

Announced Inspection Report: Independent Healthcare

Service: Healthlink360, Musselburgh

Service Provider: Healthlink360

21 March 2023

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 21 November 2018

Recommendation

The service should collate and analyse feedback from agencies and patients it works with. Any changes to the service made from this information should be recorded.

Action taken

A new process was in place to gather feedback through a variety of methods. This feedback formed part of the service's quality improvement plan and detailed what actions were taken as a result of feedback received.

Recommendation

The service should gather all its risk assessments and management plans into a risk register.

Action taken

A detailed risk register was now in place which included risk assessments and management plans.

2 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 Healthlink360 on Tuesday 21 March 2023. We spoke with a number of staff during the inspection. We also received feedback from six patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of two inspectors.

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 comprehensive self-evaluation.

What we found and inspection grades awarded

For Healthlink360, 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 fully involved in all decisions about their care and treatment and were given information to allow them to make informed choices. The service proactively sought patients' opinions about how the service was delivered and had received considerable positive feedback. Information about how to make a complaint was easily accessible. | ✓✓ Good |

| Key quality indicators inspected (continued) | | |
|---|--|----------------|
| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | | |
| Quality indicator | Summary findings | Grade awarded |
| 5.1 - Safe delivery of care | Although the service was clean, the cleaning schedule should be more detailed to cover all areas of the service. Plans were in place to address some refurbishment needs in the service. Appropriate governance systems and policies helped to ensure a safe environment that met people's needs and supported them to feel safe. | ✓ Satisfactory |
| Domain 9 – Quality improvement-focused leadership | | |
| 9.4 - Leadership of improvement and change | The service had a visible and supportive leadership team that was open to new ideas and change. Although information was shared with staff from the management team, regular formal staff meetings should be held. Staff spoke positively about working in the service and the culture of leadership. However, no formal staff feedback was currently collected. | ✓ Satisfactory |

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 | Patients completed a detailed and comprehensive assessment in line with the treatment they were to receive. Consent processes were in place. Good patient information was available in appropriate formats to suit patient need, and aftercare information was provided. |

| Additional quality indicators inspected (ungraded) (continued) | |
|--|--|
| Domain 7 – Workforce management and support | |
| Quality indicator | Summary findings |
| 7.1 - Staff recruitment, training and development | A recruitment policy and procedure were in place to ensure staff were recruited safely. Staff had access to training suitable to their role and could request additional training. Staff appraisals were carried out and staff were appropriately skilled to deliver safe, quality care. There was also evidence of ongoing good practice in the care and support of staff working in the service. |

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 Healthlink 360 to take after our inspection

This inspection resulted four 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 Healthlink 360 for their assistance during the inspection.

3 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 fully involved in all decisions about their care and treatment and were given information to allow them to make informed choices. The service proactively sought patients' opinions about how the service was delivered and had received considerable positive feedback. Information about how to make a complaint was easily accessible.

The service's website provided comprehensive information on treatments and counselling services available, including information on costs. This information allowed patients to make an informed decision about accessing treatments within the service.

The service made sure that patients' privacy and dignity was maintained. Treatment rooms were adequately screened and consultations were by appointment only. We were told that, when required, families can be given appointments all together and there was a designated family room with entertainment such as books and DVDs for children to use.

Patients who completed our online survey were very complimentary about the service. All patients agreed they received adequate information and were fully involved in decisions about their treatment. They felt the time they were given for their appointment was appropriate, and they were treated with dignity and respect. Some comments we received about their experience included:

- 'Open and friendly.'
- 'Warm welcome from the start.'
- 'Confident professionals.'
- 'I met nothing but courtesy and professionalism throughout.'

The service had a comprehensive up-to-date participation policy. We saw patient feedback was regularly obtained. This included an online customer review service and social media. We saw patient feedback was regularly reviewed and evaluated. This helped to inform improvements within the service.

We saw improvements had been made as a result of patient feedback. For example, a television screen in the waiting area had a rolling display of information and news, and leaflets, magazines and posters provided information to patients while they waited.

We saw evidence of the service engaging with patient and the public on its social media pages and website. For example, information was shared on the latest travel information and self-help for mental health.

The service had an up-to-date complaints policy with appropriate information for patients on how to contact Healthcare Improvement Scotland. Information about how to make a complaint was easily accessible to patients on the service's website and in the patient waiting area. Patients were also encouraged to verbally discuss any concerns they had with the service. Any concerns raised were recorded and discussed and any resulting actions taken forward.

