Announced Inspection Report: Independent Healthcare

Service: KL Kosmetic Klinic, Glasgow
Service Provider: Dr Kathleen Long

1 October 2019
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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 three 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 KL Kosmetic Klinic on Tuesday 1 October 2019. We spoke to the owner of the clinic. 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.

What we found and inspection grades awarded

For KL Kosmetic Klinic the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td><strong>Quality indicator</strong></td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records had detailed consultations for treatment. However, two did not have signed consent forms and the practitioner had not signed another one. The service planned to develop a new electronic system for patient care records. Regular audits of patient care records was also planned.</td>
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#### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>The service had a practicing privileges contract in place. However, while most pre-employment checks had been carried out, references had not been obtained.</td>
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</table>

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 Dr Kathleen Long to take after our inspection

This inspection resulted in one requirement and five 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

Dr Kathleen Long, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at KL Kosmetic Clinic 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’ privacy and dignity was maintained. Treatment options and outcomes were discussed with patients to make sure they were fully informed. As there was limited methods for patients to provide feedback about the service, further ways to gather patients’ views should be developed.

The service ensured that patients’ privacy and dignity was maintained. An appointment system was used for all consultations and treatments.

The service’s opening times were flexible to accommodate patients and we saw the service had a well-established clientele of regular customers. The owner told us they provided a free consultation to patients before treatment to discuss the treatment options and costs. This meant that patients were then able to make an informed decision on the appropriate treatment.

The service told us it asked patients to provide feedback verbally and through a suggestions and comments box. The service also encouraged patients to post reviews on social media.

The owner told us that, in response to feedback from patients, they had reviewed the assessment questionnaire included within patients’ treatment plans to make sure it was more person friendly.

We saw an aftercare leaflet given to patients with the owner’s telephone number and other information about what to do if they had medical problems after treatment. The service manager was also available to provide advice to patients.
The service’s complaints policy described how patients could complain to Healthcare Improvement Scotland at any time. We saw complaints were recorded and had been responded to in line with the service’s complaints policy.

**What needs to improve**

While the service asked patients for feedback to identify areas for improvement, feedback was limited. For example, a suggestions and comments box in the waiting room was rarely used by patients. The service did not have a structured approach to gathering patient feedback, analysing results or implementing improvements (recommendation a).

- No requirements.

**Recommendation a**

- The service should review and develop how it gathers and analyses patient feedback to drive service improvement.
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

Satisfactory systems were in place to make sure care and treatment was delivered in a safe and clean environment. A cleaning schedule was in place for all clinic areas. Medicines were managed safely and were administered in line with the medicine management policy. The service could consider developing a formal risk register.

The clinic environment was safe, clean and well organised. We saw a cleaning schedule in place. The completed cleaning recording sheets were signed and dated for each of the treatment rooms.

Appropriate infection prevention and control procedures were in place to reduce the risk of cross-infection. For example, personal protective equipment, including gloves and aprons, were easily accessible. Contracts were in place for the safe disposal of sharps, such as needles and syringes, and clinical waste.

An incident book was available for staff to report any incidents. No incidents had been reported.

We saw a safe system for medication procurement, prescribing, storage and administration. The medical fridge’s temperatures were recorded to make sure all medicines were kept at the correct temperature. Medicine was prescription-only and the service used reputable pharmacy companies for items such as botulinum toxin. We saw that emergency drugs stored on the premises were checked every month to make sure they were in-date.

A small oxygen container was kept on the premises and the service manager was trained in basic life support in case of an emergency.
We saw updated policies for the service. The owner and the personal assistant reviewed policies every year, or if there were any legislative changes that required to be made. A duty of candour policy was recently developed for the service.

**What needs to improve**

While the owner carried out a regular walkround of the treatment rooms and equipment, a structured programme of regular audits could be introduced for key areas such as patient care records, medicines management and the care environment (recommendation b).

While different parts of the service had been risk assessed for patient safety, a formal risk register was not kept. We will follow this up at future inspections.

■ No requirements.

**Recommendation b**

■ The service should develop a formal audit programme to cover key aspects of care and treatment. Audits should be documented and action plans for improvements implemented.

