Announced Inspection Report: Independent Healthcare

Service: Bonhard Medical Limited, Bo’ness
Service Provider: Bonhard Medical Limited

27 September 2021
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 his.contactpublicinvolvement@nhs.scot
Contents

1  A summary of our inspection 4

2  What we found during our inspection 7

Appendix 1 – Requirements and recommendations 14
Appendix 2 – About our inspections 16
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 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 Bonhard Medical Limited on Monday 27 September 2021. We spoke with the manager (practitioner) during the inspection. We received feedback from nine 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 one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Bonhard Medical Limited, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
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<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Patients were happy with how the service was delivered and the care they had received. A duty of candour policy should be developed, outlining how the service will respond if something goes wrong with a patient’s care. A risk register should be developed to help the service manage any risks identified.</td>
<td>✔ Satisfactory</td>
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Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tbody>
<tr>
<td>Quality indicator</td>
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<tr>
<td>-------------------</td>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
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</table>

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

<table>
<thead>
<tr>
<th>Additional quality indicators inspected (ungraded)</th>
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<tbody>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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<tr>
<td>Domain 7 – Workforce management and support</td>
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<tr>
<td>7.1 - Staff recruitment, training and development</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 Bonhard Medical Limited to take after our inspection

This inspection resulted in one requirement and five recommendations. 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)

Bonhard Medical Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

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

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

Patients were happy with how the service was delivered and the care they had received. A duty of candour policy should be developed, outlining how the service will respond if something goes wrong with a patient’s care. A risk register should be developed to help the service manage any risks identified.

The service was currently carrying out occupational health assessments for workers in the oil and gas industry remotely using video messaging technology. We were told by the manager that both this approach, and the health assessments themselves, were being carried out in line with current guidance from Oil & Gas UK.

Before the COVID-19 pandemic, face-to-face assessments were offered in the service. There was also a waiting area where hearing tests had been performed. The treatment room where assessments were carried out was in good decorative order, had a window to allow natural ventilation and hand hygiene facilities were easily accessible. Appropriate fire safety equipment was in place.

A clinical waste contract was in place for the safe disposal of personal protective equipment, such as disposable aprons and gloves, when used for face-to-face consultations.

No medications were stored or prescribed in the service.

The practitioner described the process that would be used to record incidents or accidents should they happen in the service. They were aware of the need to report certain incidents to Healthcare Improvement Scotland.
Patients who responded to our survey were complimentary about the remote, online service offered. Comments included:

- ‘Living in the Highlands this saved me a day travelling and expenses for travelling, superb.’

**What needs to improve**

The service did not have a duty of candour policy. This is an approach where healthcare organisations must be open and honest with patients when something goes wrong with their care that caused or potentially could have caused harm (recommendation a).

The service did not have a risk register to help support the proactive management of risks to patients and staff. However, the practitioner had identified some risks specific to the service, for example the visual display equipment used and their workstation. A risk register would help the service to monitor and review identified risks (recommendation b).

- No requirements.

**Recommendation a**
- The service should develop a duty of candour policy that outlines how it will respond and communicate with patients when something goes wrong, or potentially goes wrong, with their care.

**Recommendation b**
- The service should develop a risk register to support the management and review of identified risks.

**Our findings**

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

Patient care records included appropriate patient details and were clear and easy to follow. However, audits of patient care records should be carried out.

Patients booked appointments directly through the service’s website. Once registered, they could securely upload any requested documents such as proof of identification and blood pressure recordings before their video consultation.
Patients were asked to complete online forms providing personal information such as name, date of birth and home address. They also had to provide their GP details. Patients were asked to complete an online medical self-assessment that was then used to inform their health assessment.

Patients commented on the health assessment, describing it as:

- ‘Informative.’
- ‘Friendly and professional consultation.’
- ‘Everything explained in a very courteous and professional manner.’

The electronic patient care records were stored on a secure server and were password protected. The care records were clear and easy to follow, were dated and the name of the person carrying out the assessment was recorded. The service was registered with the Information Commissioner’s office (an independent authority for data protection and privacy rights).

Written consent was obtained from patients if their care records were to be shared or if the doctor had to contact another healthcare professional to request additional information about the patient.

**What needs to improve**

The service told us informal checks of the patient care records were carried out. However, formal patient care record audits were not carried out to confirm that records were being fully and accurately completed (recommendation c).

