

# Announced Follow-up Inspection Report: Independent Healthcare

**Service:** Aesthetic Nurse's Clinic, Edinburgh

**Service Provider:** Kinga Gornicki

23 May 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](mailto:his.contactpublicinvolvement@nhs.scot)

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First published July 2023

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# 1 A summary of our follow-up inspection

## Previous inspection

We previously inspected Aesthetic Nurse's Clinic on 12 July 2022. That inspection resulted in three requirements and six recommendations. As a result of that inspection, Aesthetic Nurse's Clinic produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: [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)

## About our follow-up inspection

We carried out an announced follow-up inspection to Aesthetic Nurse's Clinic on Tuesday 23 May 2023. The purpose of the inspection was to follow up on the progress the service has made in addressing the three requirements and six recommendations from the last inspection. This report should be read along with the July 2022 inspection report.

We spoke with the practitioner (owner) during the inspection.

The inspection team was made up of one inspector.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

### Key quality indicators inspected

#### Domain 2 – Impact on people experiencing care, carers and families

Quality indicator	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	✓✓ Good

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

5.1 - Safe delivery of care	✓ Satisfactory
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#### Domain 9 – Quality improvement-focused leadership

9.4 - Leadership of improvement and change	✓ Satisfactory
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The grading history for Aesthetic Nurse's Clinic can be found on our website.

More information about grading can be found on our website at:

[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

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

We found that the provider had addressed all three requirements made at our previous inspection on 12 July 2022. It had also taken steps to act on all of the recommendations we had made.

### **What action we expect Kinga Gornicki to take after our inspection**

This inspection resulted in no further requirements and recommendations.

We would like to thank staff at Aesthetic Nurse's Clinic for their assistance during the inspection.

## 2 Progress since our last inspection

**What the provider had done to meet the requirements and recommendations we made at our last inspection on 12 July 2022**

### 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**

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##### **Recommendation**

*The service should share improvements or actions taken as a result of feedback with patients to show how this was being used to improve the quality of care provided and how the service was delivered.*

##### **Action taken**

We saw that the service continued to gather patient feedback and used it to improve the quality of care provided. For example, since the last inspection in July 2022 and as a result of patient feedback, the service had introduced a new electronic booking system to make it easier for patients to book an appointment. It had also developed and started to use an electronic patient feedback survey with results displayed on the service's website. Improvements were also shared through social media and in the service itself using a 'You said, We did' noticeboard. We were told the service was also planning to replace the flooring as a result of feedback. This would be shared on social media and help to inform the service's quality improvement plan.

## 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

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##### Requirement – Timescale: by 12 October 2022

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

##### Action taken

We saw that appropriate risk assessments were now in place such as infection prevention and control, slips, trips and falls, and electrical appliances. The risk assessments included the actions taken to minimise any risks identified. This will help to ensure all risks to patients and staff are continuously and effectively managed. **This requirement is met.**

##### Requirement – Timescale: by 4 October 2022

*The provider must review the medicine management policy to ensure it accurately describes how medication will be prescribed in an emergency. This should include ensuring a named prescriber is available to prescribe emergency medication.*

##### Action taken

The medicine management policy had now been reviewed and updated. We saw that the practitioner had now completed their nurse prescribing course since the previous inspection in July 2022 and was now an independent nurse prescriber. **This requirement is met.**

### Recommendation

*The service should develop a cleaning schedule which includes details on cleaning tasks and frequency, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately.*

### Action taken

The service had developed an electronic cleaning schedule and this was completed daily with any actions taken forward where appropriate. We noted the cleaning schedule was audited monthly.

### 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 had now developed a programme of audits which covered key aspects of care and treatment, such as hand hygiene, safe disposal of sharps and fire safety. An electronic calendar system alerted the service when the audits were due. Information on audits and their results was stored electronically, and any identified actions taken.

## Our findings

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

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#### Requirement – Timescale: immediate

*The provider must record outcomes from all consultations and assessments in the patient care record.*

### Action taken

We reviewed three patient care records and all contained detailed records of patient consultations and assessments. **This requirement is met.**

### Recommendation

*The service should record patients' emergency contact details in the patient care record.*

### Action taken

We saw that the service now recorded patients' emergency contact details in the patient care records we reviewed.



**Recommendation**

*The service should record patients' GP contact details in the patient care record.*

**Action taken**

We saw that the service now recorded the details of patients' GPs and their contact details in the patient care records we reviewed.

## 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

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##### Recommendation

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

##### Action taken

The service had now developed a quality improvement plan and we saw this was being kept regularly updated. The plan included a list of identified improvements, a summary of actions and expected completion dates.

## 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.

This inspection resulted in no requirements and no recommendations.
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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.

### 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](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



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](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](mailto:his.ihcregulation@nhs.scot)

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Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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