

Announced Focused Inspection Report: Independent Healthcare

Service: FTT Skin Clinics, Inverness

Service Provider: FTT Skin Limited

6 November 2020

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1 A summary of our inspection

We carried out an announced inspection to FTT Skin Clinics (Inverness) on Friday 6 November 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 FTT Skin Clinics (Inverness), 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. Training specific to COVID-19 had been undertaken by all staff. Patients should be provided with COVID-19 information before attending their appointment to help control the 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

What action we expect FTT Skin 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

We would like to thank all staff at FTT Skin Clinics (Inverness) 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. Training specific to COVID-19 had been undertaken by all staff. Patients should be provided with written COVID-19 safety guidance before attending their appointment to help control the risk of infection.

The service is run by the service manager and a registered nurse independent nurse prescriber. The clinic engaged the services of two registered nurses and a dental care professional through a service level agreement (staff not employed by the provider but given permission to work in the service). The service is used by the practitioners on different days. This helped to minimise the number of people in the premises and control the risk of virus transmission between staff and patients.

We reviewed documents which showed that the service had conducted the necessary COVID-19 risk assessments and had policies and procedures in place to minimise the risk from COVID-19. Individual risk assessments for COVID-19 had been carried out for staff to make sure that they were safe to continue in their roles. Policies and procedures were reviewed and updated regularly. We were told that staff are informed of any updates. The service's policies we reviewed 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.

We discussed with the service manager how these policies and procedures had been implemented and what control measures had been put in place to reduce any potential spread of the virus. These included:

- suitable gaps between appointments to allow to allow rooms and equipment to be appropriately cleaned
- increased cleaning of the environment, patient equipment and high touch areas such as door handles, light switches and card payment machines, and
- removal of unnecessary items such as magazines and refreshments.

A designated personal protective equipment station has been set up at the main entrance. We were told, that before entering the clinic, patients must sanitise their hands and put on a face mask. Information posters regarding hand hygiene and COVID-19 were displayed throughout the clinic.

The number of chairs in waiting areas had been reduced and placed two metres apart. Staff cleaned the chairs between each patient use with appropriate cleaning materials.

Patients were initially assessed remotely by the practitioner using online consultations. On agreement of a face to face appointment, patients were required to complete a COVID-19 consent form which included confirmation that they did not have any symptoms of COVID-19. This supports the effective screening of patients prior to attending the clinic.

Consultation and patient care notes were recorded electronically. This further reduced the risk of COVID-19 transmission. We looked at five patient care records and found all the appropriate assessments, medical history and consent to treatment forms had been documented.

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

The care environment and patient equipment were clean and well maintained. Staff cleaned equipment between each patient use. We saw evidence of daily cleaning schedules being completed for all clinical and non-clinical areas. These were checked by the service manager to establish compliance and any action required.

We saw evidence that the service manager completes fortnightly environmental audits which includes a walk-around of the service area to observe cleanliness and equipment. Resulting action plans are regularly monitored.

All staff wore appropriate personal protective equipment including aprons, gloves and masks. The service had sufficient stocks of personal protective equipment and stock levels were monitored regularly. Personal protective equipment was stored correctly, close to where patient care was delivered. We were told that staff changed into a uniform when entering the clinic and changed back into their own clothes before leaving in order to reduce the spread of infection. They told us they laundered their uniforms at home, at the highest temperature recommended for the material.

We saw evidence that all staff had completed online mandatory infection prevention and control training and received additional training in COVID-19 control measures. This included how to safely apply, remove and dispose of personal protective equipment, as well as enhanced cleaning and hand hygiene. The service manager explained that staff receive regular COVID-19 updates via meetings, emails and text messaging. Regular communication makes sure that staff have up to date advice and guidance on COVID-19, and it provides staff with the opportunity to raise any queries or suggestions.

What needs to improve

Patients were not provided with written COVID-19 safety guidance in relation to attending the service before their appointment. This would help control the risk of infection to keep patients and staff safe (recommendation a).

- No requirements.

Recommendation a

- The service should provide patients with COVID-19 information before attending their appointment.

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

Requirements

None

Recommendation

- a** The service should provide patients with written COVID-19 safety guidance before attending their appointment (see page 8).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

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

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

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

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