

# Announced Inspection Report: Independent Healthcare

**Service:** KJ Aesthetics, Livingston

**Service Provider:** KJ Aesthetics

9 February 2022

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# 1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

## About our inspection

We carried out an announced inspection to KJ Aesthetics on Wednesday 9 February 2022. We spoke with the service manager (practitioner) during the inspection. We did not receive any feedback from patients to an online survey we had asked the service to issue for us before the inspection.

This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

## What we found and inspection grades awarded

For KJ Aesthetics, the following grades have been applied to the key quality indicators.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The environment and equipment were clean. Effective systems were in place to manage risks and make sure treatments were delivered safely and in a suitable environment. Systems and protocols were in place to manage medicines and deal with medical emergencies. An audit programme should be introduced to review the safe delivery and quality of care provided.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The service is run by an experienced nurse and aesthetics practitioner who was keen to continually improve how the service was delivered. They kept up to date with their own professional development and developments in the aesthetics industry through membership of industry groups and carried out reviews of their service using patient feedback to make improvements. A quality improvement plan should be developed.	✓✓ Good

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

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Patients had a clinical assessment carried out before any treatment was agreed. Patient care records were clear and comprehensive, covering all stages of the patient's treatment, including discussions about aftercare. Consent was obtained and recorded for each treatment episode. Medicines must be used in line with the manufacturer's instructions.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	A formal agreement was in place between the service and an independent nurse prescriber for the prescription of medicines. Appropriate background checks had been carried out and these were reviewed every year. The provider must apply to Disclosure Scotland for a Protecting Vulnerable Groups (PVG) check on staff it appoints to work from the service. It should also have a system of routinely rechecking their PVG status.

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](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)

### **What action we expect KJ Aesthetics to take after our inspection**

This inspection resulted in two requirements and three recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/independent\\_healthcare/find\\_a\\_provider\\_or\\_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

KJ 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 KJ Aesthetics for their assistance during the inspection.

## 2 What we found during our inspection

### 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 environment and equipment were clean. Effective systems were in place to manage risks and make sure treatments were delivered safely and in a suitable environment. Systems and protocols were in place to manage medicines and deal with medical emergencies. An audit programme should be introduced to review the safe delivery and quality of care provided.**

The clinic environment was clean, well equipped and fit for purpose. An infection prevention and control policy was in place and we saw good compliance with infection prevention and control procedures. This included the safe disposal of medical sharps, such as syringes and needles, clinical waste and a good supply of personal protective equipment available (disposable gloves and aprons). Single-use patient equipment was used to prevent the risk of cross-infection. Further measures had also been introduced to reduce the risk of COVID-19 transmission, such as enhanced cleaning, providing patients with face masks and spacing out appointments.

A safe system was in place to prescribe, order, receive, store and administer medicines, in line with the service's medication policy. Although the practitioner delivered the treatments, they were not a certified nurse prescriber. Therefore, an agreement was in place with an independent nurse prescriber when treatments were provided that involved prescription medicines, such as botulinum toxin.

An emergency kit was in place, appropriate for the treatments being carried out, and the practitioner had been trained to deliver advanced adult life support in the event of a medical emergency.

Policies and procedures were regularly reviewed and the practitioner had a good understanding of how to manage risks in their service. We saw updated policies for infection control and duty of candour (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong).

While no accidents or incidents had been reported in the service, an accident book was kept and the practitioner understood how to record, manage and report accidents and incidents.

### What needs to improve

We found no evidence of routine audits taking place. An audit programme would help the service demonstrate the safe delivery and quality of treatment and record its improvements. For example, audits could be carried out on patient care records and medicine management (recommendation a).

- No requirements.

### Recommendation a

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

## Our findings

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

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**Patients had a clinical assessment carried out before any treatment was agreed. Patient care records were clear and comprehensive, covering all stages of the patient's treatment, including discussions about aftercare. Consent was obtained and recorded for each treatment episode. Medicines must be used in line with the manufacturer's instructions.**

Patients received a full assessment before any treatment was carried out. This included gathering information about the patient's medical history and any allergies to medicines, a pre-treatment screening for COVID-19 and a discussion about risks and benefits of treatments. This made sure patients had realistic expectations of the proposed treatment plan before treatment took place. Patients completed an initial online consultation form, which the practitioner then discussed with them when they arrived for treatment. Patients who required a prescription medicine for their treatment also had a face-to-face consultation with the independent nurse prescriber before attending for their



treatment appointment. All information about the prescription consultation and full patient assessment were shared between the prescriber and practitioner, so that the best care could be provided to the patient.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Patient care records were stored securely on electronic devices, one of which was specifically for patient use when signing their consent. We reviewed five electronic patient care records and found all contained comprehensive information, including:

- full assessment and consultation details, including the prescriber's consultation, where appropriate
- COVID-19 screening
- a record of the patient's consent to treatment, to share information with their GP and to take photographs
- a treatment map with a description of the treatment and diagram of the areas treated
- batch number and expiry date of any medicine used
- aftercare advice, and
- before and after photographs.

