Announced Follow-up Inspection Report: Independent Healthcare

**Service:** Kirkwood Fyfe, Aberdeen

**Service Provider:** Kirkwood Fyfe Limited

9 February 2022
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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Kirkwood Fyfe on Tuesday 17 August 2021. That inspection resulted in three requirements 13 recommendations. As a result of that inspection, Kirkwood Fyfe Limited produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

About our follow-up inspection

We carried out an announced follow-up inspection to Kirkwood Fyfe on Wednesday 9 February 2022. The purpose of the inspection was to follow up on the progress the service has made in addressing the three requirements and 13 recommendations from the last inspection. This report should be read along with the August 2021 inspection report.

We spoke with a number of staff during the inspection.

The inspection team was made up of two inspectors.

Grades awarded as a result of this follow-up inspection will be restricted to no more than ‘Satisfactory’. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades may still change after this inspection due to other regulatory activity.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
<td>✓ Satisfactory</td>
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<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
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<td>9.4 - Leadership of improvement and change</td>
<td>✓ Satisfactory</td>
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The grading history for Kirkwood Fyfe can be found on our website.
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

Further information about the Quality Framework can also be found on our website at:

We found that the provider still had work to do to address the requirements made at our previous inspection. It had taken steps to act on the recommendations we made.

Of the three requirements made at the previous inspection on 17 August 2021, the provider has:

- met one requirement, and
- not met two requirements.

**What action we expect Kirkwood Fyfe Limited to take after our inspection**

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

Kirkwood Fyfe Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Kirkwood Fyfe for their assistance during the inspection.
2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 17 August 2021.

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

Requirement – Timescale: immediate

The provider must review its laser safety arrangements to ensure that:

(a) A laser protection advisors is appointed who writes a comprehensive set of local rules.
(b) A laser protection supervisor is appointed
(c) All laser operators have read, understood and signed the local rules and must adhere to them.
(d) Each laser machine has list of authorised users attached to it.

Action taken

The service had a laser protection advisor and a laser protection supervisor in place. A comprehensive set of local rules had been developed. Staff had been trained and understood the local rules. Each laser machine had list of authorised users attached to it. This requirement is met.
**Requirement – Timescale: by 17 November 2021**

*The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.*

**Action taken**

We reviewed the risk management system and saw that risk assessments were in place and patient care records documented that clinic risk associated with treatments had been discussed with patients. However, we saw no system in place for the management or investigation of any accidents and incidents in the service. **This requirement is not met (see requirement 1).**

**Requirement 1 – Timescale: by 6 May 2022**

- The provider must develop and implement effective systems to deal with accidents, incidents and adverse events.

**Recommendation**

*The service should carry out a review of the environment with an appropriate maintenance and redecoration schedule put in place.*

**Action taken**

The service had developed and implemented a redecoration schedule and the premises had been refurbished.

**Recommendation**

*The service should remove all surplus equipment from the sluice room and develop a structured cleaning schedule and update its infection prevention and control policy, in line with Health Protection Scotland’s National Infection Prevention and Control Manual.*

**Action taken**

All surplus equipment from the sluice room had been removed. The service’s infection prevention and control policy had been updated in line with Health Protection Scotland’s *National Infection Prevention and Control Manual.*
Recommendation
The service should develop a structured cleaning schedule and update its infection prevention and control policy, in line with Health Protection Scotland’s National Infection Prevention and Control Manual.

Action taken
Cleaning schedules had been developed, implemented and staff we spoke with understood how to complete them. The service’s infection prevention and control policy had been updated in line with Health Protection Scotland’s National Infection Prevention and Control Manual.

Recommendation
The service should update the medication policy to include that the service uses controlled drugs, the ordering process for medication and who the prescribers are and that medication checklists are being used to ensure that medications are checked regularly.

Action taken
The medication policy had been updated to include the ordering process for medication and the name of the prescribers. Medication checklists were used to make sure medications were checked regularly. A controlled drugs policy had been developed and implemented.

