

Announced Inspection Report: Independent Healthcare

Service: Kiss Aesthetics Ltd, Elgin

Service Provider: Kiss Aesthetics Ltd

27 February 2023

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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 Kiss Aesthetics Ltd on Monday 27 February 2023. We spoke with the service manager during the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors (one of whom was observing).

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 limited self-evaluation. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Kiss Aesthetics Ltd, 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 felt fully involved and informed about their treatment options. Clear information about how to make a complaint was easily accessible to patients. A more formal method to gather and use patient feedback to evaluate the service should be implemented.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Patients were cared for in a clean and safe environment with systems and processes in place to maintain safety. A regular audit programme should be implemented.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with current best practice through training and development and support from and working with other peers. A quality improvement plan helped evaluate and measure the quality, safety and effectiveness of the service provided.	✓✓ 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	A comprehensive consultation, assessment and consent process was carried out for each patient before any treatment. Consent should be recorded for sharing photographs and information with patients' GPs and other healthcare professionals in an emergency.
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	The staff file included completed recruitment checks and a practicing privileges policy and contract was in place. Disclosure Scotland checks must be completed for staff working in the service.

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 Kiss Aesthetics to take after our inspection

This inspection resulted in one requirement and four 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 requirement 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

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

We would like to thank all staff at Kiss Aesthetics Ltd 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 felt fully involved and informed about their treatment options. Clear information about how to make a complaint was easily accessible to patients. A more formal method to gather and use patient feedback to evaluate the service should be implemented.

The service's social media provided information about the procedures available, including what to expect afterwards and a clear explanation of costs. We saw that patients were given information in emails and during the consultation process to allow them to make a fully-informed decision. Patients had time to consider treatment options and ask questions before agreeing to treatment.

Results from our online survey showed that patients felt involved in their treatment and were confident in the service. Comments included:

- 'Detailed information was given before during and after treatment which kept me relaxed and I felt safe and in good hands for my treatment.'
- '[The practitioner] always explains everything thoroughly and also inspects and assesses treatments beforehand, always honest with effects of treatments.'
- 'Felt 100% safe in [the practitioner's] care.'

The service maintained patient privacy and dignity. Consultations were appointment-only and only one patient was treated at a time, maintaining confidentiality. The treatment room door was locked when patients were receiving treatments.

After treatment, patients were given appropriate aftercare information leaflets, including the practitioners contact number and they could phone for advice at any time. Aftercare leaflets were on display at reception. The service had an up to-date complaints policy, which referred to Healthcare Improvement Scotland as an alternative process for complaints. Complaints information was also available as a leaflet that was displayed near the front door.

Duty of candour is where healthcare organisations have a responsibility to be honest with patients if something goes wrong. The service had an up-to-date duty of candour policy and we were told the service had not had any instances requiring it to implement duty of candour principles. The service had a copy of its yearly duty of candour report displayed in the service.

What needs to improve

The service had a patient participation policy and patients were able to provide feedback verbally, as well as through text messages and social media. While this information was useful, it was difficult for the service to draw any conclusions that could be used to inform improvement. While we saw evidence that a post-treatment questionnaire had recently been developed, it had not been issued to any patients at the time of our inspection. We discussed with the service the importance of having a structured approach to patient feedback. This should include:

- analysing feedback gathered
- implementing changes to help improve, and
- measuring the impact of improvements (recommendation a)

■ No requirements.

Recommendation a

- The service should develop the way it engages with its patients and uses this information to implement improvements in the service.

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

Patients were cared for in a clean and safe environment with systems and processes in place to maintain safety. A regular audit programme should be implemented. .

Appropriate and up-to-date policies and procedures helped to support the safe delivery of care, including those for:

- duty of candour
- information management
- medication management, and
- safeguarding (public protection).

We saw that the service followed its infection prevention and control policy. Effective measures were in place to reduce the risk of infection and we saw that the service was clean. Cleaning of the clinic environment and equipment was carried out in-between patient appointments using appropriate cleaning products, as well as a programme of regular deep-cleaning daily. Cleaning processes for sanitary fittings, including clinical hand wash basins were in place.

All patients who responded to our survey agreed the environment was clean and in a good state of repair. Comments included:

- 'Always spotlessly clean.'
- 'Very clean and hygienic clinic [the practitioner] keeps, [the practitioner] was very diligent with [their] hand washing procedures and kept equipment clean at all times.'
- 'Very hygienic and comfortable.'

To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment, such as face masks, gloves and aprons.

A suitable waste contract was in place for the safe disposal of swabs, syringes, needles and other clinical waste and waste transfer notes were kept in line with guidance. Sharps bins were compliant with the European Waste Codes (EWC).

All medicines were obtained from appropriately-registered suppliers. The service kept a small number of prescription-only medicines as stock, including medicine required in an emergency. All medicines and single-use patient equipment was in-date.

We saw audits were regularly carried out on infection prevention and control, medicines management and patient care records. A system was in place for recording and managing accidents and incidents, as well as responding to emergencies. Emergency medicines were available, in-date and easily accessible. The practitioner had carried out basic life support training.

The service had a programme of risk assessments in place, including those for:

- infection control
- medication, and
- slips, trips and falls.

An accident book was in place.

We saw appropriate fire safety equipment and signage in the service. A fire risk assessment, fire plan and fire safety policy were in place. The service tested portable electrical devices every year.

