

Announced Inspection Report: Independent Healthcare

Service: Aesthetics by K&R, Kirkcaldy

Service Provider: Aesthetics by K&R

14 November 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 Aesthetics by K&R on Monday 14 November 2022. We spoke with the owners (practitioners) during the inspection. We received feedback from 13 patients through 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 Aesthetics by K&R, 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 very complimentary about the service and were able to make informed decisions about their treatment. A structured method for obtaining patient feedback was used to improve the quality of the service delivered. Clear procedures were in place for managing complaints and responding to duty of candour incidents. | ✓✓ Good |

| Key quality indicators inspected (continued) | | |
|---|---|---------------|
| 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 was modern, clean and well maintained. Risk assessments and a comprehensive audit programme helped to provide assurance of safe care and treatment. | ✓✓ Good |
| Domain 9 – Quality improvement-focused leadership | | |
| 9.4 - Leadership of improvement and change | The owners were experienced nurses and aesthetics practitioners, and were both registered independent nurse prescribers. They kept up to date with advances in the sector through their membership of peer and professional groups. A quality improvement plan helped to continually evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. Formal staff meetings should be introduced. | ✓✓ 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 | Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear and detailed. Patients were well informed about their treatments. Consent to sharing information with other healthcare professionals, such as a patient's GP, should be documented in patient care records. |

| Additional quality indicators inspected (ungraded) (continued) | |
|--|---|
| Domain 7 – Workforce management and support | |
| Quality indicator | Summary findings |
| 7.1 - Staff recruitment, training and development | Relevant policies were in place to ensure staff were safely recruited. All pre-employment background safety checks, and regular ongoing checks, had been completed. |

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 K&R to take after our inspection

This inspection resulted in two recommendations. See Appendix 1 for a full list of the 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

We would like to thank all staff at Aesthetics by K&R for their assistance during the inspection.

2 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 very complimentary about the service and were able to make informed decisions about their treatment. A structured method for obtaining patient feedback was used to improve the quality of the service delivered. Clear procedures were in place for managing complaints and responding to duty of candour incidents.

Patients were emailed detailed information about the treatments provided in the service, and this was discussed during the consultation process to enable them to make an informed decision. This information included risks, side effects and expected outcomes of treatment, and aftercare. This information was recorded in the patient's care record.

Initial face-to-face consultations were provided free of charge and included a cooling-off period. This allowed patients to take time to consider the options available to them before they agreed to go ahead with the treatment. The service also considered how best to reduce any potential anxiety and promote a positive experience for the patient. For example, patients were given the option to have their own music played during treatments, and privacy screens were used.

A consent policy was in place and individual consent forms were completed for each treatment. Consent was obtained only after there was clear understanding by the patient of the treatment and plan.

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

- 'Information was given before I even entered the clinic. A consultation was given face to face, and I booked in once I was confident in my decision.'
- 'I knew I was in safe hands. Everything about the procedure was fully explained to me and I felt extremely comfortable.'
- 'Staff very knowledgeable with providing advice and aftercare.'

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. This information was emailed to all patients. Information on how to make a complaint was also displayed in the clinic and on social media. Complaints forms could be emailed to patients, when required. We noted the service had received no complaints since registration with Healthcare Improvement Scotland in August 2020.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). The service had not had any instances requiring the need to implement duty of candour principles.

The service's participation policy described how patient feedback would be obtained, reviewed and actioned where appropriate. The service had developed its own patient feedback survey to see what further improvements could be made. This was available as a paper copy in the clinic or could be emailed to patients to complete. Feedback was also received through social media reviews and directly to the service either verbally, by email or text message. We saw evidence that feedback was reviewed and responded to, and that this would be used to directly influence any improvements or changes in the service, for example finding ways to help reduce patients' anxiety. We were told the service had not received any negative feedback since registration.

A safeguarding (public protection) policy ensured a clear protocol was in place to respond to any adult protection concerns.

The service also had a dignity and respect policy. In response to our online survey, all patients said they were treated with dignity and respect and were confident in the service. Comments included:

- 'Always treated with dignity and respect.'
 - 'I felt completely safe and had no issues or concerns at the time or later with my treatment. The care and welfare of their clients is paramount.'
-
- 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 environment was modern, clean and well maintained. Risk assessments and a comprehensive audit programme helped to provide assurance of safe care and treatment.

The clinic environment was modern, clean, well equipped and fit for purpose.

Effective measures were in place to reduce the risk of infection. Cleaning of the clinic environment and equipment was carried out in between appointments. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment such as face masks, gloves and aprons. Additional measures had been introduced to continue to safely manage the risks associated with COVID-19, such as pre-screening assessments and well-spaced appointments.

Equipment, such as the treatment couch, was in good condition. Contracts were in place for the regular servicing and maintenance of fire safety and electrical equipment.

Effective policies and protocols helped to make sure medicines were managed safely and effectively. Both the practitioners were registered prescribers. Patient care records were audited to ensure batch numbers and expiry dates of medicines used during treatment for each patient were recorded. This would allow tracking if any issues arose with the medications used. Medicines were stored in a suitable locked pharmacy fridge, and the fridge temperature was recorded daily to make sure medicines were being stored at the appropriate temperature. A protocol was in place in the event of the fridge breaking down. Other treatment products and supplies were kept in locked cupboards.

