

Announced Focused Inspection Report: Independent Healthcare (online inspection)

Service: On Point Dermal Therapy, West Linton

Service Provider: On Point Dermal Therapy Ltd

14 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 his.contactpublicinvolvement@nhs.scot

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1 A summary of our inspection

We carried out an announced inspection to On Point Dermal Therapy on Monday 14 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 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. Although requested, the service did not submit a self-evaluation.

What we found and inspection grades awarded

For On Point Dermal Therapy, 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		
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 practitioner was keeping up to date with changes in guidance during the pandemic through government websites and peer support. A COVID-19 risk assessment should be documented and the service's infection control policy reviewed to make sure it aligns with Scottish guidance. Multiple eye goggles should be available and appropriately sterilised between each use. Scottish Government guidance should be followed in relation to face coverings and personal protective equipment.	✓ 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 On Point Dermal Therapy Ltd to take after our inspection

This inspection resulted in four recommendations.

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 On Point Dermal Therapy 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 practitioner was keeping up to date with changes in guidance during the pandemic through government websites and peer support. A COVID-19 risk assessment should be documented and the service's infection control policy reviewed to make sure it aligns with Scottish guidance. Multiple eye goggles should be available and appropriately sterilised between each use. Scottish Government guidance should be followed in relation to face coverings and personal protective equipment.

The service is owned and delivered by a sole practitioner who operates on a mobile basis, providing treatment to patients in their own homes.

The service's policies and documentation we reviewed included:

- infection prevention and control policy
- COVID-19 patient assessment
- COVID-19 wellness checklist, and
- consent to treatment forms.

Through discussion with the practitioner, we found that appropriate control measures were in place to minimise the transmission of COVID-19. These included:

- A fully enclosed portable treatment case to transport all necessary items to treat the patient in their home.
- Additional screening and consent forms to make sure that 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.
- Making sure no other household members were present during the patient's treatment.

All patients received an initial telephone assessment before any treatment was carried out. This included a COVID-19 screening assessment and consent form. Patients were not accepted for treatment unless they had completed and signed this form and were considered safe to continue with treatment. A face-to-face consultation was carried out by video call if a prescription medicine was needed to perform the treatment, such as botulinum toxin.

We looked at five patient care records and found all the appropriate assessments, medical history and consent to treatment forms had been documented.

All equipment and items needed to carry out patients' treatment were stored in a portable treatment case that was easy to clean. We saw that the treatment case and equipment were clean and well maintained. A good supply of personal protective equipment was available, including gloves, aprons and facemasks. The practitioner understood when to use this and described how they made sure patients also wore appropriate face coverings during their treatment. The service manager had a clinical waste arrangement in place with a local GP practice where they also worked. All used personal protective equipment and sharps were disposed of using this arrangement.

The practitioner was keeping up to date with current COVID-19 guidance through government websites, peer support and training modules through their local GP practice where they were employed.

Patient care records were in electronic format and were stored securely on a laptop at the practitioner's home address.

What needs to improve

The provider should record its assessment of COVID-19 risks, as well as the actions that will be taken to minimise the risk of transmission. This would help to demonstrate the service's approach to the ongoing management of risk (recommendation a).

While the service's infection control policy covered some key aspects of infection prevention and control principles, it did not align with Scottish guidance. All health and social care services in Scotland must be able to demonstrate how the 10 standard infection control precautions, such as hand hygiene and the use of personal protective equipment, are complied with. These are described in *Chapter 1 of Health Protection Scotland's National Infection Prevention and Control Manual* (recommendation b).

The service manager was wearing re-usable protective eye goggles when carrying out treatments. Whilst these were being cleaned with alcohol wipes it may not always be possible to clean inside all of the grooves. If eye goggles continue to be worn, multiple pairs should be provided to allow each pair to be appropriately sterilised between each use (recommendation c).

Until recently, the service had been carrying out some dermal filler lip treatments that required the removal of the patients face covering in order to carry out the treatment. The Scottish Government wrote to independent healthcare and dental care providers in November 2020. This instruction stipulated that face coverings should not be removed unless there are sound clinical reasons to do so, such as dental treatment (recommendation d).

- No requirements.

Recommendation a

- The service should record its assessment of COVID-19 risks including a description of appropriate actions to minimise the transmission of infection.

Recommendation b

- The service should review its infection control policy to make sure it details how the service will comply with the standard infection control precautions described in *Chapter 1 of Health Protection Scotland's National Infection Prevention and Control Manual*.

Recommendation c

- The service should purchase multiple pairs of eye goggles. Each pair should be worn once and then fully immersed in an appropriate sterilising solution before being reused.

Recommendation d

- The service should follow Scottish Government guidance in relation to face coverings and personal protective equipment.

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.

Requirements	
1	None
Recommendations	
a	<p>The service should record its assessment of COVID-19 risks including a description of appropriate actions to minimise the transmission of infection (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 review its infection control policy to make sure it details how the service will comply with the standard infection control precautions described in <i>Chapter 1 of Health Protection Scotland's National Infection Prevention and Control Manual</i> (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>
c	<p>The service should purchase multiple pairs of eye goggles to allow each pair to be appropriately sterilised between each use (see page 8).</p> <p>I have confidence in the organisation providing my care and support. Statement 4.11</p>
d	<p>The service should follow Scottish Government guidance in relation to face coverings and personal protective equipment (see page 9).</p> <p>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:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
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You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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