Announced Inspection Report: Independent Healthcare

Service: The Youth Fairy, Kirkcaldy
Service Provider: The Youth Fairy, Kirkcaldy

5 March 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 contactpublicinvolvement.his@nhs.net
## Contents

1. A summary of our inspection  
   
2. What we found during our inspection  
   
   Appendix 1 – Requirements and recommendations  
   Appendix 2 – About our inspections
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 The Youth Fairy on Thursday 6 March 2020. We spoke with a number of staff during the inspection. We received feedback from 64 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 two inspectors, one of whom was observing.

What we found and inspection grades awarded

For The Youth Fairy, 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>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<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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</tbody>
</table>
Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The service manager and practitioner maintained current best practice through ongoing training and development. A quality improvement plan would help demonstrate improvements and measure their impact. | ✔ Satisfactory |

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tbody>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient confidentiality was maintained. Patients who had attended for single or returning treatments had been consented in line with current legislation. Initial consultations were not documented in patient care records. Patient care records did not document initial face-to-face consultations or consent for sharing patient information.</td>
</tr>
<tr>
<td>Domain 7 – Workforce management and support</td>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>While the service had a practicing privileges contract in place with the one member of staff working in it, two references should be obtained for staff.</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
What action we expect The Youth Fairy 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

The Youth Fairy, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Youth Fairy for their assistance during the inspection.
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 satisfied with their care and treatment. Patient feedback was regularly collected through questionnaire however it was not formally evaluated to show how it would be used to inform improvements.

Patients were offered a free initial consultation where treatment-specific information was provided. Information about how patients could arrange appointments for consultations and treatments was available on the service’s social media page.

The service provided us with a participation policy. Patient feedback was collected through structured questionnaires. These were handed out to patients after each treatment to be completed.

All 64 patients who responded to our online survey felt they were given enough information at their first consultation to make an informed decision and give consent to treatment. All were extremely positive about the care they received. Comments included:

- ‘Everything was fully discussed with me prior to any procedure.’
- ‘Everything was detailed clearly and with no wording that wouldn’t be understood.’
- ‘Explained everything and I understood.’

A duty of candour policy had been newly implemented. Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.
The service had a complaints policy that outlined the process for dealing with complaints, including timescales. The policy was available and patients were offered information at their initial consultation. The policy also explained that patients could contact Healthcare Improvement Scotland at any time. At the time of our inspection, the service had not received any complaints.

What needs to improve
We saw minutes of an advisory group made up of service users and practitioners where patient feedback, record-keeping and revalidation was discussed. We were shown copies of completed patient questionnaires and saw the advisory group discussions. However, the service did not have a structured approach to analysing feedback and using it to help identify areas for improvement (recommendation a).

■ No requirements.

Recommendation a
■ The service should analyse patient feedback and use it to inform 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

The environment was clean, safe and helped maintain patient privacy. No audit programme was in place. Although all medication were in date, the service did not have a formal process for checking medications.

We saw that the clinic environment was clean, well maintained and finished to a high standard. Patient comments we received included:

- ‘Immaculate premises.’
- ‘Spotless.’

The service’s environment helped maintain patients’ privacy and dignity. For example, the door to the treatment room could be locked and windows were adequately screened. The service had a chaperone policy in place.

Infection prevention and control measures were in place as well as fire safety management procedures. Only single-use disposable equipment was used in the clinic to prevent the risk of cross-infection. The service had a contract for the safe disposal and removal of sharps and clinical waste. All patients we received feedback from were satisfied with the clinic environment and the service’s standard of cleanliness. We saw that a weekly cleaning schedule was in place and fully completed. The service manager described an appropriate process for cleaning patient equipment.

The manager and practitioner were trained in dealing with medical emergencies and emergency medications were available. The service’s medication policy covered all aspects of the safe and secure handling of medicines.
The service manager and practitioner were both prescribers and obtained medication from an online pharmacy.

The fridge used to store medicines was clean and tidy and temperatures were monitored regularly. We saw evidence that all patient equipment was appropriately maintained.

