

Announced Focused Inspection Report: Independent Healthcare (online inspection)

Service: Proclaim Care, Hamilton

Service Provider: Proclaim Care Limited

3 November 2020

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1 A summary of our inspection

We carried out an announced inspection to Proclaim Care on Tuesday 3 November 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 Proclaim Care, the following grade has been applied to the key quality indicator 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	Risks from COVID-19 had been thoroughly considered and clear actions were being taken to minimise the risk of transmission. Patient care records showed that appropriate patient assessments had been carried out. The provider's quality management system was accredited to an internationally recognised standard. The service's infection control policy should align with Scottish 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 Proclaim Care Limited to take after our inspection

This inspection resulted in two recommendations (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 staff at Proclaim Care 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

Risks from COVID-19 had been thoroughly considered and clear actions were being taken to minimise the risk of transmission. Patient care records showed that appropriate patient assessments had been carried out. The provider's quality management system was accredited to an internationally recognised standard. The service's infection control policy should align with Scottish guidance.

The service provides personal injury rehabilitation services to patients in their own homes, on behalf of insurance companies. The aim is to help patients manage the consequences of injury and support their return to health and work. A rehabilitation manager carries out an initial assessment and, if necessary, arranges and manages a rehabilitation plan for the patient using various external treatment providers, such as:

- specialist medical consultants
- physiotherapists
- occupational therapists, and
- psychologists.

Staff working practices and key policies and procedures had been updated to take account of the pandemic. The policies and documentation we reviewed included:

- infection control policy
- risk assessments, and
- risk register.

The provider was keeping up to date with current COVID-19 guidance through Government websites, Public Health England, Public Health Scotland and Health Protection Scotland. Updated information was shared with rehabilitation managers during regular video conferencing meetings.

The service manager told us that appropriate action had been taken to minimise the transmission of COVID-19. This included:

- providing appropriate personal protective equipment for rehabilitation managers, such as surgical face masks, gloves and aprons
- training for rehabilitation managers in the use and disposal of personal protective equipment
- additional assessment, screening and consent forms to ensure COVID-19 risks were properly considered before rehabilitation managers visited a patient's home
- a COVID-19 guidance document for patients, and
- developing a clear operating procedure to follow during face-to-face assessments, with training provided for rehabilitation managers.

Patient assessments were now taking place remotely, wherever possible, using video conferencing facilities. If a face-to-face assessment was considered necessary following clinical assessment, this was done safely by rehabilitation managers using the operating procedure they had been trained in.

An initial telephone risk assessment was carried out on all patients, including a COVID-19 screening assessment that both the patient and rehabilitation manager completed. A consent form was then sent to the patient for completion and return. For face-to-face assessments, the COVID-19 screening assessment was repeated 2 hours before the rehabilitation manager set out to travel to the patient's home, and again on arrival before entering the home. Face-to-face assessments did not take place if a patient had not completed and signed a consent form or had been assessed as not safe to visit. Any subsequent rehabilitation treatment visits followed the same COVID-19 screening assessment protocol, to protect both patients and external treatment providers.

Electronic patient care records were stored securely. We looked at three patient care records where patients had either been assessed face to face or through an online video call. The appropriate COVID-19 assessments and consent to treatment forms had been documented.

If a patient's initial assessment indicated a need for any rehabilitation equipment, this was sent directly to the patient for their personal use. This meant that the treatment providers did not have to carry any reusable patient equipment.

Staff had been provided with their own supply of personal protective equipment. A written protocol guided staff on the correct use and disposal of personal protective equipment, as well as the use of alcohol-based hand rub. Staff carried their own alcohol-based hand rub and disinfectant wipes.

The frequency of staff meetings had increased since the start of the pandemic. Regional team meetings were held every week and discussions were shared across the service. The leadership team met every 2 weeks by video conference call and the Board meetings were held 4 times a year.

The provider had its own quality management system that was accredited to ISO 9001:2015 (an internationally recognised quality management standard). Annual independent audits were carried out and the most recent report from November 2019 identified that the provider had demonstrated a positive approach towards improvement.

As part of the provider's quality management system, annual audits of external treatment providers were carried out. Corrective actions from these audits were reviewed at a quality management forum. This provided appropriate oversight of the external treatment providers used. The quality management forum met 4 times a year and included representatives from across the service. We saw recent forum minutes which showed the types of issues discussed included:

- risk register
- policies and procedures
- feedback/surveys/complaints, and
- audits and quality initiatives.

What needs to improve

While the service's infection control policy covered the key aspects of infection prevention and control principles, it did not align with Scottish guidance. All health and social care services in Scotland must be able to demonstrate how the 10 standard infection control precautions, such as hand hygiene and the use of personal protective equipment, are implemented and monitored. These are described in Health Protection Scotland's *National Infection Prevention and Control Manual* (see recommendation a).

While staff were using personal protective equipment, patients were not being asked to wear a face covering during their assessment or rehabilitation treatment (recommendation b).

- No requirements.

Recommendation a

- The service should review its infection control policy and ensure it details how the service will implement and monitor compliance with the standard infection control precautions described in Health Protection Scotland's *National Infection Prevention and Control Manual*.

Recommendation b

- The service should update its COVID-19 guidance to request patients wear their own face covering during assessments and treatments. This would comply with Government guidance on wearing face coverings in enclosed spaces.

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	<p>The service should review its infection control policy and ensure it details how the service will implement and monitor compliance with the standard infection control precautions described in Health Protection Scotland's <i>National Infection Prevention and Control Manual</i> (see page 9).</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>
b	<p>The service should update its COVID-19 guidance to request patients wear their own face covering during assessments and treatments. This would comply with Government guidance on wearing face coverings in enclosed spaces (see page 9).</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>

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
Edinburgh
EH12 9EB

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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