



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Age Reversal Therapies, Monymusk,
Inverurie

Service Provider: Age Reversal Therapies Limited

17 January 2024

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1 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 13 December 2018.

2 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 Age Reversal Therapies on Wednesday 17 January 2024. We spoke with the service manager. We received feedback from 26 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Monymusk, Age Reversal Therapies is independent clinic providing non-surgical treatments including anti-wrinkle injections, dermal fillers and skin care treatments.

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.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The practitioner is a general and vascular surgeon on the GMC specialist register. The service had clear vision and purpose as set on their website, social media and in the clinic. The service had KPIs. However, the service should document the outcome of its KPI reviews.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to improve. Clear systems and processes were in place to monitor and manage complaints and risk. Maintenance contracts were in place. Improvements made after feedback should be shared with the public. An annual duty of candour report should be published. Policies should be regularly reviewed. An audit programme should be implemented. A quality improvement plan should be developed.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and well equipped. Patients reported good levels of satisfaction, told us they felt safe in the service and that the service was clean and tidy. Patient care records were well completed. The medication fridge was clean and in working order. The service had recorded no accidents or serious incidents. Adequate personal protective equipment was available for use. Any stock of medication that the service holds, must be able to be prescribed to individual patients. Patients' emergency contact details must be recorded.	✓ 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

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

What action we expect Age Reversal Therapies Limited 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 two requirements and six recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should formally record the outcome when reviewing its KPIs (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
None	
Recommendations	
b	The service should demonstrate that improvements made after feedback from patients is communicated to the public (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

Implementation and delivery (continued)

- c** The service should compile and publish an annual duty of candour report (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

- d** The service should further develop its programme of regular audits to include infection prevention and control, medicines management and risk management (see page 18).

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 quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results

Requirements

- 1** The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 21).

Timescale – by 28 March 2024

Regulation 4(1)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 2** The provider must ensure that as an independent clinic, any stock of medication that they hold, must be able to be prescribed to individual patients (see page 21).

Timescale – by 28 March 2024

Regulation 3(d)(iv)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Results (continued)

Recommendation

- f** The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance (see page 21).

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

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

Age Reversal Therapies Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Age Reversal Therapies for their assistance during the inspection.

3 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 practitioner is a general and vascular surgeon on the GMC specialist register. The service had clear vision and purpose as set on their website, social media and in the clinic. The service had KPIs. However, the service should document the outcome of its KPI reviews.

Clear vision and purpose

The service was owned and managed by the practitioner who is a general and vascular surgeon on the GMC specialist register and is the sole independent practitioner prescriber for the service.

The service vision and purpose were displayed on the service's website and in the clinic, which is 'to provide a safe, premium, medical aesthetics service, giving patients the best possible results.' Its goal is 'not to produce a conveyor belt of pretty faces but to provide a safe service of the highest quality with happy clients with patient safety being paramount.'

The practitioner stated that they wanted to actively listen and spend time with patients to create an open and inclusive culture. The practitioner was clearly committed to achieving the best possible and safest outcome for their patients. We saw that the service had key performance indicators (KPIs) to measure the outcomes from its vision and purpose. The KPIs were focused on:

- accidents and incidents
- adverse events
- complaints
- patient feedback, and
- the number of returning patients.

The practitioner compared the service against that of similar services to measure and compare performance and identify any areas for improvement. For example, the service was part of a closed forum of similar services and

regularly discussed techniques and outcomes with other owners. They regularly participated in formal, clinical supervision with colleagues. This had helped to provide confidence and assurance in the practitioner's own performance.

The practitioner told us their longer-term plan is to move to larger premises to offer a wider range of innovative, evidence-based treatments in response to patient requests. Treatments were appointment-only and a high number of patients were returning customers.

What needs to improve

We were told that the service regularly reviewed their KPIs. However, this was not formally recorded (recommendation a).

- No requirements.

Recommendation a

- The service should formally record the outcome when reviewing its KPIs.

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 involved in all decisions about their care. Patient feedback was actively sought and used to improve. Clear systems and processes were in place to monitor and manage complaints and risk. Maintenance contracts were in place. Improvements made after feedback should be shared with the public. An annual duty of candour report should be published. Policies should be regularly reviewed. An audit programme should be implemented. A quality improvement plan should be developed.

