

# Announced Focused Inspection Report: Independent Healthcare

**Service:** International Medical Management,  
Aberdeen

**Service Provider:** International Medical  
Management Inc. Limited

29 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](mailto:his.contactpublicinvolvement@nhs.scot)

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## 1 A summary of our inspection

We carried out an announced inspection to International Medical Management on Tuesday 29 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 two inspectors (one of who was observing).

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 International Medical Management, the following grade has been applied to the key quality indicators inspected.

Key quality indicators inspected		
Quality indicator	Summary findings	Grade awarded
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The service had responded to the challenges presented by COVID-19 and introduced effective measures to minimise the risk of transmission between staff and patients. All staff had carried out training specific to COVID-19. The provider should make sure that sinks are cleaned in line with national guidance and that single use mops are used.	✓ 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

### **What action we expect International Medical Management Inc. Limited 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 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

International Medical Management Inc. Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at International Medical Management 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**

**The service had responded to the challenges presented by COVID-19 and introduced satisfactory measures to minimise the risk of transmission between staff and patients. All staff had carried out training specific to COVID-19. The provider should make sure that sinks are cleaned in line with national guidance and that single use mops are used.**

The service employs several doctors and nurses plus administrative staff. The service offers a range of occupational health services and vaccinations for travel.

We reviewed the service's systems and processes which had been amended to reflect enhanced measures the service had implemented in response to the COVID-19 pandemic. These included:

- Infection control policy which includes COVID-19 precautions.
- COVID-19 risk assessment.
- Safe handling and disposal of sharps policy.
- Waste management and disposal policy.
- Clinic operation during communicable disease outbreak.
- Cleaner COVID risk assessment.
- Cleaning statement.
- Clinical staff cleaning checklist.

All policies and procedures contained enough detail to capture the relevant risks and described appropriate control measures the service would take. These control measures included:

- Social distancing.
- Two meter spacing of seating of the waiting area.
- Removal of unnecessary items and clutter such as magazines and refreshments.
- Increased cleaning of the environment, including patient equipment and high touch areas such as door handles and card payment machines.
- Personal protective equipment for patients and staff.

Patients booked their appointments online or by telephone. Once an appointment was made, COVID-19 screening questions and a medical consent form was e-mailed to the patient to complete and return. Patients were advised not to attend if they had any symptoms of COVID-19. Instructions for attending their appointment on the day was also contained within the e-mail. This included arriving on time, on their own, with minimal belongings. Appointment times were extended to avoid unnecessary contact with other patients and for enhanced cleaning of equipment.

Access to the service was controlled by staff. When patients arrived they were instructed to use the buzzer entry system to inform the service of their arrival. A member of staff greeted them at the entrance and asked the COVID-19 screening questions. Only if all of the verbal screening questions were answered no, would the patient be allowed access. The patient was then provided with a fluid resistant surgical mask if a suitable face mask was not being worn and asked to use the alcohol-based hand gel provided. We saw that posters were displayed on arrival and at reception regarding COVID-19, personal protective equipment, social distancing and the requirement to wear a face mask.

The treatment rooms were separated for clinical examinations or remote consultations. This helped to limit patient contact and control the risk of virus transmission between staff and patients.

We looked at five treatment rooms and found that all were clean and well maintained with no signs of dust or contamination. Cleaning checklists were available and were completed by clinical staff.

We saw that there was a locked vaccination fridge, with a digital thermometer. The temperature of the fridges were checked on a daily basis and there was a formal mechanism in place for the recording of this.

We saw good compliance with hand hygiene. Clinical hand wash basins, hand soap and paper towels were available. Alcohol-based hand rub dispensers were also available.

Personal protective equipment was stored correctly, close to where patient care was delivered. The service had sufficient stocks of personal protective equipment and stock levels were monitored regularly.

An infection prevention and control audit programme was in place. These were completed on a monthly basis. There was evidence that action had been taken to resolve any minor issues identified.

Clinical waste was segregated properly in clinical waste bags and sharps bins. This was stored securely and uplifted by a clinical waste contractor.

Staff were required to change into their uniform on site in order to reduce the spread of infection. They had been provided with linen bags to put their uniforms into which could then be laundered. They told us they laundered their uniforms at home at the highest temperature recommended for the material, usually 60°C.

All staff that we spoke to had completed training specific to infection control and COVID-19. This included how to safely apply, remove and dispose of personal protective equipment, as well as enhanced cleaning and hand hygiene.

The service had recently introduced an electronic patient record system. We looked at five patient care records and found appropriate assessments, including the outcome of COVID-19 screening questions, medical history and consent to treatment had been recorded.

### **What needs to improve**

We saw that in two of the clinical treatment rooms, carpets were in place which could not be effectively cleaned or decontaminated (requirement 1).

During the inspection we saw that there were a number of areas where the service did not comply with Health Protection Scotland's national infection prevention and control manual, in particular;

- Although the service had a supply of FFP3 masks, we did not see any documented evidence of staff being fitted for them. However, we saw evidence of a quote for training from earlier in the year (recommendation a).
- We were told that clinical hand wash sinks were being cleaned with 1,000ppm chlorine and we saw that chlorine tablets were available. However, the cleaning procedures and checklists did not reflect this. (recommendation a).



- The service's cleaners used a re-useable mop head to clean the floor. This was stored in a bucket between each use. This is not in line with the guidance in Health Protection Scotland's national infection prevention and control manual (recommendation a).
- Although a cleaning checklist was used by the cleaners, they were not accurately completed as they were not dated, timed or signed (recommendation a).

#### **Requirement 1 – Timescale: by 31 August 2021**

- The provider must make sure that flooring in the clinical areas have a smooth impermeable surface that is easy to clean.

#### **Recommendation a**

- The service should make sure that it complies with the guidance in Health Protection Scotland's national infection prevention and control manual, in particular;
  - personal protective equipment, and
  - decontamination of the environment.

## 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

- 1** The provider must make sure that flooring in the clinical areas have a smooth impermeable surface that is easy to clean (see page 8).

Timescale – by 29 August 2021.

*Regulation 3(a)(d)(i)*

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

#### Recommendations

- a** The service should make sure that it complies with the guidance in Health Protection Scotland's national infection prevention and control manual, (see pages 8), in particular;
- a) personal protective equipment, and
  - b) decontamination of the environment.

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](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.



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](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](mailto:his.ihcregulation@nhs.scot)

You can read and download this document from our website.  
We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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