



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: KSkin, Glasgow

Service Provider: K Sharma Clinics Ltd

13 May 2024

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 15 January 2020

Requirement

The provider must develop and implement a medicines management policy.

Action taken

Whilst the provider had developed a medicines management policy, we found this had not been implemented appropriately within the service. This requirement is not met and is reported in Domain 4: Quality Improvement see requirement 2 on page 20).

Requirement

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

Action taken

We saw the provider had carried out appropriate Disclosure Scotland background checks for all staff working within the service. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 15 January 2020

Recommendation

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

Action taken

The service had developed and implemented a duty of candour policy.

Recommendation

The service should develop a patient participation policy to formalise and demonstrate how patient feedback is used to improve the quality of the service.

Action taken

The service had not developed a patient participation policy. This recommendation is reported in Doman 3: Co-design and co production (see recommendation b on page 17).

Recommendation

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

Action taken

We saw evidence that staff authorised to use laser equipment had completed up-to-date core of knowledge training.

Recommendation

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

Action taken

While we saw the service had reviewed its policies, some policies required further review. For example, the infection control policy did not include information for all standard infection control precautions in Health Protection Scotland's *National Infection Prevention Manual* or reference to Healthcare Improvement Scotland's Infection Prevention and Control Standards (2022) This recommendation is reported in Domain 4: Quality Improvement (see recommendation d on page 19).

Recommendation

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

Action taken

While we saw the service had made efforts to develop an audit programme, on reviewing this we noted this was a checklist and did not identify specific activity that was being audited or measured against an explicit audit criteria. This recommendation is reported in Domain 5: Planning for Quality (see recommendation h on page 21).

Recommendation

The service should develop and implement an adult support and protection policy.

Action taken

The service had developed and implemented an adult support and protection policy.

Recommendation

The service should record consent for sharing information with their GP and other medical staff in an emergency, if required, in patients' care records.

Action taken

From the care records we reviewed we saw patients were asked to consent for sharing of information with their GP and other medical staff in an emergency, if required.

Recommendation

The service should develop a practicing privileges policy.

Action taken

The service had not developed a practicing privileges policy. This recommendation is reported in Domain 4: Quality Improvement (see recommendation e on page 19).

Recommendation

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.

Action taken

We saw the service had obtained a Disclosure Scotland Protecting Vulnerable Group (PVG) for all staff working in the service. However, we did not see evidence of a system to obtain or record a PVG update for staff at regular intervals. This is reported in Domain 4: Quality Improvement (see recommendation f on page 19).

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

The service had developed a quality improvement plan.

Recommendation

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.

Action taken

We saw staff meetings were minuted and shared with staff.

2 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 KSkin on 13 May 2024. We spoke with a number of staff during the inspection. We received feedback from seven patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, KSkin is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For KSkin, 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	
<p>The service had a vision statement which included its aims. Governance structures were in place. Clear measurable objectives should be developed to measure the service's aims and shared with staff and patients.</p>	✓ Satisfactory	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients spoke positively about their experience in the service and felt well informed about their treatments. A yearly duty of candour report was published. A practicing privileges contract was in place between the service and nurse practitioner.</p> <p>While the service encouraged feedback from patients, a participation policy should be developed. Notifications must be made to Healthcare Improvement Scotland when required. All lasers should have separate treatment registers and a patient register that contains appropriate information. A practicing privileges policy should be developed. Processes and procedures must be implemented to ensure medicines are safely managed. The audit programme and quality improvement should be further developed.</p>	✓ Satisfactory	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The environment was clean, and patients were satisfied with the environment. Patient care records must be fully completed for every consultation and treatment provided, including prescribing of medication. National guidance should be followed for all cleaning within the service. Staff files should be accessible within the service and contain relevant information.</p>	✓ Satisfactory	

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

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

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect K Sharma Clinics Ltd 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 four requirements and nine recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should develop and implement a process for measuring its aims and objectives for providing the service. These should be regularly evaluated to ensure they align with the service’s vision and shared with patients and staff (see page 14).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</i></p>

Implementation and delivery	
Requirements	
1	<p>The provider must notify Healthcare Improvement Scotland of certain matters as detailed in the notifications guidance (see page 18).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(1)(b) The Healthcare Improvement Scotland (Applications and Registration) Regulations</i></p>

