Announced Inspection Report: Independent Healthcare

Service: JDR Healthcare, (Kirkcaldy)
Service Provider: JDR Healthcare Limited

28 May 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
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 JDR Healthcare (Kirkcaldy) on Tuesday 28 May 2019. We spoke with the service manager (owner) and the secretary. Before our inspection, we asked patients to complete our online survey to capture their experience of using the service. We received eight completed responses from patients whose comments have been included in the report.

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 JDR Healthcare (Kirkcaldy), 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>Domain 2 – Impact on people experiencing care, carers and families</td>
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<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
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<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Care was provided in a responsive and respectful way. Patients were fully involved and informed about their treatment. Strong links were developing within the community. The service should continue to pursue feedback from patients to drive service improvement.</td>
<td>✔️ Good</td>
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### Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td><strong>5.1 - Safe delivery of care</strong></td>
<td>Systems are in place to help make sure care and treatment was delivered from a safe, clean and well-maintained environment. An emergency kit was available in the clinic and the manager was trained in Advanced Life Support. The manager had a good understanding of how to deal with clinical emergencies.</td>
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<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tr>
<td><strong>9.4 - Leadership of improvement and change</strong></td>
<td>Information and advice sessions about world travel health was provided to schools and local businesses. GPs regularly contacted the clinic for travel health advice for their patients. The manager had established links with another travel clinic to share best practice.</td>
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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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<tr>
<td><strong>5.2 - Assessment and management of people experiencing care</strong></td>
<td>We saw comprehensive care assessments and records in place for each patient. However, we saw some gaps in recording vaccine information in two patient care records and the manager’s signature was not legible in all five of the records we reviewed.</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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect JDR Healthcare (Kirkcaldy) to take after our inspection

This inspection resulted in three 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

JDR Healthcare (Kirkcaldy), the provider, should make the necessary improvements as a matter of priority.

We would like to thank all staff at JDR Healthcare (Kirkcaldy) 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

Care was provided in a responsive and respectful way. Patients were fully involved and informed about their treatment. Strong links were developing within the community. The service should continue to pursue feedback from patients to drive service improvement.

The service asked its patients for feedback directly, as well as through its social media and website testimonials in line with its participation policy. It had develop strong links in the local community through good communication with GP surgeries and practice nurses. The nurses regularly signposted their patients to the service for specialist travel medicine advice and information. The service had also delivered vaccination and information sessions to schools, raising children and teachers’ awareness of how to look after themselves when abroad.

The nine patients who completed our online survey were very positive and said the service was very friendly and professional. They told us that their questions were responded to quickly. Comments we received included:

- ‘I felt completely involved in the decision making process, I felt completely informed about my choices.’
- ‘Overall, I felt it was a very professional and friendly service, in an immaculate clinic with a practitioner that was honest and open with advice.’

The service’s flexible opening times met family requirements for patients with children. Patients were given comprehensive vaccine information after their immunisation treatment. Patients could also access and keep relevant travel health information, such as what to do if they became unwell in the area they were visiting. Information leaflets included service contact details.
The service’s complaints procedure highlighted that clients could complain directly to Healthcare Improvement Scotland at any time and was available on the service’s website. While no complaints had been received, a system to record and respond to complaints was in place.

What needs to improve
The service had developed a patient satisfaction questionnaire. However, it had not received any completed questionnaires at the time of our inspection. We will follow this up at future inspections.

- 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

Systems were in place to help make sure care and treatment was delivered from a safe, clean and well-maintained environment. An emergency kit was available in the clinic and the manager was trained in Advanced Life Support. The manager had a good understanding of how to deal with clinical emergencies.

Good systems were in place to help make sure care and treatment was delivered from a safe, clean and well-maintained environment. Good infection control measures were in place to reduce the risk of cross-infection. The service manager understood risk management principles.

The service had good governance arrangements in place to make sure care and treatment was delivered from a safe, clean and well maintained environment. Appropriate infection control processes were in place to reduce the risk of cross infection. For example, single-use equipment was used and the service had a contract for safe disposal of sharps and clinical waste. A medical emergency kit and oxygen was available in the service and the manager was trained in advanced life support. A private landlord was responsible for building maintenance and we saw relevant maintenance contracts for utilities.