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

The service had a participation policy identifying how patient feedback would be collected and how this would be used to improve the service. Feedback from patients about their overall experience of the service was gathered in several ways, through providing verbal feedback directly to the practitioner or could post online reviews. The service sent out a yearly feedback survey to clients. We were told that the service had implemented an online booking and payment system as a result of patient feedback.

We were told that new patients had used the service after recommendations from friends and after reading reviews on social media sites. All consultations were appointment-only.

Patients could contact the service in a variety of ways, including telephone calls, email enquiries, text messages and online enquiries through the service's social media pages.

From patient care records we reviewed, we saw that initial consultations included a discussion about:

- the benefits and risks of treatment
- the patient's desired outcomes, and
- treatment costs.

A variety of aftercare leaflets were available and shared with patients after treatment. This made patients were aware of who to contact if they had any questions or queries about the treatment they had received. This allowed patients to make an informed decision about their care and treatment.

What needs to improve

While we were told of changes made after feedback, we did not see any evidence to demonstrate how the improvements had been communicated to the public (recommendation b).

- No requirements.

Recommendation b

- The service should demonstrate that improvements made after feedback from patients is communicated to the public.

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.

The service had policies and procedures in place to support the delivery of person-centred care. These included those for:

- complaints
- duty of candour
- emergency arrangements policy
- information management, and
- management of medical emergencies
- medication, and
- safeguarding

The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of. A clear system was in place to record and manage accident and incident reporting. We saw that the service had not had any accidents or incidents since its registration with Healthcare Improvement Scotland in March 2017.

Arrangements were in place to deal with medical and aesthetic emergencies. This included up-to-date training, first aid supplies and medicines available that

could be used in an emergency. We saw that medication and cleaning checklists were fully and accurately completed.

Maintenance contracts for fire safety equipment, the boiler and fire detection systems were up to date. Electrical and fire safety checks were monitored regularly. The service had a clinical waste contract in place.

Information about how to make a complaint was clearly displayed in the waiting area. This included details on how to contact Healthcare Improvement Scotland. Details of how to complain were available on the service's website and included Healthcare Improvement Scotland details. No complaints had been received since the service was registered with Healthcare Improvement Scotland.

The service had a safeguarding (public protection) policy in place. The practitioner had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. We were told that the service had no duty of candour incidents. Services are required to produce and publish a yearly duty of candour report, even where the duty had not been implemented.

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 electronic and password-protected. This protected confidential patient information in line with the service's information management policy.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer support, additional training masterclass sessions and attending conferences. The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed through the General Medical Council (GMC) registration and revalidation process, as well as regular 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 GMC every 3 years. They also kept up to date with appropriate training, such as for adult support and protection, equality and diversity and infection control.

We saw evidence of the practitioner's personal and professional development displayed in the service. We also saw evidence of completed online training modules.

The practitioner had peer support from another practitioner to discuss treatments, procedures or complications and was part of several online aesthetic practitioners groups. These provided additional information on complications and adverse reactions from aesthetic treatments in the UK and Ireland. The practitioner was also a member of the Aesthetics Conference UK Group (ACE).

What needs to improve

While the service had stated on social media that no duty of candour incidents had taken place, no duty of candour report had been compiled and published (recommendation c).

While the service had a variety of policies in place, some lacked specific details. For example:

- The safeguarding policy did not contain details of who the service would contact (such as the local authority adults support and protection unit).
- The information management policy did not detail destruction arrangements for notes.
- The infection control policy referenced HAI standards 2016. However, this has been replaced with the *Infection Prevention and Control Standards for Health and Adult Social Care Settings (2022)*.

The service immediately rectified these during our inspection and understood the need for planned review of policies going forward. We will follow this up at future inspections.

- No requirements.

Recommendation c

- The service should compile and publish an annual duty of candour report.

Planning for quality

The service had a proactive approach to managing risk. Appropriate risk assessments were in place to effectively manage risk in the service, including those for:

- environmental assessments (including slips, trips and falls)
- fire, and
- Health and Safety Executive risks (Control of Substances Hazardous to Health (COSHH)).

The service had a risk register in place. Risk assessments were easy to follow, we saw that each risk had been regularly reviewed and that all necessary action plans were in place.

We saw evidence that the practitioner had moved from using paper-based patient care records to a full electronic system. This assisted with gathering all information required and for ease of use, having vital information easily accessible at a glance.