<p>2 The provider must review its medicine management policy and implement systems, processes and procedures to ensure medicines are safely managed within the service (see page 20).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<p>3 The provider must ensure a clinical waste contract is in place and ensure national guidance is followed for the management of sharps (see page 21).</p> <p>Timescale – 30 March 2024</p> <p><i>Regulation 3(d)(iii) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<p>Recommendations</p>
<p>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 17).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</i></p> <p>This was previously identified as a recommendation in the January 2020 inspection report for Kskin.</p>
<p>c The service should ensure that all lasers have separate treatment registers and a patient register that contains appropriate information (see page 19).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</i></p>
<p>d The service should review and update its infection prevention and control policy to make sure it is in line with Healthcare Improvement Scotland’s Infection Prevention and Control Standards (2022) and Health Protection Scotland’s National Infection Prevention and Control Manual (see page 19).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</i></p>

<p>e The service should develop a practicing privileges policy (see page 19).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</i></p> <p>This was previously identified as a recommendation in the January 2020 inspection report for KSkin.</p>
<p>f The service should develop a system to obtain and record a PVG update for all relevant staff at regular intervals (see page 19).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</i></p>
<p>g The service should address the outstanding recommendations in its 2018 fire safety report and the fire risk assessment should be reviewed every year (see page 21).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</i></p> <p>This was previously identified as a recommendation in the January 2020 inspection report for Kskin.</p>
<p>h The service should further develop its programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement actions plans implemented (see page 21).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</i></p>

Results
Requirements
<p>4 The provider must ensure that the outcome of every consultation and details of the treatment provided, including the prescribing of medication, is recorded in the patient care record (see page 24).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)(b)(d)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Recommendations

- i The service should ensure individual staff information includes all necessary recruitment documents, induction and training for all staff working in the service (see page 24).

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

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.

3 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 service had a vision statement which included its aims. Governance structures were in place. Clear measurable objectives should be developed to measure the service's aims and shared with staff and patients.

Clear vision and purpose

The services vision statement and aims in place included:

- Be a trusted destination for individuals seeking aesthetic enhancement, known for delivering natural looking results and personalised care.
- Creating a welcoming and supportive environment for services users.
- Build a lasting relationship with clients based on trust, transparency and integrity, fostering loyalty and satisfaction.
- Contribute positively to the wellbeing and self-confidence of their clients, helping them to look and feel their best.

The service told us that patient feedback about their high levels of satisfaction with results, and the quality of care provided by the service reinforced the clinic's vision and purpose.

What needs to improve

While the service had developed a vision statement, this did not include clear measurable objectives or set out a process of measuring its aims to demonstrate how these were being met. This should be visible to patients and staff within the service (recommendation a).

Recommendation a

- The service should develop and implement a process for measuring its aims and objectives for providing the service. These should be regularly evaluated to ensure they align with the service's vision and shared with patients and staff.

Leadership and culture

The service was owned by two non-healthcare professionals, one of which managed the service, and the other was the lead practitioner for laser treatments. The service had a small staffing compliment that included a receptionist, non-clinical therapist who provided intense pulsed light (IPL) treatments and other beauty treatments. The service also had an independent nurse prescriber who worked under a practicing privileges agreement (staff not employed directly by the provider but given permission to work in the service).

Staff meetings were held monthly to discuss any developments, patient feedback or changes within the service. These meetings were minuted and shared with staff.

The service's approach to governance activities included:

- reviewing policies and procedures
- gathering and reviewing patient feedback, and
- staff meetings.

- 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 spoke positively about their experience in the service and felt well informed about their treatments. A yearly duty of candour report was published. A practicing privileges contract was in place between the service and nurse practitioner.

While the service encouraged feedback from patients, a participation policy should be developed. Notifications must be made to Healthcare Improvement Scotland when required. All lasers should have separate treatment registers and a patient register that contains appropriate information. A practicing privileges policy should be developed. Processes and procedures must be implemented to ensure medicines are safely managed. The audit programme and quality improvement should be further developed.

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

The service engaged with patients in a variety of ways, including through its social media profiles and website. The service's website included information about the range of treatments delivered in the service, what to expect during treatments and expectation of costs.

The service gathered patient feedback in a variety of ways, including patient satisfaction questionnaires, online reviews and verbal feedback. We were told the service responded directly to any patients who provided negative feedback and informed them of any improvements made to the service as a result. For example, a stock ordering checklist had been developed to ensure the service maintained a suitable level of products for patients to purchase.

Patients who responded to our online survey spoke positively about the service and felt well informed about their treatments. Comments included:

- 'different treatment options are always explained and I choose the one I feel best for me.'
- 'I have always been informed and given recommendations on the continuation of the treatment and offered options...'
- 'all staff are very friendly and respectful and put me at ease...'

