



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Follow-up Inspection Report: Independent Healthcare

Service: The Skin and Face Place, East Kilbride

Service Provider: The Skin and Face Place
(Scotland) Ltd

10 July 2024

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Contents

1	A summary of our follow-up inspection	4
<hr/>		
2	Progress since our last inspection	8
<hr/>		
	Appendix 1 – About our inspections	16
<hr/>		

1 A summary of our follow-up inspection

Previous inspection

We previously inspected The Skin and Face Place on 23 January 2024. That inspection resulted in eight requirements and eleven recommendations. As a result of that inspection, The Skin and Face Place (Scotland) Ltd produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

About our follow-up inspection

We carried out an announced follow-up inspection to The Skin and Face Place on Wednesday 10 July 2024. The purpose of the inspection was to follow up on the progress the service has made in addressing the eight requirements and eleven recommendations from the last inspection. This report should be read along with the January 2024 inspection report.

We spoke with the owner (practitioner) during the inspection.

The inspection team was made up of one inspector.

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

		Grade awarded
Direction	<i>How clear is the service’s vision and purpose and how supportive is its leadership and culture?</i>	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	✓ Satisfactory

The grading history for The Skin and Face Place can be found on our website.

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](#)

We found that the provider had complied with all the requirements made at our previous inspection. It had also taken steps to act on the majority of the recommendations we made.

Of the eight requirements made at the previous inspection on 23 January 2024, the provider has:

- met eight requirements.

What action we expect The Skin and Face Place (Scotland) 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 no requirements and five recommendations which remain outstanding.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should share its vision and purpose statement with patients (see page 8).</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>This was previously identified as a recommendation in the January 2024 inspection report for The Skin and Face Place.</p>
b	<p>The service should further develop the key performance indicators to include monitoring the safe care and treatment of patients (see page 8).</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>This was previously identified as a recommendation in the January 2024 inspection report for The Skin and Face Place.</p>

Implementation and delivery	
Requirements	
None	
Recommendations	
c	<p>The service should continue to review all its policies and procedures and ensure they are up to date with current standards, legislation and guidance (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 4.11</p> <p>This was previously identified as a recommendation in the January 2024 inspection report for The Skin and Face Place.</p>

Implementation and delivery (continued)

Recommendations

d The service should obtain evidence for staff files that mandatory training has been completed. This should include clinical training to ensure patient safety, as well as governance procedures such as:

- a) complaints management
- b) duty of candour
- c) obtaining informed consent, and
- d) safeguarding (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

This was previously identified as a recommendation in the January 2024 inspection report for The Skin and Face Place.

e The service should implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 14).

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

This was previously identified as a recommendation in the January 2024 inspection report for The Skin and Face Place.

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](#)

We would like to thank all staff at The Skin and Face Place for their assistance during the inspection.

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 23 January 2024

Key Focus Area: Direction

Domain 1: Clear vision and purpose

Domain 2: Leadership and culture

How clear is the service's vision and purpose and how supportive is its leadership and culture?

Our findings

Clear vision and purpose

Recommendation

The service should share its vision and purpose statement with patients and staff.

Action taken

The service had developed its vision and purpose and shared this with staff during a staff meeting. However, it had not been shared with patients at the time of our inspection. The service was developing a new website and planned to include its vision and purpose statement on this once it was live (**see recommendation a on page 6**).

Recommendation

The service should further develop the key performance indicators to include monitoring the safe care and treatment of patients.

Action taken

The clinic management software system used for appointment bookings and patient care records generated reports on the service's key performance indicators. However, the service had not yet included a key performance indicator for the monitoring of the safe care and treatment of patients (**see recommendation b on page 6**).

Leadership and culture

Requirement – Timescale: immediate

The provider must develop and follow a practicing privileges policy and have practicing privileges contracts that describe the governance procedures in place to ensure safe delivery of care with individual responsibility and accountability clearly identified and agreed.

Action taken

A practicing privileges policy had been developed and a contract was in place with the staff member working under a practicing privileges arrangement. The policy and contract described the governance procedures in place to make sure care was delivered safely, with individual responsibility and accountability clearly identified and agreed.

This requirement is met.

Recommendation

The service should formalise its staff meetings, with a record of discussions and decisions reached at these meetings kept. These should detail staff responsible for taking forward any actions.

Action taken

A staff meeting policy, schedule, agenda and minutes template had been developed. We saw evidence that minuted staff meetings had taken place. Agenda items included:

- clinic performance
- health and safety
- infection prevention and control
- patient feedback, and
- staff suggestions for improvement.

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

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

Recommendation

The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made. Patients should be informed of the changes made as a result of their feedback.

