



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Focused Inspection Report: Independent Healthcare (online inspection)

Service: Aspen Spa, Dornoch

Service Provider: Aspen Medi-Spa Ltd

4 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 to Aspen Spa on Wednesday 4 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 and aesthetics doctor 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 Aspen Spa, the following grade has 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	The service was clean and effective measures were seen to have been introduced to minimise the risk of COVID-19 transmission between the practitioner and patients attending the service. The provider must ensure that staff employed under practicing privileges have a disclosure Scotland PVG check carried out.	✓ 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 Aspen Medi-Spa Ltd to take after our inspection

This inspection resulted in one requirement and one recommendation. The requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and 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

Aspen Medi-Spa Ltd the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Aspen Spa 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 was clean and effective measures were seen to have been introduced to minimise the risk of COVID-19 transmission between the practitioner and patients attending the service. The provider must ensure that staff employed under practicing privileges have a disclosure Scotland PVG check carried out.

The service consisted of two members of staff, the service manager and an aesthetics doctor. The service had one treatment room.

The service’s policies and procedures we reviewed included:

- infection prevention and control policy
- COVID risk reduction policy
- COVID risk assessment
- CPR policy
- pre-treatment risk assessment questionnaire, and
- staffing arrangement and training policy – COVID update

All policies and procedures contained enough detail to capture the relevant risks and described appropriate control measures that the service would take.

The service manager told us 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 the premises with suitable gaps between each appointment
- increased cleaning of the environment, including patient equipment and high touch areas such as door handles, card payment machine, and
- personal protective equipment for patients and staff.

Patients could make appointments by email or by phone. The day before treatment, the service manager emailed the patient the pre-treatment risk assessment questionnaire to complete and return to the service. The service manager also explained the appointment procedure to follow on arrival at the clinic. For example, patients were asked to arrive for their appointment on their own, with minimal belongings and to wear a facemask. Appointments were arranged with gaps in between to allow time for cleaning surfaces and to avoid unnecessary contact between patients.

On arrival, patients were asked to ring the doorbell from outside the clinic entrance. The service manager greeted them and took their temperature. They were asked to confirm the questions from the pre-treatment risk assessment questionnaire. The service manager also asked patients to use the alcohol-based hand rub provided before taking them through to the treatment room. We saw signage in place advising patients about social distancing and to wear a facemask.

During the appointment with the aesthetic doctor, the patient assessment was completed which included the patient's medical history, previous aesthetic treatments, any known allergies and consent to treatment. Additional COVID-19 questions were also asked.

We looked at five patient care records and found all the appropriate assessments, medical history and consent to treatment forms had been documented. We also saw the completed pre-treatment risk assessment questionnaire and the additional COVID-19 questions had been recorded.

During our inspection, we saw that the care environment and patient equipment were clean and well maintained. A good supply of personal protective equipment was available, such as facemasks, goggles, face visors, gloves and aprons. The service manager and aesthetics doctor understood when to use personal protective equipment and described how they made sure patients also wore appropriate personal protective equipment while they were in the clinic.

We saw hand hygiene facilities were in place. A clinical hand wash basin, hand soap and paper towels were available and an alcohol-based hand rub dispenser had been provided.

Although the service did not employ any staff, it had granted practicing privileges to the aesthetics doctor. This is where staff are not employed directly by the provider but are given permission to work in the service. We saw:

- a practicing privileges policy was in place
- a signed contact
- pre-employment checks including references, qualifications and indemnity, and
- annual appraisal.

What needs to improve

We saw no evidence that a Protecting Vulnerable Groups (PVG) check had been carried out for the aesthetics doctor who had been granted practicing privileges (requirement 1).

While an audit policy was seen at the inspection, we found no evidence of audits taking place to review the safe delivery and quality of the service. For example, audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation a).

Requirement 1 – Timescale: by 10 February 2021

- The provider must ensure that staff employed in the provision of the independent healthcare service provider have all appropriate pre-employment checks carried out in line with relevant guidance such as a disclosure Scotland PVG check.

Recommendation a

- The service should develop a programme of regular audits to cover key aspects of care and treatment including infection prevention and control. 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

Requirements

- 1** The provider must ensure that staff employed in the provision of the independent healthcare service provider have all appropriate pre-employment checks carried out in line with relevant guidance such as a disclosure Scotland PVG check (see page 8).

Timescale – by 10 February 2021

Regulation 8 (1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

- a** The service should develop a programme of regular audits to cover key aspects of care and treatment including infection prevention and control. 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.



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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