

# Announced Inspection Report: Independent Healthcare

**Service:** Anchor Health Solutions, Aberdeen

**Service Provider:** Anchor Health Solutions Limited

7 March 2023

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## Contents

<b>1</b>	<b>A summary of our inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>What we found during our inspection</b>	<b>7</b>
<hr/>		
	<b>Appendix 1 – Requirements and recommendations</b>	<b>16</b>
	<b>Appendix 2 – About our inspections</b>	<b>18</b>
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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 Anchor Health Solutions on Tuesday 7 March 2023. We spoke with a number of staff during 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. The service submitted a satisfactory self-evaluation.

### What we found and inspection grades awarded

For Anchor Health Solution, 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 were able to make fully informed decisions about their treatment. A clear and accessible complaints process was in place. The service followed its participation policy and patient feedback was actively sought to help improve the quality of the service provided.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The service was clean and well maintained. An audit system was in place. All medication and equipment was in-date and flu vaccines were stored securely in a locked medication fridge. The service should regularly review and update their policies and appropriate checklists for the checking of emergency equipment should be in place.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service stayed up to date with advances in occupational health and travel medicine through regular attendance at educational sessions, webinars and conferences. A detailed quality improvement planning process helped demonstrate a culture of continuous improvement.	✓✓ 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 however emergency contact details should be recorded. Patients were fully included and well informed about their treatments.

## Domain 7 – Workforce management and support

### 7.1 - Staff recruitment, training and development

A recruitment policy and system was in place to carry out recruitment checks for staff the service directly employed. Recruitment checks were recorded in the staff members file. The service must carry out disclosure checks appropriate for the role through Disclosure Scotland.

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)

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](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

## What action we expect Anchor Health Solutions Ltd to take after our inspection

This inspection resulted two requirements and three 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)

Anchor Health Solutions Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Anchor Health Solutions 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

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**Patients were very complimentary about the service and were able to make fully informed decisions about their treatment. A clear and accessible complaints process was in place. The service followed its participation policy and patient feedback was actively sought to help improve the quality of the service provided.**

The service's informative website included details about the procedures 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:

- 'Ionising Medical booked through company. Doctor picked up on a slight lingering chest infection I still had and have good advice on what action to take.'
- 'Doctor acted very friendly and reassuring.'
- 'Doctor explained hearing test results, was happy to answer any queries.'

A wide variety of health promotion leaflets including smoking cessation, healthy eating, weight loss and reducing alcohol intake were available at reception.

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's door could be locked during patient treatments.

The service had a participation policy in place and we saw evidence that it worked in line with it. Patients could provide feedback to the service in a number of ways, including online or in written form. A survey was also sent out to clients for feedback on the services provided and the experiences of the clients' employees using the service. We saw that feedback received was reviewed regularly at the monthly management meeting and acted on. Any service improvements were recorded in the service's improvement plan.

The service had an up-to-date complaints policy, which referred to Healthcare Improvement Scotland as an alternative process for complaints. We saw that the service had a compliments, concerns and complaints leaflet available in the reception area, which detailed how service users could complain.

We noted the service had not received any complaints since its registration in September 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 it had not had any instances requiring it to implement duty of candour principles. 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**



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**The service was clean and well maintained. An audit system was in place. All medication and equipment was in-date and flu vaccines were stored securely in a locked medication fridge. The service should regularly review and update their policies and appropriate checklists for the checking of emergency equipment should be in place.**

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

□ spirometry □  
stethoscopes, and □  
tendon hammers.

A safe process was in place to decontaminate the equipment and an infection prevention and control policy was in place. Cleaning checklists were accurately completed. Clinical hand wash sinks were cleaned regularly with a chlorine solution, in line with national guidance. All patients who responded to our online survey told us they were satisfied with the environment and the standard of cleanliness. Comments included:

- ‘Well laid out treatment/consulting room.’
- ‘All good.’

Clinical staff were responsible for cleaning the equipment they used daily. The provider’s clinical waste contract included arrangements for the service and we saw that waste consignment notes were kept.

We saw a safe system for the procurement of vaccines. All vaccines were stored securely in locked medication fridges and were in-date. The fridge temperature was monitored daily and recorded on a temperature-recording sheet. A digital recording device was also in place, which continually monitored the temperature and we saw this information was regularly downloaded.

Arrangements were in place to deal with medical emergencies, including an emergency bag and oxygen cylinder. The contents of the emergency bag were in-date. We saw evidence of electrical safety checks, equipment checks (such as the audio booth) to make sure that it was safe and working correctly and fire safety checks. These checks were recorded on a maintenance tracker.

An accident book was in place along with a system for recording accidents and incidents. Any accidents and incident were also discussed at the health and safety meeting held every 3 months. The service did not have any incidents that should have been reported to Healthcare Improvement Scotland (HIS). Staff we spoke with knew which incidents should be reported to HIS and how to do so.

The service had applied for ISO 9001 accreditation of its quality management system. The service's quality assurance policy set out the need to carry out risk assessments and regularly audit policies, processes and guidelines. A comprehensive programme of audits was carried out to make sure the service delivered safe care and treatment. This audit programme, along with other quality improvement tasks included:

- a 6-monthly audit of the condition and cleanliness of the environment and equipment (infection prevention and control)
- a monthly audit of patient care records, and
- a monthly scanning of patient care records audit.

We saw evidence of these completed audits, with documented actions taken where necessary.

### **What needs to improve**

The service had process in place for the administering of the flu vaccine. However, the service did not have an overall medication policy in place. Services must have appropriate systems, processes and procedures for the management of medication. It is important that for patients that a medication policy is in place to make sure medications are prescribed and administered safely (requirement 1).

While the service had appropriate policies in place and we were told that they had been updated regularly, the date of review was missing from the majority of policies (recommendation a).

The service did not have a checklist in place to record the outcome of checking the contents of vaccine fridge or emergency equipment bag (recommendation b).

### Requirement 1 – Timescale: immediate

- The provider must write and implement appropriate systems, processes and procedures for the management of all medication in the service.

### Recommendation a

- The service should ensure that policies have a review date recorded once they have been reviewed.

### Recommendation b

- The service should implement a checklist to record the outcome of checking the contents of vaccine fridge and the emergency equipment bag.

## Our findings

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

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**Comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patient care records were clear however emergency contact details should be recorded. 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 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:

- 'Medical carried out professionally.'
- 'Quick and efficient.'

### **What needs to improve**

The patient care records used in the service did not have a place to record next of kin emergency contact details (recommendation c).

- No requirements.

### **Recommendation c**

- The service should document emergency contact details in the patient care record.

## **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**

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**A recruitment policy and system was in place to carry out recruitment checks for staff the service directly employed. Recruitment checks were recorded in the staff members file. The service must carry out disclosure checks appropriate for the role through Disclosure Scotland.**

The service had a recruitment policy in place, which had been updated since the service was registered. A system was in place to carry out recruitment checks when employing staff. Staff files, which included the recruitment checks were stored on an electronic system which only human resources staff had access to.

We reviewed three staff files and saw that recruitment checks had been carried out, including checks for:

- Identification, and
- qualifications

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 regular one-to-ones with their manager and those staff who had been employed for a year or more had an appraisal where personal development opportunities could be discussed. Clear roles, responsibilities and accountabilities were detailed in job specifications and ongoing training was provided and recorded.

### **What needs to improve**

While some recruitment checks had been carried out, the majority of staff employed in the service did not have a criminal record check carried out through Disclosure Scotland. References for staff had also not been obtained (requirement 2).

### **Requirement 2 – Timescale: by 7 September 2023**

- The provider must carry out pre-employment checks, including obtaining references and appropriate disclosure checks through Disclosure Scotland to make sure it does not employ any person that is not fit to work in the service.
- 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

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**The service stayed up to date with advances in occupational health and travel medicine through regular attendance at educational sessions, webinars and conferences. A detailed quality improvement planning process helped demonstrate a culture of continuous improvement.**

The service was managed by an experience medical doctor who is registered with the General Medical Council (GMC) and has a license to practice. The doctor is engaged in regular continuing professional development. This was managed through the GMC registration and revalidation process, as well as yearly appraisals for all medical staff. Other professional development activities included:

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

Staff attended relevant webinars and study days in order to keep up to date with occupational health best practice.

The service had applied to have its own quality management system externally audited. The service had a detailed quality improvement planning process. A detailed quality improvement plan had been developed using an established quality improvement methodology. Audits, feedback evaluation and meetings were reviewed and used to update the quality improvement plan monthly after management and staff meetings. This also detailed any challenges and how these had been addressed.

- 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

#### Requirement

- 1 The provider must write and implement appropriate systems, processes and procedures for the management of all medication in the service (see page 11).

Timescale – immediate

*Regulation 9*

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

#### Recommendations

- a The service should ensure that policies have a review date recorded once they have been reviewed (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19



- b** The service should implement a checklist to record the outcome of checking the contents of vaccine fridge and the emergency equipment bag (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

- c** The service should document emergency contact details in the patient care record (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

### Domain 7 – Workforce management and support

#### Requirement

- 2** The provider must carry out pre-employment checks, including obtaining references and appropriate disclosure checks through Disclosure Scotland are carried out in line with current legislation and best practice guidance to make sure it does not employ any person that is unfit (see page 13).

Timescale – by 7 September 2023

*Regulation 9*

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

#### Recommendations

None

## 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](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.



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](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.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

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