Announced
Focused Inspection Report:
Independent Healthcare (online inspection)

Service: Jolie Esthetique, Glasgow
Service Provider: Jolie Esthetique Ltd

15 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 contactpublicinvolvement.his@nhs.net
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1 A summary of our inspection

We carried out an announced inspection to Jolie Esthetique on Tuesday 15 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 an online video conferencing call.

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 Jolie Esthetique, the following grade has been applied to the key quality indicator inspected.

| Key quality indicators inspected |
|----------------------------------|----------------------------------------------------------------------------------|
| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | Effective measures had been introduced to minimise the risk of COVID-19 transmission. The process for assessing patients for COVID-19 and the information patients received was comprehensive. The service’s certificate of registration conditions from healthcare Improvement Scotland was not displayed. National guidance for cleaning equipment should be followed. An audit programme would help inform service improvement. |
| 5.1 - Safe delivery of care | ✔️ Good |

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 Jolie Esthetique Ltd to take after our inspection

This inspection resulted in one requirement and one recommendation. The requirement is linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirement and recommendation.

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

Jolie Esthetique Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Jolie Esthetique 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

Effective measures had been introduced to minimise the risk of COVID-19 transmission. The process for assessing patients for COVID-19 and the information patients received was comprehensive. The service’s certificate of registration conditions from healthcare Improvement Scotland was not displayed. National guidance for cleaning equipment should be followed. An audit programme would help inform service improvement.

The service manager is the sole practitioner and a doctor. The clinic is run from a treatment room on the first floor of a city centre building.

The service policies we reviewed included:

- COVID-19 assessment and consent to treatment
- COVID-19 infection prevention and control policy
- COVID-19 patient screening process, and
- COVID-19 Standard operating procedure, which explains how the service will operate to minimise the risk of COVID-19.
We discussed with the provider 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:

- appropriate personal protective equipment (PPE) for patients and staff
- increased cleaning of the environment, patient equipment and high touch areas such as door handles
- COVID-19 screening process for patients, and
- restricted access to premises with suitable gaps between appointments.

Appointments could be made online and the patient would be sent an email with information about the signs and symptoms of COVID-19 and the restrictions in place when attending the clinic. The email also included a COVID-19 screening questionnaire to be completed before attending the appointment.

We were told about pre-assessment conversations held with patients over the telephone before the appointment to assess their suitability to attend the face-to-face consultation and discuss the treatment plan. Patients were reminded of the possible symptoms of COVID-19 and advised not to attend the appointment if they had concerns. Patients were informed of the process to follow when arriving at the clinic.

On arrival, the service manager met each patient at the door of the treatment room to make sure they used alcohol-based hand rub provided and wore a face mask. The patient’s temperature was checked. Face-to-face consultations were carried out for all patients. After treatment, patients were sent an email with aftercare information and contact details of the service through email. This email included information on what to do if they developed COVID-19 symptoms in the days following treatment.

The service shared the reception area and toilet facilities with other businesses in the building. We were told that patients were informed that the toilet was unavailable during their appointment and we were assured that no one else had access to the consultation room when the clinic was closed.

During our inspection, we saw that the care environment was clean and in good condition. Signage was in place for people arriving at the building about the use of face masks and maintaining social distancing. Wall mounted, alcohol-based hand rub dispensers were available throughout the building. The cleaning process the service manager described was in line with current guidance and included cleaning frequently-touched surfaces between each patient. We saw up-to-date cleaning and equipment checklists. Patients’ appointments were
made with gaps in time between them to allow equipment to be cleaned and patients to avoid unnecessary contact with other patients.

Hand hygiene facilities were available, including clinical hand wash basin, hand soap dispenser, paper towels and alcohol-based hand rub. The practitioner changed into a uniform on arrival at the service and transported used uniform home safely in a bag.

We saw a good supply of PPE, such as facemasks, face visors, gloves and aprons. The service manager understood when to use PPE. Clinical waste was segregated and disposed of appropriately in line with the clinical waste contract.

We reviewed three electronic patient care records and found a thorough process of COVID-19 risk assessment was carried out on the patient before attending and on arrival at the clinic. The patient care records showed a comprehensive medical assessment of their past medical history, routine medicines and treatment requirements. We saw that each patient care record documented consent for treatment which patient and practitioner had signed and dated. After the appointment, the patient would be verbally informed of the required aftercare, which included information about COVID-19. The patients also received an email with this information.

**What needs to improve**
During our inspection, Healthcare Improvement Scotland’s certificate of registration conditions was not on display (requirement 1).

The service did not have a programme of clinical audits in place to help review the safe delivery and quality care, such as infection prevention and control audits (recommendation a).

When reviewing the electronic patient care records, we saw a comprehensive process was in place. However, the email with information sent to the patient about COVID-19 restrictions, attendance at the clinic and aftercare was not stored in these records. The service manager told us they planned to link these to the patient care records in the future. We will follow this up at future inspections.

All the necessary cleaning of the consultation room was carried out. However, some communal cleaning equipment was used on the consultation room floor. This could increase a risk of transmission of infection. The provider should use their own, disposable cleaning equipment in line with national guidance. We will follow this up at future inspections.
We also spoke to the manager about having a brief complaints process on display for patients to easily access during their appointment, this should include Healthcare Improvement Scotland’s contact detail. We will follow this up at future inspections.

**Requirement 1 – Timescale: immediate**

- The provider must have its HIS registration certificate on display. This certificate should be displayed where patients can view it.

**Recommendation a**

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should 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

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Timescale – immediate

*Regulation 1(2)(h)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendation

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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
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: hcis.ihcregulation@nhs.net