



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: The Youth Fairy, Kirkcaldy

Service Provider: Roberta Kent

18 June 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 5 March 2020

Requirement

The provider must document all consultations in the patient care records.

Action taken

Of the five electronic patient care records we reviewed, we saw consultation notes documented fully in only one. **This requirement is not met** and is reported in Domain 7: Quality control (see requirement 2 on page 22).

What the service had done to meet the recommendations we made at our last inspection on 5 March 2020.

Recommendation

The service should analyse patient feedback and use it to inform service improvement.

Action taken

A patient questionnaire was used to gather patient feedback and we saw an example of feedback informing service improvement.

Recommendation

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.

Action taken

While medicine management audits were carried out, the service's audit program should be developed further to include all relevant areas of patient care delivery. This recommendation is reported in Domain 5: Planning for quality (see recommendation g on page 19).

Recommendation

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

Action taken

In the five patient care records we reviewed, we saw that patients were asked to include their GP and next of kin contact details. However, consent to share this information in an emergency was not documented. This recommendation is reported in Domain 7: Quality control (see requirement 3 on page 22).

Recommendation

The service should ensure that a system is in place to record that all the appropriate pre-employment safety checks have been completed.

Action taken

From staff files we reviewed of the two new nurses joining the service, we found that some safety checks had been carried out and more were in progress.

Recommendation

The service should develop a quality improvement plan that will support and manage the delivery of service improvements.

Action taken

The service had a quality assurance policy which highlighted a process of capturing regular quality improvement processes in the service, such as a regular audit programme. However, a quality improvement plan had not been developed. This recommendation is reported in Domain 5: Planning for quality (see recommendation h on page 20).

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 the Youth Fairy on Tuesday 18 June 2024. We spoke with all staff. We received feedback from 37 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Kirkcaldy, The Youth Fairy 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 the Youth Fairy, 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 service aims to provide a high standard of patient care. Two new nurses had joined the service under practicing privileges agreements. Clear and measurable objectives should be developed to demonstrate ongoing improvements in the service.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
The service had a number of returning patients over many years. We saw that patient feedback had helped to improve the service. Processes were in place to help make sure the service is safe. Quality improvement processes had recently been updated. A yearly duty of candour report must be published and accessible to patients. The process of reviewing feedback should be formalised. A risk register should be developed. A quality improvement plan should be in place.	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
Processes were in place to help make sure the service remained clean and in a good state of repair. All consent-to-treatment forms were signed and dated appropriately. A consultation process must be documented in every patient care record. Consent to share information with the patient's GP and next of kin must be documented in patient care records.	✓ 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: [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 Roberta Kent 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 three requirements and nine recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should develop clear and measurable aims and objectives for patients to access (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirement	
1	The provider must publish a duty of candour report every year (see page 18). Timescale – immediate <i>Regulation 5(2)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>

Implementation and delivery (continued)

Recommendations

<p>b The service should further develop how patients obtain information on treatments and the cost when considering the service (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all the decisions about my care and support. Statement 2.9</p>
<p>c The service should develop a process of informing patients of the outcomes of their feedback (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 4.8</p>
<p>d The service should update its complaints process and information available to patients to include updated Healthcare Improvement Scotland contact information (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>
<p>e The service should register with the Information Commissioner’s Office to ensure patient information is managed securely (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
<p>f The service should develop a process of identifying risks and ensuring a regular review (see page 19).</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>
<p>g The service should further develop its audit programme to cover key aspects of care delivery (see page 19).</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>

Implementation and delivery (continued)

- h** The service should develop a quality improvement plan that will support and manage the delivery of service improvements (see page 20).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results

Requirements

- 2** The provider must ensure that each patient care record includes documented assessment and consultation each time (see page 22).

Timescale – immediate

Regulation 4(2)

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

This was previously identified as a requirement in the March 2020 inspection report for The Youth Fairy.

- 3** The provider must ensure that each patient consent is obtained to share information with the GP and next of kin in the event of an emergency. If the patient refuses, this should be documented (see page 22).

Timescale – immediate

Regulation 4(1)

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

Recommendation

- i** The service should ensure the medicine fridge is used for medicines only (see page 22).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

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](#)

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

We would like to thank all staff at The Youth Fairy 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 aims to provide a high standard of patient care. Two new nurses had joined the service under practicing privileges agreements. Clear and measurable objectives should be developed to demonstrate ongoing improvements in the service.

