

Announced Focused Inspection Report:Independent Healthcare

Service: The Face Fairy, Coatbridge

Service Provider: The Face Fairy

19 October 2020

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1 A summary of our inspection

We carried out an announced inspection to The Face Fairy on Monday 19 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 both owners (practitioners) 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 The Face Fairy, 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	The service responded to the challenges presented by Covid-19 and had conducted the necessary risk assessments and developed relevant policies and procedures. Infection prevention and control audits should be introduced to help the service identify and manage risk. Face visors should be used for a maximum of one clinic session and then disposed of as clinical waste.	✓ 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 The Face Fairy 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 The Face Fairy 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

The service responded to the challenges presented by COVID-19 and had conducted the necessary risk assessments and developed relevant policies and procedures. Infection prevention and control audits should be introduced to help the service identify and manage risk. Face visors should be used for a maximum of one clinic session and then disposed of as clinical waste.

The service is owned and operated by two registered nurses. One is the service manager and is an independent nurse prescriber.

The service contains one treatment room which is used by the service manager and nurse practitioner at different times during the clinic session. This helped to minimise the number of people in the premises and control the risk of virus transmission to themselves and patients.

We saw that the service had the necessary COVID-19 risk assessments. The service's policies and procedures were comprehensive and described what actions the service takes to minimise the risks from COVID-19. 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 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:

- social distancing measures being marked out on floors
- increasing the cleaning of all patient and staff areas, and
- removal of the waiting area and unnecessary items such as magazines and refreshments.

Access to the service was controlled and the entrance door was locked. Any admissions to the premises were controlled by staff. When the patient arrived, screening measures designed to protect patients and staff were carried out. For example, symptom and temperature checking. The reception desk was fitted with a screen to limit the potential transmission of COVID-19.

Patient appointments were pre-booked online and appointment times were staggered. This allowed time for cleaning of the environment between patients and to avoid unnecessary contact with other patients. Patients were asked to arrive for their appointment on their own and with minimal belongings.

The service manager told us that all patients were signposted to hand sanitising points at both the entry and exit of the premises. All patients were required to wear a face mask whilst they were in the clinic. Face masks were available at the entrance to the premises. Instruction posters were displayed at the entrance to the clinic and at reception regarding hand washing and COVID-19 information.

All patients were required to complete a COVID-19 consent form as part of the online booking. This supports the effective screening of patients prior to their face-to-face consultation.

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.

The care environment and patient equipment were clean and well maintained. We were told that cleaning arrangements for all patient and staff areas had increased, including regular cleaning of touch points such as doors and card payment machines. The premises had been disinfected using fog treatment to further minimise the risk of COVID-19 transmission.

An appropriate supply of personal protective equipment was available, such as facemasks, gloves and aprons. Stock levels were monitored regularly. Personal

protective equipment was stored appropriately, close to where patient care was delivered.

Hand hygiene facilities were available, with hand soap, paper towels, and alcohol-based hand rub dispensers.

We were told that staff changed into a uniform when entering the service and changed back into their own clothes before leaving. Uniforms were laundered at home, at the highest temperature recommended for the material.

What needs to improve

The majority of the personal protective equipment was being used appropriately. However, the service manager told us they used one face visor for each clinic shift, which was cleaned between each patient and then re-used. Current national guidance advises that face visors should be used for the duration of a clinic shift, but should then be disposed of as clinical waste and not re-used (recommendation a).

We saw no evidence of audits being carried out to assess and manage the risk of infection. Infection prevention and control audits would help the service to identify risks of the spread of COVID-19 and take actions to reduce these risks (recommendation b).

- No requirements.

Recommendation a

- The service should that current national guidance is adhered to for the use of face visors.

Recommendation b

- The service should carry out infection prevention and control audits. Audits should be documented and improvement actions 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	
Requirements	
None	
Recommendations	
a	The service should ensure that current national guidance is adhered to for the use of face visors (see page 8). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
b	The service should carry out infection prevention and control audits. Audits should be documented and improvement actions 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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Gyle Square
1 South Gyle Crescent
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