Announced Inspection Report: Independent Healthcare

Service: KSkin, Glasgow
Service Provider: K Sharma Clinics Ltd

15 January 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

© Healthcare Improvement Scotland 2020

First published March 2020

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc-nd/4.0/

www.healthcareimprovementscotland.org
Contents

1  A summary of our inspection  4

2  What we found during our inspection  7

Appendix 1 – Requirements and recommendations  17
Appendix 2 – About our inspections  21
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 KSkin on Wednesday 15 January 2020. We spoke with two staff members during the inspection, and one staff member following the inspection. We also spoke with one patient during the inspection, and received feedback from 18 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 KSkin, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<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>5.1 - Safe delivery of care</td>
</tr>
<tr>
<td>Grade awarded</td>
</tr>
</tbody>
</table>
equipment was used safely in the service. However, staff need to keep their core of knowledge laser training up to date.

### Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | Quality assurance processes should be further developed to enable the service to evaluate and measure the quality, safety and effectiveness of the service delivered. This should include a quality improvement plan to show how the service will measure the impact of service change and demonstrate a culture of continuous improvement. Staff meetings should be formalised. | ✓ Satisfactory |

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>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients received a full assessment before they received any treatment. Patient care records were clear and accurate. The risks and benefits of treatment were discussed with patients. However, treatment plans should be reviewed to ensure patients’ expectations are fully discussed and recorded. Consent for sharing information with other healthcare professionals should be recorded.</td>
</tr>
</tbody>
</table>

#### Domain 7 – Workforce management and support

| 7.1 - Staff recruitment, training and development | Staff who worked in the service were suitably skilled and experienced and had received opportunities for training. Although a recruitment policy was in place, pre-employment background checks had not been carried out for staff before they started working in the service. A practicing privileges policy should be developed. |
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 KSkin to take after our inspection

This inspection resulted in two requirements and 11 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

K Sharma Clinics Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at KSkin 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 were satisfied with the quality of care and treatment they received from the service. A more formal method of gathering patient feedback should be introduced and a duty of candour policy should be developed. Information about how to make a complaint could be more accessible for patients.

The service’s website provided information about the range of treatments delivered in the service. This included information about what patients could expect to happen during a procedure. Patients received verbal and written information about treatment options and costs to take away with them before they agreed to treatment.

One patient we spoke with during the inspection told us they were pleased with the service they had received. They confirmed they had an initial consultation with the practitioner which involved discussion about realistic treatment options, the risks and benefits of treatment, costs and aftercare arrangements. The patient said they did not feel pressured to agree to treatment and received information to take away and read before agreeing to go ahead with treatment. They also told us they had received positive results following treatment which had boosted their self-confidence and improved their overall wellbeing.

The majority of patients who responded to our survey said they were involved in decisions about planning their care, and the risks and benefits were fully explained before treatment. Some comments we received included:

- ‘As a first time customer to any treatment I found the service excellent. I have recommended this service on social media and to friends with similar condition.’
- ‘Good communication and quick response before treatment.’
- ‘Staff were very friendly and made me feel comfortable.’
Patients were encouraged to leave feedback on the website or on social media. We saw five website reviews from patients which were all positive. The service manager confirmed they responded to any negative comments posted on social media and encouraged patients to contact the service directly to address their concerns on the telephone or in person. We were told the service also issued a newsletter to patients to request their feedback about the service. However, it was not clear what the service did with any of the feedback received.

The clinic environment promoted the privacy, dignity and confidentiality of its patients. Locks on doors and window screening in both treatment rooms ensured patients’ privacy was not compromised. The service used laser equipment for some treatments and procedures, and one of the treatment rooms was dedicated for this use.

Although the service had not received any complaints since its registration in February 2018, its complaints policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint.

**What needs to improve**
The service had not yet developed a duty of candour policy to show how it would meet its professional responsibilities to be honest with patients if things went wrong (recommendation a).

The service did not have a participation policy to show how patient feedback would be gathered and used to drive service improvement. A more formal method for collecting and evaluating patient feedback would help the service to identify any required improvements and measure the impact of these changes on the service (recommendation b).

Although patients could ask for a copy of the service’s complaints policy, this information was not displayed in the clinic or on its website. The service manager agreed to make sure the complaints policy was more accessible to patients. We will follow this up at a future inspection.

- No requirements.

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

**Recommendation b**
- The service should develop a patient participation policy to formalise and demonstrate how patient feedback is used to improve the quality of the service.
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 received care and treatment in a clean and well maintained environment. Although medicines were prescribed and administered safely, a medicines management policy must be developed. Laser equipment was used safely in the service. However, staff need to keep their core of knowledge laser training up to date.

