

Announced Inspection Report: Independent Healthcare

Service: Med-Co Secure Healthcare Services Ltd,
Strathaven

Service Provider: Med-Co Secure Healthcare
Services Limited

21 July 2021

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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Med-Co Secure Healthcare Services Ltd on Wednesday 21 July 2021. We spoke with a number of staff, service who were directly involved or supported the healthcare delivery. This was our first inspection to this service.

The inspection team was made up of two inspectors.

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 which informed our inspection.

Medco-Secure Healthcare Services Ltd are contracted by GEO group UK Ltd (GEO) to deliver healthcare services within Dungavel House Immigration Removal Centre, Strathaven. The Home Office is responsible for the overall service provision within Dungavel House Immigration Removal Centre. GEO operate the facility on behalf of the Home Office, holding people being detained under UK Government immigration powers pending their departure from the UK.

What we found and inspection grades awarded

For Med-Co Secure Healthcare Services Ltd, the following grades have been applied to three key quality indicators.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	The nature of the services presents restrictions on patient's ability to make the full range of choices in relation to how their healthcare	✓✓ Good

	needs are met. The service makes a real effort to balance the restrictions of the detention centre with supporting patients to make informed choices about their care. The service should look at ways to ensure patients can easily access information about how to make a complaint	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Effective processes were in place to ensure that care was delivered safely and in consideration of patient's needs, understanding and circumstances. Infection control procedures had been updated in line with current COVID-19 guidance. High touch area cleaning should be carried out more frequently. Audit recording should be strengthened and fed into a quality improvement plan.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Healthcare leadership was highly regarded, visible and supportive. Healthcare staff are committed to delivering high quality individual care to patients and access to a 24 hour healthcare service. All referrals are seen in a timely manner. A quality improvement plan would help improve the quality of service provided.	✓ Satisfactory

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Effective assessment processes are in place for all new residents. The immediate health and treatment needs of new arrivals to the centre are identified and treatment including medication is started.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	We found the service had a robust recruitment process that included additional safety checks due to the nature of the unit. An induction programme was in place for new staff and there were good opportunities for staff education and development. Contracts were in place for visiting health care professionals.

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 Med-Co Secure Healthcare Services Limited to take after our inspection

This inspection resulted in six 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 Med-Co Secure Healthcare Services Ltd for their assistance during the inspection.

2 What we found during our inspection

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

The nature of the services presents restrictions on patient's ability to make the full range of choices in relation to how their healthcare needs are met. The service makes a real effort to balance the restrictions of the detention centre with supporting patients to make informed choices about their care. The service should look at ways to ensure patients can easily access information about how to make a complaint.

Residents detained at Dungavel Immigration Removal Centre are held under UK Government immigration powers (residents will be described as patients when referring to healthcare throughout this report). The service has a wide population of people from a variety of different cultures.

A range of information was readily available to patients accessing healthcare in multiple languages and were simplified in easy to read formats. Patients received an induction booklet which included information about the health service. Arrangements were in place to secure translators where required. Staff told us they could translate any information, where required.

Staff had undertaken training in cultural awareness and demonstrated a good understanding of issues faced by patients. We saw that patient consent processes were in place to ensure patients fully understood the treatment being administered, risks and benefits. We saw documentation that showed some patients had exercised their right to refuse treatments, recent examples included COVID-19 lateral flow tests.

Patients could provide feedback about their experiences in healthcare in a variety of ways. A resident consultation group met weekly which provided patients with an opportunity to reflect on the therapy groups and activities. This consultation group also provided a forum for patients on raising awareness of issues which can have an impact on their health and wellbeing, such as stress and domestic violence. The minutes of these meetings were displayed on notice boards for staff and patients.

The service carried out quarterly patient surveys and included questions about; how easy it was to talk to staff, if patients felt informed, if staff were responsive to their needs, how clean the environment was and whether they felt their religious and spiritual needs were being respected. While the patient survey returns were not high, the patient satisfaction levels were good in the surveys that were received. In order to simplify the survey, emojis were used to represent levels of satisfaction.

Due to the nature of the service, complaints are directed to Home Office and responded to dependent on the area of concern.

- No requirements.
- No recommendations.

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 processes were in place to ensure that care was delivered safely and in consideration of patient's needs, understanding and circumstances. Infection control procedures had been updated in line with current COVID-19 guidance. High touch area cleaning should be carried out more frequently. Audit recording should be strengthened and fed into a quality improvement plan.

The service had policies and procedures in place to support safe care, including policies around risk management, incident reporting and health and safety. A schedule of regular audits of the care environment, infection control and medication were also in place. Twice-daily checks carried out included medical emergency equipment, fridge and room temperature checks. We looked at a range of audits and found that they had been completed in line with the schedule and issues which required to be addressed were identified. A comprehensive infection control audit was completed and an infection control champion was in place. The infection control champion had responsibility for completing the audits and supporting staff to maintain good practice. We saw a COVID-19 business continuity plan in place which reflected Health Protection Scotland guidance. Policies and procedures had been updated to include enhanced measures. Staff had completed appropriate infection control training.