Clear vision and purpose

The service told us it aimed to provide safe, person-centred care. It aimed to make sure patients were given time during the consultation to talk through their expectations and concerns about treatments and keep high standards. Treatments were appointment-only and patient appointments were 1 hour each. The clinic opening hours were dependent on patients' availability.

The owner was an aesthetic nurse practitioner and independent nurse prescriber.

What needs to improve

The owner (practitioner) told us about the service's purpose, aims and objectives. However, these were not measurable. The service should develop key performance indicators to help measure service performance (recommendation a).

- No requirements.

Recommendation a

- The service should identify key performance indicators to measure the service against

Leadership and culture

Staff working under practicing privileges are not employed directly by the provider but are given permission to work in the service. The owner (practitioner) had recently signed practicing privileges contracts with two aesthetic nurses, one of which was an independent prescriber. The owner

(practitioner) will support these nurses. At the time of our inspection, the nurses were not treating patients and we were told the service was in the process of completing appropriate pre-employment safety checks.

We met the new staff working under practicing privileges and they told us they felt supported by the owner (practitioner). We could see that the nurses were making positive changes to the governance of the service. For example, discussions were taking place over how to improve the service's online presence.

We saw that regular monthly staff meetings had recently been planned. A set agenda had been developed and minutes would be produced, along with any agreed actions.

- 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

The service had a number of returning patients over many years. We saw that patient feedback had helped to improve the service. Processes were in place to help make sure the service is safe. Quality improvement processes had recently been updated.

A yearly duty of candour report must be published and accessible to patients. The process of reviewing feedback should be formalised. A risk register should be developed. A quality improvement plan should be in place.

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

A variety of treatments were available in the service. The provider's social media page was used to share information of when treatments were available and the cost.

We were told that 60% of patients were returning customers for 10 or more years. Patients could visit for a free consultation and had the opportunity for a 'cooling-off period' to consider the planned treatment before agreeing to proceed.

The service had a participation policy in place, which referred to patient involvement and their experiences of the service. Patient feedback questionnaires were available to complete at the time of treatment, or patients could take them home and post them back using a stamped addressed envelope from the service. We were told that feedback was also often given verbally. We saw that the service had introduced a coffee machine after feedback from a patient.

Patients who completed our survey told us:

- ‘...gave me a thorough explanation of all risks and benefits. And allowed the opportunity to ask questions.’
- ‘...is extremely professional and I received all the relevant information on my procedures. All questions I had were thoroughly answered.’
- ‘Felt nervous about procedure but was instantly put at ease. Procedure explained at length and in depth.’

What needs to improve

While costs were stated on the service’s social media page, information on the risks and benefits of the treatments was not included. This information would allow patients to review their options when considering the service (recommendation b).

We saw that the proposed monthly staff meeting agendas included a regular review of patient feedback. However, at the time of our inspection we found no evidence that completed feedback questionnaires had been reviewed, analysed or that patients were informed of the outcomes of their feedback (recommendation c).

- No requirements.

Recommendation b

- The service should further develop how patients obtain information on treatments and the cost when considering the service.

Recommendation c

- The service should develop a process of informing patients of the outcomes of their feedback.

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 owner (practitioner) was aware of the process of notifying Healthcare Improvement Scotland of any changes occurring in the service.

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

- clinical governance
- complaints, and
- medicine management.

The infection prevention and control policy referred to the Health Protection Scotland (HPS) *National Infection Prevention and Control Manual*. This included the standard infection control precautions, such as hand hygiene, safe disposal of clinical waste and management of bodily fluid spills. We saw a good supply of personal protective equipment available, including aprons, gloves and face masks. The service had a good supply of single-use equipment in place (such as needles and syringes) to help manage the risk of cross-infection. A clinical waste contract was in place for the collection and safe disposal of clinical waste, used syringes and needles.

The complaints policy set out the process of how a patient would make a complaint. A document on the wall was accessible to patients and included information on how to make a complaint to Healthcare Improvement Scotland at any time. The service had not had any complaints since it registered in 2018.

All medications used in the service were ordered from appropriately registered suppliers and ordered for individual patients. All medicines were stored appropriately, with some stored in the medicine fridge. The temperature of the fridge was recorded every day to make sure medicines were kept at the correct temperature.

The service had an emergency bag that included a number of emergency medicines and single-use equipment, which we saw was in-date and stored securely.

A process was in place for managing accidents and incidents. The service had not experienced any accidents or incidents since it registered in 2018.

Patient care records were stored electronically. We reviewed five patient records and found that patient names and contact details were documented. Patients were asked for GP and next of kin contact details. A medical questionnaire was completed that included previous aesthetic history, allergies, and current medication. In each patient care record we reviewed, a face diagram had been completed that included the areas injected and the volumes used.

