Announced
Inspection Report: Independent Healthcare

Service: Healthlink 360
Service Provider: Healthlink 360, Musselburgh

21 November 2018
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 contactpublicinvolvement.his@nhs.net
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Healthlink 360 on Wednesday 21 November 2018. We spoke with a number of staff during the inspection and telephoned five patients after the inspection who had received treatment at the clinic. This was our first inspection to this service.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Healthlink 360, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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</table>
Domain 5 – Delivery of safe, effective, compassionate and person-centred care

| 5.1 - Safe delivery of care | All practitioners working in Healthlink 360 were trained in travel medicine and adult life support. Practitioners’ registrations and qualifications were checked every year. The clinic was clean and well organised with child-friendly facilities. All clinical treatments and interventions were thoroughly risk-assessed and in line with best practice. | ✓ ✓ Good |

Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | We saw good evidence of how the service had made improvements following patient feedback. Staff commented that they found it a positive place to work. | ✓ ✓ Good |

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing 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 Healthlink 360 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

Healthlink 360, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Healthlink 360 for their assistance during the inspection.
2 What we found during our inspection

Domain 2 – Impact on people experiencing care, carers and families
High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

We saw very positive feedback from the agencies that Healthlink 360 provided medicals for. Patients commented that they found the service very professional, warm and welcoming. They also told us they were kept fully informed during all stages of their engagement with the service, including comprehensive aftercare information.

The service used a variety of methods to gather feedback, including a patient experience questionnaire on its website and a suggestions box in the reception area. We saw evidence that patient feedback was regularly recorded and monitored. Staff we spoke with also confirmed that they shared feedback with their colleagues and senior members of staff.

Charitable agencies commissioned Healthlink 360 to provide medical and psychology services for their overseas humanitarian aid workers. Very positive feedback from these agencies reported that more aid workers completed their placements as a result of using the service. Healthlink 360 attributed this to the quality of medical and psychological assessments it carried out, which had been improved after patient feedback.

The service’s complaints policy stated that patients could complain to Healthcare Improvement Scotland at any point and included contact details.

We saw examples of improvements the service had made after patient feedback, such as developing a new health screening tool and changing its opening times. It had also started to use technology to allow patients to submit information from home about receiving treatments or their fitness to work abroad. Patients we spoke with felt that their comments were listened to and were confident that the service would act on any suggestions made.
We were shown that, as a result of patient feedback that the service had altered its opening times to make it more convenient for patients unable to attend during day.

All five patients we spoke with who had used the service gave very positive feedback about the service and treatments. They stated that staff were very professional and welcoming and that it was a very pleasant place to visit. They told us that each stage of the process was explained and consent was asked for. They also said that any aftercare was explained verbally, given in leaflet form and repeated in an email.

What needs to improve
While we saw examples of improvements made from patient feedback, the service did not formally record the actions taken, for example in an action plan (recommendation a).

Recommendation a
- We recommend that the service should collate and analyse feedback from agencies and patients it works with. Any changes to the service made from this information should be recorded.
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

All practitioners working in Healthlink 360 were trained in travel medicine and adult life support. Practitioners’ registrations and qualifications were checked every year. The clinic was clean and well organised with child-friendly facilities. All clinical treatments and interventions were thoroughly risk-assessed and in line with best practice.

The clinic was clean and well organised with child-friendly facilities. We saw contracts in place for maintenance of the premises and safe disposal of medical sharps and waste. Portable appliance testing had been carried out.

The service’s medication policy covered all aspects of safe and secure administration of medicines. The service used patient group directives and patient-specific prescriptions. Patient group directives allow services to supply and administer a medicine to a pre-defined group of people. The service had developed the patient group directives in line with best practice and in consultation with Healthcare Improvement Scotland.

A comprehensive assessment carried out on potential patients helped make sure that any treatments would be carried out safely. We saw that the service kept up to date with best practice and developments in travel medicine vaccines and vaccination procedures.

All practitioners working in Healthlink 360 were trained in travel medicine, adult life support and had their registrations and qualifications checked every year. The service manager showed us the emergency equipment, including a defibrillator. All equipment we saw was in a good state of repair and emergency medication was in-date.
Patients we spoke with were positive about treatments received and told us they had been well informed about treatment and possible complications.

**What needs to improve**
While the service had information that could be made into a risk register or audit plan, it had not collated it into a single document or file (recommendation b).

At the time of our inspection, the infection control and adult and child protection policies did not have up-to-date information about who to contact if a concern was raised. However, the information was updated during the inspection.

**Recommendation b**
- We recommend that the service should gather all its risk assessments and management plans into a risk register.

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**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

**All patients who attended the service completed a comprehensive risk assessment in line with the treatment they were to receive. All treatments offered were in line with best practice. This included comprehensive aftercare.**

Healthlink 360 was introducing an electronic patient care record system. This allowed the service to make the best use of information recorded and make informed decisions to offer advice remotely.

People having a medical assessment were asked to complete an online medical questionnaire. A doctor reviewed the completed questionnaire and recommended whether or not the patient should make an appointment with their own doctor to follow up on any concerns. Since the electronic questionnaire had been introduced, 300 screenings had been carried out. Audits of the initiative and feedback from the patients had been positive.

Patients receiving treatment at the clinic were sent an online form to fill out before attending. Questions in the form included where patients were visiting and for how long, which allowed the service to comprehensively assess the treatment or vaccination required.
The service recorded all risk factors associated with the vaccinations and treatments it carried out in the patient care records.

Staff in the service had completed updated data protection training and we saw the principles were followed in practice. For example, patient information was kept securely in locked rooms and password-protected computers.

- No requirements.
- No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Quality indicator 9.4 - Leadership of improvement and change

We saw good evidence of how the service had made improvements following patient feedback. Staff commented that they found it a positive place to work.

The service showed us how it had introduced several initiatives to improve and enhance its existing quality improvement processes. This included a 5 year development plan. Staff, service users and key agencies that the service worked with had helped to produce and develop the plan. It focused on the service’s:

- efficiency
- communication with service users
- quality improvement, and
- sustainability.

The service’s approach to quality assurance and improvement included members of staff presenting at national conferences. We saw that two of the medical staff held prominent positions in the field of international travel medicine.

Staff we spoke with told us that the small staff group who worked in the service communicated regularly and effectively. Staff also met every Tuesday to discuss and plan their work.

Staff we spoke with were very complimentary about how approachable and responsive to concerns the management staff were. They told us any issues or concerns could be discussed and quickly resolved. Staff told us they felt they were listened to and had good training opportunities.

The service had an audit plan in place. We saw that an audit of healthcare records had been carried out and recorded. Following the audit, each doctor had been appraised and all nurses who required revalidation had completed it.
What needs to improve
We saw examples where improvements had been made following feedback. However, discussions and actions that led to improvements were usually informal and not recorded. It would be helpful if these were formally recorded.

- No requirements
- No recommendations.
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 2 – Impact on people experiencing care, carers and families

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<tr>
<th>Requirements</th>
<th>None</th>
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<table>
<thead>
<tr>
<th>Recommendation</th>
<th>We recommend that the service should collate and analyse feedback from agencies and patients it works with. Any changes to the service made from this information should be recorded (see page 8).</th>
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<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Be included. Statement 4.8</td>
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## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>b We recommend that the service should gather all its risk assessments and management plans into a risk register (see page 10).</td>
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</tbody>
</table>

Health and Social Care Standards: My support, my life. Responsive care and support. Statement 4.14
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: comments.his@nhs.net