



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: KirstyJAesthetics, Buckie

Service Provider: KirstyJAesthetics Ltd

8 April 2024

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1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to KirstyJAesthetics on Monday 8 April 2024. We spoke with the service manager (sole practitioner) during the inspection. We received feedback from 10 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Buckie, KirstyJAesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For KirstyJAesthetics, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
The practitioner is a registered nurse and an independent nurse prescriber. The service had clear aims and objectives, which were available for patients to view on social media and in the clinic. A short, medium, and longer-term business plan included identified measures to assess whether the service was meeting its aims and objectives.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to improve. Clear systems and processes were in place to monitor and manage complaints and risk. Maintenance contracts were in place. A formal process of reviewing patient feedback should be in place. A formal audit programme should be implemented. A formal quality improvement plan should be developed.		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The environment was clean and well equipped. Patients reported good levels of satisfaction, told us they felt safe in the service and that the service was clean and tidy. The service had recorded no accidents or serious incidents. Appropriate cleaning materials were used to clean all areas in the clinic. Appropriate personal protective equipment was available for use. The refrigerator must comply with current guidance for storing prescription-only medication. Medicines should be used in line with current guidelines.		✓✓ Good

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: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect KirstyJAesthetics to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two requirements and three recommendations.

Implementation and delivery	
Requirements	
None	
Recommendations	
a	<p>The service should develop a formal process for recording and reviewing patient feedback. This should include informing patients how their feedback has been used to improve the service (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
b	<p>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 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
c	<p>The service should develop and implement a formal quality improvement plan to direct the way it drives and measures improvement (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Results	
Requirements	
1	<p>The provider must ensure that medicines requiring refrigerated storage are stored in a pharmaceutical refrigerator (see page 19).</p> <p>Timescale – by 8 September 2024</p> <p><i>Regulation 10(2)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 19).</p> <p>Timescale – by 31 May 2024</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

KirstyJAesthetics 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 KirstyJAesthetics for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The practitioner is a registered nurse and an independent nurse prescriber. The service had clear aims and objectives, which were available for patients to view on social media and in the clinic. A short, medium, and longer-term business plan included identified measures to assess whether the service was meeting its aims and objectives.

Clear vision and purpose

The service aimed to provide treatments to patients safely while delivering the highest standard of person-centred care. This included supporting patients to meet realistic outcomes and expectations.

Information about the service aims and objectives were available on the service's social media sites for all patients to view. The service's aims and objectives included:

- providing a safe holistic and high standard of care from a registered practitioner
- to act with integrity and complete confidentiality
- to be committed to patient needs
- to be courteous, approachable, friendly and accommodating
- to develop and grow as a business
- to ensure effective and robust information systems, and
- to treat all patients with dignity, respect and honesty.

The service's values were also available to view on these sites.

The service aimed to work in line with its values while delivering patient care and throughout the patient experience. The values included:

- commitment to excellence
- having an 'always learning' ethos
- integrity
- professionalism
- respect, and
- teamwork (working closely with other aesthetic practitioners).

The service used patient and peer feedback to help assess whether it was achieving the aims, objectives and goals set.

The service was able to measure and demonstrate whether these aims and objectives were being met through the quality improvement plan, outcomes of audits carried out, informally reviewing patient feedback and short, medium- and longer-term plans.

The manager (sole practitioner) was an experienced registered nurse and independent nurse prescriber. The service had a business plan, which set out its goals of:

- having a website where all information could be accessed in one place
 - offering laser skin treatments, and
 - ongoing learning and development of owner and sole practitioner working in the service to add to and improve existing skills.
-
- No requirements.
 - No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to improve. Clear systems and processes were in place to monitor and manage complaints and risk. Maintenance contracts were in place. A formal process of reviewing patient feedback should be in place. A formal audit programme should be implemented. A formal quality improvement plan should be developed.