The service had a practicing privileges policy in place. We saw that the two nurses working under practicing privileges agreements had a staff file that included:

- a signed copy of their practicing privileges contract
- a statement from the professional register, and
- two references.

The service was waiting for the nurses' updated Disclosure Scotland Protecting Vulnerable Groups (PVG) checks. We were told that a training program was in place that included the owner (practitioner) and nurses.

What needs to improve

Duty of candour is where the service has a duty to be open and honest with patients when something goes wrong. The service had a duty of candour policy in place. However, the service had not published an annual duty of candour report. The provider must publish a duty of candour report every year and make it available to patients, even when it has not been triggered (requirement 1).

The complaints document on display in the service included an incorrect Healthcare Improvement Scotland address. This should be updated and should also include the Healthcare Improvement Scotland email address for ease of access (recommendation d).

The service was not registered with the Information Commissioner's Office (recommendation e).

Requirement 1 – Timescale: immediate

- The provider must publish a duty of candour report every year.

Recommendation d

- The service should update its complaints process and information available to patients to include updated Healthcare Improvement Scotland contact information.

Recommendation e

- The service should register with the Information Commissioner's Office to ensure patient information is stored securely.

Planning for quality

We saw completed checklists for daily, weekly, monthly cleaning, which were signed and dated. As part of medicine management, we saw that emergency medicines were checked regularly.

The service had carried out risk assessments, including those for fire risk, infection prevention and control and trips and falls.

The service had developed a quality assurance policy, which referred to Healthcare Improvement Scotland and the Health and Social Care Standards. The policy showed a commitment to embedding a culture of continuous improvement.

What needs to improve

While we saw that risk assessments had been developed, the service should develop a process to help make sure risks are appropriately identified, managed and regularly reviewed (recommendation f).

With the addition of two more nurses in the service, audit processes had recently been developed. We were told that the service planned to develop and implement a program of monthly audits. The results of audits would then be discussed and reviewed with actions at monthly staff meetings. The audit program should be developed to include all aspects of service delivery (recommendation g).

The service planned to develop a yearly report for the business, producing the first report at the end of March 2025. We saw a document to be completed in April 2025 that would include the yearly quality improvement activity. It is planned that this would demonstrate the improvement plans for the year. However, at the time of our inspection the service did not have a quality improvement plan in place that would help to formalise and direct improvement activities (recommendation h).

- No requirements.

Recommendation f

- The service should develop a process of identifying risks and ensuring a regular review.

Recommendation g

- The service should further develop its audit programme to cover key aspects of care delivery.

Recommendation h

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

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

Processes were in place to help make sure the service remained clean and in a good state of repair. All consent-to-treatment forms were signed and dated appropriately.

A consultation process must be documented in every patient care record. Consent to share information with the patient's GP and next of kin must be documented in patient care records.

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 limited self-evaluation.

The clinic comprised of a room in the owner's garden. The environment was clean and in a good state of repair. We saw cleaning checklists were in place for daily, weekly and monthly cleaning regimes. Appropriate cleaning products and equipment were used in the service.

The five patient records we reviewed documented patients' consent to treatment and included information on the risk and benefits. All consent-to-treatment forms were signed and dated appropriately. Aftercare information was sent electronically to each patient after their treatment.

Patients who completed the online survey told us:

- 'Extremely clean and comfortable.'
- 'Very professional setting and time keeping.'
- 'I did not feel rushed to make any decisions and felt that I was provided with in depth information.'
- 'She's not afraid to say that a treatment is unnecessary if that's the case.'

What needs to improve

We found that of the five patient care records we reviewed, only one had documented a consultation fully. All consultations and assessments must be documented (requirement 2).

While we saw that the patient was asked to supply their GP and next of kin contact details, we found no evidence that consent was obtained to share this information in the event of an emergency (requirement 3).

We found the medicine fridge had bottles of water and juice. The owner (practitioner) told us this was not normally the case. The medicine fridge should be used for medicines only (recommendation i).

Requirement 2 – Timescale: immediate

- The provider must ensure that each patient care record contains a documented assessment and consultation every time.

Requirement 3 – Timescale: immediate

- The provider must ensure that each patient's consent is obtained to share information with the GP and next of kin in the event of an emergency. If the patient refuses, this should be documented.

Recommendation i

- The service should ensure the medicine fridge is used for medicines only.

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:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

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

Email: his.ihtregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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