Announced Focused Inspection Report: Independent Healthcare

Service: International SOS (Aberdeen), Aberdeen
Service Provider: International SOS (Medical Services) UK Limited

2 March 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 International SOS (Aberdeen), on Tuesday 2 March 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 a number of staff during 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 satisfactory self-evaluation.

What we found and inspection grades awarded

For International SOS (Aberdeen), the following grade has been applied to the key quality indicator inspected.

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<th>Key quality indicators inspected</th>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<td>5.1 - Safe delivery of care</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 International SOS (Medical Services) UK Limited to take after our inspection**

This inspection resulted in two recommendations. 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

We would like to thank all staff at International SOS (Aberdeen), for their assistance during the inspection.
3 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 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

The service had responded to the challenges presented by COVID-19 and introduced effective measures to minimise the risk of transmission between staff and patients. All staff had carried out training specific to COVID-19. The provider should make sure that electronic patient care records contain the appropriate information relating to COVID-19 screening.

The service employs a large number of staff including medical and nursing staff, Medical Director and Head of Nursing. The service offers a range of occupational health services and vaccinations for travel. World travel advice is also provided.

We reviewed the service’s systems and processes which had been amended to reflect enhanced measures the service had implemented in response to the COVID-19 pandemic. These included:

- infection control policy which includes COVID-19 precautions
- infection control audit
- COVID-19 Risk Assessment
- COVID-19 Light Touch Nurse Based Oil Gas United Kingdom Work Instruction, and
- Health & Safety Executive Quality Audit.
All policies and procedures contained enough detail to capture the relevant risks and described appropriate control measures the service would take. These control measures included:

- Social distancing.
- Two meter spacing of seating of the waiting area.
- Removal of unnecessary items and clutter such as magazines and refreshments.
- Increased cleaning of the environment, including patient equipment and high touch areas such as door handles and card payment machines.
- Personal protective equipment for patients and staff.

Patients were emailed COVID-19 screening questions and advised not to attend if they had any symptoms. A consent form was also e-mailed to the patient to complete and return along with instructions for attending their appointment on the day. This included, arriving on time, on their own, with minimal belongings and to phone the service upon arrival. Appointment times were extended to avoid unnecessary contact with other patients and for enhanced cleaning of equipment.

Access to the service was controlled by staff. When patients phoned the service to inform them of their arrival, a member of staff greeted them at the entrance, asked the COVID-19 screening questions. Only if all of the verbal screening questions were answered no, would the patient be allowed access. The patient was then provided with a fluid resistant surgical mask and asked to use the alcohol-based hand gel provided. We saw that posters were displayed on arrival and at reception regarding COVID-19, personal protective equipment, social distancing and the requirement to wear a face mask.

We saw that a one-way system was in operation throughout the building with two meter distance signage on the floor. The treatment rooms were separated for clinical examinations or remote consultations, which helped to limit patient contact and control the risk of virus transmission between staff and patients.

We looked at four treatment rooms and found that all were clean and well maintained with no signs of dust or contamination. Cleaning checklists were available and were completed.

We saw that there were several locked vaccination fridges in place, each with a digital thermometer. The temperature of the fridges were checked on a daily basis and there was a formal mechanism in place for the recording of this.

We saw good compliance with hand hygiene. Clinical hand wash basins, hand soap and paper towels were available. Alcohol-based hand rub dispensers were available.
We spoke with domestic and facilities staff and saw that the clinical hand wash basins were being cleaned with a 1,000ppm chlorine as per national guidance. The cleaning items were colour coded and single use mops were available.

Personal protective equipment was stored correctly, close to where patient care was delivered. The service had sufficient stocks of personal protective equipment and stock levels were monitored regularly.

An infection prevention and control audit programme and an audit developed by the Health & Safety Executive was in place. These were completed on a monthly basis. There was evidence that action had been taken to resolve any minor issues identified.

Clinical waste was segregated properly in clinical waste bags and sharps bins. This was stored securely and uplifted by a clinical waste contractor.

Staff were required to change into their uniform on site in order to reduce the spread of infection. Staff had been provided with linen bags to put their uniforms into which could be laundered. They told us they laundered their uniforms at home at the highest temperature recommended for the material, usually 60°C.

All staff that we spoke to had completed training specific to infection control and COVID-19. This included how to safely apply, remove and dispose of personal protective equipment, as well as enhanced cleaning and hand hygiene.
What needs to improve
We looked at five patient care records and found appropriate assessments including medical history and consent to treatment had been recorded. Although verbal consent was obtained prior to asking COVID-19 screening questions, this was not recorded in the patient care record (recommendation a). The outcome of the COVID-19 screening questions was not recorded in the patient care record (recommendation b).

- No requirements.

Recommendation a
- The service should obtain written consent for COVID-19 screening and record it in the patient care record.

Recommendation b
- The service should record the outcome of COVID-19 screening in the patient care record.
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

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<th>Requirements</th>
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<th>Recommendations</th>
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| a | The service should obtain written consent for COVID-19 screening and record it in the patient care record (see page 9).  

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 record the outcome of COVID-19 screening in the patient care record (see page 9).  

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:  
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

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