Announced
Focused Inspection Report: Independent Healthcare

Service: Esculap Limited, Aberdeen
Service Provider: Esculap Limited

4 December 2020
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
1 A summary of our inspection

We carried out an announced inspection to Esculap Limited on Friday 4 December 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 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 Esculap Limited, the following grade has been applied to the key quality indicator inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
</tbody>
</table>

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 Esculap Limited 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 Esculap Limited 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

The service was clean and effective measures had been introduced to minimise the risk of COVID-19 transmission between the practitioner and patients attending the service. A more structured audit programme would help demonstrate ongoing improvements made to the service. A process should be implemented for recording the medication fridge temperature.

The clinic has several doctors and offers a range of GP services including:

- private medical examinations
- blood pressure checks
- blood and urine testing, and
- ultrasound scans

The service manager was responsible for the developing, reviewing and disseminating the policies and procedures in the service.

The service’s policies and documents we reviewed included:

- infection control policy
- advanced infection control & safety measures policy in case of pandemics including COVID-19 and similar
All policies and procedures contained enough detail to capture the relevant risks and described appropriate control measures that the service would take to reduce the risk COVID-19 transmission between patients and staff.

The service manager told us how these policies and procedures had been implemented and what measures had been put in place to reduce the risk of COVID-19 transmission between patients and staff. These included:

- access to the clinic with suitable gaps between appointments
- increased cleaning of the environment, including patient equipment and high touch areas such as, door handles, and
- PPE (personal protective equipment) for patients and staff.

Patients could contact the service by phone or online. Staff carried out a COVID-19 risk assessment with patients when they booked an appointment. They also provided them advice about:

- their arrival at the clinic
- wearing a facemask
- what to do if they experienced any COVID-19 symptoms between then and their appointment, and
- if they had been in contact with someone who had tested positive for COVID-19.

The clinic’s main door was locked to restrict access to the premises and staff only allowed patients with appointments into the clinic. When patients arrived they were asked to phone the contact number to alert staff to open the door. Staff greeted the patients, asked them to use the alcohol-based hand rub provided and ensured they wore a facemask. Patients were provided with a facemask, if required.

A COVID-19 risk assessment was repeated with the patient on their arrival at the clinic. Of the five patient care records we reviewed, we saw that this was recorded in each case. Consent to share information with the patient’s GP was recorded along with consent to treatment in all patient care records reviewed.

We saw signage at reception, promoting hand hygiene and appropriate social distancing. Seating in the waiting area had been rearranged to promote social distancing and unnecessary items such as magazines had been removed. Patient toilets were available, and although the use of these were discouraged, a process was in place to ensure enhanced cleaning was carried out, if required.
All clinical rooms had flooring and walls that could be easily cleaned, and the environment and equipment we seen was in a good state of repair. The rooms had mechanical ventilation.

We saw hand hygiene facilities were in place, this included clinical hand wash basins, liquid hand soap, paper towels and an alcohol-based hand rub dispenser.

PPE was available in the clinical rooms which included aprons, gloves and facemasks. The service manager told us that face shields were also available if clinicians felt they were required. Staff were expected to wear facemasks at all times throughout the clinic. Clinical staff were expected to change their PPE including facemasks between patients. A waste contract was in place to ensure the safe disposal of PPE.

During the inspection, we did not have the opportunity to observe staff carrying out hand hygiene or their use of PPE.

Staff wore uniforms which they changed into on arrival at the clinic and out of before they left. Staff laundered their uniforms at home in line with current guidance.

**What needs to improve**

While an audit policy was seen and we were told that the service had undertaken an infection control audit, we did not see any written evidence. A more structured audit programme would help the service direct its approach to the ongoing review of care and treatment, and demonstrate how improvements are being identified and implemented (recommendation a).

We saw that a locked medication fridge was in place with digital thermometer. Although we were told that the temperature of the fridge was checked on daily basis, there was no formal mechanism in place to record this (recommendation b).

When reviewing the patient care records, we found that the contact details of the patient’s emergency contact had not been recorded (recommendation c).

- No requirements.

**Recommendation a**

- 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.
Recommendation b

- When storing temperature sensitive medication, the service should ensure a system is in place for recording the clinical fridge temperature on a regular daily basis. It should include guidance on what action to take if the temperature is outwith the expected range.

Recommendation c

- The service should record the contact details of the patient’s emergency contact 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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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 (see page 8).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
<tr>
<td>b</td>
<td>When storing temperature sensitive medication, the service should ensure a system is in place for recording the clinical fridge temperature on a regular daily basis. It should include guidance on what action to take if the temperature is outwith the expected range (see page 9).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 1.24</td>
</tr>
<tr>
<td>c</td>
<td>The service should record the contact details of the patient’s emergency contact in the patient care record (see page 9).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully informed about what information is shared with others about me. Statement 2.14</td>
</tr>
</tbody>
</table>
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](http://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](http://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

Healthcare Improvement Scotland
Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
0141 225 6999

www.healthcareimprovementscotland.org