Patients were given verbal aftercare advice after their treatment and were invited for a post-treatment consultation. They were also emailed a written aftercare advice form, with a request to read, sign and return it to the service. If a patient experienced a complication or had a query about aftercare, they could telephone the service at any time to arrange support.

### **What needs to improve**

Most patients who received wrinkle-reducing injections returned for a post-treatment consultation offered by the service 2 weeks later. During these appointments, patients were often 'topped up' with any leftover reconstituted medicine from their initial treatment. The manufacturer of the medicine states in its instructions that, once reconstituted, the medicine should be discarded after 24 hours (requirement 1).

### **Requirement 1 – Timescale: immediate**

- The provider must use medicines in line with manufacturer instructions.
- 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

**A formal agreement was in place between the service and an independent nurse prescriber for the prescription of medicines. Appropriate background checks had been carried out and these were reviewed every year. The provider must apply to Disclosure Scotland for a Protecting Vulnerable Groups (PVG) check on staff it appoints to work from the service. It should also have a system of routinely rechecking their PVG status.**

A formal practicing privileges agreement was in place between the service and an independent nurse prescriber. The service had carried out appropriate background and identity checks on the prescriber, and the roles and responsibilities for each party were clearly set out. The practitioner reviewed key information every year, such as the prescriber's indemnity insurance renewal and a check on their professional registration status with the Nursing and Midwifery Council (NMC).

#### What needs to improve

The provider had requested a copy of the prescriber's Protecting Vulnerable Groups (PVG) certificate, as part of its process for granting practicing privileges to them. However, the provider is responsible for applying to Disclosure Scotland directly to check the PVG status of any staff it employs or appoints to work from the service (requirement 2).

No system was in place to carry out routine re-checks of the PVG status of staff appointed to work from the service (recommendation b).

#### Requirement 2 – Timescale: immediate

- The provider must arrange for its own check to ensure that a practitioner is a registered Protecting Vulnerable Groups (PVG) scheme member, before granting them practicing privileges.

#### Recommendation b

- The service should introduce a system of routinely rechecking the Protecting Vulnerable Groups (PVG) status of staff appointed to work from the service.

## 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 is run by an experienced nurse and aesthetics practitioner who was keen to continually improve how the service was delivered. They kept up to date with their own professional development and developments in the aesthetics industry through membership of industry groups and carried out reviews of their service using patient feedback to make improvements. A quality improvement plan should be developed.**

The practitioner was a registered nurse and the sole practitioner in the service. They kept up to date with current practice through their existing employment within NHSScotland and through attending online seminars, conferences and training courses. Every 3 years, nurses must also complete an ongoing professional registration and revalidation process with the NMC. This is where they send evidence of their competency, training and feedback from patients and peers in order to remain a registered nurse practitioner. They maintain current best practice through ongoing training and development, and annual appraisals through their NHS role.

They were a member of the Aesthetic Complications Expert (ACE) group (a group of practitioners who provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions). The practitioner had recently completed one of the group's courses on how to deal with aesthetic complications. They also had plans in place to start their own prescribing qualification in May 2022. This will mean they can prescribe their own medicines and will no longer need an agreement with a prescriber to deliver this service.

The service had informal partnerships with other experienced aesthetic practitioners. These partnerships helped to provide peer support, advice and best practice and discuss any treatments, procedures or complications.

The practitioner had undertaken several reviews of the service and the way it was delivered. These involved sampling 30 patients and asking them specific questions, for example about treatment options. They used the feedback obtained to improve the way the service was delivered. One example was introducing a new treatment that patients had requested. Another was the introduction of different payment options for treatment.

### **What needs to improve**

The practitioner could demonstrate quality improvement processes were in place, and provided examples where improvement had been achieved. However, a quality improvement plan would help the service identify specific improvements and actions to be taken to help develop and improve the service, measure the impact of change and demonstrate a culture of continuous improvement (recommendation c).

- No requirements.

### **Recommendation c**

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

## 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

#### Requirement

- 1** The provider must use medicines in line with manufacturer instructions (see page 9).

Timescale – immediate

*Regulation 3(d)*

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

#### Recommendation

- a** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 8).

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

Domain 7 – Workforce management and support	
Requirement	
<b>2</b>	<p>The provider must arrange for its own check to ensure that a practitioner is a registered Protecting Vulnerable Groups (PVG) scheme member, before granting them practicing privileges (see page 10).</p> <p>Timescale – immediate</p> <p><i>Regulation 9(2)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
<b>b</b>	<p>The service should introduce a system of routinely rechecking the Protecting Vulnerable Groups (PVG) status of staff appointed to work from the service (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
<b>c</b>	<p>The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvement (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 4.19</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](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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