Announced Focused Inspection Report: Independent Healthcare

Service: Sculpt Aesthetics, Glasgow
Service Provider: Ashleigh Todd Aesthetics (Scotland) Limited

22 June 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 Sculpt Aesthetics on Tuesday 22 June 2021. 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 the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors.

We did not request a self-evaluation from the service before the inspection.

What we found and inspection grades awarded

For Sculpt Aesthetics, the following grade has been applied to the key quality indicator inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>A coronavirus risk assessment had been recorded and effective measures introduced to minimise the risk of COVID-19 transmission. The environment was clean and cleaning procedures followed current national guidance. Patient care records contained evidence of patients’ COVID-19 screening assessments and discussions with patients. The infection control policy should align with Scottish guidance, and the service should continue to implement its audit programme.</td>
<td>Satisfactory</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

**What action we expect Ashleigh Todd Aesthetics (Scotland) Limited to take after our inspection**

This inspection resulted two recommendations. See Appendix 1 for a full list of the 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

We would like to thank all staff at Sculpt 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

A coronavirus risk assessment had been recorded and effective measures introduced to minimise the risk of COVID-19 transmission. The environment was clean and cleaning procedures followed current national guidance. Patient care records contained evidence of patients’ COVID-19 screening assessments and discussions with patients. The infection control policy should align with Scottish guidance, and the service should continue to implement its audit programme.

The manager told us how the service had responded to the COVID-19 pandemic, and made sure all staff and practitioners were aware of and kept updated on changes to procedures in the clinic to keep themselves and patients safe.

The service’s policies and documentation we reviewed included:

- coronavirus risk assessment
- coronavirus policy
- COVID-19 screening assessment
- consent to treatment forms, and
- cleaning sign-off records.
The coronavirus risk assessment included a record of the actions the service had introduced to minimise COVID-19 transmission in the clinic. For example:

- access to the clinic had been restricted and signage at the front door advised visitors to wear a face covering and observe social distancing
- once inside the clinic, patient temperatures were checked and recorded, and floor marking was in place to help people socially distance
- patients were asked to attend their appointments alone to minimise the number of people in the clinic
- additional screening and consent forms were being used to make sure patients’ individual COVID-19 risks had been properly discussed and considered before treatment
- appropriate personal protective equipment was available for patients, staff and practitioners to wear, including face masks, gloves and aprons, and
- enhanced cleaning procedures had been introduced to make sure the patient environment was cleaned twice a day and between each patient.

COVID-19 screening assessments were carried out over the phone up to 48 hours before the patient attended, and were repeated when the patient arrived at the clinic. The patient’s appointment was postponed if they, or any other member of their household, had confirmed or suspected COVID-19.

The environment was clean and had been de-cluttered to remove unnecessary items. Waiting areas had been rearranged with appropriate distancing between seats. The manager described to us how they cleaned the patient environment before the clinic opened, when it closed and in between appointments. Cleaning procedures followed current national guidance and we saw recent cleaning records that showed cleaning had taken place.

Good hand hygiene facilities were in place, including clinical hand wash basins with hand soap and paper towels. Alcohol-based hand rub dispensers had been provided. We saw appropriate provision and storage of personal protective equipment.

Several practitioners had been granted practising privileges to provide treatments for the service. The manager had created an online COVID-19 training course that all practitioners were asked to complete before they resumed treatments in the service. Practitioners’ individual agreements to practice from the service also required them to keep up to date with routine infection prevention and control refresher training. We were told staff and practitioners carried out weekly COVID-19 lateral flow testing from the premises and a supply of lateral flow device testing kits were available. Results were
recorded and any staff testing positive were required to self-isolate and attend an approved testing site to have a full polymerase chain reaction (PCR) test.

We reviewed five electronic patient care records. These included a review of the patient’s medical history, any allergies and regular medications they were taking, and instructions on aftercare. All records we reviewed contained evidence of the patient’s individual COVID-19 risk assessment. This risk assessment included questions about symptoms and instructions on the procedures to follow when attending the clinic.

**What needs to improve**
The manager had recently developed a hand hygiene audit template to review and encourage good compliance with hand hygiene practice amongst staff and practitioners. However, no audits had yet taken place. There were also no other audits available, for example cleaning of the environment and patient equipment, and use of personal protective equipment (recommendation a).

While the service’s infection control policy covered key aspects of infection prevention and control principles, it did not align with Scottish guidance. All health and social care services in Scotland should be able to demonstrate how the 10 standard infection control precautions, such as hand hygiene and the use of personal protective equipment, are complied with. These are described in Chapter 1 of Health Protection Scotland’s *National Infection Prevention and Control Manual* (recommendation b).

While cleaning sign-off sheets were used to show that cleaning had been carried out, there was no corresponding cleaning schedule that indicated what should be cleaned, how often and which cleaning product should be used. The manager agreed to develop a cleaning schedule. We will follow this up at future inspections.

The medicine refrigerator was kept in the staff kitchen and, although lockable, was not kept locked. The manager agreed that from now on the refrigerator would be kept locked at all times and that they would hold the only key. We will follow this up at future inspections.

While the reception area and treatments rooms were clean and tidy, surfaces in the staff kitchen were significantly dusty. The kitchen was in the process of being decorated at the time of the inspection. The manager told us it was out of use by staff until the builders had finished at the end of June 2021. We will follow this up at future inspections.
■ No requirements.

**Recommendation a**

■ The service should continue to develop its audit programme. Audits should be documented and improvement action plans implemented.

**Recommendation b**

■ The service should review its infection control policy to make sure it details how staff and practitioners will comply with the standard infection control precautions described in Chapter 1 of Health Protection Scotland’s *National Infection Prevention and Control Manual.*
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.

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<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
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<tr>
<td>Recommendations</td>
</tr>
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</table>
| a The service should continue to develop its audit programme. Audits should be documented and improvement action plans implemented (see page 9).  
  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
| b The service should review its infection control policy to make sure it details how staff and practitioners will comply with the standard infection control precautions described in Chapter 1 of Health Protection Scotland's *National Infection Prevention and Control Manual* (see page 9).  
  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](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