

Announced Focused Inspection Report: Independent Healthcare (online inspection)

Service: International SOS (Glasgow), Glasgow

Service Provider: International SOS (Medical
Services) UK limited

4 March 2021

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1 A summary of our inspection

We carried out an announced inspection to International SOS (Glasgow), on Thursday 4 March 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 the service manager and senior nurse 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 International SOS (Glasgow), the following grade has been applied to the key quality indicator inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
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 service should make sure that all sanitary fittings are cleaned as per national guidance.	✓ 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 International SOS (Medical Services) UK limited to take after our inspection

This inspection resulted in one recommendation (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 International SOS (Glasgow), 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 effective measures to minimise the risk of transmission between staff and patients. All staff had carried out training specific to COVID-19. The service should make sure that all sanitary fittings are cleaned as per national guidance.

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
- infection control audit
- COVID-19 Risk Assessment
- COVID-19 Light Touch Nurse Based Oil Gas United Kingdom Work Instruction, and
- Health & Safety Executive Quality Audit.

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, and
- Personal protective equipment for patients and staff.

Patients could make appointments either 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 the enhanced cleaning of equipment.

Access to the service was controlled by staff. Patients pressed the secure entry system to gain access to the clinic. On arrival at the clinic entrance, a member of staff greeted them and repeated the COVID-19 screening questions. Only if all of the verbal screening questions were answered no, would the patient be granted access. The patient was then provided with a fluid resistant surgical mask 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, two meter social distancing and the requirement to wear a face mask.

We looked at two treatment rooms and found that both were clean and well maintained with no signs of dust or contamination. Cleaning checklists were completed and up to date. Clinical hand wash basins, hand soap and paper towels were available. Alcohol-based hand rub dispensers were also provided.

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

An infection prevention and control audit programme and an audit developed by the Health & Safety Executive was in place. These were completed on a monthly basis. We saw evidence that action had been taken to resolve any minor issues previously identified. Cleaning items were colour coded and single use mops were available. In addition, clinical waste was segregated properly in clinical waste bags and sharps bins.

We saw that there was a locked vaccination fridge in place with a digital thermometer. The temperature of the fridge was checked on daily basis and there was a formal mechanism in place to record this.

Staff were required to change into their uniform on site in order to reduce the spread of infection. We were told that uniforms were laundered at home by staff at the highest temperature recommended for the material, usually 60°C.

All staff that we spoke with 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.

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. Although verbal consent was obtained prior to asking COVID-19 screening questions, this was not recorded in the patient care record. However, we were shown a COVID-19 consent form that had been recently implemented which will record that consent has been obtained.

What needs to improve?

We found that clinical hand wash sinks were not being cleaned with 1,000ppm available chlorine in line with national guidance (recommendation a).

- No requirements.

Recommendation a

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks.

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

None

Recommendations

- a** The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks (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

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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