The service had a contingency plan in place to help make sure patients could access aesthetic treatments from peers and aesthetic colleagues, should the service cease to operate.

What needs to improve

We were told the practitioner regularly reviewed areas in the service, including cleaning schedules and fridge temperatures. We were shown evidence of audits that had been carried out in the service, which included those for:

- clinical photography
- patient care records, and
- patient satisfaction survey.

However, the service did not carry out audits of:

- infection prevention and control
- medicines management, or
- risk management (recommendation d).

The service could tell us of improvements made, such as implementing electronic booking and an online payment system. However, we were told the service did not have a quality improvement plan in place. A formal quality improvement plan would help the service to structure and record its improvement processes. This could include outcomes identified from:

- accidents and incidents audits
- complaints
- education and training events, and
- patient feedback (recommendation e).

- No requirements.

Recommendation d

- The service should further develop its programme of regular audits to include infection prevention and control, medicines management and risk management.

Recommendation e

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

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

The environment was clean and well equipped. Patients reported good levels of satisfaction, told us they felt safe in the service and that the service was clean and tidy. Patient care records were well completed. The medication fridge was clean and in working order. The service had recorded no accidents or serious incidents. Adequate personal protective equipment was available for use. Any stock of medication that the service holds, must be able to be prescribed to individual patients. Patients' emergency contact details must be recorded.

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. The service submitted an annual return, as requested.

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 satisfactory self-evaluation.

We saw the clinic was clean, tidy and well maintained. Cleaning schedules were in place, fully completed and up to date. All equipment for procedures was single-use to prevent the risk of cross-infection.

Personal protective equipment was readily available to staff and in plentiful supply. Clinical waste and used sharps equipment was disposed of appropriately. The service kept waste consignment receipts.

Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'Place is clean, spotless and warm.'
- 'Immaculate premises and equipment.'
- 'Everything is immaculate.'
- 'Very clean, tidy and organised clinic.'

We saw a system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic. The medicines fridge was clean and in good working order. A temperature recording logbook was used to record fridge temperatures daily. This made sure medicines were stored at the correct temperature. The logbook was fully completed and up to date.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service and felt involved in the decisions about their care. Some comments we received included:

- 'The practitioner is the kindest, most clever health professional I know. She is down to earth and will engage in any conversation. She is professional and has a knack of putting her clientele at total ease. She is just so engaging.'
- 'She is always pleasant and a delight to see. Always asked of anything changed since last treatment and ensures I'm not pregnant before carrying out any treatment, always asked about family.'
- 'Always listens to my requests and explains exactly what can be achieved.'
- 'I found the experience performed very professional. The cost, procedure and expectations explained. My 4th visit which I think is a testament to my expectations being met.'

The five patient care records we reviewed showed that patients received a face-to-face consultation about their expectations before treatments were offered. A comprehensive assessment included past medical history, as well as risks, benefits and side effects of treatments. Patient care records were legible, accurate and up to date. GP details were documented, as well as consent to share information with other healthcare professionals as needed. The practitioner had signed and dated their entries. Medicine batch numbers and expiry dates were also noted and aftercare was recorded as being given.

What needs to improve

Patient care records we reviewed did not include details about patients' next of kin or emergency contact (requirement 1).

The service was able to prescribe medication in the event of an emergency, such as a vascular occlusion occurring. However, one box of medication stored on the premises had an individual's name recorded on a box of emergency medication. It was not clear how this medication would be prescribed to another patient (requirement 2).

The service did not use the correct cleaning products for cleaning sanitary fittings (including clinical wash hand basins) in line with national guidance (recommendation f).

Patient care records we reviewed did not record that the use of bacteriostatic saline to reconstitute Botulinum toxin was not in line with current guidance. When using a medicine off-license, prescribers should be satisfied that there is suitable evidence to support the safe use of this medicine. Any prescribing decision should be in the best interest of patients. However, we were shown a new consent form that detailed that bacteriostatic saline was used off-label. The new consent form also stated that the patient had been informed of the risk and side-effects and accepted this. We will follow this up at future inspections.

Requirement 1 – Timescale: by 28 March 2024

- The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented.

Requirement 2 – Timescale: by 28 March 2024

- The provider must ensure that as an independent clinic, any stock of medication that they hold, must be able to be prescribed to individual patients.

Recommendation f

- The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance.

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

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

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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or email his.contactpublicinvolvement@nhs.scot

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