

Announced Inspection Report: Independent Healthcare

Service: MedAssistant, Glasgow

Service Provider: MedAssistant Ltd

8 June 2023

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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 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 MedAssistant on Thursday 8 June 2023. We spoke with sole practitioner and manager during the inspection. We received feedback from seven patients through an online survey we had asked the service to issue for us before the inspection. 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 comprehensive self-evaluation before the inspection.

What we found and inspection grades awarded

For MedAssistant, the following grades have been applied to the key quality indicators inspected.

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 service maintained patient privacy, dignity and confidentiality. Information was available on its website and was provided to patients before treatment. Patients were positive about the quality of care and treatment. A clear and accessible complaints procedure was in place.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Patients were cared for in a clean and safe environment. Systems and processes were in place to maintain safety, including infection prevention and control policies and the safe management of medicines. Audits were carried out reviewing key aspects of care and treatment. Risk assessments should be further developed.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with current best practice through training and development. A quality improvement plan should be developed to help evaluate and measure the quality, safety and effectiveness of the service provided.	✓ Satisfactory

The following additional quality indicator was 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	Comprehensive patient assessments were completed and clearly documented before any treatment was provided. Benefits and risks of treatment were fully explained and patients were provided with aftercare information. Patient care records were securely stored. Consent should be recorded for sharing information with patients' GPs and other healthcare professionals in an emergency.

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

Further information about the Quality Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect MedAssistant Ltd to take after our inspection

This inspection resulted in three 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 MedAssistant for their assistance during the inspection.

2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

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 service maintained patient privacy, dignity and confidentiality. Information was available on its website and was provided to patients before treatment. Patients were positive about the quality of care and treatment. A clear and accessible complaints procedure was in place.

The service operated an appointment-only system for all consultations and treatments. Controlled access to the treatment room and screening of windows helped to maintain patient confidentiality.

The service's website provided information on treatments offered, including costs. Patients could use the website to make enquires, book appointments and pay online. Following booking an appointment, patients were emailed information about their treatment, including risks and benefits to help them make a fully informed decision. All material was available in an alternative format for those who did not have email access. An out-of-hours contact for the service was provided to all patients.

Each patient received an email after treatment, requesting they complete an online review and rate their experience. The service regularly evaluated this information to help inform how it could improve the service delivered. All feedback that the service had received was positive.

The service had an appropriate complaints procedure, which included the correct contact details of Healthcare Improvement Scotland. The complaints procedure was prominently displayed in the clinic and was accessible on the service's website. Patients were also encouraged to verbally discuss any concerns they had with the service. We looked at an example of how an informal complaint had been investigated. A complaint tracker was kept

summarising progress with the complaint and any resulting outcomes. While no improvements to the service had been identified as a result of this investigation, the service had a system in place that demonstrated a proactive approach to quality improvement.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. A duty of candour policy was in place and the service had produced a yearly duty of candour report detailing that no incidents had triggered the need to act.

Feedback from our online survey was very positive about the experience patients had at the service. All patients agreed they had been treated with dignity, respect and had received adequate information. Comments included:

- ‘Very well explained and helpful advice.’
- ‘[...] explained everything and asked me if I was happy with the information.’
- ‘Listened to my concerns and needs.’

What needs to improve

Patient feedback was actively gathered. However, the service had identified the need to increase involvement of patients to inform service improvement. This included introducing other options to increase feedback from patients, such as a web-based questionnaire. We will follow this up at future inspections.

- 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

Patients were cared for in a clean and safe environment. Systems and processes were in place to maintain safety, including infection prevention and control policies and the safe management of medicines. Audits were carried out reviewing key aspects of care and treatment. Risk assessments should be further developed.

We saw that all areas of the clinic were clean, and equipment was maintained. The practitioner told us of the process of cleaning patient equipment in-between patient appointments, using appropriate cleaning products. Cleaning schedules were completed and kept up to date.

Appropriate infection prevention and control processes were in place. Single-use equipment was used for clinical procedures to prevent the risk of cross-infection and a contract was in place for clinical waste removal, including medical sharps (such as syringes and needles). We saw a good supply of protective equipment available, including disposable gloves and aprons.

We saw evidence of appropriate electrical and fire safety checks for the premises and the service manager had recently updated the fire risk assessment.

A safe system was in place for the procurement, prescribing, storage and administration of medicines. Medicines were stored securely in a locked medical refrigerator and temperatures were checked and recorded to make sure they were kept in line with manufacturer's guidelines. A real-time stock management system was used to track all medicines, their expiry dates and keep an adequate stock of them at all times. Arrangements were in place to deal with medical emergencies. This included emergency protocols, first aid

supplies and medicines available that could be used in an emergency, such as adrenaline. The practitioner had been trained to deliver advanced life support in the event of a medical emergency.

The service carried out a range of audits to monitor the quality and safety of the care and treatments provided to patients. Audits included medicine management and the safe management of care equipment and the environment. Areas for improvement were documented as part of the audit process.