Emergency medicines were easily accessible, and the practitioners regularly checked them to make sure they remained in date. Posters were displayed in the treatment room describing complications that may arise, such as a medical emergency, and how to best manage these.

A number of processes had been implemented to ensure the safe delivery of care. This included risk assessments and a comprehensive programme of audits that included medicines management, infection prevention and control, and patient care records.

Feedback from our online survey was positive about patients' experience of using the service. Patients told us the environment was clean. Comments included:

- 'Very professional staff, everything was clean and tidy. It felt like a healthcare facility. I was shown all equipment being opened new from packaging and then seen it put away in different bins/containers. Staff were in scrub uniform which were clean and pressed.'
 - 'The treatment room is clean, quiet and private.'
- No requirements.
 - No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear and detailed. Patients were well informed about their treatments. Consent to sharing information with other healthcare professionals, such as a patient's GP, should be documented in patient care records.

Patients could contact the service by telephone, email, text message or through social media. After making a booking, they were emailed pre-appointment information. This included details of the procedures available, risks and benefits, and forms for them to complete such as medical history and consent. This information was reviewed by the practitioner, and then discussed with the patient during their initial face-to-face consultation appointment and documented in the electronic patient care record.

The practitioner carried out a full assessment with patients before any treatment took place. Patients were fully informed to make sure they had realistic expectations of their proposed treatment plan. Treatment would not proceed if patients had unrealistic expectations, if the treatment was unnecessary or if a clinical risk was indicated.

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's office (an independent authority for data protection and privacy rights).

We reviewed three electronic patient care records and saw that patients were fully informed before they consented to treatment. The records included a documented consultation and fully completed forms such as medical history, covering medical conditions, medications and allergies, psychological assessments and COVID-19 wellness. Contact details for patients' next of kin and GP were included. Details of treatments, including any medicines used, and before and after photographs, were also recorded.

All patients were provided with verbal and written aftercare information, instructions of what to do in an emergency and were offered a review appointment to check they were satisfied with the results of their treatment. Patients who responded to our online survey said:

- 'Staff very knowledgeable with providing advice and aftercare. Would not go anywhere else.'
- '...first class service from consultation to aftercare.'
- 'Treatments were discussed in detail and my preferences were included. I was even asked throughout my treatment if I was happy with how it was going and shown in the mirror throughout.'

What needs to improve

Part of the consultation process should include patients being asked whether they consent to their details being shared with other healthcare professionals, such as their GP, if required. We were told the service was moving to a new electronic record-keeping system which would include prompts to ensure this information was captured (recommendation a).

- No requirements.

Recommendation a

- The service should record in the patient care record that patients are asked about consent to information sharing with GPs and other healthcare practitioners, 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

Relevant policies were in place to ensure staff were safely recruited. All pre-employment background safety checks, and regular ongoing checks, had been completed.

The service currently had one member of staff with practicing privileges (staff not employed directly by the provider but given permission to work in the service). Appropriate background recruitment checks were completed, including two references, employment checks and linked Protecting Vulnerable Groups (PVG) status. A signed contract showed that the staff member had been provided with a clear role description, including responsibilities and accountabilities.

Professional registration and revalidation status checks were carried out. 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 Nursing and Midwifery Council, every 3 years.

Policies were in place for recruitment, training and practicing privileges.

Training certificates and qualifications were displayed in the treatment room.

Patients who provided feedback to the service had confidence in the staff:

- ‘Very professional, staff were confident with procedures, and everything had a place. Very well organised.’
- ‘Confidence in the staff was gained through consultation chats and all the documents, staff shared their extensive knowledge and were able to answer all questions.’

■ 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 owners were experienced nurses and aesthetics practitioners, and were both registered independent nurse prescribers. They kept up to date with advances in the sector through their membership of peer and professional groups. A quality improvement plan helped to continually evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. Formal staff meetings should be introduced.

The owners were experienced nurses and aesthetics practitioners, registered with the Nursing and Midwifery Council. They used their membership of peer and professional groups to keep up to date with changes in best practice and legislation.

Should any complications arise following treatment, the service was a member of the Aesthetic Complications Expert (ACE) group. This group of practitioners provide guidance and support to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement, and taking corrective actions. A quality improvement plan helped the service structure its improvement activities, record the outcomes and measure the impact of any service change. For example, the plan included feedback from patients and how this had influenced change in the service. This plan was reviewed annually and helped the service to demonstrate a culture of continuous improvement.

We were told the service regularly reviewed published inspection reports on Healthcare Improvement Scotland's website to see if any good practice, or further improvements or lessons learned, could be introduced into the service.

What needs to improve

Although the service told us they meet on a regular basis, they should formally record the minutes of these meetings, including any actions taken and those responsible for the actions [recommendation b).

- No requirements.

Recommendation b

- The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions to ensure better reliability and accountability.

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** The service should record in the patient care record that patients are asked about consent to information sharing with GPs and other healthcare practitioners, if required (see page 12).

Health and Social Care Standards: My support, my care. I am fully involved in all decisions about my care and support. Statement 2.14

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

- b** The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions to ensure better reliability and accountability (see page 15).

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

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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