



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: KAL-Med Consulting, Livingston

Service Provider: KAL-Med Consulting C.I.C

10 December 2024

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 9 August 2022

Recommendation

The service should ensure staff are trained in the principles of duty of candour.

Action taken

Duty of candour training was now included in the service's induction process. We saw evidence that all members of staff, including those with practicing privileges (staff not employed directly by the provider but given permission to work in the service), had completed the NHS online duty of candour training module.

Recommendation

The service should implement and carry out regular audits of patient care records to ensure the continued standard of documentation.

Action taken

Audits on patient care records were now carried out every 3 months.

Recommendation

The service should develop an overarching quality improvement plan to further demonstrate the culture of continuous improvement.

Action taken

A quality improvement plan had now been implemented which included details of improvements made in the service.

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 a short-notice announced inspection to KAL-Med Consulting on Tuesday 10 December 2024. We spoke with both the service director and the service manager during the inspection, as well as administration and reception staff. Due to the nature of the inspection, we were not able to request that the service issue an online survey to its patients for us before the inspection.

Based in Livingston Village, KAL-Med Consulting is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors (one senior) and one doctor.

What we found and inspection grades awarded

For KAL-Med Consulting, 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
A well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. Staff said they felt valued, respected and well supported, and understood the service's governance arrangements. The service had a clear vision and goal, aims and objectives. Key performance indicators were used to measure how well the service was performing.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Patients were fully informed about treatment options and involved in all decisions about their care. Appropriate safety assurance processes were in place, including a comprehensive audit programme, clear procedures for managing complaints and a quality improvement plan. Systems and processes were also in place to monitor and manage risk.</p> <p>Information provided to the public should accurately reflect what treatments are offered using prescription-only medication. Although patient feedback was actively sought and used to continually improve the service, a process should be developed to communicate to patients about the impact of their feedback. Policies should reflect, and be relevant to, the service and how the service is delivered.</p>	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care</i>
The care environment and patient equipment was clean and well maintained. Good infection control measures were in place. All staff working in the service had appropriate background and safety checks documented. Patient care records were well completed, with written information about the procedure provided, and consultations were carried out before treatment. A suitable medical drugs fridge must be in place.	✓✓ 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 KAL-Med Consulting C.I.C 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 one requirement and three recommendations.

Implementation and delivery	
Requirements	
None	
Recommendations	
a	The service should update its website to align with the General Medical Council guidance on advertising (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Implementation and delivery (continued)	
Recommendations	
b	<p>The service should develop a process to keep patients informed about how their feedback is used to improve the service (see page 13).</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>
c	<p>The service should ensure that policies are relevant to the service and reflect how the service is delivered, including referencing the correct regulatory body (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 4.11</p>

Results	
Requirement	
1	<p>The provider must ensure that a suitable fridge is used to store all temperature-sensitive medication (see page 19).</p> <p>Timescale – by 14 May 2025</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](#)

KAL-Med Consulting C.I.C, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at KAL-Med Consulting 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

A well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. Staff said they felt valued, respected and well supported, and understood the service's governance arrangements. The service had a clear vision and goal, aims and objectives. Key performance indicators were used to measure how well the service was performing.

Clear vision and purpose

The service's vision offering a personalised approach to healthcare was clearly displayed on the service's website. This information was displayed in both English and in Polish languages. We were told 96% of the service's patients were of Polish nationality.

The service's aims and objectives were also stated on its website. These included providing:

- individual consultations with patients including diagnostic tests providing comprehensive person-centred care
- swift access to appointments usually taking place within a 2-week period, providing patients with prompt access to care, and
- employee health assessments within a defined time period.

The service reviewed its business strategy every year, using staff and patient feedback to assess its progress. We saw evidence of this information being discussed and recorded in the minutes of team meetings.

