Announced Inspection Report: Independent Healthcare

Service: Emcare Travel Clinic, Glasgow
Service Provider: UK Health Enterprises Ltd

7 November 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 Emcare Travel Clinic on Thursday 7 November 2019. We spoke with the service manager and staff during the inspection. We also received feedback from two patients through 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 two inspectors.

What we found and inspection grades awarded

For Emcare Travel Clinic, 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>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
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| **Domain 5 – Delivery of safe, effective, compassionate and person-centred care** |
| **5.1 - Safe delivery of care** | Proactive systems were in place to manage risks and ensure treatments were delivered in a clean and well maintained environment. Medicines were managed safely, regular audits were carried out and any findings acted on. Staff were aware of their | ✔️ Exceptional |
roles and responsibilities, good teamwork was evident and patients felt safe and comfortable.

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
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<tr>
<td>Leadership were visible and fully involved in the daily operation of the service. Staff had a good knowledge of travel health and links with national organisations helped the service keep up to date with best practice. Thorough quality assurance systems were in place and staff demonstrated a culture of proactively managing risk. Excellent development opportunities were provided for staff and it was clear that staff communicated well.</td>
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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>A comprehensive clinical assessment was carried out on all patients before any treatment was agreed and patient care records were audited regularly. Improvements should be made to the way patient consent to share information with other healthcare professionals is recorded.</td>
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#### Domain 7 – Workforce management and support

| 7.1 - Staff recruitment, training and development     | Appropriate checks were carried out as part of recruiting new staff and a good induction process was in place. A training matrix was being introduced to track staff development. |

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 UK Health Enterprises Ltd to take after our inspection

This inspection resulted in one recommendation (see Appendix 1).

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 Emcare Travel Clinic 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 were fully involved in all decisions about their care and treatment and were given information to allow them to make informed choices. The service proactively sought patients’ opinions about how the service was delivered and had received considerable positive feedback.

The service made sure that patients’ privacy and dignity was maintained. Treatment rooms were adequately screened and consultations were appointment-only.

Patients who completed our online survey were very complimentary about the service. All patients agreed they were fully involved in decisions about their treatment, and had been treated with dignity and respect. Some comments we received included:

- ‘Thorough review of the travel plans along with recommendations and highlighting known risks.’
- ‘The nurse was very professional ensuring our privacy and comfort.’
- ‘The decision was entirely our choice.’

The service used an online customer review service, social media and telephone calls to gather feedback from a number of patients following their treatment. We reviewed the October 2019 feedback from the online customer review service and saw very high satisfaction rates. The service regularly evaluated this information to help inform how it could improve the service delivered. We saw a recent example of a review from a dissatisfied patient. The service had provided a thorough and considered response to the issues raised.
A complaints policy was in place and a summary of how to make a complaint was available on the service’s website. Patients were also encouraged to verbally discuss any concerns they had with the service. We saw evidence showing staff proactively approached patients where they suspected dissatisfaction with anything in order to address any concerns. We looked at an example of how a recent complaint had been investigated. We found that the service had followed its policy, investigated the complaint appropriately and kept accurate records of the investigation and outcome. While no improvements to the service were identified as a result of this investigation, the service had systems in place that demonstrated a proactive approach to quality improvement.

The service also had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with patients when thing go wrong).

**What needs to improve**

While the service had a comprehensive approach to gathering patient feedback and using it to drive improvement, the detail of how this was carried out was not included in the service’s participation policy. The policy could be expanded to include the various ways patient feedback is gathered, evaluated and used to drive improvement and how the impact of change is measured. The service told us it planned to introduce an annual online survey as an additional method of gathering and using patient feedback to drive service improvement.

- No requirements.
- No recommendations.
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

Proactive systems were in place to manage risks and ensure treatments were delivered in a clean and well maintained environment. Medicines were managed safely, regular audits were carried out and any findings acted on. Staff were aware of their roles and responsibilities, good teamwork was evident and patients felt safe and comfortable.