Co-design, co-production (patients, staff and stakeholder engagement)

The service had a participation policy in place which identified how patient feedback would be collected and used to improve the service. Feedback from patients about their overall experience of the service was gathered in several ways. For example, an electronic form was automatically sent to patients 24–48 hours after their treatment. Patients could also provide verbal feedback directly to the practitioner or could post online reviews. We were told the practitioner had enrolled on new training for additional aesthetic treatments after they had reviewed patient feedback.

While the service did not have a website, it did have a social media page. We were told that new patients had used the service after recommendations from friends and after reading reviews on social media sites. All consultations were appointment-only.

Patients could contact the service in a variety of ways, including:

- email enquiries
- online enquiries through the service’s social media pages
- telephone calls, and
- text messages.

From patient care records we reviewed, we saw that initial consultations included a discussion about:

- the benefits and risks of treatment
- the patient's desired outcomes, and
- treatment costs.

Aftercare information for patients was available in the form of leaflets and verbal information, as well as online. This helped make sure that patients knew who to contact if they had any questions or queries about their treatment. This also allowed patients to make an informed decision about their care and treatment.

What needs to improve

While the service gathered patient feedback in a variety of ways, we found no evidence that feedback was formally reviewed and analysed. This made it difficult for the service to draw any conclusions that could be used to drive improvement. We discussed with the service the importance of having a structured approach to reviewing patient feedback in line with its participation policy. This should include:

- analysing recorded feedback
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation a).

- No requirements.

Recommendation a

- The service should develop a formal process for recording and reviewing patient feedback. This should include informing patients how their feedback has been used to improve the service.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service had policies and procedures in place to support the safe delivery of person-centred care. These included those for:

- complaints
- duty of candour
- emergency arrangements policy
- information management, and
- medication.

Policies were reviewed every 2 years and where legislation or current guidelines had been updated or changed. These were kept electronically, as well as in paper format.

The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of. A clear system was in place to record and manage accident and incident reporting. We saw that the service had not had any accidents or incidents since its registration with Healthcare Improvement Scotland in March 2022.

Appropriate arrangements were in place to deal with medical and aesthetic emergencies. The practitioner had completed up-to-date training for this and we saw first aid supplies and medicines available that could be used in an emergency.

Maintenance contracts for fire safety equipment and fire detection systems were up to date. Electrical and fire safety checks were monitored regularly. The service had a clinical waste contract in place.

Information about how to make a complaint was clearly displayed in the waiting area. This included details on how to contact Healthcare Improvement Scotland. No complaints had been received since the service was registered with Healthcare Improvement Scotland.

The service had a safeguarding (public protection) policy in place. The practitioner had completed safeguarding training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The practitioner fully understood their duty of candour responsibilities and the service's duty of candour report was displayed on its social media page.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations. Patient care records were in paper format and kept in a locked cabinet in the service's office. The practitioner was the sole key holder for this cabinet. This protected confidential patient information in line with the service's information management policy.

On the day of treatment, patients received a face-to-face consultation where they completed a consent form. The form was signed by the patient and practitioner. The service shared a variety of aftercare leaflets with patients after their treatment.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer support, additional training masterclass sessions and attending conferences. The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed through the Nursing and Midwifery Council (NMC) registration and revalidation process, as well as yearly appraisals. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC every 3 years. They also kept up to date with appropriate training, such as for adult support and protection, equality and diversity and infection control.

We saw evidence of the practitioner's personal and professional development displayed in the service. We also saw evidence of completed online training modules.

The practitioner had access to peer support from other practitioners in similar locations to discuss treatments, procedures and complications. The practitioner was also part of several online aesthetic practitioners groups. These groups provided additional information on complications and adverse reactions from aesthetic treatments in the UK and Ireland. The practitioner was a member of the Aesthetics Conference UK Group (ACE).

- No requirements.
- No recommendations.

Planning for quality

The service had a proactive approach to managing risk. Appropriate risk assessments were in place to effectively manage risk in the service, including those for:

- COVID-19 or future pandemics
- environmental assessments (including slips, trips and falls)
- fire, and
- Health and Safety Executive risks (Control of Substances Hazardous to Health (COSHH)).

The service had a risk register in place. Risk assessments were easy to follow. We saw that each risk had been regularly reviewed and that all necessary action plans were in place.