Key performance indicators had been identified to help measure and evaluate how well the service was performing. Clinical indicators included patient satisfaction and patient outcomes. Non-clinical indicators included patient return rates, increasing patient numbers, and staff recruitment and retention

procedures. The service's quality improvement plan helped to formalise and direct the way the service drives and measures improvement. This plan was also used to measure how the service was performing against its key performance indicators.

The service manager told us the service's goal was to continue to offer a service to both Polish and British nationalities in the local community, which was easily accessed with flexible appointments. Consultations were appointment-only and were primarily face to face. Appointments were provided 7 days a week with both Polish and British doctors available to facilitate patient preferences. Both the consultation and any necessary paperwork was provided in both English and Polish languages, as required.

- No requirements.
- No recommendations.

Leadership and culture

The service manager was registered with the Nursing and Midwifery Council (NMC) and was also a practitioner in the service. There was a small staff group in the service who were committed to delivering the service's vision. The service's staff members included:

- administration and reception staff
- clinical staff (doctors and nurses), and
- chaperones.

An effective leadership structure was in place through the senior management team. This was made up of the service manager and two company directors.

We saw evidence that the service continually reviewed its processes and governance arrangements to ensure it provided the appropriate quality of service. This included reviewing:

- audit and key performance indicators
- clinical care standards
- patient safety, and
- quality improvement.

Staff were encouraged to participate and contribute to the day-to-day running of the service. Team meetings were held every 3 months. Staff also participated in daily 'catch-ups'. We saw minutes of team meetings identified staff members to take forward any necessary actions. The minutes showed that the team meetings discussed topics such as:

- audit results
- current treatments
- patient and staff feedback reviews, and
- staff training and development opportunities.

Staff we spoke with told us that the service was a good place to work. They told us they felt valued, and that senior management listened to them. Staff were able to make suggestions and voice ideas for improvements to the service. They also felt that senior management had an 'open door' policy where they could approach managers with any concerns or issues. The service recognised and celebrated staff events such as birthdays and longevity of service.

The service did not currently have a responsible officer due to the recent resignation of the previous responsible officer. This person acts on behalf of the General Medical Council (GMC) to ensure the doctors working in the service had undertaken the required learning and continuous professional development to allow them to be revalidated and relicensed to practice for a further 5 years. The service manager told us they had been in contact with the GMC and had taken steps to address this with a doctor identified for the role. The service had currently paused two of the doctors from practicing in the service until appropriate arrangements relating to their revalidation and relicensing by an alternative responsible officer were in place.

- 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. Appropriate safety assurance processes were in place, including a comprehensive audit programme, clear procedures for managing complaints and a quality improvement plan. Systems and processes were also in place to monitor and manage risk.

Information provided to the public should accurately reflect what treatments are offered using prescription-only medication. Although patient feedback was actively sought and used to continually improve the service, a process should be developed to communicate to patients about the impact of their feedback. Policies should reflect, and be relevant to, the service and how the service is delivered.

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

The service's participation policy described how patients and carers could provide feedback about their experience to help develop and improve the service. For example, feedback could be provided using a feedback questionnaire. Informal feedback was also gathered verbally and through social media. We saw that patients also posted feedback about their experience on the service's website. We saw that the service used this feedback to inform the quality improvement plan and take forward any required actions. Any changes in the service that led to improvements were monitored and evaluated through the audit programme. Examples of feedback received that had been used to improve the patient experience included having refreshments available in the waiting/reception area and adding coat hooks to toilets/changing areas for patients' belongings.

Information about the treatments available and costs involved was provided to patients and carers before their appointment. They could then discuss their expectations and any worries about outcomes from their treatments at their first consultation. They were also given written aftercare advice as and when appropriate.

Due to the nature of the inspection, we were not able to speak directly to any patients in the service or conduct our own online feedback survey. However, we saw that feedback the service received was positive.

What needs to improve

The service's website was advertising that medication for type 2 diabetes could be prescribed and used for weight loss. This medication is not licensed to be used for weight loss (recommendation a).

While the service made improvements after receiving patient feedback, it was not clear how these outcomes or changes were shared with patients (recommendation b).

