Announced Inspection Report: Independent Healthcare

**Service:** Clinic 13, Glasgow
**Service Provider:** Kayklinic Ltd

29 November 2019
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
contactpublicinvolvement.his@nhs.net
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 Clinic 13 on Friday 29 November 2019. We spoke with the owner and manager during the inspection. We received feedback from one patient through an online survey we asked the service to issue 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 Clinic 13, 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>Quality indicator</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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<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
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<td>9.4 - Leadership of improvement and change</td>
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</table>
The following additional quality indicator was inspected against during this inspection.

<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 were stored securely. Treatment-specific aftercare information was given to patients. All medications should be recorded in the patient care records.</td>
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</tbody>
</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 Kayklinic Ltd to take after our inspection**

This inspection resulted in one requirement and eight recommendations. The 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Kayklinic 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 Clinic 13 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

The clinic environment maintained patient dignity, respect and confidentiality. The service could look at other ways to capture patient feedback.

All consultations were appointment-only and the service maintained patient privacy and dignity. All treatment rooms had locks on the doors and windows were screened. The patient who responded to our online survey strongly agreed they were treated with dignity and respect.

The service’s website provided information about the practitioner’s qualifications and information about the treatments offered. Information leaflets and pricelists were available in the waiting area.

Patients were given a feedback form to complete following their treatment. Feedback on the service’s website was linked to its booking system, so patients could leave feedback directly on the website. Feedback we saw was positive. For example:

- ‘I felt relaxed and confident in getting the treatment done. I am absolutely delighted with the results and can’t recommend... highly enough.’

The service had a duty of candour policy. Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.

What needs to improve
While the service had a complaints policy, it was not readily available for patients (recommendation a).
The service gathered some patient feedback. However, a more structured process for collecting and evaluating patient feedback would help inform service improvement (recommendation b).

- No requirements.

Recommendation a

- The service should ensure that information about how to make a complaint about the service is available to patients.

Recommendation b

- The service should develop a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive 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

The clinic environment was clean and well maintained. Appropriate fire safety measures were in place. The service should develop an audit programme.

The clinic environment was safe, clean and well organised. Surfaces, fixtures and all equipment were clean and well maintained to allow for effective cleaning.

Appropriate measures were in place to reduce the risk of infection, such as single-use aprons and gloves available where appropriate equipment was used. The service had a contract for the safe disposal of sharps and other clinical waste.

Medicines were stored in a locked cupboard or locked refrigerator, including emergency drugs. A daily temperature recording sheet was completed to help make sure medicines were kept at the correct temperature. The service received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) notifying them of any medicine safety notices.

While the service had not reported any incidents at the time of our inspection, we saw an incident recording sheet was available.

The service had a fire risk assessment in place and we saw appropriate fire safety measures. For example, fire extinguishers, fire detectors and emergency signage.
What needs to improve
Healthcare improvement Scotland had not been notified of some changes in the service’s management staff. All services are required to notify Healthcare Improvement Scotland of any serious incidents and changes in the service (requirement 1).

Medication information for aesthetic treatments was completed. However, medication administered for intravenous therapy was not recorded (recommendation c).

We saw some evidence of completed audits. However, the service did not have a structured audit programme in place to help review and demonstrate how it identified and implemented improvements. Audits could include patient care records, medicine management, infection control and the care environment (recommendation d).

Requirement 1 – Timescale: by 30 March 2020
- The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.

Recommendation c
- The service should ensure that patient care records are updated during each episode of care to make sure that information about patients’ prescribed medication and health conditions remains current.

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

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were stored securely. Treatment-specific aftercare information was given to patients. All medications should be recorded in the patient care records.

Patient care records were stored securely in a lockable filing cabinet kept in a locked room to maintain patient confidentiality.
Patient care records we reviewed were legible, up to date and included:

- a detailed assessment of the patient’s physical health
- past medical history, and
- prescribed medications, including over-the-counter medications.

We saw that a diagram of the facial area highlighting the areas treated was included and completed in patient care records. Batch numbers were recorded for the majority of medications administered. All consent forms were fully completed and signed by the patient to say they understood and agreed to treatment.

Following treatment, patients were sent a text message with aftercare information. Treatment-specific aftercare information was also given to the patient and included emergency contact numbers.

**What needs to improve**

Patient care records had a place to record consent to share information with the patient’s GP or other healthcare professionals. However, this was not always fully completed (recommendation e).

Not all discussions with patients were fully documented in patient care records. This should include the patient’s expectations of treatments, treatment options, and risks and benefits (recommendation f).

- No requirements.

**Recommendation e**

- The service should record patients’ consent to share information with GPs and other relevant healthcare professionals.

**Recommendation f**

- The service should ensure all discussions with patients are documented in the patient care records.
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 best practice and legislation ensuring patient care is safe. All staff meetings should be recorded.

The co-owner of the service responsible for carrying out aesthetic treatments is a doctor registered with the General Medical Council. Continual professional development is part of the revalidation process to maintain their fitness to practice. We were told the co-owner was a member of various aesthetic associations. These included:

- the Association of Scottish Aesthetic Practitioners (ASAP)
- the Aesthetic Complications Expert Group (ACE), and
- the British College of Aesthetic Medicine (BCAM).

They regularly attended aesthetic conferences and subscribed to journals. This allowed the service to keep up to date with any changes in legislation.

A new service manager had recently been appointed and had started to review aspects of the service’s performance including:

- communication
- the environment, and
- staff treatment.

This would help to identify areas for improvement. As this was a new process, we only saw one review and it will continue to be developed.

Staff could record suggestions in a logbook and the new manager planned to hold monthly staff meetings.
What needs to improve
The service had no quality improvement process in place to review the quality of the care and treatment provided. For example, outcomes from audits and complaints investigations should be used to drive improvement. A quality improvement plan would help structure improvement activities and help demonstrate the impact of change on the quality of the service (recommendation g).

While we were told that weekly management meetings were held, agendas and minutes were not recorded (recommendation h).

- No requirements.

Recommendation g
- The service should develop and implement a quality improvement plan to formalise and direct the way it drives improvement and measures the impact of changes implemented.

Recommendation h
- The service should formally record the minutes of staff and senior management meetings. These should include any actions taken and those responsible for the actions.
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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<thead>
<tr>
<th>Requirements</th>
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<tr>
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<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</td>
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## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirement

1. The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance (see page 9).

   **Timescale** – by 30 March 2020

   **Regulation 5(1)(b)**

   *The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011*

### Recommendations

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| c | The service should ensure that patient care records are updated during each episode of care to make sure that information about patients’ prescribed medication and health conditions remains current (see page 9).

   Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 |
| d | The service should develop a formal audit programme to cover all aspects of care and treatment. Audits should be documented and action plans for improvements implemented (see page 9).

   Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
| e | The service should record patients’ consent to share information with GPs and other relevant healthcare professionals (see page 10).

   Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 |
| f | The service should ensure all discussions with patients are documented in the patient care records (see page 10).

   Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.15 |
### Domain 9 – Quality improvement-focused leadership

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<td><strong>g</strong> The service should develop and implement a quality improvement plan to formalise and direct the way it drives improvement and measures the impact of changes implemented (see page 12).</td>
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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](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.

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: hcis.ihcregulation@nhs.net