

# Announced Focused Inspection Report: Independent Healthcare

**Service:** Angel Face Aesthetics, Glasgow

**Service Provider:** Angel Face Aesthetics Limited

14 October 2020

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## 1 A summary of our inspection

We carried out an announced inspection to Angel Face Aesthetics on Wednesday 14 October 2020. The purpose of the inspection was to make sure the service was delivering care safely to patients, in light of the COVID-19 pandemic. We reviewed the service's infection prevention and control policies and procedures, and spoke with the service manager and one staff member during the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality 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.

### What we found and inspection grades awarded

For Angel Face Aesthetics, the following grade has been applied to the key quality indicator inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Effective measures had been introduced to minimise the risk of Covid-19 transmission between staff and patients. The environment and patient equipment were clean. Infection prevention and control audits should be introduced to help the service identify and manage risk of infection.	✓✓ 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:  
[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

### **What action we expect Angel Face Aesthetics Limited to take after our inspection**

This inspection resulted in one recommendation (see Appendix 1).

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

We would like to thank all staff at Angel Face Aesthetics for their assistance during the inspection.

## 2 What we found during our inspection

### Service delivery

This section is where we report on how safe the service is.

#### **Domain 5 – Delivery of safe, effective, compassionate and person-centred care**

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

#### **Our findings**

#### **Quality indicator 5.1 - Safe delivery of care**

**Effective measures had been introduced to minimise the risk of COVID-19 transmission between staff and patients. The environment and patient equipment were clean. Infection prevention and control audits should be introduced to help the service identify and manage risk of infection.**

The service manager is a registered nurse and independent nurse prescriber. The clinic also engaged the services of a registered nurse prescriber through a practising privileges arrangement (staff not employed by the provider but given permission to work in the service).

The service has one treatment room which is used by the service manager and nurse practitioner on different days. This helped to minimise the number of people in the premises and control the risk of virus transmission to themselves and patients.

We saw that the service has carried out the necessary COVID-19 risk assessments. The service's policies and procedures were comprehensive and described what actions the service is taking to minimise the risks from COVID-19. These included:

- COVID-19 infection prevention and control policy
- COVID-19 operational guide, which explains how the service will operate to minimise the risk of COVID-19 transmission
- COVID-19 patient consent form, and

- COVID-19 arrangements for dealing with emergencies including resuscitation policy.

Adjustments had been made to the environment and to the movement of patients and staff throughout the clinic to reduce any potential spread of the virus. These included:

- social distancing measures
- suitable gaps between appointments to allow rooms and equipment to be appropriately cleaned, and
- removal of the waiting area and unnecessary items such as magazines and refreshments.

Access was controlled by a strict telephone appointment system, where patients had an initial telephone assessment with the practitioner. All patients were required to complete a COVID-19 consent form. These precautions helped to support the effective screening of patients before their face-to-face consultation.

We saw evidence of other screening measures designed to protect patients and staff, including symptom checking all patients before they entered the clinic. Symptomatic or suspected COVID-19 patients were not admitted into the clinic. Patients were required to use alcohol-based hand rub and were provided with a facemask before being escorted directly to the treatment room.

Hand hygiene facilities were available, with hand soap and paper towels, and alcohol-based hand rub dispensers located at the clinic entrance and in the treatment room for use by staff and patients.

Posters with information on hand washing and COVID-19 were displayed at the clinic entrance and in the treatment room.

The care environment and patient equipment was clean and well maintained. Increased cleaning of the environment, including patient equipment and high touch areas such as door handles and card payment machines, had been implemented.

An appropriate supply of personal protective equipment was available, such as facemasks, face visors, gloves and aprons. This was stored correctly, close to where patient care was delivered.

Staff changed into a uniform when entering the building and changed back into their own clothes before leaving. They told us they laundered their uniforms at home, at the highest temperature recommended for the material.

Staff were provided with additional training on infection prevention and control and COVID-19, including how to safely apply, remove and dispose of personal protective equipment and life support training including arrangements for PPE.

Consultation and patient care records were stored electronically. This reduced contact points and handovers between patients and staff and minimised the risk of Covid-19 transmission.

### **What needs to improve**

We saw no evidence of audits being undertaken to assess and manage the risk of infection. Infection prevention and control audits would help the service to identify risks of the spread of COVID-19 and take actions to reduce these risks (recommendation a).

- No requirements.

### **Recommendation a**

- The service should carry out infection prevention and control audits. Audits should be documented and improvement actions implemented.



## Appendix 1 – Requirements and recommendations

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 at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendation	
a	<p>The service should carry out infection prevention and control audits. Audits should be documented and improvement actions implemented (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>

## Appendix 2 – About our inspections

Our quality of care approach and the quality 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.

### 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](http://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:

[www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.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.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

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Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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