administration, storage, procuring and prescribing of medications. Medicines were kept in the service’s medical fridge and daily temperature checks were recorded to make sure medicines were stored at the correct temperature. Where possible, equipment used for treatments was single-use to minimise the risk of infection.

Emergency medicines were available to respond to any complication or adverse reactions to treatment. Patients could contact the practitioner out of hours if they had any concerns after their treatment.
Appropriate bins were available for the disposal of sharps, clinical and non-clinical waste. We saw that a contract was in place for the safe removal of sharps and other clinical waste from the premises.

Comments from our online survey included:

- ‘Very clean, tidy, welcoming environment.’
- ‘Very sterile and clean, everything used in the treatment room was new and opened in front of me.’
- ‘Highest standard of service.’

What needs to improve

We saw no evidence that all risks to patients and staff in the service were effectively managed. Proactive risk management processes must be developed, which includes:

- a comprehensive risk register
- appropriate risk assessments to protect patients and staff, and
- an accident and incident investigation procedure (requirement 1).

During our inspection, we were told that practitioners regularly re-used medicines for patient review appointments. To comply with the manufacturer’s guidance and best practice this medicine must be used immediately once opened and the unused contents safely discarded (recommendation c).

We saw limited evidence of audit activity carried out in the service. A programme of regular audit should be implemented which, as a minimum includes:

- medicine management, including checking expiry dates of equipment and medicines and fridge temperature.
- patient care records
- health and safety, and
- cleaning and maintenance of the care environment (recommendation d).

We noted the service did not have a policy in place to deal with medical emergencies including in the event of the patient requiring CPR, anaphylaxis or for dealing with aesthetic emergencies, such as vascular occlusion (recommendation e).
We saw no evidence of guidance for staff of what to do in the event of an accident, incident or adverse event in the service (recommendation f).

**Requirement 1 – Timescale: immediate**
- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

**Recommendation c**
- The service should ensure medicine is disposed of in line with the manufacturers and best practice guidance and update its medicine management policy to accurately reflect the processes in place.

**Recommendation d**
- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented.

**Recommendation e**
- The service should develop and implement a medical emergencies policy.

**Recommendation f**
- The service should develop and implement appropriate guidance for staff in the event of an accident, incident or adverse event.

**Our findings**

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

Patient care records contained initial consultation information including treatments and consent to treatment. Consent to share information with other healthcare professionals should be included in all patient care records.

The service used an electronic booking system. All patient care records were in electronic format and stored on the service’s mobile device. Access to any electronic information was password-protected in line with data protection legislation.

We reviewed five patient care records and saw that all patients had consent forms completed for treatments, which included details of the risks and benefits. Consent was obtained for sharing photographs. Patients and practitioner signatures were noted on the majority of documentation. A record
of treatment and batch numbers, including expiry dates for medicines used were also included in patient care records we reviewed.

Patients were given verbal advice after their treatments, including information about contacting the practitioner out of hours if required. We were told patients were advised and given the opportunity to book a follow-up appointment using the social media app or telephone.

Patients stated they were very satisfied with the service and the treatments received. Comments from our online survey included:

- ‘The whole procedure ran very smoothly and had clearly been well organised before I entered the room.’
- ‘The times available, the professional approach and no rushed treatments are superb.’

**What needs to improve**

We noted that not all patient care records had been dated, timed or signed by the practitioner (requirement 2).

From the patient care records we reviewed, we found no evidence of patients consenting to sharing information with other healthcare professionals in the case of an emergency (recommendation g).

**Requirement 2 – Timescale: immediate**

- The provider must ensure that all patient care records are signed and dated by the healthcare professional to comply with professional standards from the NMC about clear and accurate record keeping.

**Recommendation g**

- The service should record patient consent to their information being shared with other healthcare professionals in the event of an emergency.
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 changes in the aesthetics industry, legislation and best practice guidance. Peer networks supported continuous learning. A quality improvement plan should be developed to help evaluate and measure the quality, safety and effectiveness of treatments. Staff meetings and actions taken should be formally documented.

