



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Mac A Aesthetics, Alness

Service Provider: Mac A Aesthetics

28 November 2023

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 his.contactpublicinvolvement@nhs.scot

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1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Mac A Aesthetics on Tuesday 28 November 2023. We spoke with the service manager. We received feedback from 13 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Alness, Mac A Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Mac A Aesthetics, 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 service's stated purpose was 'to provide safe, holistic and high standard care from a highly qualified practitioner.' Patients were included in every aspect of their care to best ensure treatment outcomes. The service should regularly assess how it is meeting its objectives.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
The service had a participation policy and encouraged feedback from patients, using this to improve. The practitioner worked with peer groups to keep up to date with best practice. A range of policies, audits and risk assessments helped to make sure the service was safe. The service's improvement plan should be further developed to document improvements made and planned.	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment and patient equipment were clean and well maintained. Effective processes were in place to make sure the service continued to be clean and well maintained. Patients were positive and complimentary about the service. A risk assessment must be developed for the ventilation system, until this can be upgraded to comply with current standards.	✓✓ Good

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 Mac A Aesthetics to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in one requirement and five recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should develop and implement a process for reviewing its vision, purpose, aims and objectives and assessing their effectiveness (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.7</p>
b	<p>The service should formally record the minutes of discussions between the service manager and prescriber, that lead to changes and improvements to the service. These should include any actions taken and those responsible for the actions (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery	
Requirements	
None	
Recommendations	
c	<p>The service should develop a process of keeping patients informed of the impact their feedback has on the service (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
d	<p>The service should implement a regular programme of checking and documenting medicine stock expiry dates (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
e	<p>The service should further develop their quality improvement plan that demonstrates and directs the way it measures improvement (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Results	
Requirement	
1	<p>The provider must carry out a risk assessment on its ventilation system in the treatment room to mitigate against any risk associated with using a non-compliant system until this can be upgraded to conform with national guidance for specialised ventilation for healthcare premises (see page 18).</p> <p>Timescale – by 9 February 2024</p> <p><i>Regulation 10(2)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

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)

Mac A Aesthetics, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Mac A Aesthetics for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service's stated purpose was 'to provide safe, holistic and high standard care from a highly qualified practitioner.' Patients were included in every aspect of their care to best ensure treatment outcomes. The service should regularly assess how it is meeting its objectives.

Clear vision and purpose

The service's vision is to provide safe, holistic and affordable care to its patients. The service's purpose was 'to make sure its patients could have treatments carried out by a qualified practitioner.'

The service's aims and objectives were:

- To provide a high standard of care to patients, including emotional wellbeing.
- To work to the highest standards of cleanliness.
- To continue to develop knowledge base.
- To always put patient safety first.

We were told the service measures its performance using a number of methods, such as:

- audit results
- improvement plan development
- management of complaints and adverse incidents, and
- patient satisfaction feedback.

What needs to improve

The service did not have a formal means of assessing its purpose, vision, aims and objectives to help make sure it was effectively meeting its patients' needs (recommendation a).

- No requirements.

Recommendation a

- The service should develop and implement a process for reviewing its vision, purpose, aims and objectives and assessing their effectiveness.

Leadership and culture

The service manager was a qualified nurse practitioner who owned and ran the service. An independent prescriber worked along with the practitioner under practicing privileges (staff not employed directly by the provider but given permission to work in the service) to prescribe prescription-only medicines, such as anti-wrinkle injections. The service manager and prescriber were registered with the Nursing and Midwifery Council (NMC).

What needs to improve

The service did not have any formal records of discussions between the service manager and prescriber. This meant that we did not see records of suggestions from the prescriber for improving the service, decisions made or actions to be taken by a designated person and a timeline for completion. (recommendation b).

- No requirements.

Recommendation b

- The service should formally record the minutes of discussions between the service manager and prescriber, that lead to changes and improvements to the service. These should include any actions taken and those responsible for the actions.

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

The service had a participation policy and encouraged feedback from patients, using this to improve. The practitioner worked with peer groups to keep up to date with best practice. A range of policies, audits and risk assessments helped to make sure the service was safe. The service's improvement plan should be further developed to document improvements made and planned.

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

The service's participation policy detailed how it would seek feedback from patients. Patients had the option to complete questionnaires or leave online reviews on the service's website or on social media sites. Patients could also complete paper questionnaires.

The service logged all feedback received and we saw that this feedback had been analysed for improvement suggestions. We saw that improvements had been made as a result of patient feedback. For example, the service amended opening hours to be more flexible to the needs of its patients.

What needs to improve

While the service encouraged feedback from patients to help improve the service, it did not have a process sharing these improvements to patients (recommendation b).

- No requirements.

Recommendation c

- The service should develop a process of keeping patients informed of the impact their feedback has on the service.

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 practitioner was proactive in developing and implementing policies and procedures to ensure a safe experience for patients and staff. This included:

- emergencies
- infection control
- health and safety
- medicines management, and
- safeguarding (public protection).

We saw that policies had recently been updated.

We saw that facilities maintenance, such as electrical appliance servicing were routinely carried out.

The service had recently renewed its waste management contract and it included appropriate disposal of all waste, including Botulinum toxin.

A medicines management policy described how medicines were ordered, supplied, stored and disposed of. The service ordered medicines as needed and held only a small amount in stock. We saw the fridge temperature was monitored to make sure any medicines would be stored at the correct temperature.

An emergency policy was in place and the service had an emergency drug supply and first aid kit. All medicines supplied, used and disposed of were logged. Emergency drugs that we saw were all in-date.

The service had a process in place for recording any adverse events, incidents and accidents. The service was aware that certain incidents and events must be reported to Healthcare Improvement Scotland. During the inspection, we saw that no incidents which required reporting to Healthcare Improvement Scotland had occurred since the service was registered with Healthcare Improvement Scotland in December 2021.

The service also had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service's most recent duty of candour report was displayed in

the service. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

The service had a complaints policy displayed which made it clear to patients they could complain to Healthcare Improvement Scotland at any time during the complaints process. No complaints had been received since the service had been registered in December 2021.

Patients could book appointments through the service's website, social media or by telephone. This system helped to document patients' experience from booking an appointment through to aftercare.

Consultations were always carried out face-to-face and included consultations with the prescriber, where appropriate. We were told the prescriber was always in attendance when appropriate for the management of emergencies, such as complications following dermal filler treatments. Patients were offered follow-up appointments for treatment, allowing the option of a cooling-off period.

Patient care records were also stored on the electronic system. This meant that the entire patient journey from booking and consent, to aftercare and follow-up was all kept in one place. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to help make sure all patient information was held and managed securely.

All patients were given a 24-hour emergency contact number in the event of complications.

A practicing privileges policy and a signed agreement were in place for the prescriber. The service had carried out employment checks including:

- Disclosure Scotland background checks
- evidence of continuous training, and
- professional qualifications.

We also saw evidence of induction training and checks on current registration with the NMC.

We saw evidence that the service also carried out appropriate ongoing checks to make sure the prescriber's professional registration remained up to date and they remained fit to practice.

The service was a member of peer groups, such as the Aesthetic Complications Expert (ACE) Group. This group helped the service to keep up to date with changes in legislation, best practice guidance and offered advice on aesthetics treatments, including the management of complications. The practitioner also kept up to date with their own practice through continued training. For example, the service manager had completed the level seven diploma in aesthetics.

- No requirements.
- No recommendations.

Planning for quality

The service had implemented a quality management plan that included the details of audits and risk management. The service had a comprehensive and documented programme of audits and risk assessment. We could see a number of audits had been carried out. These included audits for:

- cleaning
- infection control, and
- patient care records.

The service also had a risk register detailing risk identified and how risks were managed. For example:

- cytotoxic waste
- infection from the environment, and
- needlestick injuries.

We saw evidence of improvements made to the service following audits, such as using software (specialised for aesthetic services) to store patient care records securely.

What needs to improve

While we were told that monthly checks of medicine expiry dates were carried out, these checks were not formally documented (recommendation d).

The service did not formally record improvements made and those that were planned. This meant that we did not see any recorded evidence of the outcome of improvements made and their impact on the service and benefits to its patients. This would allow the service to clearly demonstrate a culture of continuous quality improvement (recommendation e).

- No requirements.

Recommendation d

- The service should implement a regular programme of checking and documenting medicine stock expiry dates.

Recommendation e

- The service should further develop their quality improvement plan that demonstrates and directs the way it 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 and patient equipment were clean and well maintained. Effective processes were in place to make sure the service continued to be clean and well maintained. Patients were positive and complimentary about the service. A risk assessment must be developed for the ventilation system, until this can be upgraded to comply with current standards.

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 comprehensive self-evaluation.

The environment and equipment were clean and well maintained. We saw that the service had implemented a cleaning schedule and was using appropriate cleaning equipment and products in line with national standards. Personal protective equipment such as gloves, aprons and face masks were available and close to the point of care.

The treatment room and wider premises were private and secure, with a lockable door to the treatment room and screened windows in the premises. This helped to maintain patients' privacy and dignity.

We reviewed five patient care records covering different treatments. The patient care records were comprehensive and documented patients':

- assessments
- consents
- medical histories, and
- treatments agreed and provided.

Consents documented included those for keeping records of patient GPs, emergency or next-of-kin contact details and to use photographs. Patient care records also included details of medicines used, such as expiry dates and batch numbers. From the patient care records we reviewed, we saw that the medicines administered were all in-date. It was also clear where consent was not given, for example for posting photographs on social media.

Patients who had responded to our survey were positive about their experience with the service. Comments included:

- ‘Always asks me what I think and is careful to make sure what I am expecting as an outcome.’
- ‘The establishment I had my treatment was spotlessly clean.’
- ‘Very knowledgeable and could answer any questions I had.’

What needs to improve

The ventilation system in the treatment room was installed before current legislation for healthcare premises and did not meet current standards. A risk assessment is required to make sure appropriate actions were taken for the current ventilation, such as ensuring it was adequately cleaned, until it was able to be upgraded (requirement 1).

Requirement 1 – Timescale: by 9 February 2024

- The provider must carry out a risk assessment on its ventilation system in the treatment room to mitigate against any risk associated with using a non-compliant system until this can be upgraded to conform with national guidance for specialised ventilation for healthcare premises.
- No recommendations.

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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