The general clinic environment was clean and well maintained. We saw daily cleaning schedules were used in the treatment rooms. The majority of patients who responded to our survey were extremely satisfied with the cleanliness of the environment.

The service was responsible for general building maintenance, annual fire safety checks, electric heating and portable appliance testing. We noted the service had up-to-date public and employer’s liability insurance. Closed circuit television had been installed and the main door to the clinic was locked when patients were having their treatment. Patients told us they felt safe in the service.

The service used personal protective equipment, such as disposable gloves and aprons, to reduce the risk of infection for its patients. Antibacterial hand wash and disposable hand towels were used to promote good hand hygiene. The service carried out regular risk assessments of hand wash basins and hot water temperatures. A contract was in place for the safe disposal of clinical waste, such as medical sharps (syringes and needles).

No medicines were stored in the service. Medicines that required to be refrigerated were kept in a cool box with a thermometer. This ensured they were stored at the correct temperature while being transported to the clinic.
from a local pharmacy before being administered to patients on the day of their appointment.

Patient care records documented medicines used, batch numbers and expiry dates. This meant the service could respond to medicine alerts or report any adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA). One of the practitioners carried a supply of emergency medicines to respond to any complications from treatment.

One of the practitioners was the service’s named laser protection supervisor, and was one of two authorised users of the laser equipment. An external laser protection advisor monitored the service’s compliance with laser protection every year. Local rules (the local arrangements to manage laser safety) were displayed for the laser, and the names of the authorised users were documented. We saw that risk assessments and safety audits were regularly completed, and the laser equipment was maintained every year. The patient we spoke with confirmed they were provided with protective eyewear during laser treatments.

A system was in place for documenting accidents and incidents, and for reporting notifiable incidents or adverse events to the relevant regulatory authorities. No accidents, incidents or adverse events had occurred in the service since it was registered with Healthcare Improvement Scotland.

**What needs to improve**

Although medicines were being managed safely, a medicines management policy must be developed. This must describe the arrangements for the procurement, prescribing, transporting, administering and recording of medicines given to patients as part of their treatment (requirement 1).

During the inspection, we found that neither of the two authorised users of the laser equipment had updated their ‘core of knowledge’ laser training. The service manager agreed to immediately address this. Following the inspection, we received confirmation that one of the practitioners had since completed their core of knowledge training. We were advised that all laser treatments would be carried out by this individual until the other practitioner had completed their training (recommendation c).

We saw limited evidence of policies being reviewed or updated when legislation changed. For example, the record-keeping policy did not reference the updated general data protection regulation and the infection prevention and control policy had not been updated in line with Health Protection Scotland’s guidance (recommendation d).
We found limited evidence of audits taking place to review the safe delivery and quality of the service. An audit programme would help the service demonstrate how improvements are being identified and implemented. For example, audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment (recommendation e).

The service did not have an adult support and protection policy setting out how any concerns about the safety of a patient would be escalated (recommendation f).

**Requirement 1 – Timescale: 17 April 2020**
- The provider must develop and implement a medicines management policy.

**Recommendation c**
- The service should ensure that staff authorised to use laser equipment maintain their core of knowledge training.

**Recommendation d**
- The service should review its policies and procedures to ensure they are in line with current legislation and reflect the service provided.

**Recommendation e**
- 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.

**Recommendation f**
- The service should develop and implement an adult support and protection policy.

---

**Our findings**

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

Patients received a full assessment before they received any treatment. Patient care records were clear and accurate. The risks and benefits of treatment were discussed with patients. However, treatment plans should be reviewed to ensure patients’ expectations are fully discussed and recorded. Consent for sharing information with other healthcare professionals should be recorded.
We reviewed a combination of six paper and electronic patient care records. We saw these were legible, accurate and up to date. Consent to treatment was obtained and recorded, and the risks and benefits were discussed with patients.

Patients attended an initial consultation to assess their needs and discuss expectations from treatment. During the consultation, patients’ medical history, prescribed medicines and allergies was documented.

Patients received aftercare advice leaflets following their treatment, which included an out-of-hours number to contact the service if they had any concerns or complications. Follow-up appointments to check that patients were happy with the results of their treatments and were not experiencing any side-effects were recorded and outcomes documented in patient care records.

The majority of patients who responded to our survey said they received sufficient information in a format they could understand and were involved in making decisions about their treatment.

**What needs to improve**

In the patient care records we reviewed, we saw that patients were not asked for their consent to share their information with other healthcare professionals, for example in an emergency situation (recommendation g).

Some patients who had received laser treatment told us they did not feel they had received enough information about the limitations of the treatment. The service agreed to review treatment plans to make sure that treatment options and patients’ expectations were fully discussed and documented in patient care records. We will follow this up at a future inspection.

- No requirements.

