Announced Inspection Report: Independent Healthcare

Service: RelyOn Nutec, Aberdeen
Service Provider: RelyOn Nutec UK Limited

13 September 2019
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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 RelyOn Nutec on Friday 13 September 2019. We received feedback from 11 patients through an online survey we had issued. We spoke with one member of staff. 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 RelyOn Nutec, the following grades have been applied to three key quality indicators.

<table>
<thead>
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<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>
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<tr>
<td>Quality indicator</td>
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<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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Key quality indicators inspected (continued)

Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The service had visible leadership and a good team working relationship. Good communication systems were evident. Staff ideas for improvement were acknowledged. A quality improvement plan should be developed.</td>
<td>✓ Satisfactory</td>
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</table>

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records were well completed. Assessments are carried out with patients given sufficient information to provide informed consent for their treatment. Appropriate aftercare advice and information was also provided. Patient care records were complete and legible.</td>
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</tbody>
</table>

Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
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<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Systems were in place to make sure staff were safe to work in the service. Induction, training and appraisal systems were in place to support staff. Staff were supported to have healthier working lives through health campaigns and initiatives.</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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect RelyOn Nutec UK Limited to take after our inspection

This inspection resulted in three requirements and three recommendations. The requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

RelyOn Nutec UK Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at RelyOn Nutec 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

Patients received comprehensive occupational health services and travel advice. All patients said they were treated with dignity and respect. Information on how to make a complaint should be made accessible to patients. A participation policy should be developed.

The service provided two separate and distinct functions:

- to provide safety and survival training to employees of particular industrial organisations, and
- to provide occupational health services including health medicals and travel vaccinations as part of the conditions of their employment.

Comprehensive information was also provided on vaccinations and general travel health advice on topics such as what to eat, drink and avoid when abroad. Aftercare information included side effects and emergency contact details for the service, as well as national and international support to access when abroad.

Some service users who attend the safety training courses could also access the health service and were given a feedback form to complete. However, the service had already recognised that this feedback form did not capture enough information to direct improvements specifically within the healthcare clinic. As a result, patient feedback forms specifically relating to the clinic were given to patients who attended the clinic over a 6-week period, every year. Feedback was collated and discussed between the doctor and nurse and any actions to be taken were discussed with the operations manager. An example of an
improvement made as a result of feedback received was fans being installed to cool down the treatment rooms.

All patients who responded to our survey strongly agreed they were treated with dignity and respect. Patients said they were involved in decisions about their care. Their comments included:

- ‘Always treated with respect and total professionalism.’
- ‘Doctor polite, professional and empathetic.’
- ‘Discussion with doctor was 2-way.’

The service had a detailed complaints policy, and we were told that no complaints had been received about the healthcare services provided.

The service had a duty of candour policy in place. Duty of candour is a professional responsibility to be open and honest with patients if something goes wrong with their treatment. To date, the service had not needed to implement this duty.

What needs to improve
The service’s complaints policy did not include information on how patients can contact Healthcare Improvement Scotland at any point in the complaints process. Also, patients were not given a complaints information leaflet and the service’s website did not have information on how patients can make a complaint (requirement 1).

The service did not have a participation policy in place for gathering, reviewing and acting on patient feedback to support improvement (recommendation a).

The provider’s website had no information relating to the healthcare clinic and the services it provided. We were told this had been identified and a new website was being developed to include information about the occupational health service available. We will follow this up at future inspections.

Requirement 1 – Timescale: immediate

- The provider must update the complaints policy to make it clear to the complainant that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process. Complaints information must be accessible to patients.
Recommendation a

■ The service should develop a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.
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

Medicines were managed safely. An infection prevention and control policy needs to be developed, implemented and monitored. Regular audits should be carried out on key aspects of care.

The non-carpeted clinic rooms had adequate lighting, ventilation and were at a comfortable temperature. Equipment used in the service was serviced and calibrated where required.

The service had a risk register in place. Any accidents or incidents were recorded and the staff were aware of their duties to report under the Reporting Incidents Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) when necessary.

Medicine management policies were in place and the service had a lead staff member for the safe use of medicines. Systems were in place for recording and monitoring medicines used, allowing a medicines audit trail to be completed, if required. The doctor was registered to receive Medicines and Healthcare products Regulatory Agency alerts and shared any applicable information with the occupational health nurse.

Both the occupational health nurse and doctor were registered prescribers. Prescribed medication was labelled correctly and patients were given a copy of the prescription sheet and a supplier’s information sheet.

Medicines were stored appropriately and securely. Some vaccines are required to be stored in a refrigerator and we saw that the temperature of the refrigerator was checked regularly to ensure it was kept within the safe temperature range.
Emergency drugs were kept on the premises and were checked every month. Emergency procedures were in place and staff had received emergency training.

The service used NHS Travax, an NHS website which provides up-to-date information about travel-associated health risks. The service used this website to provide patients with current travel and outbreak information.

A chaperone policy was in place and a sign was on display in the treatment rooms offering a chaperone service to patients on request.

The majority of patients who responded to our survey said they were satisfied with the environment and the cleanliness of the environment. One patient commented:

- ‘Office very small especially for examinations.’

**What needs to improve**

The service did not have an infection prevention and control policy to help ensure the safety of staff and those being treated (requirement 2).

