Announced Focused Inspection Report: Independent Healthcare

Service: DHI Medical Group
Service Provider: UK Clinics Glasgow Limited

3 June 2021
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot
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1 A summary of our inspection

We carried out an announced inspection to DHI Medical Group on Thursday 3 June 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 three members of staff during the inspection. This was our first inspection to the 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.

What we found and inspection grades awarded

For DHI Medical Group, the following grade has been applied to the key quality indicator inspected.

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 – Safe delivery of care</td>
<td>Effective measures had been introduced to minimise the risk of COVID-19 transmission, including enhanced cleaning and stricter access to the premises. Staff had undertaken COVID-19 training. Although there was some evidence of communication with patients about COVID-19, this should be recorded in the patient care records. Additional clinical waste bins should be available for the disposal of personal protective equipment.</td>
<td>✓ ✓ Good</td>
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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 UK Clinics Glasgow 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 all staff at DHI Medical Group 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

Effective measures had been introduced to minimise the risk of COVID-19 transmission, including enhanced cleaning and stricter access to the premises. Staff had undertaken COVID-19 training. Although there was some evidence of communication with patients about COVID-19, this should be recorded in the patient care records. Additional clinical waste bins should be available for the disposal of personal protective equipment.

Comprehensive policies and procedures were in place for the prevention and control of infection. These had been amended to reflect how the service was managing the risks from COVID-19. An environmental risk assessment had been carried out to identify the relevant risks in the service. This assessment, and the updated policies and procedures, provided clear guidance for staff on what they should do to control the transmission of COVID-19. These control measures included:

- social distancing measures
- adaptation of the waiting area
- screening of the reception desk, and
- removal of unnecessary items and clutter such as magazines and refreshments.

Practitioners carried out an initial online consultation with patients to discuss their expectations of treatment. Before attending the clinic for their face-to-face appointment, patients were required to complete a COVID-19 consent form to confirm they did not have any symptoms of COVID-19.
Patients were given verbal instructions before attending for their appointment. This included arriving on time, on their own unless a carer was required, and with minimal belongings. Appointment times were extended to avoid unnecessary contact with other patients.

Adjustments had been made to the environment to minimise the risk of COVID-19 transmission. Access to the service was now controlled by staff. When the patient arrived in the reception area, a temperature check was taken. Further verbal screening was also carried out to confirm that they did not have any symptoms of COVID-19. Alcohol-based hand rub was provided for patients, along with a fluid-resistant face mask, before they could enter the treatment room.

Information posters about hand hygiene, COVID-19 risks and the use of personal protective equipment were displayed throughout the service, including in the reception area and in both treatment rooms.

The care environment and patient equipment were clean and well maintained. We were told that enhanced cleaning regimes had been implemented in all clinical and non-clinical areas. This included increased cleaning of the environment, patient equipment and high touch areas such as door handles and light switches. The premise was disinfected using fog treatment on a regular basis to further minimise the risk of COVID-19 transmission. Toilet facilities were limited and patients advised of this before arriving at the service.

We saw evidence that the service manager provided staff with weekly COVID-19 email updates. Regular communication made sure that staff had up-to-date advice and guidance on COVID-19. Staff were also encouraged to raise any queries or suggestions.

All staff wore appropriate personal protective equipment including aprons, gloves and masks. The service had sufficient stocks of personal protective equipment and stock levels were monitored regularly. Personal protective equipment was stored correctly, close to where patient care was delivered.

We saw evidence of the most recent environmental and hand hygiene audits. The hand hygiene audits were carried out on a regular basis, and showed good compliance rates by staff. An action plan had been developed following the most recent environmental audit to ensure any required action to be taken was completed in a timely manner.

We were told that all staff changed into a uniform or different set of clothes when entering the building and changed back into their own clothes before leaving. A staff changing area was available, with lockers and shower. Uniforms
were laundered at home, at the highest temperature recommended for the material. Staff had been provided with dedicated laundry bags to carry their uniforms to and from the service.

We saw evidence that staff had been provided with additional training in COVID-19 control measures. This included hand hygiene, life support training and infection prevention and control.

**What needs to improve**

We looked at five patient care records. We found no record of what information or advice had been provided to patients about COVID-19, either before their initial consultation or as part of any aftercare advice (recommendation a).

Personal protective equipment stations has been set up at reception. However, no clinical waste bin was available for the disposal of used personal protective equipment (recommendation b).

- No requirements.

**Recommendation a**

- The service should ensure that information and advice given to patients about COVID-19 is documented in patient care records.

**Recommendation b**

- The service should ensure that a waste bin is provided in the reception area for the disposal of personal protective equipment.
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.

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
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</tbody>
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| a  The service should ensure that information and advice given to patients about COVID-19 is documented in patient care records (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 |
| b  The service should ensure that a waste bin is provided in the reception area for the disposal of personal protective equipment (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.

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.

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.

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