Announced Inspection Report: Independent Healthcare

**Service:** Assured Occupational Health, Aberdeen
**Service Provider:** Assured Occupational Health Ltd

7 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
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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 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 Assured Occupational Health on Tuesday 7 September 2021. 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.

What we found and inspection grades awarded

For Assured Occupational Health, the following grades have been applied to the key quality indicators.

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>The service was clean and well maintained. A safe system for vaccine procurement was in place and the vaccines were stored securely in a locked medication fridge. Improvements must be made to the service’s risk management systems and procedures, and a regular programme of audit implemented.</td>
<td>✓ Satisfactory</td>
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<table>
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<tr>
<th>Domain 9 – Quality improvement-focused leadership</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 kept up to date with changes in the occupational medicine, legislation and best practice guidance through its</td>
<td>✓ Satisfactory</td>
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</table>
membership with national organisations and attendance at training events. A formalised continuous quality improvement plan would help the service identify and record improvement work.

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><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
</tr>
<tr>
<td>We saw that the patient’s records were comprehensive and followed best practice guidelines. Any referral information was shared with the patients.</td>
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<tr>
<td><strong>Domain 7 – Workforce management and support</strong></td>
</tr>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
</tr>
<tr>
<td>A recruitment policy was in place. Not all aspects of the recruitment process, were consistently carried out for each individual and documented in staff files.</td>
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</table>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

**What action we expect Assured Occupational Health to take after our inspection**

This inspection resulted in seven 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

Assured Occupational Health Ltd the provider, must make the necessary improvements as a matter of priority.
We would like to thank all staff at Assured Occupational Health for their assistance during the inspection.
3 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

The service was clean and well maintained. A safe system for vaccine procurement was in place and the vaccines were stored securely in a locked medication fridge. Improvements must be made to the service’s risk management systems and procedures, and a regular programme of audit implemented.

The clinical rooms were well maintained and clean. Single-use equipment was used to prevent the risk of cross-infection. Re-useable equipment was also seen, such as:

- peak flow devices
- stethoscopes, and
- tendon hammers.

A safe process was in place to decontaminate the equipment and an infection prevention and control policy was in place.

All patients who responded to our online survey told us they were satisfied with the environment and the standard of cleanliness. Comments included:

- ‘New facility for my medical last year. Nice building and still great standards with cleanliness and layout.’
- ‘Facilities clean and tidy.’
We were told the provider employed a private cleaning company to clean the service twice a week. Clinical staff were responsible for cleaning the equipment they used daily.

The provider’s clinical waste contract included arrangements for the service.

All equipment used was calibrated and maintained yearly. The service manager could access the maintenance record for this equipment.

We saw a safe system for the procurement of vaccines. All vaccines were stored securely in a locked medication fridge and were in-date. The fridge temperature was monitored daily and recorded on a temperature recording sheet.

Arrangements were in place to deal with medical emergencies, including an emergency bag and oxygen. The contents of the emergency bag were in-date.

We saw evidence of electrical checks and fire safety checks. While the service had not had any incidents or accidents since registration, a log book was kept to record these.

**What needs to improve**

The service had a range of policies and procedures in place to help the service deliver care safely, such as:

- complaints
- safeguarding
- duty of candour
- infection control, and
- recruitment.

However, these were not always regularly updated. The service also did not have a medication policy in place (recommendation a).

We did not see a structured process for completing risk assessments or managing risk in the service (recommendation b).
The service did not carry out audits. A structured programme of regular audits would help make sure the service operated in line with guidance in key areas, such as:

- medication
- patient care records, and
- the care environment (recommendation c).

Medication in the emergency bag and the vaccines stored in the fridge were in-date. However, the service did not have a formal process to record that expiry dates were being checked (recommendation d).

