Announced Inspection Report: Independent Healthcare

Service: Aesthetic Nurse’s Clinic, Edinburgh
Service Provider: Kinga Gornicki

12 July 2022
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 his.contactpublicinvolvement@nhs.scot
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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 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 Aesthetic Nurse’s Clinic on Tuesday 12 July 2022. We spoke with the sole practitioner (owner) and received feedback from 40 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.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

What we found and inspection grades awarded

For Aesthetic Nurse’s Clinic, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td>Domain 2 – Impact on people experiencing care, carers and families</td>
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</table>

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Patients had two consultations before treatment. Information was provided in a number of formats and languages to allow patients to make an informed decision about treatment. Improvements made as a result of patient feedback should be shared with patients. Information was available on how to make a complaint, if needed.</td>
<td>✔️ Good</td>
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</table>
Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>The environment was clean and safe. Systems were in place to maintain safety, and to reduce any risk of infection. However, appropriate risk assessment processes and procedures are needed to ensure a safe environment for patients and staff. This must include ensuring that a safe process is in place for prescribing emergency medicines. An audit programme would help to review the safe delivery and quality of the service.</td>
<td></td>
<td>Unsatisfactory</td>
</tr>
</tbody>
</table>

| Domain 9 – Quality improvement-focused leadership | 9.4 - Leadership of improvement and change | The practitioner kept up to date with best practice guidance and changes in the aesthetics industry through membership of national organisations and local groups, and attendance at conferences and training events. Although we saw examples where improvements had been made to enhance the patient experience, a quality improvement plan should be developed. | ✓ Satisfactory |

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

Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records showed that patients had a consultation and assessment before treatment. However, the outcomes from consultations and initial assessments must be recorded in patient care records. A consent process was in place, and written and verbal aftercare</td>
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</table>
information was provided. Patients’ emergency contacts and GP details should be recorded in patient care records.

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)

Further information about the Quality Framework can also be found on our website at: [https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

**What action we expect Kinga Gornicki to take after our inspection**

This inspection resulted in three requirements and six 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Kinga Gornicki, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank the provider at Aesthetic Nurse’s Clinic for their assistance during the inspection.
2 What we found during our inspection

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 had two consultations before treatment. Information was provided in a number of formats and languages to allow patients to make an informed decision about treatment. Improvements made as a result of patient feedback should be shared with patients. Information was available on how to make a complaint, if needed.

The service had a participation policy, and feedback was obtained from patients about their experience of using the service either verbally, through social media or from online reviews. The practitioner showed us an online patient feedback survey they were developing using an online survey tool. We were told the survey would be issued to patients after each treatment appointment.

The practitioner told us they use any suggestions from the feedback received to make changes or improvements to the service. For example, we were told a large proportion of patients had Polish as their first language and the practitioner had designed the service’s website so it could be read in either English or Polish.

All patients who responded to our online survey said they felt they had been given adequate information about the potential risks, side effects, and expected outcome of treatments, as well as costs and aftercare advice. They also stated they had been given adequate time to discuss treatment options and think about their choices. Comments included:

- ‘... good care by being truly listened to and treated with respect. My personal needs were taken in consideration.’
- ‘Before treatment I got all the information and answer for all my questions.’
- ‘The nurse is very knowledgeable and she explained everything in detail.’
- ‘... was very respectful, didn’t judge my preferences, yet was able to offer advice based on my medical history and facial appearance.’
The practitioner told us the patient consultation and assessment process was carried out initially over the telephone. Information was available in a variety of formats and in two languages (English and Polish), and this was then sent to patients to allow them to make an informed decision about treatment. A second face-to-face consultation then took place between the patient and practitioner. This gave patients the opportunity to discuss and consider the appropriate treatments available to them.

The service made sure that patients’ privacy and dignity was maintained. All consultations were by appointment only, and only one patient was treated at a time, maintaining confidentiality. The treatment room door was locked when patients were being treated.

While the service had received no complaints since it was registered in September 2019, the complaints policy described the procedure that would be followed if a complaint was received. A poster detailing how patients could make a complaint was displayed in the clinic. Details on how to contact Healthcare Improvement Scotland at any time were included in both the policy and the poster. We suggested that the practitioner also add the complaints process to the service’s website and to the patient information sheets.

A duty of candour policy set out the actions the practitioner would follow in response to any unintended or unexpected patient harm.

**What needs to improve**

Improvements or actions taken as a result of patient feedback were not shared with patients. This would help to show how their feedback had been addressed and was being used to help improve the service. For example, this information could be displayed on the service’s website, on social media or on a patient information board in the clinic (recommendation a).

An annual duty of candour report should be produced. We will follow this up at future inspections.

- No requirements.

**Recommendation a**

- The service should share improvements or actions taken as a result of feedback with patients to show how this was being used to improve the quality of care provided and how the service was delivered.
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 and safe. Systems were in place to maintain safety, and to reduce any risk of infection. However, appropriate risk assessment processes and procedures are needed to ensure a safe environment for patients and staff. This must include ensuring that a safe process is in place for prescribing emergency medicines. An audit programme would help to review the safe delivery and quality of the service.

Appropriate and up-to-date policies and procedures helped to support the safe delivery of care. This included:

- information management
- infection prevention and control including management of COVID-19
- medication management, and
- safeguarding (public protection).

The environment was clean and well maintained. All the equipment we saw was clean and in a good state of repair.

The practitioner had a good knowledge and understanding of what cleaning products and cleaning solutions to use, and how to store this equipment appropriately, as well as how to safely dispose of sharps, such as needles and syringes. The practitioner was responsible for cleaning the premises, including the entrance, treatment area and patient toilet. The clinic environment and equipment were cleaned at the start and end of each day. We were told the sink was regularly cleaned with a chlorine solution. The practitioner also had a good knowledge about how to manage blood spillages.
Patients who responded to our online survey were all satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- ‘The treatment room is immaculate and very comfortable.’
- ‘Everything looked spotless and thus, I had no concerns about the environment or equipment.’
- ‘Spacious and bright with comfortable chair for a lengthy treatment.’

Single use personal protective equipment (such as gloves and aprons) and medical devices (such as syringes) were used to prevent the risk of cross infection. Alcohol-based hand gel was available for staff and patients to use.

A clinical waste contract included sharps bins to ensure sharps were safely disposed of. We saw that the service kept clinical waste transfer notes to show that clinical waste was being disposed of safely and correctly.

Any concerns the practitioner had about the environment could be raised directly with the landlord who had overall responsibility for the maintenance of the building. We saw recent safety checks had been carried out, including electrical and fire safety checks.

A fire extinguisher and fire exit signage were in place. We saw a recent fire risk assessment had been carried out.

We noted that none of the medicines used in the service needed to be refrigerated, so no medical fridge was required.

The service’s safeguarding (public protection) policy included contact details for the local social work department and the police, should any adult or child protection concerns need to be reported.

**What needs to improve**

The service did not have an effective process in place for risk management. All risks to patients and staff in the service must be effectively and continuously managed. Proactive risk management processes must be developed, which include:

- a comprehensive risk register, and
- appropriate risk assessments to protect patients and staff (requirement 1).
The service did not use any prescription-only medicines, such as botulinum toxin, and the practitioner was not a nurse prescriber. Although the service had an emergency medicines kit, there was no named prescriber for the prescribing of emergency medication. Therefore, it was not clear how this medication would be prescribed in the event of an emergency, such as a cardiac arrest, anaphylaxis (allergic reaction) or vascular occlusion (blockage of a blood vessel) (requirement 2).

Although the service was clean, the cleaning checklist lacked specific details of what was being cleaned and how it was being cleaned (recommendation b).

Although the service carried out a medicines management audit, this was not being fully and regularly completed. A structured programme of regular audits should be introduced for key areas, including the safety and maintenance of the care environment and patient care records (recommendation c).

**Requirement 1 – Timescale: by 12 October 2022**
- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

**Requirement 2 – Timescale: by 4 October 2022**
- The provider must review the medicine management policy to ensure it accurately describes how medication will be prescribed in an emergency situation. This should include ensuring a named prescriber is available to prescribe emergency medication.

**Recommendation b**
- The service should develop a cleaning schedule which includes details on cleaning tasks and frequency, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately.

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

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records showed that patients had a consultation and assessment before treatment. However, the outcomes from consultations and initial assessments must be recorded in patient care records. A consent process was in place, and written and verbal aftercare information was provided. Patients’ emergency contacts and GP details should be recorded in patient care records.

The practitioner told us the patient consultation and assessment process was carried out initially over the telephone and then a face-to-face consultation took place.

We reviewed five electronic patient care records. The patient information and assessment details had been recorded as part of the consultation process. This information included details about:

- allergies
- medical history
- list of medications
- costs
- consent to treatment being carried out, and
- consent to information being shared with GP.

