Announced Inspection Report: Independent Healthcare

Service: Smile with Kev, Inverkeithing
Service Provider: Smile with Kev

18 June 2019
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www.healthcareimprovementscotland.org
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1  Progress

What the service had done to meet the recommendations we made following a complaint investigation on 26 July 2018

Recommendation
We recommend that you ensure that service user consent is obtained and appropriately documented before administering any treatment or follow up treatment.

Action taken
The service had introduced a new electronic patient record system that included consent as a mandatory field. We saw evidence that these were completed for all patients. This recommendation is met.

Recommendation
We recommend that you document service users’ past medical history in sufficient detail to inform and minimise risks during and after treatment.

Action taken
The patient care records also included past medical history as a mandatory field. This recommendation is met.
2 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 Smile with Kev on Tuesday 18 June 2019. We spoke with a number of staff during the inspection. Before the inspection, we asked the service to display a poster asking patients to provide us with feedback on the service. We received feedback from 21 patients through an online survey we had issued. 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 Smile with Kev the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td>Domain 2 – Impact on people experiencing care, carers and families</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>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<td>5.1 - Safe delivery of care</td>
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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>
<th>Grade awarded</th>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients are assessed, treatment is planned and agreed looking at the whole patient. The service should further refine its prescribing record.</td>
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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 Smile with Kev to take after our inspection

This inspection resulted in five 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](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 Smile with Kev for their assistance during the inspection.
3 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 told us they were satisfied with the care they received and were informed and involved in the decisions about their treatment. While the service considered feedback and responded to it, it did not have a process to record and review the actions taken.

All patients who completed our survey stated they were happy with the service received. They said they had been treated as individuals, professionally with care and dignity. Comments included:

- ‘Very satisfied…. In a very private location.’
- ‘Very professional.’

The service had a patient participation policy and actively encouraged patient feedback. Patients gave feedback on social media, through questionnaires and recorded verbal feedback. We saw that the service responded to some social media feedback online and in writing.

The service used an electronic patient record that included information and consent. Patients signed the consent form and treatment plan. Patients told us:

- ‘This was tailored to meet my needs and understanding.’
- ‘Explained everything in a format which was easily understood.’

Product and treatment information leaflets for patients were displayed in the clinic.
We tracked a complaint and saw the service followed its policy when processing complaints. The complaints policy was on the service’s website and patients could email the service through the website. Copies of the complaints procedure were provided as a leaflet in the clinic.

**What needs to improve**
While the service manager told us they reflected on the feedback and took relevant actions, improvement actions were not recorded. The effects of changes made could not be demonstrated (recommendation a).

- No requirements.

**Recommendation a**
- The service should develop action plans in response to feedback collected, including a review of effectiveness.
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

Patients were cared for in a clean and safe environment. A regular programme of audits should be introduced to help the service make improvements.

The service had identified a need to increase its capacity and was in the process of moving to a larger clinic room in the same building. The service was clean and well maintained. Single-use equipment was used and clinical waste was appropriately managed.

We saw that the service had emergency medication and suitable equipment for its procedures. Medicines were kept locked in a cupboard or fridge and we saw that patients were given a logbook of treatments they had received.

Medicines that the service gave to its patients were prescription-only. The time between developing the treatment plan and administering the treatment allowed patients a suitable cooling off period.

One patient we spoke with told us: ‘It was a lovely, clean and organised space.’

What needs to improve

We found no evidence of completed audits reviewing the safe delivery and quality of the service, such as medicine management or the safety and maintenance of the care environment. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation b).

Some of the service’s policies were not available at the clinic for us to review at the time of our inspection (recommendation c).
No requirements.

**Recommendation b**

The service should develop a programme of audits to cover key aspects of care, treatment and record keeping including patient care records. Audits should be documented and improvement action plans implemented.

**Recommendation c**

The service should have all policies and procedures immediately available in the clinic.

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**Our findings**

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

Patients are assessed, treatment is planned and agreed looking at the whole patient. The service should further refine its prescribing record.

Patient care records were securely stored electronically. We inspected seven electronic patient care records and saw that the patients had signed all of them. The risks and benefits of their treatments were included in the signed consent form, and we saw recorded evidence of:

- assessment
- consent
- consultation, and
- treatment planning.

Complications were recorded in the patient care record and we saw that any further treatment to fix the problem was planned and agreed with the patient. The care records we saw showed that patients had been reviewed and had signed the review consultation and future plans.

**What needs to improve**

The electronic patient care records were clear and easy to read. The practitioner could tell us what the hand-written notation on photographs of patients’ faces represented. However, the meaning of the hand-written notation was not clear before our discussion (recommendation d).
The service relied on its electronic forms’ mandatory fields to make sure patient care records were completed. Patient care records were not audited to check if they were completed and up to date.

No requirements.

**Recommendation d**

- The service should clearly record the meaning of annotations on photographs.
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 manager maintained current best practice through training and self-directed learning. The manager reflected on the service provided. The manager should develop an improvement model and supporting policies to formalise the process.

The service kept up to date with changes in legislation and best practice through training sessions, peer group meetings and involvement in the British Association of Cosmetic Nurses. The service was also a member of the Aesthetics Complications Expert (ACE) Group. This group of practitioners regularly report on any difficulties encountered and the potential solutions. The service manager also mentored other aesthetic practitioners.

The manager made sure their professional registration status with the General Dental Council was kept up to date.

The service manager told us that they regularly reflected on feedback received and used that to drive improvement. For example, we saw the service had changed from using paper-based patient care records to a computer-based system and had prepared to move to a larger clinic room.

The service used a business consultant to improve business processes and help with feedback.

What needs to improve
The service did not have an improvement strategy in place. A strategy would help it focus on areas for improvement and the process of recording any improvement, actions taken and reviewing outcomes (recommendation e).
The service described to us its ideas for the future in expanding the service and mentoring. The service should consider how it will evidence the suitability of any staff working in the service in the future.

- No requirements.

**Recommendation e**

- The service should develop and implement a quality improvement strategy.
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

#### Recommendations

| a | The service should develop action plans in response to feedback collected, including a review of effectiveness (see page 9). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.7

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

#### Recommendations

| b | The service should develop a programme of audits to cover key aspects of care, treatment and record keeping including patient care records. Audits should be documented and improvement action plans implemented (see page 11). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

| c | The service should have all policies and procedures immediately available in the clinic (see page 11). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
**Domain 9 – Quality improvement-focused leadership**

**Recommendation**

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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](mailto:hcis.ihcregulation@nhs.net)
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