Screening procedures for patients were in place including weekly COVID-19 lateral flow testing. Newly admitted individuals to the centre were placed in isolation. We saw appropriate use of PPE and sufficient stocks of PPE.

There were regular reviews of policies and procedures. These were accessible to staff and we saw that staff signed to say these had been read and understood. A risk register was in place and was reviewed regularly.

The health centre is set in an old hunting lodge. The building is old and lacks natural ventilation and light. The temperature is comfortable due to a split air conditioning system in place. Environmental temperatures are taken twice daily. The health centre is generally in reasonable repair and maintenance issues are the responsibility of the contractor of the service GEO. Reporting arrangements for any repairs are in place with GEO.

Cleaning is carried out each day by GEO and we saw cleaning schedules and signing sheets in place which indicated cleaning had taken place. We found the place to be generally clean.

Staff had received training in life support and there was an agreed process in place for patients to be admitted swiftly to hospital in case of emergency. Emergency equipment was located on a trolley for easy access and movement.

All equipment was serviced and calibrated annually, where required.

Stringent contractual arrangements are in place to ensure the safety of patients. New residents must be screened by a nurse or doctor within 2 hours of being admitted to the detention centre. This ensures that risks posed by physical or mental health can be identified and patients are put on an appropriate care pathway. We saw effective communication within the healthcare team.

Robust systems were in place for all aspects of managing medication. Some patients were able to manage their own medication. A risk assessment was undertaken by the doctor to ensure they were able to do so safely. Other medication was dispensed through a hatch in the treatment room to patients on receipt of their identification card. Controlled drugs were managed securely. The medication room was very well organised, minimum stock was held and a Home Office licence was in place to allow controlled drugs to be held in the health centre. Regular review of stock ensures all medications remained in date and those due to expire were clearly labelled. A contracted pharmacist visited monthly to undertake review of medication and prescriptions.

Safeguarding arrangements are in place and the vulnerabilities of the patient group are fully assessed to ensure appropriate measures are in place to reduce potential for abuse. Patients identified as being at risk must have an appointment with the doctor within 24 hours.

Referrals to the service Mental Health team were assessed and offered interventions from within the internal Multi Agency Support Team (MAST) to meet assessed needs. The team provided individual care packs for patients identified as requiring support with anxiety, stress and sleep. The effectiveness of these were evaluated between 5–7 days.

Staff are equipped with radios and alarms should they need to summon assistance. Strict protocols are in place around managing security of doors and keys.

What needs to improve

It was evident that quality improvement measures were completed in a programme of audit activity including gathering of feedback and appropriate recording of accidents and incidents. Although regularly completed, the tools used did not have sufficient space to identify actions required (see recommendation a).

While cleaning standards were adequate, the cleaning of high touch areas such as light switches, door handles and phones should be carried out more regularly (recommendation b).

We noted that areas of ceiling in hallways required some attention and suggest that these be attended to, to prevent further deterioration.

- No requirements.

Recommendation a

- The service should further develop audit tools to include details of issues identified, actions required and timescale for completion.

Recommendation b

- The service should undertake more frequent high touch cleaning and document on the cleaning schedule.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Effective assessment processes are in place for all new residents. The immediate health and treatment needs of new arrivals to the centre are identified and treatment including medication is started.

All new residents to the detention centre are assessed by a nurse at reception where the medical history of the person and healthcare assessment is carried out. Anyone arriving who was symptomatic or asymptomatic with a positive COVID-19 test result did not go through the reception process. Instead, they

were taken to an isolated accommodation area to receive a healthcare assessment.

During the initial assessment, any immediate health and treatment needs are identified, including the provision of necessary medication to be prescribed, and a follow up GP appointment is arranged for the next day. An assessment of mental health and wellbeing was included at the admission stage. We saw evidence of this recorded in the patient's care record. Any immediate risk of suicide or self-harm that was identified followed the Assessment Care in Detention and Teamwork (ACDT). This is a Home Office strategy for reduction of self-harm in care (2008).

We reviewed five electronic patient care records. The service had transferred to an electronic system (Vision) towards the end of 2020. All records we reviewed contained patient identification including, date of birth, next of kin, NHS CHI number and GP's name. The practitioners completing each entry within the record could be clearly identified. We saw details of the assessment on arrival and all subsequent appointments and healthcare consultations. The patient care records provided up-to-date information which could be accessed by healthcare staff.

There was evidence of a healthcare staff handover process in place which demonstrated staff working effectively.

What needs to improve

After the initial assessment on arrival, there was no evidence of updated risk assessments being recorded. We saw paper copies of care plans for individuals identified at increased risk and included Vulnerable Adult Care Plans (VACP) which provided assurance that risk was being identified however, these were not recorded within the mental health risk section in the electronic patient care records (recommendation c).

Regular audits of patient care records were available, however these had not been updated since the transfer to electronic patient care records. The service was in the process of updating the audit format to reflect the records used (recommendation d).

Healthcare staff we spoke with had an enthusiasm to learn more about how the new electronic patient record system could be used to the best advantage of the patients. However, they reported that the system had not provided the flexibility to access information to the extent that they had hoped, such as the results of any investigations and the recording of long term conditions. Healthcare staff told us that training in the use of the new electronic patient

record system had been limited and staff had to learn on the job (recommendation e).