- No requirements.

Recommendation a

- The service should update its website to align with the General Medical Council guidance on advertising.

Recommendation b

- The service should develop a process to keep patients informed about how their feedback is 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 was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland. A clear system was in place to record and manage accident and incidents.

The service had developed and implemented policies to help make sure that patients had a safe experience in the service. Policies were reviewed every 2 years or as required to make sure they remained relevant to the service and in line with national guidance. Key policies included those for:

- emergency arrangements
- health and safety
- infection prevention and control
- medication management, and
- safeguarding (public protection) of adults and children.

Maintenance contracts for fire safety equipment and the fire detection system were up to date. Electrical and fire safety checks were monitored regularly.

Arrangements were in place to deal with medical emergencies. All staff had completed up-to-date basic life support training. Emergency medicines were also available for patients if required. Controlled drugs (medications that require to be controlled more strictly, such as some types of painkillers) were able to be prescribed by some of the doctors in the service, using their 'private prescriber-controlled drugs' pad. We noted that the service had effective processes in place to safely manage the prescribing of controlled drugs, including secure storage of the prescription pad. The service worked closely with two local pharmacies to obtain prescription-only medication and controlled drugs. Prescription-only medication was also obtained from pharmacies in Poland using an express same or next day delivery service. Information for patients on medication was in Polish and in English languages.

Infection prevention and control measures were in place to reduce the risk of infection. This included cleaning patient equipment and the environment, appropriate use of personal protective equipment (disposable aprons and gloves), and good hand hygiene and clinical waste practices.

The service's complaints policy was available in the clinic and on its website. This stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. No complaints had been received by Healthcare Improvement Scotland or the service since the last inspection in 2022.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service's most recent duty of candour report was available in the waiting/reception area for patients to view.

Patient consultations were mainly carried out face to face. A comprehensive assessment included a full medical history, as well as current medications. Where appropriate, aftercare leaflets were provided which included the service's out-of-hours contact details. We were told that patients tended to have surgical procedures in Poland, and the service maintained supportive professional relationships with other independent healthcare services in the UK and Poland as part of shared patient aftercare arrangements.

Patient care records were stored on a password-protected system and the service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). The service's general data protection regulations policy was available on its website.

A confidential waste collection contract was in place for the disposal of patient information.

All staff engaged in regular continuing professional development and had completed their revalidation. This was managed through the 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.

Doctors working in the service were appointed under practicing privileges (staff not employed directly by the provider but given permission to work in the service). The service manager demonstrated a good understanding of the necessary regulation for the medical staff working in the service. They kept up-to-date and thorough documentation for these staff members. This included GMC registration, appraisal and revalidation, Disclosure Scotland background checks, relevant qualifications and training, indemnity insurance information and eligibility to work in the UK.

We were told that the service kept up to date with research and good practice through continued professional development and mutual support of professional colleagues. For example, the doctors who worked in the service met regularly to share cases and learning outcomes from each other.

The service's recruitment and staffing policy and practicing privileges policy followed best practice recruitment guidelines. This included obtaining two references and Protecting Vulnerable Groups (PVG) background checks.

Staff completed an induction period and were allocated mandatory training to complete. This included safeguarding of adults and children, and duty of candour. The service manager was responsible for making sure that staff completed mandatory training. Staff files we reviewed included evidence of completed training.

All staff, including those with practicing privileges, completed the NHS online mandatory training. All staff had also received additional training in the service's governance processes, including:

- the complaints handling process
- the risk register and risk assessments
- the audit programme
- the patient feedback process
- reporting of adverse events, and
- reviewing findings from previous Healthcare Improvement Scotland inspections.

Staff supervision sessions were carried out regularly and recorded in staff files. This involves staff reflecting on their practice and identifying any learning needs. Staff with practicing privileges contracts provided the service with their annual appraisals from their NHS posts including proof of continued learning. Appraisals we saw had been comprehensively completed. Staff we spoke with told us their appraisals helped them feel valued and encouraged their career goals.