#### Recommendation c

- The service should carry out regular audits of patient care records. Audits should be documented and improvement action plans implemented.
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

The two doctors providing the service worked remotely from separate locations. A practicing privileges policy and agreement must be in place to help ensure the safe recruitment of staff and to cover this working arrangement.

The service was provided by two General Medical Council (GMC) registered doctors, one of who was an occupational health doctor that had recently joined the service. The doctors were providing their health assessments while working in different locations.

We were told that both doctors received their appraisal annually and revalidation every 5 years through the GMC. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the GMC. Training was also received through Oil & Gas UK, as well as from the Society of Occupational Medicine. We were told that peer support was also available through the society.

What needs to improve

No practicing privileges policy and written, signed agreement with the new doctor was in place. This would formally grant privileges for them to practice in the service and cover the separate working arrangement. As a result, it was not clear that appropriate background checks had been carried out, including seeking proof of medical indemnity insurance, references, GMC registration status and Disclosure Scotland Protecting Vulnerable Groups (PVG) status (requirement 1).

A staff file was not available for the doctor working in the service. A staff file would ensure that documentation related to the safe employment of staff was easily accessible (recommendation d).
Requirement 1 – Timescale: by 14 December 2021
- The provider must develop a practicing privileges policy and introduce written agreements to ensure safe delivery of care with individual responsibility and accountability clearly identified. This must set out how the working arrangement will operate and demonstrate that appropriate pre-employment and ongoing checks are carried out.

Recommendation d
- The service should ensure that each staff member has a staff file containing up-to-date qualifications, registration and training certificates, in line with safe staffing best practice.
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 taken a proactive approach to the delivery of health assessments during the pandemic and had identified areas for change and development. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement.

Both doctors were members of the Society of Occupational Medicine and attended regular meetings. The service took part in an audit and data gathering exercise every year for Oil & Gas UK. This gathered information on the number of patients seen, the number of health assessments completed and the number of safe to work certificates provided.

The practitioner we spoke with had no concerns with the safety of the current approach of carrying out health assessments online, and did not see a need to revert back to face-to-face assessments. However, the service had identified a different location for the clinic should Oil & Gas UK decide that future health assessments should return to face-to-face assessments.

The service had developed its own website and patient care record system, and had identified areas to further develop, for example the ability to carry out hearing assessments as part of their online health assessment. We were told the service would also like to formalise its approach to psychological and wellbeing assessments and to start signposting patients to health advice, for example smoking cessation.

What needs to improve

The service did not have an overall assurance system to regularly review the quality of the service provided or have a quality improvement plan. This would help to structure and record service improvement processes and outcomes and...
would enable the service to monitor the progress of initiatives to improve the quality of the service delivered. This would also help the service to measure the impact of change to demonstrate a culture of continuous improvement (recommendation e).

The doctors in the service were in regular contact with each other to discuss specific patient cases, as well as operational issues within the service. We discussed with the service the benefits of formalising and recording these meetings. We will follow this up at future inspections.

Patient feedback was not currently being formally gathered. However, we were told that an electronic system was being developed. We will follow this up at future inspections.

■ No requirements.

**Recommendation e**

■ The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvement.
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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
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<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The service should develop a duty of candour policy that outlines how it will respond and communicate with patients when something goes wrong, or potentially goes wrong, with their care (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 4.4</td>
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<tr>
<td>b</td>
<td>The service should develop a risk register to support the management and review of identified risks (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 4.11</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>The service should carry out regular audits of patient care records. Audits should be documented and improvement action plans implemented (see page 9).</td>
</tr>
<tr>
<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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## Domain 7 – Workforce management and support

### Requirement

1. The provider must develop a practicing privileges policy and introduce written agreements to ensure safe delivery of care with individual responsibility and accountability clearly identified. This must set out how the working arrangement will operate and demonstrate that appropriate pre-employment and ongoing checks are carried out (see page 11).

Timescale – by 14 December 2021

*Regulation 12(a)*

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

### Recommendation

d. The service should ensure that each staff member has a staff file containing up-to-date qualifications, registration and training certificates, in line with safe staffing best practice (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

## Domain 9 – Quality improvement-focused leadership

### Requirements

None

### Recommendation

e. The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvement (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:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)