

Announced Inspection Report: Independent Healthcare

Service: Eaton Occupational Health, Aberdeen

Service Provider: Eaton Occupational Health
Limited

18 November 2022

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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 Eaton Occupational Health on Friday 14 November 2022. We spoke with a number of staff. 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 Eaton Occupational Health, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients were very complimentary about the service and able to make fully informed decisions about their treatment. Patient feedback was actively sought to help improve the quality of the service provided. A clear and accessible complaints process was in place.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The service was clean and well maintained. A safe system for vaccine procurement was in place and vaccines were stored securely in a locked medication fridge. The service should implement a regular programme of audits.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
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 continuous quality improvement plan was in place.	✓✓ Good

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	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Patients were fully included and well informed about their treatments.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	A system was in place to carry out appropriate checks when granting practicing privileges to other practitioners. Recruitment checks were recorded in the practitioner's staff file.

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

Further information about the Quality Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Eaton Occupational Health Limited 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

We would like to thank all staff at Eaton Occupational Health 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 very complimentary about the service and able to make fully informed decisions about their treatment. Patient feedback was actively sought to help improve the quality of the service provided. A clear and accessible complaints process was in place.

The service's informative website included details about the procedures that were provided, including what to expect and the benefits. We saw that patients were also given information through email and during the consultation process so they could make a fully informed decision. Patients had time to consider treatment options and ask questions before agreeing to treatment. Results from our online survey showed that patients felt involved in their treatment and were confident in the service. Comments included:

- 'Comprehensive and thorough run through of all relevant information provided.'
- 'Well presented verbal and literature covering all aspects.'
- 'Everything well explained.'

The service made sure that patients' privacy and dignity was maintained. All consultations were appointment-only and only one patient was treated at a time, maintaining confidentiality. The treatment room door could be locked when patients were being treated.

The service had a comprehensive up-to-date participation policy. Patients could provide feedback to the service in a number of ways, including online or in written form. We were told that feedback received was reviewed regularly and acted on.

After treatment, patients received an email with appropriate aftercare information, including information about how to raise a concern or make a complaint. Patients who left feedback electronically also received an automated email telling them how to contact the service and how to make a complaint. The service had an up-to-date complaints policy which referred to Healthcare Improvement Scotland as an alternative process for complaints. This information was available on the service's website and a complaints form was available in the clinic.

We noted the service had not received any complaints since registration in July 2019.

Duty of candour is where healthcare organisations have a responsibility to be honest with patients if something goes wrong. The service had an up-to-date duty of candour policy in place and we were told the service had not had any instances requiring it to implement duty of candour principles. We saw that the service had published a yearly duty of candour report.

- 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

The service was clean and well maintained. A safe system for vaccine procurement was in place and vaccines were stored securely in a locked medication fridge. The service should implement a regular programme of audits.

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:

- 'Extremely clean, well presented and welcoming environment.'
- 'Fresh, bright room, very clean.'

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.

We saw a safe system for the procurement of vaccines. All vaccines could be stored securely in a locked medication fridge. No vaccines were stored in the fridge at the time of our inspection as these were ordered as required. 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. 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

We saw no evidence of a regular audit schedule of the activities being followed in the service. A programme of regular audits should be implemented which, as a minimum, includes:

- medicine management
- patient care records, and
- infection control (recommendation a).

■ No requirements.

Recommendation a

- 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

Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear. Patients were fully included and well informed about their treatments.

We reviewed five electronic patient care records and found all were comprehensive, including information for patients' GP and emergency contact details. Patients completed an initial online consultation form, including a medical history questionnaire.

This questionnaire was discussed with the patient during their initial consultation to make sure they had realistic expectations of the proposed treatment plan and why they were there. Risks and benefits of the treatment were explained before treatment. Where appropriate, batch numbers and expiry dates of the medicine used was recorded.

Patients were asked to consent to treatment, as well as sharing information with their GP if required.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). The service used electronic records, stored securely on electronic devices. Access to any electronic information was password-protected to maintain confidentiality of patient information, in line with data protection legislation.

Patients stated they were very satisfied with the service and the treatments they had received. Comments from our online survey included:

- 'Ensured a clear understanding of treatments and procedures were taken onboard.'
- 'Second appointments were offered should more time be required to review the options suggested.'
- 'Repeat business happy to keep returning.'

What needs to improve

While we were told that patients were given written aftercare information where appropriate, this was not recorded in the patient care record (recommendation b).

- No requirements.

Recommendation b

- The service should record in the patient care record that written aftercare information has been given to the patient.

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 system was in place to carry out appropriate checks when granting practicing privileges to other practitioners. Recruitment checks were recorded in the practitioner's staff file.

The service had a practicing privileges policy in place, for staff not employed directly by the provider but given permission to work in the service. One practitioner worked for the service under its practicing privileges arrangement and we saw signed written agreements in place. We reviewed their staff file and saw that appropriate recruitment checks had been carried out for this member of staff, including checks for:

- insurances
- qualifications
- professional registration
- protecting Vulnerable Groups (PVG) check (the service had used a third party to obtain PVG checks), and
- references.

We saw evidence that staff had completed mandatory training. Staff induction included orientation to the building and confirmation that they had familiarised themselves with the service's policies.

Staff had frequent one-to-ones and regular appraisals when personal development opportunities could be discussed. Clear roles, responsibilities and accountabilities were detailed in job specifications, and ongoing training was provided and recorded.

- No requirements.
- No recommendation.

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 continuous quality improvement plan was in place.

The service was owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). The other member of staff, working under practicing privileges was also a registered nurse. They maintained continuing professional development in order to complete mandatory revalidation with the NMC in a variety of ways. This included attending regular training and conferences in the occupational health to keep up to date with best practice and delivery of treatments in line with evidence-based research. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC, every 3 years.

A quality improvement plan with appropriate action plans was in place to help evaluate and measure the quality, safety and effectiveness of the service provided. The service manager told us they regularly reflected on patient feedback received and used that to inform improvement activities. For example:

- employing another nurse to allow for an increase in service delivery, and
- moving from paper to electronic records.

What needs to improve

While we were told that regular staff meetings were held, the meetings were not always documented (recommendation c).

- No requirements.

Recommendation c

- The service should formally record the minutes of staff and management meetings. These should include any actions taken and those responsible for the actions.

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	
Requirements	
None	
Recommendations	
a	<p>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 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
b	<p>The service should record in the patient care record that written aftercare information has been given to the patient (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
c	<p>The service should formally record the minutes of staff and management meetings. These should include any actions taken and those responsible for the actions (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

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.



Before

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.



During

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.



After

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:

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Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

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Email: his.ihcregulation@nhs.scot

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