



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Focused Inspection Report: Independent Healthcare (online inspection)

Service: Beautiform Aesthetics, Neilston

Service Provider: Beautiform Aesthetics Ltd

14 October 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 Beautiform Aesthetics on Wednesday 14 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 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 Beautiform 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	Staff were following standard infection control precautions. Appropriate assurance systems were in place to minimise the risk of Covid-19 transmission. Covid-19 risk assessments now formed part of a patient's routine assessment and these were being appropriately recorded in patient care records. While effective control measures were in place to minimise the risk of cross-infection, all measures should be captured in the service's risk assessment documentation. The service should ensure that any documentation used reflects current guidance.	✓ 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 Beautiform Aesthetics Ltd to take after our inspection

This inspection resulted in four 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 Beautiform 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

Staff were following standard infection control precautions. Appropriate assurance systems were in place to minimise the risk of Covid-19 transmission. Covid-19 risk assessments now formed part of a patient’s routine assessment and these were being appropriately recorded in patient care records. While effective control measures were in place to minimise the risk of cross-infection, all measures should be captured in the service’s risk assessment documentation. The service should ensure that any documentation used reflects current guidance.

The service manager is the sole practitioner and is a registered nurse and independent nurse prescriber. The service is provided as a mobile service to patients in their own homes.

The service’s policies we reviewed included:

- Covid-19 infection prevention and control policy
- Covid-19 risk assessment
- Covid-19 patient screening process
- cleaning methods, frequency and assurance system, and
- infection prevention and control audits.

These policies and procedures described the majority of risks and the control measures that the service would take to minimise the risks from Covid-19.

We discussed with the service manager how these policies and procedures had been implemented and the measures that had been put in place to minimise the risk of cross infection. Patients were asked to complete a screening questionnaire when booking an appointment with the service. Face-to-face consultations were being carried out for all patients in their own homes. On arrival at the patient's home, the service manager decontaminated their hands using an alcohol-based hand rub before entering. Once indoors, the service manager washed their hands using an available hand wash basin, and their own supply of hand soap and disposable paper towels. The routine assessment process for all patients now included an assessment for Covid-19. Any patients who advised that they or any other member of their household had confirmed or suspected Covid-19 were not treated.

The service had a good supply of personal protective equipment available, such as facemasks, goggles, face visors, gloves and aprons. The service manager understood when to use personal protective equipment and described how they made sure patients also wore appropriate personal protective equipment.

The service manager was able to describe their cleaning processes which were in line with current guidance.

Equipment required, such as dressing packs and needles, were individually packaged and transported securely to the patient's home. Clinical waste was segregated and disposed of appropriately in clinical waste bags or sharps bins. Clinical waste was transported securely from the patient's home and disposed of in line with a service level agreement with a local GP practice. The service manager wore a uniform that was laundered at home in line with current guidance.

We reviewed five patient care records and found all the appropriate Covid-19 assessments and information had been recorded. This included pre-assessment checks and appropriate consent documentation.

Infection prevention and control was included as part of the clinical governance audit, which was completed annually. Results from the most recent audit showed high compliance and there was evidence that action had been taken to resolve any minor issues identified.

The service manager was keeping up to date with current Covid-19 guidance through government websites, monthly team meetings and discussing how to implement it within their service with local peer support groups.

What needs to improve

Although we saw that appropriate measures were in place to minimise the risk of cross-infection throughout the service, not all of these measures were accurately reflected in the service's risk assessments (recommendation a).

The screening questionnaire and Covid-19 consent to treatment form referred to symptoms and other information that is not in line with current guidance (recommendation b).

Although patients were screened for Covid-19 at the time of booking their appointment, this could be some time in advance of their treatment. This screening process should be supplemented with providing the patient with written information outlining information about Covid-19 risks and precautions (recommendation c).

Patients were also screened for Covid-19 on the day of their appointment, after the service manager had already entered the patient's home. To further reduce the risk of transmission of the virus, the service should screen patients for Covid-19 the day before and on the day of treatment (recommendation d).

- No requirements.

Recommendation a

- The service should ensure that all control measures that are in place for the management of Covid-19 are reflected in the service's risk assessment documentation.

Recommendation b

- The service should ensure that the patient screening questionnaire and Covid-19 consent to treatment form is revised in line with current guidance.

Recommendation c

- The service should ensure that patients are provided with written information about Covid-19 risks and precautions prior to their appointment.

Recommendation d

- The service should ensure that patients are screened for Covid-19 the day before and on the day of their appointment. This will minimise the risk of cross-infection.

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 ensure that all control measures that are in place for the management of Covid-19 are reflected in the service’s risk assessment documentation (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 ensure that the patient screening questionnaire and Covid-19 consent to treatment form is revised in line with current guidance (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 ensure that patients are provided with written information about Covid-19 risks and precautions prior to 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>

**Domain 5 – Delivery of safe, effective, compassionate and person-centred care
(continued)**

Recommendations

- d** The service should ensure that patients are screened for Covid-19 the day before and on the day of their appointment. This will minimise the risk of cross-infection (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

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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Gyle Square
1 South Gyle Crescent
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