During our inspection, we saw a number of areas where the service did not comply with Health Protection Scotland’s national infection prevention and control manual:

- We did not see any documented evidence that clinical hand wash basins were being cleaned with 1000ppm chlorine solution in line with national guidance.
- The service’s cleaners and staff used a re-useable mop head to clean the floor. This was stored in a bucket between each use. This is not in line with the guidance in Health Protection Scotland’s national infection prevention and control manual.
- No checklist was in place to demonstrate that clinical rooms were regularly cleaned (recommendation e).

No requirements.

**Recommendation a**
- The service should ensure that policies are implemented and reviewed regularly.

**Recommendation b**
- The service should put appropriate measures in place to identify and manage risk in the service.

**Recommendation c**
- 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.
Recommendation d
■ The service should implement a medication and vaccine checklist and record expiry dates.

Recommendation e
■ The service should make sure that it complies with the guidance in Health Protection Scotland’s National Infection Prevention and Control Manual, in particular the decontamination of the environment.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

We saw that the patient’s records were comprehensive and followed best practice guidelines. Any referral information was shared with the patients.

We reviewed five patient care records and saw that comprehensive assessments and consultations were carried out for all patients. This included:

- health conditions
- medical history
- medications
- previous consultations, and
- signed consent forms.

The practitioner gave patients information about risks and benefits before any treatment started, and this was documented in the patient care record. Any referral information was shared with the patients.

Although emergency contact details and aftercare advice was not recorded in patient care records reviewed, we were shown an updated form that contained this.
All patients who responded to our survey agreed they had been involved in decisions about their care and treatment, and had been given time to reflect on their treatment option before consenting to the treatment. Comments included:

- ‘All explained clearly and in an easy way to understand.’
- ‘Brilliant doctor and staff.’
- ‘Very happy with all round service.’

### 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**

A recruitment policy was in place. Not all aspects of the recruitment process, were consistently carried out for each individual and documented in staff files.

Currently the service owner is the only healthcare professional employed in the service. However, the service was actively recruiting more staff.

The service employed administrative staff to help with reception and some administrative duties. An induction policy and process was in place. No appraisals had been carried out as staff had only recently been employed.

**What needs to improve**

We saw that the service did not keep references for staff it employed (recommendation f).

The service did not have basic Disclosure Scotland checks in place for the administrative and reception staff. However, we saw correspondence that the service was actively addressing this with Disclosure Scotland. We will follow this up at future inspections.

- No requirements.
Recommendation f

- The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government’s *Safer Recruitment through Better Recruitment* guidance (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

The service kept up to date with changes in the occupational medicine, legislation and best practice guidance through its membership with national organisations and attendance at training events. A formalised continuous quality improvement plan would help the service identify and record improvement work.

The service is owned and managed by an experienced occupational health physician, registered with the General Medical Council (GMC) and Faculty of Occupational Medicine. The service engaged in regular continuing professional development. This is managed through the GMC registration and revalidation process, as well as yearly appraisals. Other professional development activities included:

- attending industry events
- maintaining connections with peers, and
- subscriptions to journals to raise awareness of the best evidence-based care for patients.

Administrative staff we spoke with were enthusiastic about their work and providing a positive experience and reported that they felt supported in the service. Staff also told us the service manager was open to new ideas they had to improve the service.

What needs to improve

We saw that the service did not have a formal quality improvement plan in place to help structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation g).
■ No requirements.

**Recommendation g**

■ The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements.
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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<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<td><strong>Requirements</strong></td>
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<td><strong>Recommendations</strong></td>
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### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

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<td><strong>d</strong></td>
<td>The service should implement a medication and vaccine checklist and record expiry dates (see page 10).</td>
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<td>Health and Social Care Standards: I have confidence in the organisation providing my care and support. Statement 4.19</td>
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<td><strong>e</strong></td>
<td>The service should make sure that it complies with the guidance in Health Protection <em>Scotland’s National Infection Prevention and Control Manual</em>, in particular the decontamination of the environment (see page 10).</td>
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<td></td>
<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>
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### Domain 7 – Workforce management and support

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<th>Requirements</th>
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<td>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements (see page 14).</td>
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Health and Social Care Standards: 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: his.ihcregulation@nhs.scot
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot