

Announced Inspection Report: Independent Healthcare

Service: Aesthetics by Katie Rodgers, Port
Glasgow

Service Provider: Aesthetics by Katie Rodgers Ltd

15 November 2022

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 31 May 2022

Requirement

The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Action taken

A risk register was in place with detailed information on identified risks for the service. The risk register also had information for identified risks of treatments for patients. **This requirement is met.**

Requirement

The provider must ensure the current practicing privileges policy and contract is up to date. This will set out the pre-employment safety checks are in place and clearly identify individual responsibilities and accountabilities.

Action taken

The practicing privileges policy had been updated. A folder was kept with all information, safety checks and contract for the individual prescriber. **This requirement is met.**

Requirement

The provider must implement a suitable system of regularly reviewing the quality of the service.

Action taken

A variety of methods were used to gather patient feedback and we saw evidence of improvements made from the feedback. The provider audited the service regularly to maintain the quality of the service and identify improvements. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 31 May 2022.

Recommendation

The service should develop a more structured approach for gathering, recording and evaluating patient feedback, and using the outcomes to drive improvements in the service.

Action taken

The service developed patient feedback questionnaires and had made changes to the questionnaire based on patient feedback.

Recommendation

The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.

Action taken

The service had a cleaning schedule in place that was visible in the treatment room area. This had information on areas and equipment cleaned along with the dates it had been cleaned.

Recommendation

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.

Action taken

The service carried out regular audits either every 3 or 6 months which covered key aspects of care and treatment. This included:

- cleaning
- fridge temperatures
- infection prevention and control of the environment and personal protective equipment, and
- stock.

Recommendation

The service should introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance.

Action taken

All policies had been regularly reviewed and updated. Policies also had version control with review dates, including legislative changes if required. Policies were included in the service's yearly audit programme.

Recommendation

The service should develop and implement an adult support and protection policy.

Action taken

The service had an up-to-date adult support and protection policy in place.

Recommendation

The service should ensure next of kin or emergency contact details are recorded in patient care records.

Action taken

All patient care records contained details of next-of-kin or emergency contact details in case of emergencies.

Recommendation

The service should provide written aftercare information to all patients following their treatments. This would enable patients to refer to, and follow, any specific instructions following treatments.

Action taken

All patients received formal written aftercare following any treatment carried out in the service. An electronic version of this aftercare was also sent to patients automatically after receiving treatments in the service.

Recommendation

The service should formally record the minutes of meetings. These should include a documented action plan highlighting those responsible for the actions to ensure better reliability and accountability.

Action taken

All meetings had accurately recorded minutes addressing areas and issues identified in the service. This started an action plan with identified staff responsible for addressing issues.

Recommendation

The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service.

Action taken

The service reviewed all feedback from various methods received. Changes and improvements made from feedback were identified in the service's quality improvement plan.

Recommendation

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

Action taken

The service developed a formal quality improvement plan which addressed areas and issues, with identified measures for improvement noted.

2 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 Aesthetics by Katie Rodgers on Tuesday 15 November 2022. We spoke with the owner (practitioner) during the inspection. We received feedback from 23 patients through an online survey we had asked the service to issue for us before the inspection. This was our second inspection to the 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 Aesthetics by Katie Rodgers, the following grades have been applied to the key quality indicators inspected.

| Key quality indicators inspected | | |
|--|---|---------------|
| Domain 2 – Impact on people experiencing care, carers and families | | |
| Quality indicator | Summary findings | Grade awarded |
| 2.1 - People's experience of care and the involvement of carers and families | Patients were satisfied with the quality of care and treatment. Patients were fully consulted before a care plan was agreed. Feedback was gathered and reviewed. Information about how to make a complaint was easily accessible. | ✓✓ Good |

| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | | |
|---|--|---------|
| 5.1 - Safe delivery of care | The care environment and patient equipment was clean and well maintained. Policies and procedures helped maintain a safe environment. A comprehensive audit programme was in place. Medicines were disposed of in line with the manufacturer and best practice guidance. | ✓✓ Good |
| Domain 9 – Quality improvement-focused leadership | | |
| 9.4 - Leadership of improvement and change | The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance in a variety of ways. Peer networks supported continuous learning. A quality improvement plan helped measure the quality, safety and effectiveness of the service delivered. | ✓✓ Good |

The following additional quality indicators were inspected against during this inspection.

| Additional quality indicators inspected (ungraded) | |
|---|---|
| Quality indicator | Summary findings |
| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | |
| 5.2 - Assessment and management of people experiencing care | Patients had a full consultation and assessment before treatment. Consent to treatment, photography and sharing information with other healthcare professionals was obtained before treatment. Patient care records were complete. Written and verbal aftercare information was provided. |
| Domain 7 – Workforce management and support | |
| 7.1 - Staff recruitment, training and development | All pre-employment safety checks had been completed. Induction and appraisal programmes were in place. Staff were encouraged to complete regular role-specific training. |

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 Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Aesthetics by Katie Rodgers Ltd to take after our inspection

This inspection resulted one recommendation. See Appendix 1 for the recommendation.

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

We would like to thank all staff at Aesthetics by Katie Rodgers for their assistance during the inspection.

3 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 satisfied with the quality of care and treatment. Patients were fully consulted before a care plan was agreed. Feedback was gathered and reviewed. Information about how to make a complaint was easily accessible.

The clinic was located and situated as an annex to the practitioner's own home with a dedicated entry door to the side of the building. The treatment room was easily accessible and helped maintain patients' privacy, dignity and confidentiality. The door to the main entrance and the treatment room were also lockable. The service had no reception area and patients were escorted straight into the treatment room for consultations and appointments.

While the service did not have an official website, it had many returning patients with new patients finding the service from social media reviews and recommendations. The service shared verbal and written information about the service, both electronically and on fact sheets. These were made available to patients after enquiries and in addition further information about treatment options before patients agreed to any treatments.

The service had a participation policy in place and patients were encouraged to complete feedback forms, give verbal feedback to the practitioner or leave reviews on social media. We saw patient feedback given to the service on the day of our inspection. The practitioner reviewed all feedback received and used it informally to evaluate and review the service. This feedback was documented and included in the service improvement plan to indicate where improvements had been made from the feedback. The practitioner was able to view all this information and reference when carrying out improvement actions. For example, a grab rail had been added to the side of the house and entrance area to the treatment room. Feedback forms had also been reviewed and updated to

make them easy to use for patients. Feedback we saw showed that patients were satisfied with their treatment and the service had met their expectations. Feedback from our online survey showed that patients were pleased with the service and were fully involved in decisions reached about their care. Patients told us that treatment options were discussed and agreed at their initial consultation. They also said they had time to consider the options available to them before they agreed to go ahead with the treatment. Comments from our survey included:

- 'Very informative and provided excellent explanation, excellent reassurance.'
- 'Everything was explained prior to treatment. I was told what to expect, what product was being used along with the batch number and expiry date. I was also told what were signs that something wasn't quite right and that I should contact the practitioner immediately should any of those things occur.'

The service had not received any complaints since it was first registered with Healthcare Improvement Scotland 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. Feedback from our online survey showed that all patients knew they could also complain to Healthcare Improvement Scotland at any time.

A duty of candour policy described how the service would meet its responsibility to be honest with patients when things go wrong. We saw that the service produced a yearly duty of candour report. The service had not recorded any instances requiring it to implement duty of candour principles since registration with Healthcare Improvement Scotland in January 2020.

- No requirements.
- No recommendations.

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The care environment and patient equipment was clean and well maintained. Policies and procedures helped maintain a safe environment. A comprehensive audit programme was in place. Medicines were disposed of in line with the manufacturer and best practice guidance.

Patients were cared for in a clean and safe environment. Good systems were in place to maintain this, including:

- completed cleaning schedules
- regular internal checks, such as fridge temperature monitoring, and
- servicing and maintenance contracts for equipment.

The service followed Health Protection Scotland's national guidance to reduce infection risks for patients, in line with its infection prevention and control policy.

All equipment used, including personal protective equipment, was single-use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A contract was in place for the safe disposal of sharps and other clinical waste.

Patients who responded to our online survey were very satisfied with the standard of cleanliness. Comments included:

- 'Treatment room was private and well equipped.'
- 'The treatment area was clean, tidy, private and well lit. It was equipped with refrigeration units for products, sterile products, a comfortable treatment chair, mirrors to view results and proper depositories for used needles.'
- 'Treatment room was private and cleanliness to a very high standard with full display of certificates.'

The practitioner was responsible for building maintenance, fire safety equipment and building security. The service had completed a fire risk assessment. Fire exit signs were in place above the treatment room door to advise patients what route to take should there be an emergency within the service.

The medical fridge had a built-in thermometer which was checked on days the treatment room was used for delivery treatments to patients. A daily temperature log was kept to make sure temperature-sensitive medicines were stored at a safe temperature. Other non-refrigerated medicines, such as dermal fillers were stored appropriately. A small stock of emergency medicines was available in the treatment room to respond to complications or adverse reactions to treatment.

Patients could contact the practitioner out of hours if they had any concerns following their treatment.

Appropriate insurance cover was in place.

The practitioner was solely responsible for the safe procurement, prescribing, storage and administration of medicines. The medicine management policy contained information to demonstrate the safe:

- administration
- prescribing
- procuring, and
- storage of medicine.