An up-to-date medicine management policy covered all aspects of safe and secure medication handling. We saw that the service followed a safe system to procure, store, prescribe and administer medicines. For example, the medical fridge had a thermometer to make sure medicines were kept at the correct temperature and medicines were stored safe and securely overnight at another site.
The service proactively promoted safe practice to reduce risks in the service. For example, it carried out monthly audits of:

- accidents
- adverse reactions
- complaints, and
- incidents.

The service reviewed its policies and procedures every year and kept a record of the changes to each policy. For example, the service’s general record-keeping policy had been updated to include revised data protection legislation and a duty of candour statement. The service had policies in place to protect adults and children from risk of harm or abuse. The manager knew the procedures for reporting concerns to the relevant authorities and attended yearly training to keep up to date with adult and child protection legislation.

**What needs to improve**

The service audited its vaccine stock and we saw it used vaccines in order of batch number and expiry date. The service manager also told us that five patient care records were audited every month. However, two of the five patient care records we inspected did not state the administered vaccine batch numbers or expiry dates (recommendation a).

The service’s adult and child protection policies provided limited information about how to report protection concerns (recommendation b).

Clinical care policies highlighted risks and how they would be managed. However, the service did not have a formal risk management system in place. We will follow this up at future inspections.

- No requirements.

**Recommendation a**

- We recommend that the service should make sure patient care records used for administering medication are fully completed.

**Recommendation b**

- We recommend that the service should update its adult and child protection policies to include procedures for reporting protection concerns in line with national guidance and legislation.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive care assessments and records were in place for each patient. However, we saw some gaps in recording vaccine information in two patient care records and the manager’s signature was not legible in all five of the records we reviewed.

Patients received an individual assessment where their health needs were considered and vaccination advice was given before planning their trip. The service made recommendations and gave an individual information sheet so that continuity was maintained. Patient consent was recorded.

Patients were encouraged to ask questions so they could make informed decisions about their treatment plan. Patients who completed our survey also told us the service manager clearly explained the risks and benefits during their consultation.

What needs to improve
The service manager’s signature was not legible in any of the five patient care records we reviewed (recommendation c).

- No requirements.

Recommendation c
- We recommend that the service should make sure all entries in paper and electronic records are ‘clearly written, dated and timed’ to comply with professional standard 10. 4. (The Code, NMC, 2016).
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

Information and advice sessions about world travel health was provided to schools and local businesses. GPs regularly contacted the clinic for travel health advice for their patients. The manager had established links with another travel clinic to share best practice.

The manager was a registered nurse, independent prescriber and the sole practitioner in the service. Continual professional development and training was part of their nursing revalidation process, to maintain their fitness to practice.

The service had embedded quality improvement processes in its practice. For example, individual patient vaccination and medication plans followed World Health Organization standards and Health Protection Scotland advice for travel health. A regular audit programme provided assurance of the safe delivery of care for its patients, along with up-to-date information and advice in world travel health.

The service manager held a diploma in travel medicine and was an affiliate member of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons in Glasgow. Formal links were established with travel medicine specific organisations nationally which allowed the manager to draw on the knowledge of clinical travel medicine experts. This helped the service to seek support, advice and make service changes or improvements in line with best practice and legislation for travel health.

In line with JDR Healthcare (Perth), the provider’s other registered travel clinic, the service had established good community links with schools, GPs, practice nurses and local businesses. The manager held information and advice sessions about world travel health for schools and local businesses. GPs regularly contacted the clinic for travel health advice for their patients and the manager
had been approached to deliver training for the local practice nurse forum in Fife.

To support continuous learning, the service was involved in teaching travel health in partnership with a travel health training company. It had also taught travel health for the Royal College of Physicians and Surgeons of Glasgow foundation and diploma course.

Formal links were established with another travel clinic to provide peer support and share best practice. This allowed best practice to be shared between the services and the service managers planned to peer-review processes in both services as part of continuous quality improvement.

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

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<tr>
<th>Requirements</th>
<th>None</th>
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<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>a</strong></td>
<td>We recommend that the service should make sure patient care records used for administering medication are fully completed (see page 10).</td>
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<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</td>
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<td><strong>b</strong></td>
<td>The service’s Adult and Child protection policies should be updated to include procedures for reporting protection concerns in line with national guidance and legislation (see page 10).</td>
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<td>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</td>
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<td><strong>c</strong></td>
<td>We recommend that the service makes sure all entries in paper and electronic records are ‘clearly written, dated and timed’ to comply with professional standard 10. 4 (The Code, NMC, 2016) (see page 11).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.24</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.

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:** [comments.his@nhs.net](mailto:comments.his@nhs.net)