Unannounced Focused Inspection Report: Independent Healthcare

Service: Elanic, Glasgow
Service Provider: Elanic Ltd

3 February 2021
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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 19 September 2019

Requirement
The provider must make sure that staff files contain up-to-date qualifications and training certificates for all staff, including medical staff, working in the service.

Action taken
We reviewed two staff files. Each had copies of all qualifications and training certificates held on file. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 19 September 2019

Recommendation
The service should develop action plans that would provide evidence that improvements are being made as a result of patient feedback.

Action taken
An action plan had been developed in response to patient feedback received by the service over the last year. The majority of feedback received was positive. We saw that where areas for improvement had been identified, action had been taken.

Recommendation
The service should complete risk assessments for all appropriate work tasks. All risk assessments and the risk register should be reviewed at regular intervals.

Action taken
We saw revised risk assessments for all work tasks, which had been updated in December 2020.

Recommendation
The service should ensure that laser treatment protocols are available for all treatments provided, in line with current guidance.

Action taken
We saw the laser treatment protocols for all treatments provided.
Recommendation
*The service should ensure all staff follow national guidance when managing blood and body fluid spillages. This will reduce the risk of cross-infection.*

Action taken
Staff were able to describe the procedure to follow to dilute and apply the correct concentration of a chlorine releasing detergent and disinfectant solution to safely decontaminate blood and body fluid spillages.

Recommendation
*The service should ensure all patient care records are fully completed.*

Action taken
Each patient care record reviewed on the day of inspection was fully complete. This included the patient’s next-of-kin and GP contact details.

Recommendation
*The service should develop a quality improvement plan.*

Action taken
A quality improvement plan had been developed and implemented.
A summary of our inspection

We carried out an unannounced inspection to Elanic on Wednesday 3 February 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.

The inspection team was made up of two inspectors.

As part of this inspection a self-evaluation was not requested from the service.

What we found and inspection grades awarded

For Elanic, the following grade has been applied to the key quality indicators inspected.

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

We would like to thank all staff at Elanic 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

Staff were following the majority of standard infection control precautions. Appropriate assurance systems were in place to minimise the risk of Covid-19 transmission. Covid-19 risk assessments now formed part of a patient’s routine assessment and these were being appropriately recorded in patient care records. While effective control measures were in place to minimise the risk of cross-infection, all measures should be captured in the service’s risk assessment documentation.

At the time of the inspection, the Scottish Government’s tier four restrictions were in place due to the COVID-19 pandemic. The service was open to a small number of patients who required medical or surgical assistance, in line with current legislation. Only essential staff were present in the service; all other staff were either working from home or had been furloughed. We were told that the clinic was open a few days each week for minor surgical procedures and face to face review appointments, with all other consultations carried out by telephone. Aerosol generating procedures were not currently being undertaken in the service. Aerosol generating procedures present an increased risk of cross-infection to the environment, due to the fine spray of air or water they generate.

The service’s policies and procedures we reviewed included:

- Covid-19 infection prevention and control policy
- Covid-19 risk assessment
- Covid-19 patient screening process
- cleaning methods, frequency and assurance system, and
- infection prevention and control audits.

These policies and procedures set out most of the control measures that the service would take to minimise the risks from Covid-19.

We discussed with the service how these policies and procedures had been implemented. Patients were asked to complete a screening questionnaire before their appointment and this was repeated on the day of their appointment. If any patients advised that they or any other member of their household had confirmed or suspected Covid-19, they were not treated. Patients were asked to attend their appointments alone, to minimise the number of people in the service.

Signage was displayed at the front door which advised patients of the correct procedures to follow. When they arrived at the service, they were asked to wear a face mask, decontaminate their hands using the alcohol-based hand rub at the entrance to the clinic and had their temperature checked. Following this, patients were escorted to a dedicated consultation room to take a COVID-19 lateral flow test. If the patient tested positive, they were asked to leave the premises immediately, self-isolate and seek a COVID-19 test though the national testing system. If the patient tested negative, they were able to proceed with their planned treatment.

Staff were tested weekly for COVID-19 using the lateral flow test. If any staff were found to be positive then the same process was implemented. Risk assessments had been completed for all staff to ensure that they were able to safely work in the service at this time.

Clinical hand wash basins and scrub sinks had a good supply of hand soap, surgical scrub, paper towels and alcohol-based hand rub. Hand hygiene posters were displayed at each hand wash basin or scrub sink to help direct staff with the correct procedure to follow when washing their hands.

Personal protective equipment such as face masks, aprons and gloves were stored appropriately and were available at the point of care. Staff understood when to use personal protective equipment and described how they made sure patients also wore appropriate personal protective equipment.

We saw that the environment was clean and in a good state of repair. Staff were able to describe their cleaning processes which were in line with current national guidance.
Clean linen was stored appropriately. Contaminated linen was segregated and was stored securely along with used linen until uplifted. This included staff uniforms. We saw clinical waste was also managed effectively.

An infection prevention and control audit programme was in place. This included quarterly audits of infection prevention and control. We saw evidence of the last three completed audits, with no areas for improvement identified.

We reviewed five patient care records and saw that comprehensive assessments and consultations had been carried out before treatment started. This included consent to treatment, consent to photography, sharing of information and documented discussions about the risks and benefits of the procedure, potential complications and COVID-19. These documents had been signed and dated by the patient. We saw documented evidence of baseline observations taking place during and following the procedure. Completed checklists were in place to determine if the patient was safe to be discharged home. A paper copy of the prescription for treatment was also contained within the patient care record.

**What needs to improve**
Although we saw that appropriate measures were in place to minimise the risk of cross-infection, not all of these measures were detailed in the service’s risk assessment and infection prevention and control policy (recommendation a).

We found some open, used and undated ampoules of medicine stored in a cupboard (recommendation b).

We found two empty paper towel dispensers. This meant that staff or patients were not be able to decontaminate their hands effectively at this time. Also, two medicinal products waste bins were stored inappropriately with the temporary closure mechanism open. These were raised and addressed by the service provider at the time of the inspection.

- No requirements.

**Recommendation a**
- The service should ensure that all control measures in place for the management of COVID 19 are reflected in the service’s risk assessment documentation.

**Recommendation b**
- The service should ensure that all medicines are used, stored and discarded in line with the manufacturer’s guidance.
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.

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<thead>
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<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>a The service should ensure that all control measures in place for the management of COVID 19 are reflected in the service’s risk assessment documentation (see page 10).</td>
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<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.

1. **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.

2. **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.

3. **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](mailto:his.ihcregulation@nhs.scot)