Announced Focused Inspection Report: Independent Healthcare

Service: Clinic 45, Glasgow
Service Provider: Diane Sim

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 Clinic 45 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 a number of staff during the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Clinic 45, the following grade has been applied to the key quality indicator inspected.

<table>
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<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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<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 Diane Sim to take after our inspection

This inspection resulted in one requirement and five recommendations. Requirements are 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 requirements and 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

Diane Sim, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Clinic 45 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

The service had implemented a variety of measures to minimise the risk of COVID-19 transmission between staff and patients. A programme of audits would contribute to service improvement.

The service had developed a number of policies and procedures which showed the service had undertaken the relevant COVID-19 risk assessment to minimise the risks from COVID-19. The documents we reviewed included a COVID-19 operational policy and an infection prevention and control policy.

The service had made changes and introduced a number of measures to reduce the risks of COVID-19 transmission among staff and patients. These included:

- appointment-only access to the clinic
- staggered appointment times to help allow time for cleaning between patients and prevent patients waiting in the clinic
- increased cleaning frequency of the care environment and equipment
- alcohol-based hand rub available at the entrance and throughout the clinic
- removal of unnecessary items, such as magazines and beverages, and
- staff and patients wearing personal protective equipment.

Patients arrived for their appointment and were directed to use alcohol-based hand rub before completing a health screening questionnaire. Face masks were provided if needed. Masks were not removed until treatment was about to begin. The aesthetic practitioner reviewed the questionnaire before carrying out the treatment.
We reviewed five patient care records and found suitable assessments were carried out before delivery of treatments. Additional COVID-19 consent forms had been developed and were in place for all the records viewed.

We saw adequate supplies of personal protective equipment. This was readily available close to the treatment couch and further supplies were stored suitably in a cupboard in the clinic room. A clinical waste bin was used to dispose of personal protective equipment and other appropriate clinical waste.

Alcohol-based hand rubs were available at the clinic entrance and throughout, including close to where treatments were carried out. The clinic room had a sink, hand soap and disposable paper towels available.

The care environment and patient equipment was clean and we were told the clinic was cleaned at least twice a day. We were also told patient equipment and frequently touched points were cleaned between patient appointments.

We were told that staff carried out routine COVID-19 tests. Results were reported and escalated to the clinic manager if a positive result was obtained.

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

Patients were not provided with COVID-19 safety guidance in relation to attending the service before their appointment. This would help control the risk of infection to keep patients and staff safe (recommendation a).

We were told that patients were screened for symptoms of COVID-19 on arrival at the service, but not before their appointment. To support the effective screening of patients and help prevent cross-infection between staff and patients, COVID-19 screening should also be carried out before arrival at the service (recommendation b).

We were told that staff were wearing their uniforms to work. Current national guidance advises that where changing facilities are available, staff should change into their uniform at work (recommendation c).

We saw no evidence of audits being carried out to assess and manage the risk of infection. Infection prevention and control audits would help the service to identify risks of the spread of COVID-19 and take actions to reduce these risks (recommendation d).
While patient care records we reviewed included suitable assessments and additional COVID-19 consent forms, not all forms were signed by both the patient and the practitioner (recommendation e).

The patient care records included information on handwritten notes on blank paper, including details such as that aftercare had been given. Introducing structured documentation in a template form was discussed with the manager to reduce the risks of information being missed and promote consistency among patient care records.

Requirement 1 – Timescale: immediate

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

Recommendation a

- The service should provide patients with COVID-19 guidance before attending their appointment.

Recommendation b

- The service should screen patients for symptoms of COVID-19 before arrival at the service.

Recommendation c

- The service should ensure that current national guidance is adhered to and staff should not travel to work in uniform.

Recommendation d

- The service should carry out infection prevention and control audits. Audits should be documented and improvement actions implemented.

Recommendation e

- The service should ensure that all patient care records including consent forms are signed by the patient and practitioner before carrying out treatments.
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

#### Requirement

1. The provider must have its Healthcare Improvement Scotland registration certificate on display. This certificate should be displayed where patients can view it (see page 8).

   Timescale – immediate

   *Regulation 1(2)(h)*

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

#### Recommendations

- **a** The service should provide patients with COVID-19 guidance before attending their appointment (see page 8).

  Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

- **b** The service should screen patients for symptoms of COVID-19 before arrival at the service (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
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

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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