All three practitioners are registered with the Nursing and Midwifery Council (NMC). They maintain continuing professional development in order to complete mandatory revalidation with the NMC in a variety of ways. This included attending regular training and conferences in the aesthetic industry to keep up to date with best practice and delivery of treatments in line with evidence-based research. 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 practitioners are members of local aesthetic forums and engage in online training sessions for complications and other aspects of aesthetics. The also provide peer-support to each other.

Comments from our online survey included:

- ‘Staff extremely knowledgeable and professional.’
- ‘Very knowledgeable and spoken to in terms I understood.’
- ‘There were no questions that could not be answered.’

What needs to improve

While the service had developed a clinical governance policy to guide and direct continuous quality improvement activities, we saw no evidence of the quality assurance system described in the document in place. The clinical governance
policy should be reviewed to make sure it reflects the activity in the service and that the service delivered is of appropriate quality to meet patient needs (recommendation h).

The service also did not have a formal quality improvement plan in place to help structure its improvement activities, record the outcomes and measure their impact. This would allow the service to clearly demonstrate a culture of continuous quality improvement (recommendation i).

The service had no record of formal or informal meetings between the practitioner and the nurse prescriber. Minutes of these meetings would allow staff to contribute to service development (recommendation j).

**Recommendation h**

- The service should review its clinical governance policy to ensure that the policy reflects the activity in the service and that the service delivered is of appropriate quality to meet patient needs.

**Recommendation i**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

**Recommendation j**

- The service should formally record the minutes of meetings. These should include a documented action plan highlighting those responsible for the actions.
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

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<th>Requirements</th>
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<tr>
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<table>
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<tr>
<th>Recommendations</th>
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</table>
| a | The service should develop a patient participation policy to formalise and direct the way it engages with its patients and used their feedback to drive improvement (see page 8).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8 |
| b | The service should ensure that information about how to make a complaint about the service is available to patients (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 |
<table>
<thead>
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<th>Requirements</th>
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</table>
| 1 | The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 11).  
Timescale – immediate  
*Regulation 13(2)(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*  
2 | The provider must ensure that all patient care records are signed and dated by the healthcare professional to comply with professional standards from the NMC about clear and accurate record keeping (see page 12).  
Timescale – immediate  
*Regulation 4(2)(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*  

<table>
<thead>
<tr>
<th>Recommendations</th>
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| c | The service should ensure medicine is disposed of in line with the manufacturers and best practice guidance and update its medicine management policy to accurately reflect the processes in place (see page 11).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11  
| d | The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented (see page 11).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19  
| e | The service should develop and implement a medical emergencies policy (see page 11).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14 |
## Domain 9 – Quality improvement-focused leadership

### Requirements

None

### Recommendations

<table>
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<tr>
<th>Requirement</th>
<th>Recommendation</th>
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<tr>
<td><strong>h</strong></td>
<td>The service should review its clinical governance policy to ensure that the policy reflects the activity in the service and that the service delivered is of appropriate quality to meet patient needs (see page 14).</td>
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### 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.

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<th>Before inspections</th>
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<tbody>
<tr>
<td>Independent healthcare services submit an annual return and self-evaluation to us.</td>
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<tr>
<td>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.</td>
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<tr>
<th>During inspections</th>
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<tbody>
<tr>
<td>We use inspection tools to help us assess the service.</td>
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<tr>
<td>Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.</td>
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<tr>
<td>We give feedback to the service at the end of the inspection.</td>
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<tr>
<th>After inspections</th>
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<tbody>
<tr>
<td>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: <a href="http://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a></td>
</tr>
<tr>
<td>We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.</td>
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<tr>
<td>We check progress against the improvement action plan.</td>
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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:** his.ihcregulation@nhs.scot