Announced Inspection Report: Independent Healthcare

Service: KS Aesthetics, Kilmarnock
Service Provider: Kirsty Scoular

26 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 KS Aesthetics on Tuesday 26 November 2019. We spoke with the service provider during the inspection. We received feedback from 10 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.

What we found and inspection grades awarded

For KS Aesthetics, 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>
</tr>
<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>
Improvements are being identified and implemented.

### Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through its membership with national groups and training events. A quality improvement plan should be developed. | ✔ Satisfactory |

The following additional quality indicator was 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>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients felt fully in control of their care. Patients received an assessment before treatment. The original record of care delivered to each patient should be retained.</td>
</tr>
</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 Kirsty Scoular to take after our inspection

This inspection resulted in six 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](http://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 KS Aesthetics 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 felt fully involved in discussions about their treatment, and their expectations, benefits and risks of treatment were fully discussed. Feedback was actively sought from patients on a regular basis and showed high levels of satisfaction. A duty of candour policy should be developed.

As a mobile practitioner, all consultations were by appointment only in the patient’s own home. The initial consultation included a discussion about the patient’s desired outcomes, the benefits and risks of treatment, information about aftercare and treatment costs. This allowed patients to make an informed decision about their care and treatment. All patients who responded to our survey told us they had been treated with dignity and respect. One patient told us:

• ‘Very professional and personal to individual needs.’

Feedback was gathered by the service from patients using a paper-based feedback form and an online survey. A review of patient satisfaction had been completed recently. Feedback we saw showed very high satisfaction levels with the service with no improvements identified. One patient had commented:

• ‘My experience was excellent... listened and carried out my treatment as I had requested. Excellent service delivered with professionalism.’
All patients who responded to our survey said they felt involved in decisions about their care, and the risks and benefits of treatment were explained to them. Comments included:

- ‘I received a comprehensive consultation prior to any treatments and have a very high level of trust in [their] practice and expertise.’
- ‘... was very professional and knowledgeable. Everything was explained twice and very clearly. Everything provided in writing was clear and understandable.’

Following treatment, patients were provided with verbal and written aftercare information that included the emergency contact details of the practitioner. The practitioner documented in patient care records that this had been done. A review appointment was offered following each treatment to ensure that patients were satisfied with the outcome of their treatment.

While the service had not received any complaints since its registration in November 2017, a complaints policy was in place. This included clear timescales for investigating and responding to complaints. Information about how to make a complaint was available in the service’s aftercare advice leaflet.

**What needs to improve**
The service did not have a duty of candour policy. This policy should describe how the service would meet its professional responsibility to be honest with patients when things go wrong (recommendation a).

- No requirements.

**Recommendation a**
- The service should develop and implement a duty of candour policy.
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

A range of policies and procedures were in place to help the service deliver care safely. Medicines were managed safely in the service. A more structured audit programme would help direct ongoing review of the service, and demonstrate how improvements are being identified and implemented.

Treatments are provided to patients in their own homes. An infection prevention and control policy was in place, and the service had a good awareness of infection prevention and control practices, including hand hygiene and waste management. All equipment used for procedures was single use to prevent the risk of cross-infection.

We saw a safe system for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked cupboard or a drug refrigerator. Medicines were transported securely to the patient’s home in an insulated bag to maintain the temperature of the medicine.

Arrangements were in place to deal with medical emergencies. This included training for staff, first aid supplies and medicines available that could be used in an emergency, such as adrenaline.

A range of policies and procedures were in place to help the service deliver care safely. A rolling programme of review made sure all policies and procedures remained up to date and in line with current legislation and best practice guidance.

While the service had not had any incidents or accidents since registration, a log book was kept to record these.
What needs to improve
The service kept solutions of prepared botulinum toxin for more than 24 hours. This is not in line with the manufacturer’s or best practice guidance (recommendation b).

An audit programme was in place that included patient feedback audits, health and safety audits and record keeping audits. The audit programme could be further developed to include other areas such as infection prevention and control and management of medicines. These should include the key audit points identified from each policy. For example, the patient care record audit could include whether consent had been obtained from patients for photography and sharing information with other healthcare professionals during each episode of care. A more structured audit programme would help the service direct its approach to the ongoing review of care and treatment, and demonstrate how improvements are being identified and implemented (recommendation c).

No requirements.

Recommendation b
- The service should ensure that medicines are used in line with the manufacturer’s and evidence-based guidance.

Recommendation c
- The service should further develop its programme of regular audits to cover key aspects of care and treatment.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients felt fully in control of their care. Patients received an assessment before treatment. The original record of care delivered to each patient should be retained.

We reviewed six patient care records. We saw that, before any treatment, patients received an initial consultation where an assessment was carried out. This included medical history, current physical health, medications and allergies. Patients were asked to consent to treatment, sharing information with their GP, if required, and to having their photograph taken. We saw that the majority of these records had been signed by both the practitioner and the patient.
Information about risks and benefits was given to patients before any treatment started. All patients who responded to our survey said this was done in a way they understood, and the quality of information and care they received was excellent.

Patients told us they were given verbal and written aftercare advice. After treatments, follow-up reviews were arranged to discuss outcomes and patient satisfaction.

We saw clear and concise records detailing the patient journey from consultation and treatment through to review appointments.

What needs to improve
Patient care records were left at the homes of each individual patient (recommendation d).

The patient care record did not have space to record the contact details for the patient’s next of kin or GP (recommendation e).

In two patient care records, patients had recorded information about their medical history, such as previous aesthetic treatments. However, discussions about this between the practitioner and the patient had not been documented in the patient care record. We will follow this up at future inspections.

■ No requirements.

Recommendation d
■ The service should retain the original record of care delivered to each patient. These should be transported and stored securely to maintain the confidentiality of patients’ information.

Recommendation e
■ The service should record the contact details of patients’ next of kin and GP in the patient care record.
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 aesthetics industry, legislation and best practice guidance through its membership with national groups and training events. A quality improvement plan should be developed.

The service was provided by one aesthetic nurse who was a member of national groups, such as the Scottish Aesthetics Forum and the Facial Aesthetics Forum. They also completed ongoing training as part of their Nursing and Midwifery Council (NMC) registration and attended aesthetic training events. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

The service had formed partnerships with other aesthetic practitioners in the area to help discuss treatments, procedures or complications and provide peer support and best practice guidance when needed.

What needs to improve

The service did not have a formal quality improvement plan to help structure and record its improvement processes. This could take account of outcomes identified from audits, complaints, accidents and incidents, patient feedback, and education and training events (recommendation f).

The service would also benefit from benchmarking itself against other organisations. This will help identify any gaps where further improvements to the service could be made.

No requirements.

Recommendation f

The service should develop and implement a quality improvement plan.

Healthcare Improvement Scotland Announced Inspection Report
KS Aesthetics, Kirsty Scoular: 26 November 2019
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.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td>a The service should develop and implement a duty of candour policy (see page 7).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</td>
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<td>None</td>
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<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>b The service should ensure that medicines are used in line with the manufacturer’s and evidence-based guidance (see page 9).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.24</td>
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</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>c</strong> The service should further develop its programme of regular audits to cover key aspects of care and treatment (see page 9).</td>
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<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
<tr>
<td><strong>d</strong> The service should retain the original record of care delivered to each patient. These should be transported and stored securely to maintain the confidentiality of patients’ information (see page 10).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
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<tr>
<td><strong>e</strong> The service should record the contact details of patients’ next of kin and GP in the patient care record (see page 10).</td>
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<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27</td>
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### Domain 9 – Quality improvement-focused leadership

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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
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