Staff and management demonstrated a proactive risk-based approach to identifying and managing risks to staff and patients. Comprehensive risk assessments had been carried out for all key risks to staff and patients. A risk register was in place that was regularly discussed and updated at management and governance board meetings.

Appropriate policies were in place, such as clinical governance, infection prevention and control, and vaccine storage and handling. Standard operating procedures had also been developed to provide staff with instructions for carrying out daily tasks. For example, along with the vaccine storage and handling policy, standard operating procedures had been developed for the transportation of vaccines, stock rotation and temperature monitoring.

A regular programme of environmental and clinical audits were carried out. This helped to ensure staff were following policies and standard operating procedures, and that patients received safe and effective treatment and care. Audit results were monitored and any improvement actions were taken to make sure practice was delivered in line with the service’s policies and procedures.

Outcomes from audits and other operational issues were discussed at regular management and clinical governance board meetings. We saw evidence of minutes and examples of issues being raised, reported, discussed and resolved.
We reviewed a complaint investigation the service had recently carried out about a patient who had requested a particular vaccination from the service. Following a clinical risk assessment, the service had refused to give the vaccination to the patient. Although the patient was unhappy about the outcome, the service’s approach to risk assessment, subsequent refusal of treatment, and how it had investigated and managed the complaint demonstrated its proactive approach to managing risk.

The clinic environment was clean, well equipped and fit for purpose. Daily cleaning schedules were maintained and patients who completed our survey were very satisfied with the cleanliness of the clinic. All equipment was in good condition. Fire safety equipment, heating systems and electrical appliances were regularly tested and maintained either in-house or by a facilities management company.

We saw effective systems to reduce the risk of infection for patients, in line with the service’s infection prevention and control policy. Staff had a thorough knowledge of infection prevention and control. Single-use personal protective equipment such as gloves and aprons were used to prevent the risk of cross-infection. The service had a contract for the safe disposal of syringes, needles and other clinical waste.

A safe system was in place for the procurement, prescribing, storage and administration of medicines. All vaccines were delivered under temperature controlled conditions and stored securely in the clinic in a locked pharmacy grade refrigerator. The fridge temperature was constantly monitored using a USB stick to make sure medicines were stored at a safe temperature. A stock control system made sure medicines were always in date.

Patient group directives (PGDs) were used to prescribe medication. These allow services to supply and administer a medicine to a pre-defined group of patients without them having to see a prescriber. The PGDs were reviewed every year by the medical director, manager and a pharmacist.

A comprehensive system was in place to record and manage accident and incidents, and staff had a good understanding of this. An accident book was kept and records demonstrated effective management of accidents or incidents that had occurred.

The service was registered with Health Protection Scotland to provide yellow fever vaccinations. This is a legal requirement for anyone providing this vaccination. Annual reports about the yellow fever vaccinations provided by the service were produced for Health Protection Scotland.
The service uses TRAVAX, an NHS website which provides up-to-date information about travel associated health risks. This helps the service to provide patients with current travel and outbreak information, and to support effective and personalised risk assessments for patients.

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

A comprehensive clinical assessment was carried out on all patients before any treatment was agreed and patient care records were audited regularly. Improvements should be made to the way patient consent to share information with other healthcare professionals is recorded.

Patients had a face-to-face consultation with a registered nurse before treatment to provide information about their medical history and travel plans. Treatments would not take place if a clinical risk was indicated, for example where a patient had low immunity.

Individual patient vaccination plans followed World Health Organization standards and Health Protection Scotland advice for travel health. We looked at five patient care records and saw that all patients had completed a travel questionnaire. This included their travel arrangements, vaccination history, health conditions and allergies. Consent to treatment had been obtained and recorded along with the batch number and expiry date of medicines used. Patient care records also documented what aftercare information had been provided to the patient.

Patient care records were audited every month to make sure procedures were being followed. We saw evidence of actions being taken to resolve issues that had been identified through audit.

What needs to improve

The service’s assessment questionnaire contained a yes or no tick box for patients to give their consent to information about their vaccination being shared with their GP. The service should provide a clear explanation in the questionnaire that patients are consenting to the sharing of relevant information about them with other healthcare staff where appropriate (recommendation a).
No requirements.

