

# Announced Focused Inspection Report: Independent Healthcare (online inspection)

Service: GR Aesthetics, Dunoon Service Provider: Gail Ritchie

1 December 2020



Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email <u>his.contactpublicinvolvement@nhs.scot</u>

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#### A summary of our inspection 1

We carried out an announced inspection to GR Aesthetics on Tuesday 1 December 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 (practitioner) during an online video conferencing call. 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 selfevaluation. 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. Although requested, the service did not submit a self-evaluation.

### What we found and inspection grades awarded

For GR 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 were in place to minimise the risk of COVID-19 transmission between the practitioner and patients. A COVID-19 risk assessment had been carried out and the service's infection control policy had been reviewed to make sure current national guidance was being followed. Audits of patient care records should be introduced to ensure all key information is recorded.	✓ 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: <u>http://www.healthcareimprovementscotland.org/our\_work/inspecting\_and\_re</u> <u>gulating\_care/ihc\_inspection\_guidance/inspection\_methodology.aspx</u>

### What action we expect Gail Ritchie 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: <u>www.healthcareimprovementscotland.org/our\_work/inspecting\_and\_regulatin</u> <u>g\_care/independent\_healthcare/find\_a\_provider\_or\_service.aspx</u>

We would like to thank all staff at GR 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 were in place to minimise the risk of COVID-19 transmission between the practitioner and patients. A COVID-19 risk assessment had been carried out and the service's infection control policy had been reviewed to make sure current national guidance was being followed. Audits of patient care records should be introduced to ensure all key information is recorded.

The service's infection control policy had been updated to ensure it covered key aspects of infection prevention and control principles and aligned with Scottish guidance. It described how the 10 standard infection control precautions, such as hand hygiene and the use of personal protective equipment, are complied with.

The service manager (practitioner) had carried out a risk assessment and recorded the control measures they had implemented to minimise the transmission of COVID-19. These included:

- additional screening and consent forms to ensure COVID-19 risks had been properly discussed and considered before treatment
- appropriate personal protective equipment for patients and the practitioner to wear, including face masks, gloves and aprons, and
- reducing the type of treatments provided so that patients could continue to wear a face mask during their treatment.

All patients received an initial telephone assessment before any treatment was carried out. This included a COVID-19 screening assessment and a discussion about consent to treatment. The screening assessment was repeated the day before treatment and again on arrival before entry to the clinic. Patients were not accepted for treatment unless they had completed and signed a consent form and were considered safe to continue with treatment.

All equipment we saw was clean and well maintained. A good supply of personal protective equipment was available. The practitioner understood when to use this and described how they made sure patients also wore appropriate personal protective equipment during their treatment. A clinical waste contract was in place to ensure used personal protective equipment was collected from the practitioner's home address.

The practitioner was keeping up to date with current COVID-19 guidance through government websites.

We looked at five patient care records and found each patient had received a COVID-19 screening assessment and completed an additional COVID-19 consent to treatment form. This confirmed their understanding of the increased risk of receiving an elective aesthetic treatment during an ongoing pandemic.

Patient care records were in both paper and electronic format and both were stored securely in a lockable cabinet in the treatment room.

### What needs to improve

One COVID-19 consent form had not been signed or dated by the patient. Audits of patient care records would help the service to identify gaps in documentation and ensure key information is recorded (recommendation a).

■ No requirements.

### **Recommendation** a

■ The service should introduce monthly audits of patient care records to improve the recording of key information.

## **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** The service should introduce monthly audits of patient care records to improve the recording of key information (see page 7).

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

### 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.

#### **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.

#### 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.

More information about our approach can be found on our website: <u>www.healthcareimprovementscotland.org/our\_work/governance\_and\_assuran</u> <u>ce/quality\_of\_care\_approach.aspx</u>

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Before

During

After

### 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

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 <u>his.contactpublicinvolvement@nhs.scot</u>

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