Announced Inspection Report: Independent Healthcare

Service: Seafield Health Solutions, Buckie
Service Provider: Seafield Health Solutions Limited

10 December 2019
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 Seafield Health Solutions on Tuesday 10 December 2019. We spoke with the owner (practitioner) and manager during the inspection. We did not receive any feedback from patients to an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Seafield Health Solutions, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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introduced to help the service make improvements.

**Domain 9 – Quality improvement-focused leadership**

| 9.4 - Leadership of improvement and change | The service owner maintained current best practice through training and development and attending industry seminars. Staff meetings should be formally documented. A quality improvement plan should be developed to ensure the service identifies and shows improvements made. | ✓ Satisfactory |

The following additional quality indicators were 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>
</tr>
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<tbody>
<tr>
<td>Quality indicator</td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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<tr>
<th>Domain 7 – Workforce management and support</th>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
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</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 Seafield Health Solutions Limited to take after our inspection

This inspection resulted four 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 Seafield Health Solutions for their assistance during the inspection.
2 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 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

The service carried out medical assessments for patients before they can work offshore. Patient satisfaction questionnaires had recently been introduced. However, a more formal and structured process was needed to help the service measure the impact of any changes made. A clear complaints policy was in place.

The service provided medical consultations to assess the fitness of people who were working in the oil and gas industry. These were carried out using relevant oil and gas industry guidelines. Routine medical occupational health consultations were also carried out.

Although the service did not provide treatments, the doctor would help patients put measures in place to make improvements to their health if any patients did not pass their medical.

Information about the assessments, including costs, were given to the patient at their first visit.

We saw the service had recently given a satisfaction survey to patients following their consultation or assessment. The manager told us these will be collected and reported to the owner every 3 months. Feedback received will help the service to identify any changes needed to improve the quality of the service and how it is delivered.

The service’s complaints policy provided clear information on how to make a complaint and the process that would be followed. The policy detailed that a complaint would be logged and dealt with within set timeframes and the outcome sent to the complainant. We saw a patient information leaflet
available at the surgery about how to make a complaint. We were told the service had not received any complaints since registration in March 2018.

We saw a duty of candour policy. This ensures that the organisation will deal with any unintended or unexpected incidents that occur in the service.

**What needs to improve**
Feedback received from patients should be incorporated into an action plan so that the service can demonstrate what action it will take to make improvements to how the service is delivered (recommendation a).

- No requirements.

**Recommendation a**

- The service should develop an action plan using regular feedback from patients to show where any improvements to how the service is delivered can be made.
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

Appropriate governance systems and policies are in place to make sure care and treatment is delivered safely in a clean environment. A regular programme of audits should be introduced to help the service make improvements.

The service is based within a GP practice, and they share the facilities. We were told the service complied with the GP practice’s health and safety policies and procedures, who were the owners of the building. This included maintenance contracts for gas and electricity.

The service is open one day a week and we were told the consulting room was cleaned as part of the GP practice’s cleaning schedule. The service used single-use personal protective equipment, such as aprons and gloves, to prevent the risk of cross-infection. We noted the GP practice’s waste disposal contract included the rooms used by the service. We were told no sharps, such as syringes and needles, were used in the service.

The service has adopted the GP practice’s policies and procedures. This included infection prevention and control, accident and incident reporting, and safeguarding policies.

No medication was kept on the premises or was prescribed by the service’s doctor. Risk assessments for the general environment were managed by the GP practice. The service has had no accidents or incidents reported.

What needs to improve
We found no evidence of audits taking place to review the safe delivery and quality of the service. For example, audits could be carried out on infection
control, and the safety and maintenance of the care environment. An audit programme would help the service structure its audit process, record findings and improvements made (recommendation b).

■ No requirements.

**Recommendation b**

■ 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.

**Our findings**

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

Comprehensive patient assessments were carried out to ensure fitness in line with standards set by the relevant oil and gas industry bodies. Records were stored securely, and audits of patient care records were carried out, as required by the industry bodies.

The five patient care records we reviewed were legible and accurately completed. The assessment form comprised of three parts.

- One part was given to the patient.
- One part was retained by the service.
- One part was used as an audit record for the Maritime and Coastguard Agency.

All patient care records we saw had a fully completed assessment which included personal details and medical history. Consent for the medical was recorded on the assessment form. If a patient required referral for further treatment, the service sought separate consent from the patient for a medical report to be sent to or received from their GP.

We saw evidence of audits of the patient care records carried out by the manager. We were told this was a requirement of the Maritime and Coastguard Agency who carried out annual audits and regular inspections.

Patient care records were stored in a locked filing cabinet. Some patient care records were scanned into the service’s electronic system. We were told consideration was being given to making all patient care records electronic in the future.
The service gave out aftercare advice to patients, as appropriate. For example, leaflets about citizen’s advice for seafarers were provided.

- No requirements.
- No recommendations.

**Domain 7 – Workforce management and support**

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

**Our findings**

**Quality indicator 7.1 - Staff recruitment, training and development**

One part-time member of staff was employed by the service. Staff training and development opportunities were provided by the GP practice.

The service employed the manager who carried out administrative duties and audits for the service. Safe recruitment policies and procedures were in place and staff had relevant background checks.

The GP practice provided all the relevant training and development required for people working in the service. The NHS annual appraisal system was used to make sure staff had development opportunities, and mandatory training was provided through the GP’s NHS post, for example fire safety.

- 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.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service owner maintained current best practice through training and development and attending industry seminars. Staff meetings should be formally documented. A quality improvement plan should be developed to ensure the service identifies and shows improvements made.

The service owner/practitioner is a registered GP who continues to work on a part-time basis in the NHS to ensure their skills and continuing professional development is kept current. They undertake an annual appraisal and revalidation process where they are required to send evidence of their competency, training and feedback from patients and peers to the General Medical Council. This was also required by the relevant oil and gas industry bodies who regulate their working practices.

We noted the GP also attended an annual seminar run by the Maritime and Coastguard Agency. This helps them keep up to date with changes in the industry, legislation and best practice guidance.

We were told the manager and GP held weekly meetings to share information and outcomes from audits.

We were told a new audit of gathering patient feedback about the service was currently being developed. Information from these audits will be reviewed and action plans developed to make any improvements. We saw annual audits carried out for the oil and gas industry to ensure the service followed the industry guidelines. A report we saw showed good compliance with the standards for the oil and gas industry.
What needs to improve
The weekly meeting between the manager and GP was not formally recorded (recommendation c).

There was no quality improvement plan for the service. This would help the service identify and evidence any improvements for patients using the service (recommendation d).

■ No requirements.

Recommendation c
■ The service should formalise the meetings between the owner and manager by minuting these meetings, including any actions to be taken forward and monitored, as well as identifying those responsible for these actions. This will ensure better reliability and accountability.

Recommendation d
■ The service should develop and implement a quality improvement plan.
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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The service should develop an action plan using regular feedback from patients to show where any improvements to how the service is delivered can be made (see page 8).</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 4.8</td>
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### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>b</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 10).</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 4.19</td>
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</table>
## Domain 9 – Quality improvement-focused leadership

### Requirements

None

### Recommendations

|   | The service should formalise the meetings between the owner and manager by minuting these meetings, including any actions to be taken forward and monitored, as well as identifying those responsible for these actions. This will ensure better reliability and accountability (see page 13).
|   | Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |

|   | The service should develop and implement a quality improvement plan (see page 13).
|   | Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
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:** hcis.ihcregulation@nhs.net