

Announced Inspection Report: Independent Healthcare

Service: MCL Medics, Aberdeen

Service Provider: The MCL Group (Int) Limited

24 January 2023

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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 MCL Medics on Tuesday 24 January 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 two inspectors, one of whom was observing the inspection.

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 MCL Medics, 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. Patient feedback was actively sought to help improve the quality of the service provided. A formal participation policy should be developed and implemented.	✓ Satisfactory

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. Appropriate flooring must be in place in clinical areas. A regular programme of audits should be implemented.	✓ 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. 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 when granting practicing privileges to other practitioners. Recruitment checks were recorded in the practitioner staff file. The service must carry out PVG checks 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

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 MCL Group (Int) Limited

This inspection resulted in 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

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 were able to make fully informed decisions about their treatment. A clear and accessible complaints process was in place. Patient feedback was actively sought to help improve the quality of the service provided. A formal participation policy should be developed and implemented.

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:

- 'I was asked with each step whether I was comfortable to proceed.'
- 'Friendly staff – no concerns.'
- 'All steps clearly 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's door could be locked during patients' treatments.

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 companies for feedback on the services provided and their employees' experiences of the service. We were told that feedback received was reviewed regularly and acted on. A data

analyst had recently been employed who met regularly with the quality assurance manager to review the feedback findings.

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.

What needs to improve

While the service obtained feedback from clients in a variety of ways, it did not have a participation policy in place to describe how feedback was gathered and used (recommendation a).

- No requirements.

Recommendation a

- The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

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. Appropriate flooring must be in place in clinical areas. A regular programme of audits should be implemented.

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

- ‘Clean facility.’
- ‘No issues, all rooms and areas comfortable.’

We were told the provider employed a private cleaning company to clean the service daily. 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. We saw a formal process in place to record regular expiry date checks for medication. 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 automated external defibrillator (AED). The contents of the emergency bag and AED were in-date. We saw evidence of electrical checks, equipment checks, such as the audio booth 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. 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 an accredited quality management system in place. 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 was scheduled in the quality management system and included:

- a monthly audit of the condition and cleanliness of the environment and equipment (infection prevention and control) audit
- a monthly audit of a sample of five patient care records, and
- a monthly medicines management audit.

We saw evidence of these audits carried out with actions taken documented where necessary.

What needs to improve

All treatment rooms had a carpet in place, which could not be effectively cleaned (requirement 1).

We did not see any documented evidence that clinical wash hand basins were cleaned with 1000ppm chlorine solution, in line with national guidance (recommendation b).

The environment was visibly clean and clutter-free. We were told that staff regularly carried out cleaning in-between clients. The external cleaning company completed a more thorough clean at the end of the day. However, no checklist was in place to demonstrate that clinical rooms were being regularly cleaned (recommendation c).

Requirement 1 – Timescale: by 24 August 2023

- The provider must dedicate at least one room clinical to treatments or investigations and replace the carpet with a seamless, impermeable, slip-resistant, easily cleaned and appropriately wear-resistant surface. As this is a refurbishment, a complaint SHTM 64 clinical hand wash basin must also be installed as per the initial registration report.

Recommendation b

- The service should ensure that in line with national guidance, appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks.

Recommendation c

- The service should develop a cleaning checklist for the general environment and patient equipment in line with best practice guidance.

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:

- 'Minimal delays, well advised throughout treatment.'
- 'Friendly staff – no concerns.'
- 'Good facility and staff friendly.'

■ 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 system was in place to carry out recruitment checks when granting practicing privileges to other practitioners. Recruitment checks were recorded in the practitioner staff file. The service must carry out PVG checks 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 had access to.

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

- criminal record checks
- insurances
- professional registration
- qualifications, 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 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 the service carried out criminal record checks, it used the Disclosure and Barring Service (DBS), which only completed these checks in England. Checks in Scotland must use Disclosure Scotland (requirement 2).

Requirement 2 – Timescale: by 24 July 2023

- The provider must ensure that all staff have an appropriate level of Disclosure Scotland background check and are enrolled in the PVG scheme as appropriate to their role.
- 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 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). All medical staff 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 industry events, maintaining connections with peers and subscriptions to journals to raise awareness of the best evidence-based care for patients.

Nursing staff 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.

Medical and nursing staff attended relevant webinars in order to keep up to date with occupational health best practice.

From reviewing minutes of regular health and safety meetings, we saw a large list of standing agenda items included subjects which crossed over to clinical governance issues. The service planned review to review these topics and split this into separate health and safety meeting and clinical governance meetings.

Clinical discussion meetings were held twice a month and we saw an agenda and minutes where a particular, relevant topic was presented and discussed. Topics included travel health, diabetes and medical emergencies.

The service had an accredited quality management system in place.

The service had developed a clinical governance framework along with its quality assurance policy and had set out key performance indicators to work towards. The management team held a weekly meeting to review the performance against these indicators. We saw evidence that the service was performing very well against indicators, such as:

- increase in the number of new clients
- retention of current clients
- retention of existing staff, and
- service improvement.

The service had a detailed quality improvement planning process. We saw that changes for improvement were entered into an electronic quality improvement system following any audits, feedback evaluation and meetings. A detailed quality improvement plan had been developed using an established quality improvement methodology. 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 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendation	
a	<p>The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

Requirement

- 1** The provider must dedicate at least one room clinical to treatments or investigations and replace the carpet with a seamless, impermeable, slip-resistant, easily cleaned and appropriately wear-resistant surface. As this is a refurbishment, a complaint SHTM 64 clinical hand wash basin must also be installed as per the initial registration report (see page 11).

Timescale – by 24 August 2023

Regulation 3(a)(d)(i)

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

Recommendations

- b** The service should ensure that in line with national guidance, appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- c** The service should develop a cleaning checklist for the general environment and patient equipment in line with best practice guidance (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Domain 7 – Workforce management and support

Requirement

- 2** The provider must ensure that all staff have an appropriate level of Disclosure Scotland background check and are enrolled in the PVG scheme as appropriate to their role (see page 13).

Timescale – by 24 July 2023

Regulation 9

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

Domain 7 – Workforce management and support (continued)
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

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

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