The service had a system in place for documenting accidents, incidents and for reporting notifiable incidents or adverse events to the appropriate regulatory authorities. No accidents, incidents or adverse events had occurred in the

service since it was registered with Healthcare Improvement Scotland. Patients told us they trusted the practitioner and were confident they had the skills and knowledge to deliver high quality care.

We saw a comprehensive programme of audits regularly carried out. This included:

- cleaning and maintenance of the care environment
- health and safety (risk register), and
- medicines management, including checking expiry dates of equipment and medicines and fridge temperatures.

What needs to improve

While the medication refrigerator recorded temperatures, the service did not have a maintenance record of yearly calibration of the fridge thermometer (recommendation a).

- No requirements.

Recommendation a

- The service should ensure the medication refrigerator thermometer is regularly calibrated to ensure accurate temperature readings are taken. Results should be documented.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a full consultation and assessment before treatment. Consent to treatment, photography and sharing information with other healthcare professionals was obtained before treatment. Patient care records were complete. Written and verbal aftercare information was provided.

Patients booked appointments over the telephone, through social media and verbal requests. We reviewed five patient care records and saw that outcomes from initial consultations and proposed treatment plans were documented. A full assessment of patients' medical history was carried out before they received any treatment. This included gathering information about any pre-existing medical conditions, including allergies and prescribed medicines. The service also carried out a basic psychological assessment before treatment was agreed.

Patient care records had detailed discussions and conversations with patients about setting realistic outcomes and expectations. Patient care records were in paper format and electronic. Hard copies were kept in a dedicated cabinet in the treatment room, to which the owner (practitioner) was the sole key holder. The electronic record keeping system was password-protected and access to the system was restricted to key staff members. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Patient care records we reviewed contained information on consent, sharing of information with other health care professionals and details required in case of an emergency situation.

Patients' consent to treatment and taking photographs was documented in all patient care records we reviewed. A record of the treatment delivered, including batch numbers and expiry dates for medications used was clearly recorded. Aftercare arrangements and future follow-up appointments were also documented.

Patients told us they received good advice and information before, during and after their treatment. They also told us they could take time to consider the options available to them before they agreed to go ahead with the treatment.

Patients were satisfied with the quality of care and treatment they received from the service. Comments from our online survey included:

- 'Had so much information and the best way to deal with the after treatment as well.'
- 'You can clearly see that the practitioner has expert knowledge in what she does. Also displayed are certificates of achievements.'
- 'The practitioner was very knowledgeable and I was very confident about going ahead with my chosen treatment.'

Patients were given verbal and written advice after their treatments. The practitioner could be contacted out of hours if patients had any concerns after their treatment.

We saw evidence that the practitioner reviewed five patient care records each month as part of the service's audit programme.

- 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

All pre-employment safety checks had been completed. Induction and appraisal programmes were in place. Staff were encouraged to complete regular role-specific training.

No staff were employed in the service. However, a nurse prescriber was granted practicing privileges (staff not employed directly by the provider but given permission to work in the service). We saw a practicing privileges agreement in place with the prescriber for the service. All safety checks had been carried out, for example PVG, indemnity, qualifications and fitness to practice. This information was kept in a staff file, which was kept in a lockable cupboard. The practitioner was the sole key holder.

We saw evidence that background and professional safety checks had been carried out and documented for this member of staff. The practitioner reviewed the signed practicing privileges contract yearly.

Ongoing professional development opportunities were available, including education in new processes and on the use of equipment.

- No requirements.
- No recommendations.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance in a variety of ways. Peer networks supported continuous learning. A quality improvement plan helped measure the quality, safety and effectiveness of the service delivered.

The manager is the sole practitioner of the service and is a registered nurse with the Nursing and Midwifery Council (NMC) and completed mandatory revalidation with the NMC. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers to their professional body, such as the NMC, every 3 years. The practitioner attended regular training and conferences in the aesthetic industry to help continue their professional development. This helped them keep up to date with best practice and delivery of treatments in line with evidence-based research.

We saw evidence of quality assurance systems in place to review the quality of care and treatment provided. Formal and informal reviews of patient feedback and the outcome from audits carried out helped make sure the quality of the service delivered met patient needs. A quality improvement plan helped to inform continuous quality improvement activities and described how the service was committed to continuous improvement. For example, the service had changed the style and format of feedback forms for patients to complete.

We saw minutes of regular staff meetings between the service manager and prescriber with detailed information about:

- improvement ideas
- issues in the service
- treatments, and
- staff training.

■ 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.

| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | |
|---|---|
| Requirements | |
| None | |
| Recommendation | |
| a | <p>The service should ensure the medication refrigerator thermometer is regularly calibrated to ensure accurate temperature readings are taken. Results should be documented (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p> |

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.



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:

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

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