Action taken

A structured patient feedback online form had been developed that allowed patients to provide an anonymous review of the service. The survey asked the patients their views of their experience. Topics asked about included:

- aftercare
- booking process
- consultation process
- how staff treated them
- results of treatment, and
- the environment.

The link to the survey was emailed to patients following an appointment. While the survey had been recently implemented, we were told that feedback would be collated, analysed and any resulting improvements made would be shared with patients.

Recommendation

The service should develop and implement a process to actively seek the views of staff working in the service.

Action taken

We saw that the staff appraisal form asked for staff views on working in the service and any suggestions for improvement. Staff also had the opportunity to provide feedback during staff meetings.

Quality improvement

Requirement – Timescale: 8 July 2024

The provider must develop a formal role-specific induction package for all staff to evidence that they have the appropriate support to gain the knowledge and skills required for their role.

Action taken

An induction policy had been developed that described the induction process for new staff to ensure they were competent to perform their roles and responsibilities. An induction checklist also provided a record that all aspects of the induction process were completed during the induction period.

This requirement is met.

Requirement – Timescale: 8 July 2024

The provider must introduce regular one-to-ones and annual appraisals to allow all staff the opportunity to discuss progress in their role or any concerns.

Action taken

An appraisal policy and template had been developed and appraisals were carried out. We saw evidence that staff members' performance and involvement in service improvement was discussed during appraisals.

This requirement is met.

Requirement – Timescale: 8 July 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.

Action taken

A policy for the use of an unlicensed medicine had been produced. We saw that consent forms had been updated to include information about the unlicensed use, to obtain fully informed consent. The form also advised patients that they could request the licensed alternative if preferred.

This requirement is met.

Requirement – Timescale: 8 July 2024

The provider must develop a medicines management policy that describes how medicines will be safely managed in the service.

Action taken

A medicines management policy had been developed that included how medicines would be:

- procured
- received
- stored
- prescribed
- transported
- administered, and
- disposed of.

This requirement is met.

Recommendation

The service should regularly review all its policies and procedures and ensure they are up to date with current standards, legislation and guidance.

Action taken

We saw some progress in updating policies and procedures to reflect current standards, legislation and guidance. However, this action was still in progress (see recommendation c on page 6).

Recommendation

The service should develop and implement a safeguarding (public protection) policy.

Action taken

The service had a safeguarding policy in place that advised staff what action to take in the event of an adult or child protection issue.

Recommendation

The service should produce and publish an annual duty of candour report.

Action taken

The service had now produced an annual duty of candour report, which was displayed in the reception area of the clinic.

Recommendation

The service should develop a list of mandatory training for staff to complete. This should include clinical training to ensure patient safety, as well as governance procedures such as:

- *complaints management*
- *duty of candour*
- *obtaining informed consent, and*
- *safeguarding.*

Action taken

Mandatory training had been added to the practicing privileges policy. This included training in:

- emergency procedures
- health and safety
- policies and procedures, and
- role-specific training.

However, staff files did not document whether staff had completed this training, or training for the governance procedures (**see recommendation d on page 7**).

Planning for quality

Requirement – Timescale: 8 July 2024

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

Action taken

Assessments for the management of risks to patients and staff in the service had been completed.

This requirement is met.

Recommendation

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

Action taken

While the service had produced a quality improvement template to document quality improvement activities, it had not been populated at the time of our inspection (**see recommendation e on page 7**).

Recommendation

The service should develop an audit programme to include audits of:

- a) all patient care records*
- b) the clinic environment and equipment*
- c) staff files, and*
- d) medicines management.*

Action taken

The service had a comprehensive audit programme in place, which included audits of:

- health and safety
- infection prevention and control precautions
- medicines management
- patient care records, and
- staff files.

We saw that improvements had been made and documented as a result of audit outcomes. Documented checks had also been carried out for fire safety, clinical waste and emergency drugs.

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

Requirement – Timescale: immediate

The provider must develop a risk assessment for the use of the non-compliant clinical hand wash basins in the treatment rooms and implement the appropriate controls until compliant sinks can be installed, including use of an appropriate cleaning product.

Action taken

A risk assessment for the use of the non-compliant clinical hand wash basin had been carried out and an appropriate cleaning product was in use.

This requirement is met.

Requirement – Timescale: immediate

The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited, including that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly.

Action taken

We saw evidence that checks had been carried out on staff working in the service, including making sure that staff had the appropriate insurance, professional registration and PVG check. A process was in place to repeat these checks yearly.

This requirement is met.

Appendix 1 – About our inspections

Our quality of care approach and the quality assurance 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.



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:

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Gyle Square
1 South Gyle Crescent
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Email: his.ihcregulation@nhs.scot

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