

Announced Follow-up Inspection Report: Independent Healthcare

Service: Medigold Health, Glasgow

Service Provider: Medigold Health Consultancy Limited

9 January 2023

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Medigold Health (Glasgow) on 30 June 2022. That inspection resulted in eight requirements and seven recommendations. As a result of that inspection, Medigold Health Consultancy Ltd produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at:

www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

About our follow-up inspection

We carried out an announced follow-up inspection to Medigold Health (Glasgow) on Monday 9 January 2023. The purpose of the inspection was to follow up on the progress the service has made in addressing the eight requirements and seven recommendations from the last inspection. This report should be read along with the June 2022 inspection report.

We spoke with a number of staff during the inspection.

The inspection team was made up of two inspectors.

Grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades may still change after this inspection due to other regulatory activity.

Key quality indicators inspected	
Domain 2 – Impact on people experiencing care, carers and families	
Quality indicator	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	✓ Satisfactory
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.1 - Safe delivery of care	✓ Satisfactory

Key quality indicators inspected (continued)	
Domain 9 – Quality improvement-focused leadership	
Quality indicator	Grade awarded
9.4 - Leadership of improvement and change	✓ Satisfactory

The grading history for Medigold Health (Glasgow) can be found on our website.

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

We found that the provider had complied with the majority of the requirements made at our previous inspection. It had also taken steps to act on some of the recommendations we made.

Of the eight requirements made at the previous inspection on 30 June 2022, the provider has:

- met seven requirements, and
- not met one requirement.

What action we expect Medigold Health Consultancy Limited to take after our inspection

This inspection resulted in four recommendations which remain outstanding, and one new requirement and two new recommendations. Requirements are 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

Medigold Health Consultancy Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Medigold Health (Glasgow) for their assistance during the inspection.

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 30 June 2022

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

Requirement – Timescale: by 22 September 2022

The provider must develop a complaints policy and make this widely available to patients. The policy must make clear that patients have the right to complain to Healthcare Improvement Scotland at any stage and include the full name and contact details for Healthcare Improvement Scotland.

Action taken

A complaints policy had now been produced and was accessible to patients on the service's website. This included information about how to make a complaint and the complaints process. The policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint. **This requirement is met.**

Recommendation

The service should develop a patient participation policy that includes a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made.

Action taken

A participation policy had still not been developed. However, we saw that patient feedback forms were now displayed at the reception area of the service. We were told that patients now received a link to an electronic survey asking them about their experience of the service. However, the service told us that it currently had a poor return rate for patient feedback (see Appendix 1).

Recommendation

The service should develop and implement a duty of candour policy and ensure an annual report is produced.

Action taken

A duty of candour policy had now been produced. This is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.

However, the service had not yet produced an annual duty of candour report. Even where no incidents had occurred requiring the implementation of the duty of candour procedure, a report is still required (see Appendix 1).

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

Requirement – Timescale: immediate

The provider must ensure that all medicines are stored securely in either a locked medication fridge or cupboard.

Action taken

We saw that all medications were now stored in a locked cupboard or a locked fridge. We were told the keys were removed at the end of the day and stored in a locked key safe. The medicine room had a secure keypad on the door to restrict access to certain staff members only. **This requirement is met.**

Requirement – Timescale: by 22 September 2022

The provider must review its infection prevention and control policy and auditing system to make sure they are both in line with Scottish guidance, in particular Healthcare Improvement Scotland's Healthcare Associated Infection (HAI) standards (2015) and Health Protection Scotland's National Infection Prevention and Control Manual.

Action taken

The infection prevention and control policy had now been updated to be in line with Scottish guidance. A designated staff member now completed a weekly questionnaire that included reviewing the cleanliness of the service. We were told the questionnaires were sent to senior management for audit purposes and to agree any action to be taken, where appropriate. **This requirement is met.**

Requirement – Timescale: by 22 September 2022

The provider must:

- *develop cleaning schedules which include details on cleaning products, processes and records of completion of cleaning*
- *ensure appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks, and*
- *only use appropriate cleaning equipment, including single-use disposable mop heads.*

Action taken

Cleaning schedules had now been developed and we found these were being introduced for use in the service on the day of our inspection. We saw cleaning product data sheets were available for the contracted cleaners. **This requirement is met.**

However, cleaning of the clinical hand wash sinks should be specifically added to the cleaning schedule. As the service was not using single-use disposable mop heads, a process for cleaning mop heads should also be developed (see Appendix 1).

Requirement – Timescale: by 22 September 2022

The provider must develop a refurbishment plan, in particular to replace the carpets in clinical areas with appropriate floor coverings.

Action taken

We saw a refurbishment plan had been developed to replace the flooring, declutter and generally refresh the clinic. **This requirement is met.**

We advised the service to submit a refurbishment notification to Healthcare Improvement Scotland, in line with our notifications guidance (see Appendix 1).

Recommendation

The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

Action taken

We saw that a programme of audits had been developed. This included weekly environmental walkrounds and fire checks as part of an ongoing health and safety audit. We saw new cleaning schedules had now been developed as part of a new infection prevention and control audit. Medicine management checks were recorded electronically and carried out informally every week and formally every 2–4 weeks.