Recommendation
The service should ensure that the temperature of the medication fridges are recorded daily.

Action taken
We saw that the temperature of the medication fridges were recorded daily.

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

Action taken
The service had not developed a programme of regular clinical audits to cover key aspects of care and treatment (see recommendation a).

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

Quality indicator 5.2 - Assessment and management of people experiencing care

Recommendation
The service should formally document what aftercare has been provided to aesthetic patients including an out of hours contact number. This would enable patients to be better informed about their care.

Action taken
In patient care records we reviewed, we saw evidence that patients were provided with verbal and written aftercare information. However, written aftercare information did not include the emergency contact details of the service (see recommendation b).

Recommendation b
- The service should ensure that the out-of-hours contact number is included in its aftercare leaflet for patients.

Recommendation
The service should accurately record GP details within the surgical patient care record.

Action taken
In the surgical patient care records we reviewed, patient GP details had been recorded.
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

Requirement – Timescale: immediate
The provider must ensure that employment and practicing privileges contracts are introduced for staff working in the service to ensure safe delivery of care, with individual responsibility and accountability clearly identified. Pre-employment checks in line with current legislation and best practice guidance must be carried out.

Action taken
Employment and practicing privileges contracts had been introduced for staff working in the service. The service had developed some effective recruitment checks for employees and contracted practitioners. However, it did not have a process in place to make sure that all staff employed or engaged to work in the service have an appropriate level of Disclosure Scotland background check carried out at the point of recruitment or engagement. A system must also be in place to regularly check the disclosure status of each member of staff employed or engaged to work in the service This requirement is not met (see requirement 2).

Requirement 2 – Timescale: by 6 May 2022
  ■ The provider must ensure that all staff employed or engaged to work in the service have an appropriate level of Disclosure Scotland background check carried out at the point of recruitment or engagement. A system must be in place to regularly check the disclosure status of each member of staff employed or engaged to work in the service.
**Recommendation**
The service should ensure that its recruitment policy is updated to outline the pre-employment checks undertaken to help ensure any new members of staff are fit to work at the clinic.

**Action taken**
The recruitment policy had been updated to outline the pre-employment checks completed to help make sure any new members of staff are fit to work at the clinic.

**Recommendation**
The service should develop and implement a training policy and a formal induction and ongoing training programme for all staff. A process should be implemented to record training effectively.

**Action taken**
We saw evidence that a training policy and a formal induction programme had been developed. However, a system was not in place to monitor mandatory training compliance for all staff for example fire safety and health and safety training (see recommendation c).

**Recommendation c**
- The service should ensure that a formal system is in place to monitor mandatory training and electronic training compliance for all staff, including attendance at internal training sessions.

**Recommendation**
The service should reintroduce regular staff one-to-ones as part of the staff appraisal process to allow staff the opportunity to discuss progress in their role or any concerns.

**Action taken**
Regular one-to-one meetings were in place to provide support to staff.
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

Recommendation

The service should develop a quality improvement plan that demonstrates a structured approach to carrying out and recording improvement activities and evaluating the impact of change on the quality of the service.

Action taken

We saw evidence that the service had introduced a quality improvement plan which it planned to develop and expand further.

Recommendation

This should include staff meetings where all staff meet each other and formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions. Minutes should be shared with all staff.

Action taken

Staff meetings had been introduced. Staff were given the opportunity to share their ideas, suggestions for improvements or training and development they had identified. Meeting minutes were recorded and shared with 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 5 – Delivery of safe, effective, compassionate and person-centred care

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<td>Timescale – by 6 May 2022</td>
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<td>Regulation 3(a)</td>
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<td>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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<th>Recommendations</th>
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**Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)**

<table>
<thead>
<tr>
<th>b</th>
<th>The service should ensure that the out-of-hours contact number is included in its aftercare leaflet for patients (see page 9).</th>
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<tr>
<td></td>
<td>Health and Social Care Standards: I am fully involved in all decisions about my care and support. Statement 2.9</td>
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**Domain 7 – Workforce management and support**

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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:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)
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