What needs to improve

Not all of the service's policies were entirely reflective of the service and how care was delivered. For example, the infection control policy referenced the Care Quality Commission rather than Healthcare Improvement Scotland and several policies referred to providing services in people's homes (recommendation c).

The emergency arrangements policy needed to be more specific and include where emergency equipment, such as defibrillators, was located in the service. We will follow this up at future inspections.

- No requirements.

Recommendation c

- The service should ensure that policies are relevant to the service and reflect how the service is delivered, including referencing the correct regulatory body.

Planning for quality

Comprehensive risk assessments were in place to effectively manage risks to patients and staff in the service, including those for:

- contingency planning
- data protection
- environmental assessments, including slips, trips and falls
- fire, and
- infection prevention and control.

The risk assessments were included in a risk register, which was reviewed regularly. We found that the risk assessments were easy to follow and included a scoring system to indicate whether the risk was classed as a high, medium or low risk. We saw that most risk assessments had been reviewed and that action plans were in place detailing what action had been taken to reduce any identified risks.

A business continuity plan described the steps that the service would take to protect patient care if an unexpected event happened, such as a temporary closure of the service. Arrangements were in place with other services in the surrounding areas to treat patients if required.

The service completed monthly and 3-monthly audits, such as those for:

- complaints
- infection prevention and control
- medicines
- patient care records
- patient and staff feedback, and
- safe management of equipment.

We saw that all results from audits were documented, and actions taken if appropriate. Audit results were also reflected in the service's quality improvement plan, which was regularly reviewed and updated.

- No requirements.
- No recommendations.

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 care environment and patient equipment was clean and well maintained. Good infection control measures were in place. All staff working in the service had appropriate background and safety checks documented. Patient care records were well completed, with written information about the procedure provided, and consultations were carried out before treatment. A suitable medical drugs fridge must be in place.

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.

We saw the service was clean and tidy, of a high standard and well maintained. The decor helped to provide a person-centred and relaxed atmosphere.

We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract with clear procedures for the safe disposal of medical sharps (such as syringes and needles), clinical waste and single-use patient equipment. Clinical waste was safely disposed of and stored in a secure area until collection. We saw a good supply of alcohol-based hand rub and disposable paper hand towels. Appropriate personal protective equipment was also available. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. Daily cleaning schedules were fully completed and up to date. The correct cleaning products were used in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings.

We reviewed five electronic patient care records. All entries were legible in both Polish and English, and were signed and dated by both the practitioner and patient, as appropriate. Each patient care record showed a clear pathway from assessment to treatments provided. Costs of treatment were detailed so patients knew exactly what they were paying. Advice on specific aftercare was

given with each treatment and this was documented in all of the patient care records we reviewed. Patient information included taking a full medical history, with details of any:

- existing health conditions
- medications
- consent to treatment and to sharing of information with other healthcare professionals
- next of kin, emergency contact and patients' GP details
- previous treatments, and
- referral, if appropriate.

The refrigerator used to store medicines was kept securely in a locked room, and was clean and in good working order. A temperature recording logbook was used to record fridge temperatures every day. This made sure medicines were stored at the correct temperature. The logbook was fully completed and up to date.

We saw evidence of a safe system for the procurement and prescribing of medicines, as well as completed records of stock checks and medicines prescribed and used for treatments in the service. This was in line with the service's medication management policy.

We saw that all appropriate pre-employment checks for all members of staff had been carried out. We reviewed six staff files and saw evidence of ongoing review of indemnity insurance and professional registration, where appropriate.

What needs to improve

Medicines requiring refrigerated storage were being stored in a non-pharmaceutical refrigerator. We were told this equipment was going to be replaced when the service carried out refurbishment work in the coming months (requirement 1).

Requirement 1 – Timescale: by 14 May 2025

- The provider must ensure that a suitable fridge is used to store all temperature-sensitive medication.

- No recommendations.

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:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihcregulation@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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