What needs to improve

A system was in place to record the temperature of the clinical fridge to check that medicines were stored at the correct temperature and to record medication expiry dates. However, the checks were not completed regularly (recommendation b).

The practitioner had a good knowledge of management of blood spillages and had chlorine tablets in place to use. However, the service's infection control policy did not include how blood spillages would be managed. The policy also did not reference Healthcare Improvement Scotland's *Healthcare Associated Infection (HAI) Standards (May 2022)* or Health Protection Scotland's *National Infection Prevention and Control Manual* (recommendation c).

- No requirements.

Recommendation b

- The service should record medication checks on a monthly basis and record temperature checks of the medicines fridge and any corrective action taken if the temperature falls outside of safe operating parameters when the service is open.

Recommendation c

- The service should update its infection prevention and control policy to reference current legislation and best practice guidance.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

A comprehensive consultation, assessment and consent process was carried out for each patient before any treatment. Consent should be recorded for sharing photographs and information with patients' GPs and other healthcare professionals in an emergency.

The five patient care records we reviewed showed that comprehensive consultations and assessments had been carried out before treatment started. Patient care records contained information about patients':

- allergies
- health conditions
- medical history
- medications, and
- previous treatments to help plan care and treatment according to individual need.

Consent-to-treatment forms were completed for all new and returning patients. For aesthetic procedures, treatment plans included facial mapping with a description of the treatment and diagram of the areas treated, including batch numbers and expiry dates of the medicines used. This would allow tracking if any issues arose with the medications used. The practitioner had signed and dated all entries in the patient care records we reviewed.

We were told that all patients received verbal aftercare advice and an aftercare leaflet to take away with them after treatment. Patients were invited to attend a free follow-up appointment. This allowed the service to make sure patients were happy with the results and provide any additional treatment or advice.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). The service stored paper records in a locked filing cabinet to maintain the confidentiality of patients' information.

All patients who responded to our survey said they felt involved in decisions about their care and treatment. They also stated they had been given sufficient time to reflect on treatment options before they gave consent to any treatment. Comments included:

- 'She always advised me if the likely outcome and benefits before going ahead with treatments, if she felt it would not be beneficial for me she would also say.'
- 'I value her advice.'
- 'her professionalism is highly regarded and trusted'
- She's always professional. She definitely doesn't push one getting treatments done

What needs to improve

Consent should be recorded for taking patient photographs and to share relevant information with the patient's GP and other healthcare professionals in an emergency, if required. This had not been documented in the patient care records we reviewed (recommendation d).

- No requirements.

Recommendation d

- The service should record in the patient care record:
 - (a) patient consent for the taking of photographs*
 - (b) patient consent for the sharing of relevant information with their GP and other healthcare professionals in an emergency, if required.*

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

The staff file included completed recruitment checks and a practicing privileges policy and contract was in place. Disclosure Scotland checks must be completed for staff working in the service.

The service had a practicing privileges policy in place for staff not employed directly by the provider but given permission to work in the service. A prescriber worked for the service under its practicing privileges arrangement and we saw a signed written agreement in place.

We saw that the service had undertaken the following recruitment checks:

- indemnity insurance
- NMC registration
- Qualifications, and
- two references.

What needs to improve

The service had not completed a Disclosure Scotland – Protecting Vulnerable Groups status check for the member of staff granted practicing privileges (requirement 1).

Requirement 1 – Timescale: by 27 June 2023

- The provider must ensure that it follows recruitment guidelines on safe recruitment, this should ensure carrying out a PVG check.
- 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 current best practice through training and development and support from and working with other peers. A quality improvement plan helped evaluate and measure the quality, safety and effectiveness of the service provided.

The practitioner maintained their professional registration with the Nursing and Midwifery Council (NMC) through its regular and routine revalidation process. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC, every 3 years. They also kept up to date with their own professional development through self-learning and also attended regular training days provided by pharmaceutical companies.

We saw training records and certificates for several training courses the practitioner had recently attended in various industry relevant subjects, such as complication management. The practitioner had remained in contact with the course tutors and also engaged with an aesthetics mentor for continued peer-support and supervision.

The service is a member of the Aesthetic Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions.

The service met regularly with other local aesthetic services to discuss best practice, problem-solve and to provide cover for their services. We saw an agenda and minutes of these meetings.

The service's quality improvement plan included development of the service and improvement made, along with action plans where appropriate.

- 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 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendation	
a	<p>The service should develop the way it engages with its patients and uses this information to implement improvements in the service (see page 8).</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>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
b	<p>The service should record medication checks on a monthly basis and record temperature checks of the medicines fridge and any corrective action taken if the temperature falls outside of safe operating parameters when the service is open (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>
c	<p>The service should update its infection prevention and control policy to reference current legislation and best practice guidance (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 4.11</p>
d	<p>The service should record patient consent for sharing photographs and relevant information with their GP and other healthcare professionals in an emergency, if required (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

Domain 7 – Workforce management and support	
Requirement	
1	<p>The provider must ensure that it follows recruitment guidelines on safe recruitment this should ensure carrying out PVG checks and obtaining references (see page 13).</p> <p>Timescale – by 27 August 2023</p> <p><i>Regulation 8 (1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Domain 7 – Workforce management and support (continued)

Recommendations

None

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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