Announced Focused Inspection Report: Independent Healthcare

**Service:** Grand Aura Skin & Wellbeing Clinic, Aberdeen  
**Service Provider:** Grand Aura Limited  
17 November 2020

*This report is embargoed until 10.00am on Tuesday 26 January 2021*
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 Grand Aura Skin & Wellbeing Clinic on Tuesday 17 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 a member of staff. 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 Grand Aura Skin & Wellbeing Clinic, the following grade has been applied to the key quality indicators inspected.

<table>
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<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>Quality indicator</td>
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<td>5.1 - Safe delivery of care</td>
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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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Grand Aura Skin & Wellbeing Clinic to take after our inspection

This inspection resulted in one recommendation (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 Grand Aura Skin & Wellbeing Clinic 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 staff and patients. The service did not have a blood spillage kit in place to facilitate the cleaning of blood spillages.

The service employs:

- a service manager
- a doctor
- an aesthetics nurse, and
- several practitioners.

The service had three treatment rooms used for the following procedures:

- minor surgical procedures and aesthetics
- laser treatments, and
- laser hair reduction treatments.

The service’s documentation we reviewed included:

- Cleanliness infection control and medical waste policy
- COVID-19 risk assessment
- cleaning schedules and procedures
- appointments procedure
• pre-consultation questionnaire, and
• clinical waste contract.

All policies and procedures contained enough detail to manage 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 book their appointment by phone or email and were asked to complete the pre-consultation questionnaire which was emailed to them. The questionnaire included COVID-19 screening questions to complete and return to the service the day before their appointment. It also detailed the procedure to follow on arrival. 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 pressed the door bell from outside the entrance. A member of staff greeted them, took their temperature and asked them to confirm the COVID-19 screening questions. They were asked to use the alcohol-based hand rub provided before being taken through to the treatment room. We saw signage in place advising patients about social distancing and wearing a facemask. Two meter signage was in place on the floor leading into the reception area which had three chairs for patient use. These were spaced two-meters apart and could be easily cleaned. Reception staff decontaminated the chairs after each use using appropriate detergent wipes.

During the appointment, the patient’s assessment was completed. This included the patient’s consent to treatment, medical history, previous aesthetic treatments and any known allergies. It also included confirming COVID-19 related questions.

We looked at five patient care records and found all the appropriate assessments, medical history, consent to treatment forms and aftercare information had been documented.
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 and aprons.

Staff 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.

We saw evidence of completed cleaning checklists. We were told the service had recently introduced an electronic infection control audit tool instead of using a paper audit tool. We saw the comprehensive electronic audit tool was based on the standard infection control procedures (SICP). The tool provided an overall compliance score and could provide scores for each individual SICP. It also generated an action plan template, where required.

**What needs to improve**

The service did not have a blood spillage kit in place to effectively facilitate the management of blood spillages (recommendation a).

We found that the service had boxes of vinyl gloves in place. The national infection control manual states that vinyl gloves should only be used for cleaning purposes and should not be worn where there is a risk of exposure to blood and body fluids or chemicals. We raised this with the service manager who immediately ordered the correct gloves in a variety of sizes.

- No requirements

**Recommendation a**

- The service should ensure all staff follow national guidance in Health Protection Scotland’s national infection prevention and control manual when managing blood spillages. This will reduce 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

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<th>Requirements</th>
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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.

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

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
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: hcis.ihcregulation@nhs.scot