A range of policies and procedures were in place to help the service deliver care safely. Policies were regularly reviewed and updated to reflect current legislation and best practice. Standard operating procedures had also been developed which detailed instructions for carrying out daily tasks, such as vaccine storage and handling.

While the service had not had any incidents or accidents since registration, systems were in place to record them. The service was aware of its responsibility to notify Healthcare Improvement Scotland of certain events and relevant incidents under health and safety legislation.

The service was registered with Health Protection Scotland to provide yellow fever vaccinations. This is a legal requirement for anyone providing this vaccination. The service uses TRAVAX, an NHS website which provides up-to-date information about travel associated health risks. This helps the service to provide patients with current travel and outbreak information, as well as to support effective and personalised risk assessments for patients.

What needs to improve

Risk assessments had been developed to manage risk including COSHH (control of substances hazardous to health) and fire safety. However, additional risk assessments should be developed (recommendation a).

- No requirements.

Recommendation a

- The service should complete risk assessments for all appropriate work tasks. Risk assessments should include relevant hazards and actions to minimise potential risks and be reviewed at regular intervals.

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were completed and clearly documented before any treatment was provided. Benefits and risks of treatment were fully explained and patients were provided with aftercare information. Patient care records were securely stored. Consent should be recorded for sharing information with patients' GPs and other healthcare professionals in an emergency.

Patients receiving treatment at the clinic were sent an online patient health assessment questionnaire to complete before attending. The questionnaire included medical history, with details of any health conditions, medications, allergies and previous treatments. The service reviewed and discussed this with the patient at a face-to-face consultation. Treatment would not proceed if patients had unrealistic expectations, if the treatment was unnecessary or if a clinical risk was indicated.

We reviewed five patient care records. We saw that comprehensive assessments and consultations were carried out before treatment started. Risks and benefits of the treatment were explained and a consent to treatment form completed. Patient information included documenting the patient's GP and next of kin contact details. A record of treatment and dosage and medicine batch numbers were also recorded for each treatment. This would allow tracking if any issues arose with the medications used. Aftercare advice was provided at the time of treatment and emailed to patients post treatment. This was documented in the patient care record.

Patient care records were kept in electronic format. Appropriate procedures were in place to make sure that information was held securely and to prevent unauthorised access. All patient care records we reviewed were well organised, dated and signed appropriately.

The service was registered with the Information Commissioner's Office (ICO) (an independent authority for data protection and privacy rights) to help make sure confidential patient information was safely stored.

All patients who completed our survey agreed they had been involved in decisions about their care and were given sufficient time to reflect on their treatment options before consenting to treatment. Comments included:

- ‘Discussed together treatment options and have been extremely supported throughout.’
- ‘[...] checked that I understood everything and that I was happy to go ahead with the treatment.’
- ‘Was given time to think about all the information that I had been given.’
-

What needs to improve

The service did not record consent for sharing relevant information with the patient’s GP and other healthcare professionals in an emergency, if required (recommendation b).

- No requirements.

Recommendation b

- The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required.

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

The service kept up to date with current best practice through training and development. A quality improvement plan should be developed to help evaluate and measure the quality, safety and effectiveness of the service provided.

The service is owned and operated by a nurse practitioner who is registered with the Nursing and Midwifery Council (NMC). The practitioner engaged in regular continuing professional development, managed through the NMC registration and revalidation process. Revalidation is where nurses have to meet the requirements of their professional registration through submitting evidence of their competency, training and development to their professional body, the NMC every 3 years.

The practitioner attended regular training in-person or through online learning platforms and NHS training resources and had recently refreshed their skills and knowledge in anaphylaxis and safe information-handling.

Some recent improvements had been made to how the service was delivered. This included changing from a mobile to a fixed premises that only the service used. The practitioner had qualified as a prescriber, allowing the service to independently prescribe medicines for treatments provided. The introduction of an integrated electronic patient booking, management and patient care record system, allowed the service to:

- automate processes, such as emailing reminder appointments and after-care information allowing the practitioner to spend more time with patients
- create consultation templates to suit patient requirements, and
- easily share laboratory results securely with patients.

We found evidence of suitable systems in place to regularly assess and monitor the quality of service provided. For example, blood test results turnaround times for different laboratories was monitored. This was to prevent hold-ups in reporting and laboratory results that could delay the diagnosis and treatment of patients and affect patient outcomes.

The service had reviewed findings from inspections that had taken place in other similar services, and used this information to inform its own policy and procedure development.

The service kept up to date with changes in the travel medicine sector, legislation and best practice through subscribing to online forums and journals and attending a variety of conferences and training days.

What needs to improve

While the service had assurance systems in place, such as audits and reviewing patient feedback and complaints, it had no overarching quality assurance system or improvement plan. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation c).

- No requirements.

Recommendation c

- 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	<p>The service should complete risk assessments for all appropriate work tasks. Risk assessments should include relevant hazards and actions to minimise potential risks and be reviewed at regular intervals (see page 10).</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>
b	<p>The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
c	<p>The service should develop and implement a quality improvement plan (see page 14).</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>

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

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