What needs to improve

We saw the service had processes in place to gather patient feedback however, response rates were low. We discussed the benefit of developing a patient participation policy to help direct a formal process of evaluating patient feedback, driving improvement and measuring the impact of any improvements made within the service (recommendation b).

- No requirements.

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.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate.

Policies and procedure were in place to support the delivery of person-centred care. We saw the service had recently reviewed its policies that included:

- complaints
- duty of candour
- information management, and
- medication management.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service had an up-to-date duty of candour policy and we saw that the service had published a duty of candour report on their website.

The service provided intense pulsed light (IPL) treatments such as hair removal. Treatment rooms were suitably designed and equipped for using IPL equipment. The service had an appropriately qualified external laser protection advisor who had produced an appropriate laser risk assessment and 'local rules' (laser arrangements to ensure lasers are managed safely). Local rules were available for patients to review. Staff authorised to use laser equipment had undertaken laser safety core of knowledge training, which they were required to refresh at regular intervals. The laser protection supervisor explained how laser safety was managed in the service.

The service was registered with the Information Commissioners Office (ICO) (an independent authority for data protection and privacy rights). Patient care records were in paper and electronic format. We saw paper records were stored securely in locked filing cabinet and electronic records were stored on an electronic password-protected device. This helped to maintain confidentiality of patient information in line with data protection legislation.

The service had an up-to-date complaints policy which referred to Healthcare Improvement Scotland as an alternative process for complaints. We noted the service had not received any complaints since it was registered in 2018.

A process was in place for recording and reviewing accidents and incidents. We noted there had been no accidents or incidents reported in the service.

Patients received pre-treatment questionnaires to complete, including their medical history, previous treatments, and prescribed medication. Patients were provided with information about the appropriate treatment options and the risks and benefits, during their consultation.

We saw aftercare patient information leaflets were available in the service and we were told that patients were provided with this information following their treatment. We saw this information was also available on the service website.

All staff working in the service had a signed contract of employment. We saw the service had carried out appropriate Disclosure Scotland background checks for all staff working within the service. A signed contract was in place for the independent nurse prescriber and we saw evidence of appropriate checks that had been carried out. This included:

- qualifications
- Protecting Vulnerable Groups (PVG) background checks
- references
- training
- the status of professional registration, and
- medical indemnity insurance.

What needs to improve

Before the inspection we noted the service was providing laser treatments, this was not in line with its agreed service conditions of registration. Healthcare Improvement Scotland's notifications guidance has a list of specific events and circumstances which services are required to report to Healthcare Improvement Scotland, in specified timescales (requirement 1).

The service did not have a separate laser treatment register or patient register in place for laser and IPL treatments. A laser treatment register should include all IPL and laser treatments (treatment parameters and number of pulses). A patient register should include the following information:

- operator
- patient name and date of birth
- type of treatment
- area of treatment
- date of treatment
- precise exposure
- serial number of laser or IPL, and
- any accident or adverse incident (recommendation c).

The service's infection prevention and control policy did not include information for all standard infection control precautions in Health Protection Scotland's National Infection Prevention Manual or reference to Healthcare Improvement Scotland's Infection Prevention and Control Standards (2022) (recommendation d).

While we saw appropriate checks had been carried out for the independent nurse prescriber. We were told that there were processes in place for reviewing the practitioner's ongoing professional monitoring however, this was not available for us to review on the day of the inspection. For example, there was no evidence of an annual appraisal, revalidation and continued professional development of the independent nurse prescriber. We discussed the benefit of a practicing privileges policy that would set out the service's responsibilities for carrying out ongoing professional checks and monitoring to make sure care was delivered safely (recommendation e).

While we saw the service had carried out appropriate Disclosure Scotland background checks for all staff working in the service and were told the service had introduced a system to obtain PVG updates for staff at regular intervals. This was not available for us to review on inspection. A system to obtain and record PVG updates at regular intervals would help to ensure that staff remain safe to work in the service recommendation f).

Complaints information was available for patients to access within the service. However, this did not include information or contact details for Healthcare Improvement Scotland. We discussed this with service who agreed to update the complaints information. We will follow this up at the next inspection.

Requirement 1 – Timescale: by immediate

- The provider must notify Healthcare Improvement Scotland of certain matters as detailed in the notifications guidance.

Recommendation c

- The service should ensure that all lasers have separate treatment registers and a patient register that contains appropriate information.

