Announced Focused Inspection Report: Independent Healthcare

**Service:** The Transform Hospital Group Clinic
Glasgow, Glasgow

**Service Provider:** Transform Hospital Group Limited

18 May 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 The Transform Hospital Group Clinic Glasgow on Tuesday 18 May 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 of this service.

The inspection team was made up of two inspectors.

As part of this inspection, we did not request a self-evaluation from the service.

What we found and inspection grades awarded

For The Transform Hospital Group Clinic Glasgow, the following grade has been applied to the key quality indicator inspected.

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Good leadership and assurance structures were in place to lead and support staff and patients safely through the current COVID-19 pandemic. The clinic was only carrying out medical consultations and nursing reviews in line with current legislation. The environment was clean and cleaning procedures followed current national guidance. The sluice sink should be accessible during clinic opening hours and patient care records should contain evidence of patient’s pre-admission COVID-19 screening assessments and conversations.</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 Transform Hospital Group Limited to take after our inspection**

This inspection resulted in two 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

Transform Hospital Group Limited, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at The Transform Hospital Group Clinic Glasgow for their assistance during the inspection.
3 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

Good leadership and assurance structures were in place to lead and support staff and patients safely through the current COVID-19 pandemic. The clinic was only carrying out medical consultations and nursing reviews in line with current legislation. The environment was clean and cleaning procedures followed current national guidance. The sluice sink should be accessible during clinic opening hours and patient care records should contain evidence of patient’s pre-admission COVID-19 screening assessments and conversations.

At the time of our inspection, the Scottish Government’s tier 3 restrictions were in place for the COVID-19 pandemic. The clinic was open to a small number of patients who required medical consultation or nursing review, in line with current legislation. Only essential staff were present, with all other staff either working from home or furloughed. Aerosol-generating procedures were not carried out due to the increased risk of infection transmission from the fine spray of air or water they generate.

The provider responded quickly to the COVID-19 pandemic at the beginning of the government lockdown and provided regularly updated guidance to the clinic. A consultant microbiologist chaired the provider’s existing infection prevention and control committee, which had representation from across the organisation. This committee had influenced the necessary changes to policies and procedures as a result of the pandemic and had links to Public Health England for up to date advice and guidance.

The provider’s COVID-19 standard operating procedure for clinics had been developed in line with UK COVID-19 guidance and was updated whenever this
guidance changed. The service’s COVID-19 risk assessment was comprehensive and included detailed control measures it would take to minimise COVID-19 transmission.

We reviewed the clinic’s policies and procedures, including:

- COVID-19 standard operating procedures for clinics
- COVID-19 risk assessment
- COVID-19 patient screening process, and
- cleaning methods, frequency and assurance system.

These policies and procedures set out what the provider expected the clinic to do to minimise the risk of COVID-19 transmission. Staff we spoke with could describe how these policies and procedures had been implemented in the clinic. For example, access to the clinic had been restricted and signage at the front door advised visitors to:

- wear a face covering
- decontaminate their hands using the alcohol-based hand rub provided, and
- observe social distancing.

Once inside the clinic, patient temperatures were checked and recorded and floor marking was in place to help people socially distance.

Patients were asked to attend their appointments alone to minimise the number of people in the clinic. Staff carried out a patient COVID-19 screening assessment over the phone up to 48 hours before the patient attended. This assessment was repeated when they arrived and patients were not treated if they, or any other member of their household had confirmed or suspected COVID-19.

The environment was clean and had been de-cluttered. Waiting areas had been rearranged with appropriate distancing of seats. Staff described to us the process of cleaning equipment in between appointments. The frequency of cleaning high-touch areas, such as door handles and seating had been increased. Cleaning procedures followed current national guidance, we saw appropriate provision of PPE and appropriate assurance systems were in place.

Good hand hygiene facilities were in place, including clinical hand wash basins with hand soap and paper towels. Alcohol-based hand rub dispensers had been
provided. Monthly hand hygiene audits were carried out to check and encourage good staff compliance with hand hygiene practice.

A clinical audit programme was in place. Results from the service’s monthly and 3-monthly infection prevention and control audits were reported to the provider’s safety, quality and risk (north) committee. This committee oversaw the service’s performance and had reporting links to the provider’s clinical governance and compliance committee. The three most recent infection prevention and control and hand hygiene audit results demonstrated good outcomes and appropriate assurance systems.

All staff had completed additional COVID-19 infection prevention and control training, as well as routine infection prevention and control refresher training. We were told that staff carried out weekly COVID-19 lateral flow testing. Results were recorded and any staff testing positive were required to self-isolate and attend an approved testing site to have a full PCR test.

Before the patient attended one of the provider’s hospitals for surgery, a patient information leaflet with written information about the recommended COVID-19 restrictions before surgery and on discharge from hospital was given to them. This included isolating for 14 days before travelling to hospital and isolating for 10 days when they returned home. We saw written guidance for what the patient should do if they develop COVID-19 symptoms before and after treatment.

We reviewed five patient care records, which included a detailed pre-operative assessment. We were told that these assessments were often carried out over the telephone, before the patient attended one of the provider’s hospitals in England. The pre-operative assessment reviewed the patient’s medical history, allergies and any regular medications they were taking. The majority of the assessments we reviewed contained evidence of the patient’s individual COVID-19 risk assessment. This risk assessment included questions about symptoms, instructions for isolating before surgery and attending the clinic for a COVID-19 test 5 days before surgery. COVID-19 questionnaires had also been completed for patients attending the clinic for their COVID-19 test or a nursing review.

**What needs to improve**

The clinic’s cleaning protocol described how chlorine solution was made up daily and disposed of in the sluice sink, in line with current national guidance. However, stored equipment blocked access to the sluice sink at the time of our inspection (recommendation a).
While we saw that patients’ COVID-19 risk was considered and individual assessments were carried out, not all patient care records we reviewed documented this. Records to demonstrate the telephone conversations that nurses had with patients about recommended restrictions were also not seen (recommendation b).

A clinical hand wash basin was available in each treatment room. However, they did not comply with current national guidance. A senior manager told us the clinic would soon be refurbished and new clinical hand wash basins would be installed that complied with current national guidance. We will follow this up at future inspections.

- No requirements.

**Recommendation a**
- The service should ensure that the sluice sink is fully accessible during clinic opening hours.

**Recommendation b**
- The service should ensure that all patient care records contain evidence of the patient’s pre-admission COVID-19 screening assessment and conversations.
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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<tr>
<th>Recommendations</th>
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<tr>
<td>a The service should ensure that the sluice sink is fully accessible during clinic opening hours (see page 9).</td>
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<tr>
<td>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22</td>
</tr>
<tr>
<td>b The service should ensure that all patient care records contain evidence of the patient’s pre-admission COVID-19 screening assessment and conversations (see page 9).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
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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

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