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**Our findings**

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

Patient care records had detailed consultations for treatment. However, two did not have signed consent forms and the practitioner had not signed another one. The service planned to develop a new electronic system for patient care records. Regular audits of patient care records was also planned.

We reviewed five patient care records and all contained information about the assessment and patients’ medical histories. We saw all medication administered had been dated and expiry dates recorded. Treatment information was accurate and up to date. We were told that all patients received information about aftercare and any follow-up care at their first visit to the service. Most patients had been using the service for a number of years.

Part of the assessment in the patient care records we reviewed included a treatment plan. It also included a questionnaire about body dysmorphic disorder (BDD). This is when people spend time worrying about flaws in their appearance that may not be visible to others.
We were told the service wanted to develop patient-held records. The owner believed this would benefit patients if they decided to go elsewhere for treatment.

Patient care records were in paper format and were kept in a locked room which only the practitioner and personal assistant could access.

**What needs to improve**

Medication administered was recorded in the patient care records. However, the practitioner had not signed the record (recommendation c).

Patient care records we reviewed had consent forms in them. However, of the five records we reviewed, a patient had not signed one and the practitioner had not signed another (recommendation d).

The service was considering developing a new electronic system for its patient care records.

- No requirements.

**Recommendation c**

- The service should develop a recording sheet that has a section for the signature of the practitioner administering medication.

**Recommendation d**

- The service should ensure that consent for treatment forms are appropriately signed before treatment.
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 service had a practicing privileges contract in place. However, while most pre-employment checks had been carried out, references had not been obtained.

Staff in the service included a practitioner with practicing privileges (staff not employed directly by the provider but given permission to work in the service). We saw a contract was in place for the practitioner and most pre-employment checks had been carried out, including Protecting Vulnerable Groups (PVG) and a professional registration check.

What needs to improve
The staff file for the practitioner with practicing privileges did not contain references. These should be obtained before staff work in the service (requirement 1).

The service manager told us they planned to commence an annual performance review with newly contracted staff who have practicing privileges. We will follow this up at the next inspection.

Requirement 1 – Timescale: immediate

- The provider must ensure that staff have all appropriate pre-employment checks carried out in line with relevant guidance.

- 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 changes in the aesthetic industry and legislation. The service owner is the current director of education and training for the British College of Aesthetic Medicine. A quality improvement plan should be developed.

The service manager was also the owner and delivered regular lectures on aesthetic practice and hypnotherapy.

The owner is a doctor with the General Medical Council. Continual professional development is part of the revalidation process to maintain their fitness to practice. We were told the owner was a member of the British College of Aesthetic Medicine (BCAM) and was currently its director of education and training. This helped the service to keep up to date with any changes in legislation or practice.

The service manager employed a personal assistant and they met every week where they discussed any concerns or opportunities for development.

**What needs to improve**

The service did not have a quality assurance system or improvement plan in place. This would help to structure and record service improvement processes and outcomes (recommendation e).

- No requirements.

**Recommendation e**

- The service should develop a quality improvement plan to demonstrate continuous improvement and measure the impact of change.
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

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<table>
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<tr>
<th>Recommendation</th>
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<tr>
<td>a The service should review and develop how it gathers and analyses patient feedback to help improve the service (see page 8).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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

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<tr>
<td>None</td>
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### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

**b** The service should develop a formal audit programme to cover key aspects of care and treatment. Audits should be documented and action plans for improvements implemented (see page 10).

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

**c** The service should develop a recording sheet that has a section for the signature of the practitioner administering medication (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

**d** The service should ensure that consent for treatment forms are appropriately signed before treatment (see page 11).

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

**1** The provider must ensure that staff have all appropriate pre-employment checks carried out in line with relevant guidance (see page 12).

Timescale – immediate

*Regulation 3(b)*

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

#### Recommendations

None
Domain 9 – Quality improvement-focused leadership

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| e  The service should develop a quality improvement plan to demonstrate continuous improvement and measure the impact of change (see page 13).  

Health and Social Care Standards: My support, my life. 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.

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.

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.

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:** hcis.ihcregulation@nhs.net