Announced
Focused Inspection Report: Independent Healthcare

Service: Radiance Aesthetics, Forfar
Service Provider: Radiance Aesthetics

18 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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First published January 2021

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1 A summary of our inspection

We carried out an announced inspection to Radiance Aesthetics on Wednesday 18 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 (sole practitioner). 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 Radiance 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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<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</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
What action we expect Radiance Aesthetics 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 Radiance Aesthetics 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

The service was clean and effective measures had been introduced to minimise the risk of COVID-19 transmission between the practitioner and patients attending the service. A more structured audit programme would help demonstrate ongoing improvements made to the service.

The service manager is the sole practitioner and is a registered nurse and independent nurse prescriber. The service was located within a purpose built structure.

The service’s policies and procedures we reviewed included:

- Infection control policy
- COVID-19 risk assessment
- Cleaning schedules and checklists
- Pre-appointment wellness screening checklist
- Patient consent for treatment during COVID-19 pandemic, and
- Clinical waste contract.

All policies and procedures contained sufficient 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.
• The removal of unnecessary items and clutter.
• Increased cleaning of the environment, including patient equipment and high touch areas such as, door handles and card payment machines.
• Personal protective equipment for patients and staff.

Patients contacted the service by text message or email to book an appointment. Once the appointment was confirmed, the practitioner e-mailed patients, 24 hours before treatment, a copy of the pre-appointment wellness screening checklist. They also explained the appointment process and asked them to return the pre-appointment wellness screening checklist before attending the appointment.

Patients were asked to arrive for their appointment on their own wearing a facemask and carrying minimal belongings. The entrance to the service was managed by the practitioner. Patients were asked to use alcohol-based hand rub and were supplied with a mask (if they didn’t already have one). The patient’s temperature would also be taken at this time and they would be asked COVID-19 screening questions. We saw a sign with information about social distancing and the requirement to wear a face mask. Patients who had any symptoms of COVID would not be allowed to enter.

Appointments were arranged with gaps in between to allow time for cleaning of surfaces, equipment and touch points and to avoid unnecessary contact between staff and patients.

During the appointment, additional assessments were completed, including the patient’s medical history, previous aesthetic treatments and any known allergies.

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

The practitioner told us about a recent audit that had been carried out that showed that the not all patients had returned the pre-appointment wellness screening checklist before attending their appointment. As a result of this, the practitioner now phoned patients on the evening before their appointment to remind them to complete and return the form, if they hadn’t already done so.

During our inspection, we saw that the care environment and patient equipment were clean and well maintained. We saw evidence of completed cleaning schedules and that the service used single use mops. A good supply of personal protective equipment was available, including 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 while they were in the clinic.

We saw hand hygiene facilities were in place, this included a clinical hand wash basin, liquid hand soap, paper towels and an alcohol-based hand rub dispenser. However, the clinical hand wash basin did not comply with current national guidance, but we saw that a risk assessment had been carried out which mitigated against any infection risks and that it would be replaced as part of a planned programme of refurbishment of the service. We will follow this up at future inspections.

Clinical waste, sharps bins and domestic waste bins were in place. The practitioner wore a uniform that they changed into upon arrival at the premises. We were told that it was laundered at home in line with national guidance.
What needs to improve

While an audit policy was seen, we did not see an infection control audit. A more structured audit programme would help the service direct its approach to the ongoing review of care and treatment, and demonstrate how improvements are being identified and implemented (recommendation a).

The service provider told us that patients were not provided with written information about COVID-19 following their appointment (recommendation b).

- No requirements.

Recommendation a
- The service should further develop its programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Recommendation b
- The service provider should provide service users with written information about COVID-19 risks and precautions following their appointment.
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>
<th>None</th>
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<th>Recommendations</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 4.19

| b   | The service should provide service users with written information about COVID-19 risks and precautions following their appointment (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.

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:

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