**What needs to improve**
The service did not carry out any audits to help minimise risks. Completing audits, such as infection control, environmental, medication management or patient care records would allow the service to review its safe delivery and quality of care (recommendation b).

While medications were in-date, the service did not have a system in place to monitor medication dates. We will follow this up at future inspections.

- No requirements.

**Recommendation b**
- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

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### Our findings

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

Patient confidentiality was maintained. Patients who had attended for single or returning treatments had been consented in line with current legislation. Initial consultations were not documented in patient care records. Patient care records did not document initial face-to-face consultations or consent for sharing patient information.

From the eight patient care records we reviewed, we saw that patients who attended for a single treatment had given their consent. Patients’ past medical history was recorded in all the patient care records along with the dosage of medication used and traceability labels. Aftercare information was recorded as being given to patients.

The service had a consent policy in place. Patient care records showed that patients consented to treatment and noted the medications used, including...
their batch number and expiry date. Patient care records were stored in a lockable filing cabinet to help maintain patient confidentiality.

**What needs to improve**
All 64 patients who responded to our online survey extremely were satisfied that they were involved in decisions about their care. All patients received an initial face-to-face consultation where treatment options, costs and their expectations were discussed. However, the initial consultations were not documented in patient care records (requirement 1).

The service did not record patient consent for sharing information with their GP and other medical staff in an emergency. This should be added to help make sure patients are aware that, in the event of a significant concern, information may be shared with the appropriate healthcare professional (recommendation c).

**Requirement 1 – Timescale: by 3 May 2020**
- The provider must document all consultations in the patient care records.

**Recommendation c**
- The service should record consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records.

**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**

While the service had a practicing privileges contract in place with the one member of staff working in it, two references should be obtained for staff.

A practitioner was employed under practicing and privileges, where a member of staff is not employed directly by the provider but given permission to work in the service. A practicing privileges policy was in place and stated that the service should carry out background checks, such as:
- Protecting Vulnerable Groups (PVG)
- qualifications, including professional registration, and
- references.

The policy also included an induction to the service and a section on following the service’s policies and procedures. We saw evidence of a yearly appraisal, which included a review of the prescriber’s continuing professional development requirements.

**What needs to improve**

We saw a practicing privileges contract in place between the service and practitioner. However, the service was not able to show us evidence that it had followed safe recruitment guidelines at the time of our inspection as we found that only one reference had been obtained and the status of professional registration of the nurse prescriber was not evidenced (recommendation d).

**Recommendation d**

- The service should ensure that a system is in place to record that all the appropriate pre-employment safety checks have been completed.
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 manager maintained current best practice through ongoing training and development. A quality improvement plan would help demonstrate improvements and measure their impact.

The owner who managed the service and practitioner were registered with the Nursing and Midwifery Council (NMC). They kept up to date with best practice through ongoing training and development.

Both were member of several national aesthetics organisations, subscribed to journals and received peer support from other aesthetic practitioners in the industry. This helped the service stay up to date with changes in the aesthetic industry, legislation and best practice.

We were told of a peer group where both practitioners and a practitioner from Lanarkshire Aesthetics met every 3 months to share learning and discuss updates in current practice. However, minutes of this group were not recorded.

What needs to improve

The service did not have a comprehensive quality assurance system or process in place to drive improvement. The development of a quality improvement plan would help structure and record improvement activities and help evaluate the impact of change on the quality of the service (recommendation e).

- No requirements.

Recommendation e

- The service should develop a quality improvement plan that will support and manage the delivery of service improvements.
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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td>Recommendation</td>
<td>a The service should analyse patient feedback and use it to inform service improvement (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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<th>Requirement</th>
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Timescale – by 3 May 2020

*Regulation 4(2)(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

<table>
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<th>Recommendations</th>
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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 4.19

| **c** | The service should record consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records (see page 11). |

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

## Domain 7 – Workforce management and support

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Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14
**Domain 9 – Quality improvement-focused leadership**

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<table>
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<th>Recommendation</th>
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| e  The service should develop a quality improvement plan that will support and manage the delivery of service improvements (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](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](mailto:hcis.ihcregulation@nhs.net)
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

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