We noted a number of examples where the service was not complying with best practice for infection prevention and control. Sharps boxes used for the disposal of sharps such as needles and syringes were not labelled correctly. Personal protective equipment, such as disposable gloves, were stored on the clinical wash hand basin where they could become contaminated. Personal protective equipment should be stored in a clean and dry area until required for use to prevent contamination (requirement 3).

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 patient care records, medicine management, 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).

The clinic rooms were small and cluttered which could make effective cleaning difficult. However, a building extension to the property had started which would provide extra space. We will follow this up at future inspections.
Requirement 2 – Timescale: by 8 December 2019


Requirement 3 – Timescale: immediate

- The provider must ensure the service complies with Health Protection Scotland’s National Infection Prevention and Control Manual, in particular for the care environment, the management of sharps and the storage of personal protective equipment.

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

Patient care records were well completed. Assessments are carried out with patients given sufficient information to provide informed consent for their treatment. Appropriate aftercare advice and information was also provided. Patient care records were complete and legible.

We reviewed five patient care records. Each record had evidence of a face-to-face consultation, assessment, consent process and treatment if required. Before patients had any treatment, they were asked about their medical history and travel plans. Consent was obtained from the patient for sharing their information with other healthcare professionals and their employers, if applicable. All patients who responded to our survey agreed they were given sufficient information to provide informed consent. One patient commented:

- ‘[…] was very informative in dealing with my questions.’

We saw the batch numbers of any medicines administered were recorded in the patient care record. Where vaccines had been given, the patient received a vaccines record card which included aftercare advice. If a follow-up appointment was required, an email reminder was sent. Entries in the patient care records were legible, signed and dated. The patient was seen by the nurse
and doctor and both ensured each other’s entries on the patient care record were fully completed.

Patient care records were in paper form and were held securely in a locked filing cabinet. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights).

- 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**

*Systems were in place to make sure staff were safe to work in the service.*  
*Induction, training and appraisal systems were in place to support staff. Staff were supported to have healthier working lives through health campaigns and initiatives.*

The service had a set induction programme in place. New staff had access to an online human resources system which included:

- an induction video
- induction training, and
- company policies and procedures.

The two staff employed by the service had training plans and were expected to complete mandatory training. They received regular performance reviews and annual appraisals were recorded. We reviewed one staff file and saw evidence of the completed training, qualifications and recorded appraisals. We spoke with one member of staff who told us protected time for training or study was allocated on request.

As the staff are a registered nurse and doctor, they must undertake continual professional development and training as part of the revalidation process to maintain their fitness to practice. The doctor is in the process of studying for a diploma in occupational medicine.
The doctor in the service was working under a practicing privileges arrangement (staff not employed directly by the provider but given permission to work in the service). We saw a practicing privileges contract was in place.

Staff working in the service had appropriate Protecting Vulnerable Groups (PVG) checks carried out.

The service was working towards obtaining its bronze Healthy Working Lives award. The human resources department worked with a Healthy Working Lives advisor to support employees through campaigns for better mental health, smoking cessation and healthy lifestyles. Employees could access services such as a health MOT and were allowed access to the onsite swimming pool.

■ 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 had visible leadership and a good team working relationship. Good communication systems were evident. Staff ideas for improvement were acknowledged. A quality improvement plan should be developed.

We saw visible leadership of the service by the operations manager, supported on a daily basis by the occupational health nurse. We were told a good working relationship was in place within the team and staff could raise ideas for improvement with managers which they listened to. For example, the occupational health nurse raised the issue of needing to gather more relevant health service feedback for improvement.

Every month, the service held formal staff meetings where agenda items included:

- workflow and capacity
- patient feedback
- improvements, and
- support services such as health and safety.

Staff received a regular company briefing newsletter which covered safety issues and alerts. An online staff noticeboard was used to keep staff updated.

The service is a member of the professional network Oil and Gas UK, a trade association which allows the service to keep up to date with changes in legislation and best practice.
What needs to improve
The service did not have a formal quality improvement plan in place. An improvement plan would help identify areas for improvement, demonstrate a culture of continuous improvement and measure the impact of change (recommendation c).

- No requirements.

Recommendation c
- 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>Requirement</th>
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<tr>
<td><strong>1</strong> The provider must update the complaints policy to make it clear to the complainant that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process. Complaints information must be accessible to patients (see page 8).</td>
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Timescale – immediate

*Regulation 15(6)(a)*

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

<table>
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<tr>
<th>Recommendation</th>
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<tr>
<td><strong>a</strong> The service should develop a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement (see page 9).</td>
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Health and Social Care Standards: I have confidence in the organisation providing my care and support. Statement 4.8.
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

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| **2** | The provider must develop and implement an infection prevention and control policy in line with national guidance, in particular Healthcare Improvement Scotland’s *Healthcare Associated (HAI) Standards* (2015) and Health Protection Scotland’s *National Infection Prevention and Control Manual* (see page 12). Timescale – by 8 December 2019

*Regulation 3(d)(i)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

| **3** | The provider must ensure the service complies with Health Protection Scotland’s *National Infection Prevention and Control Manual*, in particular for the care environment, the management of sharps and the storage of personal protective equipment (see page 12). Timescale – immediate

*Regulation 3(d)(i)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendation

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| **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 (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
## Domain 9 – Quality improvement-focused leadership

<table>
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<th>Requirements</th>
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<tbody>
<tr>
<td>None</td>
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### Recommendation

c. The service should develop and implement a quality improvement plan (see page 16).

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

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
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