Patient care records also included the batch number and expiry dates of any medicines used. This would allow tracking if any issues arose with the medications used.

Confidentiality of patient information was maintained. Electronic patient care records were kept on a secure electronic device which only the practitioner had access to. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) to ensure the safe storage of confidential patient information.

Patients received an aftercare leaflet in either paper copy or by email following treatment. Written aftercare information was recorded in all patient care records as being provided and discussed verbally. The service also telephoned patients the next day to check that they were happy with the results of their treatments and were not experiencing any side-effects.
Patients who responded to our online survey commented:

- ‘All aspects of the treatment have been thoroughly explained. I was advised on pre and after care, risks and benefits and felt well looked after before, during, and after my treatments.’
- ‘I was clearly talked through the whole treatment and that included an initial appointment beforehand, where I was examined in order to establish whether or not I qualified for the treatment. I received notes with aftercare, including necessary products to be used and what to do if the healing process didn’t seem to look right.’

**What needs to improve**

From the five patient care records reviewed, we saw that the outcome of the consultation and initial assessment was only recorded in one patient care record (requirement 3).

We saw that patients’ emergency contact details were not recorded in the patient care records (recommendation d).

In certain circumstances, a service may need to inform a patient’s GP about something relevant to their treatment, such as an adverse reaction to a medicine or a complication. Although consent to contact patients’ GP had been obtained, we saw that no GP details were recorded in patient care records (recommendation e).

**Requirement 3 – Timescale: immediate**

- The provider must record outcomes from all consultations and assessments in the patient care record.

**Recommendation d**

- The service should record patients’ emergency contact details in the patient care record.

**Recommendation e**

- The service should record patients’ GP contact details 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 practitioner kept up to date with best practice guidance and changes in the aesthetics industry through membership of national organisations and local groups, and attendance at conferences and training events. Although we saw examples where improvements had been made to enhance the patient experience, a quality improvement plan should be developed.

The practitioner kept up to date with best practice guidance and changes in the aesthetics industry through membership of national organisations and local groups, and attendance at webinars and training events.

The service was provided by a sole nurse practitioner registered with the Nursing and Midwifery Council (NMC). The practitioner completed ongoing training and development as part of their revalidation process. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for the NMC every 3 years.

They also attended conferences, completed online training courses and were a member of the British Association of Cosmetic Nurses (BACN) and various online groups, including the Aesthetic Complications Expert (ACE) Group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions.

Several training certificates and qualifications were displayed in the treatment area. We were told the practitioner was in the process of undertaking a nurse prescribing course.
The practitioner told us about the extensive background research they carried out before they introduced any new products for use in the service. We noted several examples where the practitioner had made improvements as a result of patient feedback, or by researching best practice. This included:

- newly purchased equipment
- the development of an online patient feedback survey
- the type of background music played, and
- information displayed in both English and Polish languages.

**What needs to improve**

Although the service had some assurance systems in place, including a medicines management audit, and reviewing and acting on patient feedback, there was no quality improvement plan. This would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation f).

- No requirements.

**Recommendation f**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures 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><strong>Recommendation</strong></td>
<td></td>
</tr>
</tbody>
</table>

- a The service should share improvements or actions taken as a result of feedback with patients to show how this was being used to improve the quality of care provided and how the service was delivered (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

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

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<th>Requirements</th>
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- 1 The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 11).

  Timescale – by 12 October 2022

  *Regulation 13(2)(a)*  
  The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Requirements

2. The provider must review the medicine management policy to ensure it accurately describes how medication will be prescribed in an emergency situation. This should include ensuring a named prescriber is available to prescribe emergency medication (see page 11).

Timescale – by 4 October 2022

*Regulation 3(d)(iv)*

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

3. The provider must record outcomes from all consultations and assessments in the patient care record (see page 13).

Timescale – immediate

*Regulation 4(2)(a)*

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

### Recommendations

b. The service should develop a cleaning schedule which includes details on cleaning tasks and frequency, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately (see page 11).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

c. The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and 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

d. The service should record patients’ emergency contact details in the patient care record (see page 13).

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 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

**Recommendations**

<table>
<thead>
<tr>
<th>e</th>
<th>The service should record patients’ GP contact details in the patient care record (see page 13).</th>
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</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

### Domain 9 – Quality improvement-focused leadership

**Requirements**

None

**Recommendation**

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<tr>
<th>f</th>
<th>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements (see page 15).</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
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