Recommendation d

- The service should review and update its infection prevention and control policy to make sure it is in line with Healthcare Improvement Scotland’s Infection Prevention and Control Standards (2022) and Health Protection Scotland’s National Infection Prevention and Control Manual.

Recommendation e

- The service should develop a practicing privileges policy.

Recommendation f

- The service should develop a system to obtain and record a PVG update for all relevant staff at regular intervals.

Planning for quality

In the event that the service was unable to operate, we were told that patients would be referred to alternative service.

We saw the service carried out weekly operational checks on machinery used for non-clinical beauty treatments.

A quality improvement plan was in place. This helped to inform and direct the service’s improvement activities. We saw improvement activities identified were recorded, along with the actions that would be taken. For example, improved systems for administrative work and electronic patient care records. We saw improvements made were discussed at staff meetings. This helped to keep staff informed of any changes to service delivery.

What needs to improve

While the service had a medicines management policy in place. We found limited evidence that medication was being safely managed in the service. For example, we found a number of medicines stored in the pharmacy fridge and storage cabinet were out of date. We were told the temperature of the clinical fridge was checked daily, but this was not documented. Effective medicine

management systems and processes must be implemented to ensure that all medicines are in date and managed safely within the service (requirement 2).

During the inspection, we found labels on sharps boxes (used for the safe disposal of used needles and other sharp medical instruments) were not being fully completed. In addition, we did not see any evidence of a clinical waste contract for the uplift of all clinical and hazardous waste generated by the service. Healthcare services must ensure clinical waste is managed safely and have appropriate waste contracts in place (requirement 3)

The fire risk assessment for the service had not been updated since 2018 and we saw that some of the recommendations were still outstanding. For example, the service had not displayed fire exit signage, fire safety arrangements including procedures for evacuation and staff training (recommendation g).

Following the last inspection, we saw the service had developed an audit programme however, we noted this was a checklist and did not identify a specific activity that was being audited or measured against an explicit audit criteria. A structured audit programme of audits should be introduced for key areas of the service (recommendation h).

The service's quality improvement plan could be further developed to include areas for improvement identified through patient feedback, audits, complaints and policy reviews. The quality improvement plan should measure the impact of change and demonstrate a culture of continuous improvement. We discussed with the service that the benefits of recording all improvement activity information in one document.

Requirement 2 – Timescale: by immediate

- The provider must review its medicine management policy and implement systems, processes and procedures to ensure medicines are safely managed within the service.

Requirement 3 – Timescale: by 30 July 2024

- The provider must ensure a clinical waste contract is in place and ensure national guidance is followed for the management of sharps.

Recommendation g

- The service should address the outstanding recommendations in its 2018 fire safety report and the fire risk assessment should be reviewed every year.

Recommendation h

- The service should further develop its programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement actions plans implemented.

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 patients were satisfied with the environment. Patient care records must be fully completed for every consultation and treatment provided, including prescribing of medication. National guidance should be followed for all cleaning within the service. Staff files should be accessible within the service and contain relevant information.

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.

The environment and patient equipment was clean and well maintained. We saw cleaning schedules were completed to confirm that cleaning had been carried out. Single-use equipment was used to prevent cross-infection. Patients who completed our online survey told us the environment was clean and well maintained. Some comments included:

- “the treatment rooms are clean, comfortable and well looked after.’
- “very clean and comfortable clinic.’

We reviewed a combination of five patient care records and found all patients had fully consented for their treatment and photographs to be taken. This process included information about the risks and benefits of treatment and asked for details about past medical history, including any medication currently being prescribed and previous treatments patients may have had. We found all records contained patient’s personal information including patients GP and emergency contact details.

Patient care records for patients who attended the service for aesthetic treatments such as botulinum toxin included a facial mapping diagram detailing

the areas that had been treated, including batch numbers and expiry dates of the medicine used.

What needs to improve

The patient care records we reviewed for patients attending the service for aesthetic treatments did not document the outcome of the initial consultation or record of prescription (requirement 4).

No staff files were available for us to review during the inspection (recommendation i).

Requirement 4 – Timescale: by immediate

- The provider must ensure that the outcome of every consultation and details of the treatment provided, including the prescribing of medication, is recorded in the patient care record.

Recommendation i

- The service should ensure individual staff information includes all necessary recruitment documents, induction and training for all staff working in the service.

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.

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.



Before

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.



During

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

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.



After

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
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihtregulation@nhs.scot

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or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org