



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Focused Inspection Report: Independent Healthcare (online inspection)

Service: Bo-Fox, Lochgelly

Service Provider: Laura Reekie

22 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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1 A summary of our inspection

We carried out an announced inspection to Bo-fox on Thursday 22 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 service manager 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 satisfactory self-evaluation.

What we found and inspection grades awarded

For Bo-fox, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	COVID-19 risk assessments formed part of a patient's routine assessment and these were being appropriately recorded in patient care records. While effective control measures were in place to minimise the risk of cross-infection, all measures should be captured in the service's risk assessment documentation and any documentation used should reflect current guidance. All pre-employment checks must be carried out. A regular programme of audits should be developed to help make service improvements.	✓ Satisfactory

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 Laura Reekie to take after our inspection

This inspection resulted in one requirement and seven recommendations. The 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

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

We would like to thank all staff at Bo-fox 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

COVID-19 risk assessments formed part of a patient's routine assessment and these were being appropriately recorded in patient care records. While effective control measures were in place to minimise the risk of cross-infection, all measures should be captured in the service's risk assessment documentation and any documentation used should reflect current guidance. All pre-employment checks must be carried out. A regular programme of audits should be developed to help make service improvements.

The service manager is the sole practitioner and is a registered nurse. The service was provided from a single clinic room within a beauty salon.

The service's policies we reviewed included:

- Covid-19 infection prevention and control policy
- Covid-19 risk assessment, and
- Covid-19 patient screening process.

These described some of the risks and control measures that the service had in place.

We discussed with the service manager 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 appointments

- patient Covid-19 screening process
- increased cleaning of the environment, patient equipment and high touch areas such as door handles and card payment machines, and
- personal protective equipment for patients and staff.

A pre-assessment appointment was held by video call to assess the patient's suitability to attend a face-to-face consultation. Patients were directed to written information about Covid-19 and the procedure to follow when attending their appointment on the services social media page.

Face-to-face consultations were being carried out for all patients. COVID-19 risk assessments now formed part of a patient's routine assessment. Any patients who advised that they had confirmed or suspected COVID-19 upon arrival at the service were not treated. Patients were asked to arrive for their appointment on their own and with minimal belongings. The waiting room had been taken out of use. Appointments were arranged with gaps in between to allow time for cleaning surfaces and to avoid unnecessary contact with other patients. When patients arrived, the service manager greeted them at the entrance, asked them to use the alcohol-based hand rub provided and gave them a facemask to wear, if not already being worn.

During our inspection, we saw that the care environment and patient equipment were clean and well maintained. The service manager was able to describe the cleaning processes, the majority of which were in line with current guidance and included the enhanced cleaning of frequently touched surfaces between each patient.

A clinical hand wash basin was available, with hand soap, paper towels and alcohol-based hand rub dispensers provided. A good supply of personal protective equipment was available, such as facemasks, goggles, face visors, gloves and aprons, in line with national guidance. The service manager understood when to use personal protective equipment and described how they made sure patients also wore appropriate personal protective equipment. Equipment required, such as dressing packs and needles, were individually packaged. Clinical waste was segregated and disposed of appropriately in clinical waste bags or sharps bins. Clinical waste was stored securely and uplifted by a clinical waste contractor. The service manager wore a uniform that was laundered at home in line with national guidance.

We reviewed five patient care records and found all records had a COVID-19 risk assessment completed.

What needs to improve

The clinic engaged the services of a nurse prescriber through an informal practicing privileges arrangement to allow medicines to be prescribed in the service. Staff with practicing privileges are not employed directly by the provider but given permission to work in the service. No practicing privileges arrangement or documentation was in place for individuals working in the service that were not employed (requirement 1).

Although we saw that appropriate measures were in place to minimise the risk of cross-infection throughout the service, not all of these measures were accurately reflected in the service's risk assessments and the infection prevention and control policy (recommendation a).

The service used a re-useable mop head to clean the floor. This was stored in a bucket of chlorine releasing detergent and disinfectant between each use. This is not in line with the guidance in Health Protection Scotland's national infection prevention and control manual (recommendation b).

We found no evidence of audits carried out to review the safe delivery and quality of the service. For example, audits could be carried out on patient care records, medicine management and infection prevention and control. An audit programme would help the service structure its audit process, and record its findings and improvements made (recommendation c).

The Covid-19 screening questionnaire referred to symptoms that are not in line with current national guidance (recommendation d).

Although all patients had completed a consent to treatment form this did not include information about Covid-19 (recommendation e).

Patients were only screened for Covid-19 on the day of their appointment, after the patient had already entered the premises. To further reduce the risk of transmission of the virus, the service provider should screen patients for Covid-19 the day before and on the day of treatment (recommendation f).

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

Although the service had a dedicated clinical hand wash basin, it did not comply with current guidance. We were told that this would be replaced as part of a planned programme of refurbishment of the service. We will follow this up at future inspections.

Requirement 1 Timescale – Immediate

- The service provider must develop and implement a practicing privileges policy for staff working in the service. This should set out the appropriate pre-employment safety checks in place and clearly identify individual responsibilities and accountabilities.

Recommendation a

- The service should ensure that all control measures that are in place for the management of COVID 19 are reflected in the services risk assessment and the infection prevention and control policy.

Recommendation b

- The service should ensure that all re-useable cleaning equipment is decontaminated in line with the guidance for the management of linen in the Health Protection Scotland national infection prevention and control manual. This will reduce the risk of cross-infection.

Recommendation c

- 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.

Recommendation d

- The service should ensure that the Covid-19 screening questionnaire is revised in line with current guidance.

Recommendation e

- The service should ensure that the consent to treatment form is revised to include information about Covid-19 risks and precautions.

Recommendation f

- The service should ensure that patients are screened for Covid-19 the day before and on the day of their appointment. This will minimise the risk of cross-infection.

Recommendation g

- 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

Requirement

- 1** The service provider must develop and implement a practicing privileges policy for staff working in the service. This should set out the appropriate pre-employment safety checks in place and clearly identify individual responsibilities and accountabilities (see page 9).

Timescale – immediate

Regulation 8

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

Recommendations

- a** The service should ensure that all control measures that are in place for the management of COVID 19 are reflected in the services risk assessment and the infection prevention and control policy (see page 9).

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

- b** The service should ensure that all re-useable cleaning equipment is decontaminated in line with the guidance for the management of linen in the Health Protection Scotland national infection prevention and control manual. This will reduce the risk of cross-infection (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- c** 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 (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- d** The service should ensure that the Covid-19 screening questionnaire is revised in line with current guidance (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- e** The service should ensure that the consent to treatment form is revised to include information about Covid-19 risks and precautions (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- f** The service should ensure that patients are screened for Covid-19 the day before and on the day of their appointment. This will minimise the risk of cross-infection (see page 9).

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

- g** The service provider should provide service users with written information about Covid-19 risks and precautions following their appointment (see page 9).

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.



Before

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.



During

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.



After

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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Gyle Square
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