- No requirements.

Recommendation c

- The service should ensure that all patient risks identified are recorded in the electronic patient records both at the point of admission and during any subsequent assessment.

Recommendation d

- The service should ensure regular audits are carried out of the patient care records.

Recommendation e

- The service should ensure that training and support is identified for staff to further develop skills in using the electronic patient records.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

We found the service had a robust recruitment process that included additional safety checks due to the nature of the unit. An induction programme was in place for new staff and there were good opportunities for staff education and development. Contracts were in place for visiting health care professionals.

The service had recruitment policies and procedures in place which reflected good practice in relation to recruitment. Staff generally have been with the service for a number of years.

We looked at four staff files and saw that staff had appropriate contracts, and job descriptions in place. We saw that Protecting Vulnerable Groups (PVG) checks were in place as well as Counter Terrorism Checks (CTC) which is an enhanced check for staff working in an establishment viewed as a potential terrorism target. Staff qualification certificates were held on file, and all professional registrations were current. Staff had an annual review of their performance with the service manager and we saw that this provided opportunity for staff to discuss professional development. A system was in place to support staff revalidation.

All staff completed a period of induction and received mentorship. Staff told us they felt very well supported. Continuing professional training and development opportunities were available for staff. Staff were waiting to attend training on unscheduled care which will enhance knowledge of staff delivering unplanned and emergency care.

We saw that staff were supported to gain further qualifications such as non-medical prescribing. All staff we spoke with told us that while the past year had impacted on availability of training due to COVID-19 the service provider ensured good access to training opportunities. Staff were clear about their roles and responsibilities.

There are a number of other healthcare and therapy staff contracted to provide sessions. These include podiatry, psychiatry, general practitioners and an art therapist. We looked at four contracts and saw that these were in place. These detailed the service provided, sessional time and costs. All personnel who work with the centre patients are required to have the PVG and CTC checks carried out.

What needs to improve

There had been other providers of the service over the years and staff have transferred over through Transfer of Undertakings (protection of Employment) Regulations 2006 (TUPE) this is the law which protects employees when businesses are transferred. This meant some of the original recruitment paperwork such as references and application forms were not present.

While we found all professional registrations were current in the files we viewed, we suggest that an annual review of staff professional registrations is included in the audit plan to ensure all are up to date.

- No requirements.
- No recommendations.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Healthcare leadership was highly regarded, visible and supportive. Healthcare staff are committed to delivering high quality individual care to patients and access to a 24 hour healthcare service. All referrals are seen in a timely manner. A quality improvement plan would help improve the quality of service provided.

The healthcare manager led the healthcare team. We heard there was current vacancy for a senior nurse which was being recruited to. This role will provide support for the healthcare manager and staff in the healthcare team.

The lead for HR and governance services is based in the provider's Swansea office and a clinical lead is based in Manchester. Staff described both leads as being supportive and are available either to communicate with virtually or will visit the centre where necessary.

Healthcare staff provide a 24 hour service within the centre. At the time of our inspection, there were no waiting lists for access to healthcare services. The team provided residents open access to healthcare, while accepting referrals from both residents and staff.

Staff we spoke with described with pride in the level of service they provide and the value of the experience and mutual support that was available both within the team and from the healthcare manager. The aspirations of staff reflected the vision of the provider, which was positive. We observed that maintaining good quality care on an operational basis was reliant on the local team and management.

As this is the only service of this type in Scotland, there was a lack of benchmarking opportunities to compare services.

We saw some staff had accessed training opportunities to improve care and the provider and local management had supported them in this. For example, staff had attended training in non-medical prescribing, nature of trauma and dissociation and unscheduled care.

What needs to improve

While the measures to ensure quality and improvement were in place, the service did not have a formal quality improvement plan in place to help make sure actions were clearly identified and followed up. A quality improvement plan would help identify actions and timescales for their completion (recommendation f).

While staff had been focused on responding to the COVID-19 pandemic, this had not provided time to fully record and measure the impact of innovations and developments in the service. We recognised the limitations in the service's ability to provide evidence to demonstrate the leadership in service improvements due to the pandemic. We will follow this up at future inspections.

- No requirements.

Recommendation f

- The service should develop and implement a quality improvement plan.

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 further develop audit tools to include details of issues identified, actions required and timescale for completion (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should undertake more frequent high touch cleaning and document on the cleaning schedule (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 5.22

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Recommendations

- | | |
|----------|--|
| c | <p>The service should ensure that all patient risks identified are recorded in the electronic patient records both at the point of admission and during any subsequent assessment (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p> |
| d | <p>The service should ensure regular audits are carried out of the patient care records (see page 13)</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> |
| e | <p>The service should ensure that training and support is identified for staff to further develop skills in using the electronic patient records (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 3.14</p> |

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

- | | |
|----------|---|
| f | <p>The service should develop and implement a quality improvement plan (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> |
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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.



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:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
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Telephone: 0131 623 4300

Email: 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

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