Announced
Focused Inspection Report: Independent Healthcare

Service: Eternal Aesthetics, Inverbervie
Service Provider: Eternal Aesthetics

2 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

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1 A summary of our inspection

We carried out an announced inspection to Eternal Aesthetics on Wednesday 2 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 (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 Eternal Aesthetics, the following grade has been applied to the key quality indicator inspected.

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<th>Key quality indicators inspected</th>
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<tr>
<td>Quality indicator</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></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:

What action we expect Eternal 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 Eternal 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

Effective measures had been introduced to minimise the risk of COVID-19 transmission between the practitioner attending patients homes. The service should record patient consent for sharing relevant information with GPs and other medical staff in emergencies.

The service manager is the sole practitioner and is an independent nurse prescriber. The service is a mobile service, undertaking treatments to patients in their own homes.

The service’s policies and procedures we reviewed included:

- COVID-19 infection control policy
- COVID-19 risk assessment
- Treatment risk assessment
- Cleaning methods and checklist
- COVID-19 wellness pre-screening checklist
- Patient consent for treatment during COVID-19
- Post treatment advice COVID-19
- COVID-19 patient information leaflet
- Clinical waste agreement

All policies and procedures contained enough detail to capture the relevant risks and described appropriate control measures that the service would take to reduce the risk COVID-19 transmission between patients and staff.
The service manager told us how these policies and procedures had been implemented and what measures had been put in place to reduce the risk of COVID-19 transmission between patients and staff. These included:

- Access to the patient’s premises with suitable gaps between appointments.
- Increased cleaning of the environment, including patient equipment and high touch areas such as, door handles.
- Personal protective equipment for patients and staff.

Patients contacted the service by text message, phone or email to book an appointment. Once the appointment was confirmed, the practitioner e-mailed patients, 48 hours before treatment, a copy of the following documents:

- Patient information leaflet
- COVID-19 wellness pre-screening checklist
- Patient consent for treatment during COVID-19

Patients were asked to return the COVID-19 wellness pre-screening checklist and patient consent for treatment during COVID-19 prior to the practitioner attending their home.

Patients were asked to wear a facemask for their appointment and have no other person in the room where the treatment was taking place. The practitioner also attended wearing a facemask. Before entering the patient’s home, the practitioner repeated the wellness screening checklist to make sure that the patient had no symptoms of COVID-19. Patients who had any symptoms of COVID-19 would not be treated.

Once in the patient’s home, the practitioner carried out appropriate hand hygiene. Patients were also asked to use alcohol-based hand rub.

During the appointment, additional assessments were completed, including the patient’s medical history, previous aesthetic treatments, any known allergies and a separate consent to treatment form was completed. This was in addition to the COVID-19 consent to treatment form.

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

We were told and shown recent infection control audits that had been carried out and the resulting action plans.
During our inspection, we saw that the patient equipment taken in to patient’s home was clean and well maintained. This included a portable treatment table, and a bag that contained the following single use equipment:

- Personal protective equipment
- Alcohol-based hand rub
- Portable bin
- Waste bags
- Dressing packs, sterile wipes and aesthetic injectable equipment
- Small portable sharps bin
- A cool bag for correct storage of medication
- Wipes for cleaning

A good supply of personal protective equipment was available, including facemasks, face visors, gloves and aprons. The service manager understood when to use personal protective equipment and described how they made sure that patients wore personal protective equipment during treatments. We saw evidence of completed cleaning schedules.

The practitioner wore a uniform and explained that it was laundered at home in line with national guidance.
What needs to improve
All patient care records documented their consent for single treatment or returning treatments. However, patient consent for sharing information with their GP and other medical staff in an emergency was not recorded. A consent policy would help to clearly set out the process the service should follow to record all necessary patient consent (recommendation a).

We also found that contact details of patients emergency contact was not recorded in the patient care record (recommendation b).

- No requirements.

Recommendation a
- The service should record patient consent for sharing relevant information with GPs and other medical staff in emergencies.

Recommendation b
- The service should record the contact details of patients’ emergency contact in the patient care record.
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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### Recommendations

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<th>The service should record patient consent for sharing relevant information with GPs and other medical staff in emergencies (see page 9).</th>
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<td>Health and Social Care Standards: My support, my life. I am fully informed about what information is shared with others about me. Statement 2.14</td>
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<td>a</td>
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<td>Health and Social Care Standards: My support, my life. I am fully informed about what information is shared with others about me. Statement 2.27</td>
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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