The service also had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong). An annual report on duty of candour incidents was published on the service's website.

- 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

Although the service was clean, the cleaning schedule should be more detailed to cover all areas of the service. Plans were in place to address some refurbishment needs in the service. Appropriate governance systems and policies helped to ensure a safe environment that met people's needs and supported them to feel safe.

The service had a detailed infection prevention and control policy. The service was clean and tidy, and we were told that a cleaner came once a week while staff cleaned in between patient appointments and on a daily basis. We saw that a general cleaning schedule was signed and dated weekly. Cleaning equipment and products were securely stored. There were good supplies of personal protective equipment available, such as aprons and gloves, in the service and single use equipment was used where possible to prevent the risk of cross-infection.

As some areas of the service would benefit from refurbishment, the service had recently carried out a review of the environment. An appropriate maintenance and redecoration schedule had now been developed. We noted that one of the treatment rooms had been refurbished in line with current guidance for flooring and sanitary fittings. As part of the refurbishment plan, a survey was recently carried out by a business energy advice company to identify improvements to help reduce the service's carbon footprint. The recommendations of the survey had been included in the plan.

A service agreement was in place with the local NHS board for clinical waste collection. Clinical waste was securely stored on the premises until collected.

Policies and procedures were in place to manage medicines safely. This included regular stock audits and daily temperature readings to ensure medication was stored within accepted temperature ranges. The service's secure medicines fridge had an inbuilt alarm which would activate when there was an issue. Should this occur, the service had a contingency plan to deal with this. As well as daily temperature readings, we saw a regular fridge temperature audit was carried out which included details of any actions taken, if appropriate.

We saw that the service also carried out audits on infection prevention and control, patient care records, medicines and patient feedback.

Emergency protocols and equipment were in place for adults and children. Staff received training and annual updates in adult and child basic life support and basic first aid. Medical emergency action plans for adults and children which followed the UK Resuscitation Guidelines were available in all treatment areas. We were told these were updated as appropriate following annual training.

Patient group directives (PGDs) were used to prescribe medication. These allow services to supply and administer a medicine to a pre-defined group of patients without them having to see a prescriber. PGDs used in the service were continually reviewed and updated to ensure they remained in line with current best practice. These were available both electronically and in paper copy for staff to access.

We reviewed how an incident which had taken place in the service had been managed. We saw that the service had been both open and transparent in managing the incident. A robust investigation had been carried out which resulted in changes to practice. We were told that young children and babies attending for vaccination were now only seen if there was a second member of medical or nursing staff on the premises.

Appropriate safeguarding (public protection) policies were in place. The service's screening processes also checked for indicators which may flag concerns about young people when travelling abroad. For example, young girls at risk of female genital mutilation.

The service had a comprehensive risk register which identified organisational and clinical risks, and actions taken to minimise these. A recent fire risk assessment was displayed in the waiting area as well as being detailed on the risk register. Portable appliance testing on electrical appliances had been carried out.

What needs to improve

Although there was a general cleaning schedule for the service, this could be improved by providing a more detailed list of each of the different areas that are cleaned. This would provide assurance that all areas were cleaned on a regular basis (recommendation a).

While the service provided a detailed report of the incident investigation and learning, all incidents should be reported to Healthcare Improvement Scotland within the recommended timeframe (recommendation b).

- No requirements.

Recommendation a

- The service should develop a detailed cleaning schedule for all clinical areas, including details on cleaning tasks and frequency, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately.

Recommendation b

- The service should ensure it refers to the notification guidance when determining timeframes for submitting a notification to Healthcare Improvement Scotland.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients completed a detailed and comprehensive assessment in line with the treatment they were to receive. Consent processes were in place. Good patient information was available in appropriate formats to suit patient need, and aftercare information was provided.

We reviewed five electronic patient care records and saw evidence of consultations and detailed assessments including a mental health questionnaire, and a consent process. The service had a current, detailed consent policy. We were told that written consent was always requested from the patient or parent/legal guardian before any information was shared with a third party including the patient's GP.

All patients intending to travel had completed a travel questionnaire. This included their travel arrangements, vaccination history, health conditions and allergies. Consent to treatment had been obtained and recorded along with the batch number and expiry date of medicines used. Patient care records documented what aftercare information had been provided to the patient.

We saw information provided in a variety of formats including an example of child friendly information relating to a disease and vaccine.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Paper copies of historic patient care records were kept in a secure office which was locked when not in use. We were told that when this area was cleaned there was always a member of staff present. The service told us it currently retained all patient notes as patients often return over many years after their first appointment.