We saw evidence that the service carried out regular audits, including those for:

- health and safety
- infection prevention and control, and
- medicine management.

The service had a contingency plan in place to help make sure patients could access aesthetic treatments from peers and aesthetic colleagues, should the service cease to operate.

As part of its business plan, the service had identified areas of improvement for the service to consider. This included introducing laser treatments for skin conditions and developing a service website.

The practitioner attended monthly peer meetings with other aesthetic practitioners. From minutes we reviewed, we saw that the group:

- discussed areas of training and learning
- gave each other support and advice, and
- review and discuss improvement.

What needs to improve

While some audit activity was carried out, the service did not have a formal audit programme in place to determine when audits would be completed. The range of audits carried out could also be extended to include patient care records and patient feedback (recommendation b).

While the service's business plan had identified areas for improvement, it did not have a formal quality improvement plan in place. This would help the service to structure and record its improvement processes. This could include outcomes identified from:

- accidents and incidents audits
- complaints
- education and training events, and
- patient feedback (recommendation c).

- No requirements.

Recommendation b

- 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 c

- The service should develop and implement a formal quality improvement plan to direct the way it drives and measures improvement.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The environment was clean and well equipped. Patients reported good levels of satisfaction, told us they felt safe in the service and that the service was clean and tidy. The service had recorded no accidents or serious incidents. Appropriate cleaning materials were used to clean all areas in the clinic. Appropriate personal protective equipment was available for use. The refrigerator must comply with current guidance for storing prescription-only medication. Medicines should be used in line with current guidelines.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

We saw the service was clean and tidy, of a high standard and well maintained. Cleaning schedules were in place, fully completed and up to date. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available and in plentiful supply. A clinical waste contract was in place. We saw that clinical waste and used sharps equipment was disposed of appropriately.

Patients who responded to our online survey told us they felt safe and were reassured by the cleaning measures in place to reduce the risk of infection in the service. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'Treatment room is always spotless, and very welcoming.'
- 'Clinically clean and very well presented.'
- 'Lovely clean and modern.'

We saw a safe system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic. The refrigerator was

clean and in good working order. A temperature-recording logbook was used to record fridge temperatures daily. This helped to make sure medicines were stored at the correct temperature. The logbook was fully completed and up to date. We noted no medication was stored in the service at the time of our inspection.

Patients who responded to our online survey told us they were very satisfied with the care and treatment they received from the service. Some comments we received included:

- ‘Felt very safe in the practitioner’s care.’
- ‘Very reassuring that the practitioner is a qualified nurse. Felt safe in her hands.’
- ‘The practitioner is a trained nurse with her credentials on show which gave me confidence.’

The five patient care records we reviewed showed that patients received a face-to-face consultation about their expectations before treatments were offered. A comprehensive assessment included past medical history, as well as the risks, benefits and side effects of treatments. Patient care records were legible, accurate and up to date. Details of patients’ next of kin, GP and emergency contact were documented, as well as consent to share information with other healthcare professionals as needed. The practitioner had signed and dated their entries. Medicine batch numbers and expiry dates were also noted.

What needs to improve

Medicines requiring refrigerated storage were being stored in a non-pharmaceutical refrigerator. To make sure medicines equipment used are safely stored, the refrigerator must be designed for the storage of medicines and conform to current guidance (requirement 1).

We saw the service used bacteriostatic saline to reconstitute the vials of botulinum toxin; this is when a liquid solution is used to turn a dry substance into a specific concentration of solution. The bacteriostatic saline used is an unlicensed product. The use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outside of its Summary of Product Characteristics and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. However, we saw no evidence in the patient care record that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients, nor that informed consent had been sought before treatment administered (requirement 2).

Requirement 1 – Timescale: by 8 September 2024

- The provider must ensure that medicines requiring refrigerated storage are stored in a pharmaceutical refrigerator.

Requirement 2 – Timescale: by 31 May 2024

- The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent.

- No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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.



More information about our approach can be found on our website:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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
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Email: his.ihtregulation@nhs.scot

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