Announced Focused Inspection Report: Independent Healthcare (online inspection)

Service: Chantefleur, Melrose
Service Provider: Sally-Jayne Murray

07 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
1 A summary of our inspection

We carried out an announced inspection to Chantefleur on Monday 7 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 and one of the aesthetic practitioners 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 Chantefleur, the following grade has been applied to the key quality indicator inspected.

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
</table>
| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | **5.1 - Safe delivery of care**
Effective infection prevention and control measures had been introduced to minimise the risk of COVID-19 transmission between the practitioner and patients. Patient’s COVID-19 risk assessments should be fully recorded in the patient care record. A regular programme of audits should be introduced to help inform 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 Chantefleur 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 Chantefleur for their assistance during the inspection.
3 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 infection prevention and control measures had been introduced to minimise the risk of COVID-19 transmission between the practitioner and patients. Patient’s COVID-19 risk assessments should be fully recorded in the patient care record. A regular programme of audits should be introduced to help inform service improvements.

Aesthetic treatments are delivered by two registered NHS doctors in an established clinic where the service manager delivers beautician services.

The doctor we spoke with during the inspection told us that they had received COVID-19 training through their NHS post and had implemented this learning in their role as an aesthetic practitioner within the service.

The service’s policies and documents we reviewed as part of the inspection included:

- Cleaning, infection control and decontamination policy,
- COVID-19 risk assessment, and
- Patient information outlining the changes to accessing the service during the current COVID 19 pandemic.

During the inspection, we discussed these documents with the service manager and the aesthetic practitioner. We also discussed 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.

A COVID-19 risk assessment was carried out with patients via telephone call when booking an appointment. The risk assessment would then be repeated upon their arrival for the appointment, their temperature would also be taken. The service currently uses an infra-red thermometer, and we made them aware that this was not in line with current guidance. We were told that the correct thermometer had been purchased to replace the existing infra-red thermometer. Patients whose risk assessment indicated a possible risk of COVID-19 infection were declined an appointment or entry to the clinic. Of the five patient care records we reviewed we saw that all patients that had received treatment during the COVID-19 pandemic, had their temperature recorded.

From the records we reviewed we saw that consent for treatment had been obtained from all patients.

Only one patient was treated in the clinic at a time. Therefore, the reception area was not in use. We were told that patients arriving for treatment would be asked to use the alcohol based hand rub provided. They would also be provided with a disposable facemask and overshoes to wear as they entered the clinic.

The clinic was clean and tidy, and both the equipment and environment were in a good state of repair to allow for effective cleaning and decontamination. The manager was able to describe the enhanced cleaning that was in place, which included the toilets, if used, and high touch areas such as door handles.

We saw that personal protective equipment was available and the aesthetic practitioner was able to describe what they would use during treatments and how this would be disposed of safely afterwards.

We saw that hand hygiene facilities were available which included a sink in the treatment room with liquid soap and paper towels. Alcohol based hand rub was available at the entrance to the clinic as well as in the treatment room.
What needs to improve

The consent process and documentation had not been updated to include the risks of treatments during the COVID-19 pandemic. This was discussed with the service during the inspection and we were advised that their consent process and documentation would be updated accordingly.

The aesthetic practitioner was currently wearing their own clothes along with appropriate personal protective equipment to deliver treatments. We advised them to wear scrubs that could be changed into and out of at the clinic in order to further reduce the risk of COVID-19 transmission. The service advised us that they would start to wear scrubs whilst delivering treatments.

The service recorded the patient’s temperature in the patient care record as the only evidence that a COVID-19 risk assessment had been carried out. We advised the service that they should record, that a full COVID-19 risk assessment had been completed (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 service manager how this could be introduced. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation b).

- No requirements.

Recommendation a

- The service should make sure that they fully record all aspects of the patients COVID-19 risk assessment in the patient care record.

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

#### Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

#### Recommendations

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| a | The service should make sure that they fully record all aspects of the patients COVID-19 risk assessment in the patient care record (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 develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.  
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.

## 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.

## 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](http://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.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://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
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
0131 623 4300
www.healthcareimprovementscotland.org

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
0141 225 6999