**Recommendation g**

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ 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

Staff who worked in the service were suitably skilled and experienced and had received opportunities for training. Although a recruitment policy was in place, pre-employment background checks had not been carried out for staff before they started working in the service. A practicing privileges policy should be developed.

A small team of non-clinical staff worked in the service. The service also engaged the services of a dental practitioner through a practicing privileges arrangement (staff not employed by the provider but given permission to work in the service).

We saw that all staff had a contract of employment and received opportunities for training to keep their skills and knowledge updated.

What needs to improve

Part of a safe recruitment process is ensuring appropriate checks are carried out on potential employees to ensure they are fit to work with vulnerable adults and children. Although the service had a recruitment policy describing how it would safely recruit staff, we saw no evidence of appropriate Disclosure Scotland background checks being completed for non-clinical staff or clinical staff granted practicing privileges (requirement 2).

We saw no evidence that appropriate checks such as qualifications, references and the status of professional registration of the dental practitioner had been carried out. There was also no procedure for reviewing the practitioner’s compliance with all aspects of the practicing privileges arrangement and for regularly renewing the agreement. For example, there was no review of their continuing professional development requirements, annual appraisal and revalidation. A practicing privileges policy would help set out the service’s expectations for staff working under this arrangement and should detail the frequency of fitness to practice checks, Protecting Vulnerable Groups (PVG) updates and support arrangements (recommendation h).
As well as the PVG scheme informing an employer whether an individual is barred from working with protected adults and/or children, it provides a point in time check of an individual’s criminal convictions history. A system should be introduced to obtain a PVG update for relevant staff at regular intervals (recommendation i).

**Requirement 2 – Timescale: 17 April 2020**

- The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed in the service.

**Recommendation h**

- The service should develop a practicing privileges policy.

**Recommendation i**

- The service should obtain a Disclosure Scotland Protecting Vulnerable Group (PVG) record update for all relevant staff at regular intervals. This will ensure that staff remain safe to work in the service.
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

Quality assurance processes should be further developed to enable the service to evaluate and measure the quality, safety and effectiveness of the service delivered. This should include a quality improvement plan to show how the service will measure the impact of service change and demonstrate a culture of continuous improvement. Staff meetings should be formalised.

The service manager was a business graduate and responsible for the governance and day-to-day running of the business, including recruitment and developing the service’s policies and procedures. The co-director was the lead practitioner for laser treatments.

Since registration, the service has continued to evolve and develop. We were told it planned to invest in more laser equipment to further expand the treatments available for patients.

What needs to improve

We saw limited evidence of quality assurance systems for reviewing the quality of care and treatment provided in the service. Regular reviews of feedback, complaints, incidents or audits of the service will help to ensure the service delivered is of a quality appropriate to meet the needs of patients. A quality improvement plan would help the service structure its improvement activities, record its outcomes and enable the service to measure the impact of change to demonstrate a culture of continuous quality improvement (recommendation j).

We were told that staff meetings took place between the service manager and staff. We were also told the two practitioners met on a one-to-one basis from time to time. We saw no evidence of these meetings being documented. A more formal system for recording the outcomes of meetings would help show how
the service supported its staff, kept them informed and involved them in service development (recommendation k).

- No requirements.

**Recommendation j**
- The service should develop and implement a quality improvement plan.

**Recommendation k**
- The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions, and be shared with all staff.
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>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>a The service should develop and implement a duty of candour policy (see page 8). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</td>
</tr>
<tr>
<td></td>
<td>b The service should develop a patient participation policy to formalise and demonstrate how patient feedback is used to improve the quality of the service (see page 8). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
</tr>
</tbody>
</table>
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirement

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1 | The provider must develop and implement a medicines management policy (see page 11).  
   | Timescale – by 17 April 2020  
   | *Regulation 3(d)(iv)*  
   | *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |

### Recommendations

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| c | The service should ensure that staff authorised to use laser equipment maintain their core of knowledge training (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 review its policies and procedures to ensure they are in line with current legislation and reflect the service provided (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 |
| e | 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 (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 |
| f | The service should develop and implement an adult support and protection policy (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 3.21 |
| g | The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ care records (see page 12).  
   | 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

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2</strong> The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed in the service (see page 14).</td>
</tr>
</tbody>
</table>

**Timescale** – by 17 April 2020

*Regulation 9(2)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>h</strong> The service should develop a practicing privileges policy (see page 14).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

| **i** The service should obtain a Disclosure Scotland Protecting Vulnerable Group (PVG) record update for all relevant staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 14). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

## Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>j</strong> The service should develop and implement a quality improvement plan (see page 16).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
### Domain 9 – Quality improvement-focused leadership (continued)

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>k</strong> The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions, and should be shared with all staff (see page 16).</td>
</tr>
</tbody>
</table>

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
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