However, we saw no evidence of action plans being developed following these audits (see Appendix 1).

Recommendation

The service should amend its safeguarding policy to take account of Scottish legislation and guidance.

Action taken

The safeguarding policy had now been updated to include Scottish legislation and guidance.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Recommendation

The service should ensure patients' GP and next of kin details are documented in patient care records.

Action taken

We saw that patients' GP and next of kin contact details were now attached to documentation for patients receiving vaccinations, in the event of an adverse event occurring. However, this information was not gathered for any other patient groups using the service, such as health screening patients. We also noted that the GP and next of kin information was securely destroyed following the patient's vaccination appointment. This information should be retained in the patient care record (see Appendix 1).

Recommendation

The service should provide written aftercare advice and information.

Action taken

We saw that patients were now provided with aftercare advice leaflets and guidance information following the administration of occupational health and travel vaccines.

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

Requirement – Timescale: immediate

The provider must ensure that the safe recruitment of staff is consistently completed in line with policy and national guidance, including appropriate Protecting Vulnerable Groups (PVG) checks and basic disclosure.

Action taken

The human resources (HR) advisor told us the service was in the process of introducing a new electronic human resource system. This would help to improve the process of completing staffing documentation, for example supporting staff when they are on sickness absence.

We were told that all Scottish clinical staff have now had a Disclosure Scotland Protecting Vulnerable Groups (PVG) background check completed. We saw evidence of this in three separate staff files we reviewed.

We were told that basic Disclosure Scotland checks were now being carried out on all administrative staff. **This requirement is met.**

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

Requirement – Timescale: by 22 September 2022

The provider must ensure its registered manager, or a formally nominated deputy, is present at all times during service operating hours, to ensure clear leadership and proper oversight of the service on a day-to-day basis.

Action taken

We were told that a new role had been developed in the service. A member of the administration staff was now the designated named person responsible for the day-to-day running of the service. They were responsible for the weekly environmental walkrounds, fire safety and stock ordering. All staff were informed of which senior managers were on duty every day, who could be readily available to be contacted by telephone or online. **This requirement is met.**

Requirement – Timescale: by 22 September 2022

The provider must implement a suitable system of regularly reviewing the quality of the service to make sure it is of a quality appropriate to meet the needs of patients. This should include developing a quality improvement plan to formalise and direct the way it drives and measures improvement.

Action taken

We saw a quality assurance programme was in place. This included staff and management meetings being held, policies and procedures being reviewed, the further development of a clinical audit programme and planned refurbishment of the service. However, a quality improvement plan had still not been developed (see Appendix 1). **This requirement is not met.**

Recommendation

The service should consider ways to improve communications such as introducing multidisciplinary meetings for all staff in the service. Minutes of these meetings should include any actions taken and those responsible for the actions.

Action taken

Since the last inspection in June 2022, we found the service had continued to improve communication among staff. Staff worked either remotely from home or in the clinic. We saw an organisational-wide email was sent out every day to all staff detailing what senior managers and clinical support was available. We were told line managers were based in the clinic or available remotely. They met with staff every month which allowed any issues to be escalated to senior management and for corporate information to be shared. Senior management meetings, such as the associate directors of nurses, were held remotely every week. We saw minutes and outcomes of these meetings with action plans being shared by associate directors of nurses and the provider's chief nursing officer who met remotely every fortnight. We were told by staff that there was good communication throughout the organisation. We saw that Board meetings took place remotely every 3 months. These gave staff the opportunity to directly ask questions to senior management. These meetings were documented and were available on the internal staff intranet.

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 2 – Impact on people experiencing care, carers and families

Requirements

None

Recommendations

- a** The service should develop a patient participation policy that includes a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made (see page 7).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

This was previously identified as a recommendation in the June 2022 inspection report for Medigold Health (Glasgow).

- b** The service should produce and publish an annual duty of candour report (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

This was previously identified as a recommendation in the June 2022 inspection report for Medigold Health (Glasgow).

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

Requirement

- 1** The provider must ensure that Healthcare Improvement Scotland is notified of the planned refurbishment (see page 10).
- Timescale – immediate
- Regulation 5(1)(b)*
The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011

Recommendations

- c** The service should include the cleaning of clinical hand wash sinks in its cleaning schedule and develop a process of cleaning mops heads (see page 10).
- Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22
- d** The service should develop improvement action plans to address issues that have been identified (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
- This was previously identified as a recommendation in the June 2022 inspection report for Medigold Health (Glasgow).
- e** The service should request GP and next of kin contact details for every patient, and retain this information following patients' appointments (see page 11).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
- This was previously identified as a recommendation in the June 2022 inspection report for Medigold Health (Glasgow).

Domain 9 – Quality improvement-focused leadership	
Requirement	
None	
Recommendation	
f	<p>The service should develop and implement a quality improvement plan to measure the impact of improvement initiatives on the service and demonstrate a culture of continuous improvement (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>

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.ihtregulation@nhs.scot

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