



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Focused Inspection Report: Independent Healthcare (online inspection)

Service: HLH Aesthetics, Alness

Service Provider: Heather Hynd

10 November 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 his.contactpublicinvolvement@nhs.scot

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1 A summary of our inspection

We carried out an announced inspection of HLH Aesthetics on Tuesday 10 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 (sole 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 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 HLH 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 the practitioner and patients. The provider should ensure that the infection, prevention and control risk assessments are being audited and updated on a regular basis.	✓ 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:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

What action we expect HLH Aesthetics to take after our inspection

This inspection resulted in two recommendations (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 HLH 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 the practitioner and patients. The provider should ensure that the infection, prevention and control risk assessments are being audited and updated on a regular basis.

The service manager is the sole aesthetic practitioner, registered nurse and independent nurse prescriber. The service works from a treatment room within a community pharmacy. Patients of the clinic accessed the service from the pharmacy.

The service policies we reviewed included:

- COVID-19 infection prevention and control policy
- COVID-19 policy, which explains how the services will operate to minimise the risk of COVID-19
- COVID-19 risk assessments, and
- COVID-19 patient screening process.

These described the risks and measures that the service had in place.

We discussed with the provider how these policies and procedures had been implemented and what measures had been put in place to minimise the risk of COVID-19 transmission. These included:

- restricted access to premises with suitable gaps between appointments

- patients COVID-19 screening process
- increased cleaning of the environment, patient equipment and high touch areas such as door handles, and
- appropriate personal protective equipment (PPE) for patients and staff.

A pre-assessment conversation was held with the patient by telephone or by video call to assess their suitability to attend the face-to-face consultation. Patients were reminded of the possible symptoms of COVID-19 and advised not to attend the appointment if they had concerns. Patients were informed of the process to follow when arriving at the clinic.

Risk assessments now formed part of the patient's routine assessment and any patients who had suspected or confirmed COVID-19 upon arrival were not treated. Patients were advised to arrive on time for the appointment, on their own and to bring minimum belongings with them. The waiting facilities in the pharmacy area had been taken out of use. Appointments were arranged with appropriate gaps in between to allow time for cleaning surfaces and to avoid unnecessary contact with other patients.

On arrival, the service manager met each patient at the door of the pharmacy, ensuring they used alcohol-based hand rub provided and gave them a facemask to wear, if not already being worn. Patients were then taken straight to the treatment room to ensure they did not come into direct contact with customers of the pharmacy. Face-to-face consultations were carried out for all patients. After treatment, patients were given aftercare leaflets and contact details of the service. They were also told what to do if they developed COVID-19 symptoms in the days following the treatment.

During the inspection we saw that the care environment and patient equipment was clean and well maintained. The walls of the treatment room are paneled with gaps in between which could result in an increased risk of gathering dust. The service manager had completed a risk assessment ensuring the walls were part of a regular cleaning programme. The service manager was able to describe the cleaning process, which was in line with current guidance and included cleaning of the walls and frequently touched surfaces between each patient. We saw up-to-date cleaning and equipment checklists.

Hand hygiene facilities were available including hand soap dispenser and paper towels and alcohol-based hand rub. The practitioner changed in to a uniform on arrival at the service.

We saw a good supply of PPE, such as facemasks, face visors, gloves and aprons. The service manager understood when to use PPE. Clinical waste was segregated and disposed of appropriately in line with the pharmacy clinical waste contract.

We reviewed three patient care records and found that all the appropriate assessments, medical history, consent and treatment plans had been completed.

What needs to improve

Although we saw that appropriate measures were in place to minimise the risk of cross-infection throughout the service, there was no evidence that the infection, prevention and control risk assessments were being audited and updated on a regular basis (recommendation a).

The provider told us that the patients were provided with aftercare information and a contact telephone number but they were not currently provided with written information about COVID-19 risks and precautions following their treatment (recommendation b).

Requirement

- No requirements.

Recommendation a

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

Recommendation b

- The service should provide patients with written information about COVID-19 risks and precautions, following 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.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
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 4.11</p>
b	<p>The service should provide patients with written information about COVID-19 risks and precautions, following their appointment (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 4.11</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

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:

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Gyle Square
1 South Gyle Crescent
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