**Recommendation a**

- The service should amend its assessment questionnaire to ensure it is clear what patients are consenting to in terms of the service sharing information with their GP or other healthcare staff.

**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**

Appropriate checks were carried out as part of recruiting new staff and a good induction process was in place. A training matrix was being introduced to track staff development.

From the three staff files we reviewed, we saw the service followed its recruitment policy to make sure staff were recruited safely. This included qualification checks, verifying identity, seeking references and arranging Disclosure Scotland Protecting Vulnerable Groups (PVG) background checks.

An induction checklist was kept for all new staff. The checklist was signed by the new staff member and checked by the lead nurse to make sure everything had been carried out. Following induction, new staff were given access to a comprehensive electronic staff handbook and received training in ‘core competencies’ before they were able to operate independently. This training included professional responsibilities and how to conduct travel health consultations.

We saw a training matrix that the service had recently developed, highlighting when individual staff training was planned and when it had been completed. This will soon be implemented in the service and will be a useful tool to track staff development.

A process was in place for the service to regularly check the professional registration status of the registered nurses it employed through the Nursing and Midwifery Council.
We saw evidence of up-to-date staff appraisals. These included a general assessment, a performance review and a discussion about further training needs and development. Clinical skills assessments were also carried out as part of a peer review process. This helped to provide assurance that staff were treating patients with dignity and respect, giving them appropriate information and demonstrating good knowledge throughout consultations. We saw evidence that the skills assessments included written feedback to the staff involved.

- 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

Leadership were visible and fully involved in the daily operation of the service. Staff had a good knowledge of travel health and links with national organisations helped the service keep up to date with best practice. Thorough quality assurance systems were in place and staff demonstrated a culture of proactively managing risk. Excellent development opportunities were provided for staff and it was clear that staff communicated well.

The service had been awarded an ISO 9001: 2015 international accreditation standard for Quality Management Systems. We looked at the recent audit report carried out by the external accreditation body. No corrective action had been identified and the findings were very positive.

The service’s quality framework included a quality policy with clear aims, values and strategic vision. Quality objectives had been set which were reviewed every year. This was one of several ways the service measured the effectiveness of its quality management system.

The service had mapped itself against Healthcare Improvement Scotland’s Quality Framework. An improvement spreadsheet was updated every 3 months to keep a record of improvement actions and demonstrate improvements made as a result. Outcomes from the improvement spreadsheet were reported to the provider’s governance board. We saw recent board minutes where current outcomes had been discussed. We noted a recent entry about the service’s complaints policy not referencing Healthcare Improvement Scotland and the action that had been taken to rectify this.

Weekly staff meetings took place to make sure operational issues were regularly discussed. We saw recent minutes and evidence that information was reported through the provider’s governance structure. As part of these meetings, staff
were offered the opportunity to contribute to improving the way the service was provided. For example, the lead nurse had been given responsibility for establishing formal links with national travel medicine organisations and the Medicines and Healthcare products Regulatory Agency (MHRA). This allowed staff to draw on the knowledge of clinical travel medicine experts. It also helped the service to seek support, advice and make service changes or improvements in line with best practice and legislation for travel health.

A regular audit programme provided assurance of the safe delivery of care for patients. For example, audits were carried out on patient care records, clinical assessment delivery and the storage of vaccines. We saw evidence that issues identified had been actioned and reported through the provider’s governance structure.

We saw evidence of staff being given opportunities to develop. This included access to external training courses or qualifications, where appropriate. For example, the lead nurse had undertaken a Foundation qualification in Travel Health Medicine and was currently completing a Diploma in Travel Health Medicine.

- 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.

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<thead>
<tr>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
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<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>a The service should amend its assessment questionnaire to ensure it is clear what patients are consenting to in terms of the service sharing information with their GP or other healthcare staff (see page 12).</td>
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Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14
## 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: hcis.ihcregulation@nhs.net