

Announced Focused Inspection Report: Independent Healthcare (online inspection)

Service: SkinGenius Medical Aesthetics

Service Provider: SkinGenius Medical Aesthetics

9 October 2020

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1 A summary of our inspection

We carried out an announced inspection to SkinGenius Medical Aesthetics on Friday 9 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 (sole practitioner) during an online video conference 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 SkinGenius Medical Aesthetics, the following grades have been applied to the key quality indicators 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. A regular programme of audits should be introduced to help make service improvements.	✓ 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 SkinGenius Medical 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 SkinGenius Medical 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. A regular programme of audits should be introduced to help make service improvements.

The service manager is the sole practitioner and prescriber for the service and was a registered GP. The service had one treatment room which was located within an established beauty salon.

The service manager told us they had received training and information relating to COVID-19 in their role as a GP, and told us how they had shared their learning with the other staff in the salon.

The service's policies and documents we reviewed included:

- Infection prevention and control policy (reflecting the current COVID 19 pandemic)
- COVID-19 risk register, and a
- document summarising the changes in clinic procedures as a result of COVID-19.

During the inspection, we discussed these documents with the manager and also the procedures that had been put in place to reduce the risk of transmission of COVID-19. These included:

- extending the time of appointments to allow for the use of personal protective equipment for patients and staff
- enhanced cleaning of the environment including the patient equipment, surfaces and high touch areas such as door handles and card payment machines between appointments, and
- patient risk assessments for COVID-19.

We saw hand hygiene facilities were available which included a wall mounted alcohol-based hand rub at the entrance to the salon and treatment room. Liquid soap and paper towels were available beside the wash hand sink in the treatment room. We also saw signs in place encouraging patients to use the alcohol based hand rub. Although we did not see hand hygiene being carried out during the inspection, the service manager was able to tell us when they would carry out hand hygiene which was in line with current guidance.

During the inspection, we did not see any PPE (personal protective equipment) such as gloves and aprons in the clinic. However, the service manager told us they brought a supply with them on the days when they were delivering treatments. They also described what type of PPE they would use and when, which included gloves, aprons and facemasks. Patients were also required to wear facemasks, except for when receiving treatments to the lower face. The manager wore scrubs to deliver treatments, which they changed into and out off on arrival and when leaving the clinic. These were then transported home in a dedicated bag and then laundered at the highest recommended temperature.

The environment was in a good state of repair and clean, and was of a construction that would allow effective cleaning. Patient equipment was also clean and in a good state of repair. The manager was able to describe the enhanced cleaning procedures in place for the patient equipment, surfaces and high touch areas such as door handles and card payment machines.

We saw that patients were provided with information regarding their arrival at the clinic using electronic messaging. This information included arriving as close to their appointment time as possible, the need to wear a facemask and to use the alcohol-based hand rub on entering the salon.

Patient care records were in the process of being transferred to an electronic format. Currently, the initial consultations were being carried out either by video call or telephone. The service manager told us that patients COVID-19 risk assessments were completed at their consultation, 48 hours before their appointment and on arrival for their appointment. We saw that risk assessments for COVID-19 had been completed in the patient care records that

we reviewed. Patients were also required to complete track and trace forms and had their temperature checked on arrival at the clinic.

What needs to improve

Reusable mop heads were used to clean the floor, which were then laundered in the salon. We discussed the need to be assured that laundering was at the correct temperature and that disposable mop heads would remove the need for laundering (recommendation a).

The service was not carrying out any audits to assure themselves and patients of the safety of the service. We discussed with the manager how this could be introduced. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation b).

Recommendation a

- The service should start to use disposable mop heads for cleaning the floors in the clinic.

Recommendation b

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans 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

Recommendations

- a** The service should start to use disposable mops for cleaning the floors in the clinic (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 5.17

- b** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 8).

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.



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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1 South Gyle Crescent
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