- No requirements.
- No recommendations.

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 and procedure were in place to ensure staff were recruited safely. Staff had access to training suitable to their role and could request additional training. Staff appraisals were carried out and staff were appropriately skilled to deliver safe, quality care. There was also evidence of ongoing good practice in the care and support of staff working in the service.

From the five staff files we reviewed, we saw the service followed its recruitment policy to make sure staff were recruited safely. This included qualification checks, verifying identity, seeking references and arranging Disclosure Scotland Protecting Vulnerable Groups (PVG) background checks.

The service maintained a training log spreadsheet which included details about nursing, medical and pharmacy staff's continued professional development, appraisal and revalidation documents.

We were told that a number of new staff had joined the service in the past year. Staff we spoke with confirmed they had received an induction. We saw induction checklists included in the files for those staff.

Staff had a contract of employment in place. As an example of good practice, each doctor was given associate membership of the Faculty of Travel Medicine as a benefit of their employment.

Staff we spoke with were aware of their roles, responsibilities and accountabilities within the service. We saw evidence of staff being given opportunities to develop. This included access to external training courses or qualifications, where appropriate.

We were told that both medical and psychological staff took part in regular inhouse training events. These were recorded in the training log. All nurses and junior medical staff could email the service's medical co-ordinator for professional advice. Similarly, the head of psychology services professionally supported the counsellors through supervision of cases.

Staff had annual appraisals and were asked for suggestions for improvement at that time. Staff told us they enjoyed working in the service and being part of the team. Staff were very complimentary about how approachable the management staff were. They told us any issues or concerns could be discussed and resolved. Staff told us they felt they were listened to and, although new in post, they felt confident that any ideas for improvement they shared would be positively received.

- No requirements.
- 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

The service had a visible and supportive leadership team that was open to new ideas and change. Although information was shared with staff from the management team, regular formal staff meetings should be held. Staff spoke positively about working in the service and the culture of leadership. However, no formal staff feedback was currently collected.

Staff met daily to discuss workload and any issues. They told us that management were both visible and approachable. Good professional relationships were evident through speaking with staff and observing how they interacted with each other during our inspection. This had been strengthened with regular social events for the whole team and a daily protected coffee time which had been organised and implemented by staff.

Both the medical director and the chair of trustees sent regular email updates to the whole team, and staff were given a summary feedback after each Board meeting.

Staff told us they felt involved and were supported to identify opportunities for improvement. Some staff were involved in research as part of continuous improvement whilst others told us that, as part of their role, they carried out audits.

The service's quality improvement plan included an ambitious refurbishment plan to improve the environment. The service had identified both short term and longer term improvement goals. Patient feedback also formed part of the improvement plan and the service was considering how it could then share actions taken with the people who used the service.

Despite the service being in a unique position of being charity funded and providing travel, medical and psychological services, it regularly benchmarked itself against those of a similar care provision. There was also involvement with wider professional organisations such as schools, churches and aid agencies.

The service published an annual report on its website. This included news relevant to the service, including the current and forecasted financial position, as well as information about staff working in the service.

What needs to improve

Although informally, staff and the service manager communicated regularly. A more structured formal staff meeting would provide stronger communication links to all staff, both those working in the service and from home, and provide a regular forum for suggestions to be made and concerns raised (recommendation c).

Staff did not have a way to formally provide structured feedback about any improvements or changes that would benefit the service, such as an anonymised staff survey. Staff opinion was only asked for in a structured way during their appraisal (recommendation d).

- No requirements.

Recommendation c

- The service should hold staff meetings for all staff and formally record the minutes of these meetings. These should include any actions taken and those responsible for the actions. Minutes should be shared with all staff.

Recommendation d

- The service should implement a staff survey and improvement action plan with defined timescales.

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 detailed cleaning schedule for all clinical areas, including details on cleaning tasks and frequency, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22</p> |
| b | <p>The service should ensure it refers to the notification guidance when determining timeframes for submitting a notification to Healthcare Improvement Scotland (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.18</p> |

| Domain 9 – Quality improvement-focused leadership | |
|---|---|
| Requirements | |
| None | |
| Recommendations | |
| c | <p>The service should hold staff meetings for all staff and formally record the minutes of these meetings. These should include any actions taken and those responsible for the actions. Minutes should be shared with all staff (see page 16).</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> |
| d | <p>The service should implement a staff survey and improvement action plan with defined timescales (see page 16).</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:

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

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