



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Focused Inspection Report: Independent Healthcare

**Service:** KAM Salon, Kinghorn

**Service Provider:** Fife & Tayside Aesthetic Co-operative

28 October 2020

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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## 1 A summary of our inspection

We carried out an announced inspection to KAM Salon on Wednesday 28 October 2020. The purpose of the inspection was to make sure the service was delivering care safely to patients, in light of the COVID-19 pandemic. We reviewed the service's infection prevention and control policies and procedures, and spoke with the service manager and one staff member during 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 satisfactory self-evaluation.

### What we found and inspection grades awarded

For KAM Salon, the following grade has been applied to the key quality indicator inspected.

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 service had responded to the challenges presented by COVID-19 and had conducted the necessary risk assessments and developed relevant policies and procedures. Training specific to COVID-19 had been undertaken by all staff. Infection and control audits should be introduced to help identify and manage the risk of infection.	✓✓ 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

### **What action we expect Fife & Tayside Aesthetic Co-operative to take after our inspection**

This inspection resulted in one recommendation (see Appendix 1).

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)

We would like to thank all staff at KAM Salon 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 service had responded to the challenges presented by Covid-19 and had conducted the necessary risk assessments and developed relevant policies and procedures. Training specific to COVID-19 had been undertaken by all staff. Infection and control audits should be introduced to help identify and manage the risk of infection.**

The service is run by four registered nurses, with one taking on the role of service manager. The other three registered nurses are independent nurse prescribers. The service contains one treatment room which is used by the service manager and nurse practitioners on different days and at different times during the clinic session. This helped to minimise the number of people in the premises and control the risk of virus transmission to staff and patients.

Comprehensive policies and procedures were in place for the prevention and control of infection. These had been amended to reflect the management of COVID-19. A risk assessment had been undertaken to identify specific needs in light of the COVID-19 pandemic. The risk assessment and policies identified the relevant risks in the service and provided clear guidance for staff on what they should do to control the transmission of COVID-19. These control measures included:

- social distancing measures
- removal of the waiting area
- screening of the reception desk, and
- removal of unnecessary items and clutter such as magazines and refreshments.

Patients were given instructions prior to attending their appointment. This included arriving on time, on their own and with minimal belongings. Appointments were extended to avoid unnecessary contact with other patients.

Access to the service was controlled by staff. When the patient arrived, a temperature check and confirmation that they did not have any symptoms of COVID-19 was carried out. Alcohol-based hand rub was provided to each patient, along with a fluid-resistant facemask, before entry to the treatment room was allowed. Information posters regarding hand hygiene and COVID-19 were displayed in the reception area and the treatment room.

A COVID-19 consent form was emailed to all patients prior to treatment. Patients were not accepted for treatment unless they had completed and signed this form before their treatment.

Hand hygiene facilities were available, with hand soap and paper towels. Alcohol-based hand rub dispensers were located at the clinic entrance and inside the treatment room for use by staff and patients.

The care environment and patient equipment were clean and well maintained. Suitable gaps were being left between patient appointments to allow sufficient time for rooms and equipment to be cleaned. This included increased cleaning of the environment, patient equipment and high touch areas such as door handles and card payment machines. We saw evidence of daily cleaning schedules being completed.

All staff wore appropriate personal protective equipment including aprons, gloves and masks. The service had sufficient stocks of personal protective equipment and stock levels were monitored regularly. Personal protective equipment was stored correctly, close to where patient care was delivered.

Staff were required to change into their uniform on site in order to reduce the spread of infection. They told us they laundered their uniforms at home, at the highest temperature recommended for the material.

Training specific to infection control and COVID-19 had been completed by all staff. This included how to safely apply, remove and dispose of personal protective equipment, as well as enhanced cleaning and hand hygiene.

We looked at five paper patient care records and found all the appropriate assessments, medical history and consent to treatment forms had been documented.

### **What needs to improve**

We saw no evidence of audits being carried out to assess and manage the risk of infection. Infection prevention and control audits would help the service to identify risks of the spread of COVID-19 and take actions to reduce these risks (recommendation a).

- No requirements.

### **Recommendation a**

- The service should carry out infection prevention and control audits. Audits should be documented and improvement actions implemented.



## 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 carry out infection prevention and control audits. Audits should be documented and improvement actions implemented (see page 7).</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

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**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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