Announced Focused Inspection Report: Independent Healthcare (online inspection)

Service: CM Aesthetics, Uddingston
Service Provider: CM Aesthetics

19 October 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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www.healthcareimprovementscotland.org
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1 A summary of our inspection

We carried out an announced inspection to CM Aesthetics on Monday 19 October 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 provider of the service during an online video conferencing call. 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 limited self-evaluation.

What we found and inspection grades awarded

For CM Aesthetics, the following grade has been applied to the key quality indicators inspected.

<table>
<thead>
<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><strong>Quality indicator</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: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

**What action we expect CM Aesthetics to take after our inspection**

This inspection resulted in 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 CM 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

Effective measures had been introduced to minimise the risk of COVID-19 transmission between the practitioner and patients. The practitioner was keeping up to date with changes in guidance during the pandemic through government websites and peer support groups. A COVID-19 risk assessment should be documented, and the service’s infection control policy reviewed to make sure it aligns with Scottish guidance.

The service is owned and delivered by a sole practitioner who operates on a mobile basis, providing treatment to patients in their own homes.

The service’s policies and documentation we reviewed included:

- a COVID-19 specific infection prevention and control policy
- a pre-appointment checklist
- a wellbeing checklist
- an additional patient consent form relating to COVID-19, and
- cleaning instructions for reusable equipment.

Through discussion with the practitioner, we found that appropriate control measures were in place to minimise the transmission of COVID-19. These included:

- a fully enclosed portable treatment trolley to transport all necessary items to treat the patient in their home
• additional screening and consent forms to ensure COVID-19 risks had been properly discussed and considered before treatment

• appropriate personal protective equipment for patients and the practitioner to wear, including face masks, gloves and aprons

• making sure no other household members were present during the patient’s treatment, and

• reducing the type of treatments provided so that patients could continue to wear a face mask during their treatment.

All patients received an initial telephone assessment before any treatment was carried out. This included a COVID-19 screening assessment and consent form. Patients were not accepted for treatment unless they had completed and signed this form and were considered safe to continue with treatment. A prescriber worked with the service and patients met with them for a face-to-face consultation if a medicine needed to be prescribed for their treatment, such as botulinum toxin. The practitioner collected any prescribed medicines on the day of the patient’s treatment, transporting it directly to the patient’s home.

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

All equipment and items needed to carry out patients’ treatment are stored in a portable treatment trolley that opens out to form a small table to work from. We saw that the treatment trolley and equipment were clean and well maintained. A good supply of personal protective equipment was available. The practitioner understood when to use this and described how they made sure patients also wore appropriate personal protective equipment during their treatment. A clinical waste contract was in place to ensure used personal protective equipment was collected from the practitioner’s home address.

The practitioner was keeping up to date with current COVID-19 guidance through government websites and discussing how to implement this in their service with local peer support groups.

Patient care records were in both paper and electronic format and were stored securely in a lockable cabinet at the practitioner’s home address.
**What needs to improve**

The service should record its assessment of COVID-19 risks, as well as the actions that will be taken to minimise the risk of transmission. This would help to demonstrate the service’s approach to the ongoing management of risk (recommendation a).

While the service’s infection control policy covered some key aspects of infection prevention and control principles, it did not align with Scottish guidance. All health and social care services in Scotland must 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).

- No requirements.

**Recommendation a**

- The service should record its assessment of COVID-19 risks including a description of appropriate actions to minimise the transmission of infection.

**Recommendation b**

- The service should review its infection control policy and ensure it details how the service 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.

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

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<th>Requirements</th>
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<tr>
<td>a</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:

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Gyle Square
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Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot