

Announced Inspection Report: Independent Healthcare

Service: Seafield Health Solutions, Buckie

Service Provider: Seafield Health Solutions Ltd

2 November 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 10 December 2019

Recommendation

The service should develop an action plan using regular feedback from patients to show where any improvements to how the service is delivered can be made.

Action taken

The service analysed patient feedback and used it to inform its quality improvement plan.

Recommendation

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.

Action taken

This recommendation is reported in Domain 5: Planning for quality (see recommendation f on page 17).

Recommendation

The service should formalise the meetings between the owner and manager by minuting these meetings, including any actions to be taken forward and monitored, as well as identifying those responsible for these actions. This will ensure better reliability and accountability.

Action taken

Meetings between the owner and manager were formally recorded and included any actions taken forward, as well as identifying those responsible for these actions.

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

The service had a quality improvement plan in place.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Seafield Health Solutions on Thursday 2 November 2023. We spoke with a number of staff during the inspection. We received feedback from one patient through an online survey we had asked the service to issue to its patients for us before the inspection and we telephoned two patients after the inspection who had received treatment at the service.

Based in Buckie, Seafield Health Solutions is an independent clinic providing non-surgical treatments including maritime medicals.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Seafield Health Solutions, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
The provider shared clear aims with patients and staff. Staff meetings took place which evidenced good communication and staff involvement in the service.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
The service sought feedback from patients. Patients received information to allow them to make informed choices and consent to treatment. The service kept up to date with current best practice through training and development. Good systems were in place for monitoring and managing risk. A participation policy should be developed. Safeguarding and infection control policies should be updated. Infection control audits should be carried out.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
We saw that the environment and reusable equipment was clean. Patients told us they felt safe and confident with the service. The carpet in the treatment room in the service must be replaced with suitable flooring. A risk assessment must be carried out on the clinical wash hand basin in the treatment room. Information about patients' next of kin must be documented in patient care records.		✓ Satisfactory

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 Assurance Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

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

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in three requirements and six recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop measurable objectives and a process to measure these (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 4.19</p>

Implementation and delivery	
Requirements	
None	
Recommendations	
b	<p>The service should develop and implement a participation policy to document its approach to gathering and using feedback from patients (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 4.8.</p>

Implementation and delivery (continued)

- c** The service should share improvements or actions taken as a result of feedback from patients to show how this was being used to improve the quality of care provided (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8.

- d** The service should update its safeguarding policy to ensure that local social work contact details are available to staff in the event of a safeguarding concern (see page 16).

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

- e** The service should update its infection control policy to include how the environment and reusable equipment would be effectively decontaminated in line with national guidance (see page 16).

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

- f** The service should further develop its programme of audits to include infection control and the safety and maintenance of the care environment. Audits should be documented and improvement action plans implemented (see page 17).

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

This was previously identified as a recommendation in the December 2019 inspection report for Seafield Health Solutions

Results	
Requirements	
1	<p>The provider must replace the carpet in the treatment room with a seamless, impermeable, slip-resistant, easily cleaned and appropriately wear-resistant surface (see page 19).</p> <p>Timescale – by 2 May 2024</p> <p><i>Regulation 3(d)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011s</i></p>
2	<p>The provider must carry out a risk assessment on the sink in the treatment room to mitigate any risk associated with using non-compliant clinical wash and consider a refurbishment programme to upgrade this hand basin (see page 19).</p> <p>Timescale – by 2 February 2024</p> <p><i>Regulation 3(d)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
3	<p>The provider must ensure patients' emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

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

Seafield 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 Seafield Health Solutions for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The provider shared clear aims with patients and staff. Staff meetings took place which evidenced good communication and staff involvement in the service.

Clear vision and purpose

The service's aims were displayed on its website. The service's aims were to provide medical examinations for the Offshore Energies Industry as well as Maritime and Coastguard Agency Medical Examinations.

The service regularly reviewed its aims every 2 months.

What needs to improve

The service had no objectives or process of measuring if these had been met (recommendation a).

Recommendation a

- The service should develop measurable objectives and a process to measure these.

Leadership and culture

The service consisted of a GMC-registered doctor who owned the service and carried out the medicals and a service manager.

The service manager was accountable for the clinical governance processes in place to ensure patient safety, such as:

- clinical audits
- patient feedback and complaints management, and
- reviewing clinical policies.

We saw that team meetings between the service owner and service manager were held every 2 months. Team meetings had formally recorded minutes, which included the items discussed and any actions taken forward, as well as identifying those responsible for these actions to develop and improve the service.

The service manager told us they felt able to raise any concerns with the service owner.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

The service sought feedback from patients. Patients received information to allow them to make informed choices and consent to treatment. The service kept up to date with current best practice through training and development. Good systems were in place for monitoring and managing risk. A participation policy should be developed. Safeguarding and infection control policies should be updated. Infection control audits should be carried out.

Co-design, co-production (patients, staff and stakeholder engagement)

We were told that the service proactively sought feedback from patients to learn from negative and positive feedback to continuously improve. After each appointment, patients were given a survey to complete. This gave patients an opportunity to give their feedback about the treatment and ask questions or raise any concerns they had.

We saw that feedback was analysed and used to inform service improvement, which was also discussed and reviewed every 2 months at the service's management meeting. Any improvements made from feedback was also recorded on the service's improvement plan. An example of improvement was bottled water being available for clients after their medical.

The service's website contained information about the treatments offered, costs, and the service itself.

What needs to improve

While the service actively sought feedback, it did not have a formal participation policy in place (recommendation b).

It was not clear how the service would share improvements or actions taken as result of patient feedback with its patients. This would help to show how their feedback had been addressed and used to help improve the service. For example, this information could be displayed on the service's website, on social media or on a patient information board in the service (recommendation c).

- No requirements.

Recommendation b

- The service should develop and implement a participation policy to document its approach to gathering and using feedback from patients.

Recommendation c

- The service should share improvements or actions taken as a result of feedback from patients to show how this was being used to improve the quality of care provided.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

A range of written policies and procedures were available to help make sure the care delivered to patients was safe. The practitioner reviewed and regularly updated the policies and procedures, including those for:

- complaints
- duty of candour
- emergency arrangements policy, and
- information management.

The service manager understood the process of notifying Healthcare Improvement Scotland of any changes in the service.

An incident and accident book was available to record all accidents and incidents. The service was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not had any events or incidents that should have been notified to Healthcare Improvement Scotland since its registration in March 2018.

A system was in place for staff to report any maintenance issues. A service level agreement was in place with the landlord. We saw records of appropriate safety checks completed on equipment and facilities, such as for:

- emergency lighting
- fire extinguishers
- gas boiler, and
- water supply.

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. The service's website signposted patients to the procedure on how to make a complaint. No formal complaints had been received since the service was registered with Healthcare Improvement Scotland in September 2021.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. The service had a duty of candour policy and had published a duty of candour report on its website.

Treatments were appointment-only and a high number of patients were returning patients. We were told that the service intended to have an open conversation about the patient's expectations and requirements. Appointments were deliberately longer to allow time for the consultation and medical.

All patients who we spoke commented positively about the consultation, care and treatment they had received from the service:

- 'Everything was explained.'
- 'I was given all the information that needed.'

Patient care records were stored in a locked cupboard to help maintain patient confidentiality. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights)

The doctor engaged in regular continuing professional development and had completed their revalidation. This is managed through the GMC registration and revalidation process, as well as yearly appraisals. 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 GMC, every 5 years.

What needs to improve

While the service had a variety of policies in place, some policies lacked specific details. For example:

- The safeguarding policy did not contain details of who the service would contact (such as the local authority adults support and protection unit) if it had any safeguarding concerns (recommendation d).
- The infection control policy in use during our inspection did not reflect how the environment would be effectively decontaminated in-between patients

or how reusable equipment would be effectively decontaminated (recommendation e).

- No requirements.

Recommendation d

- The service should update its safeguarding policy to ensure that local social work contact details are available to staff in the event of a safeguarding concern.

Recommendation e

- The service should update its infection control policy to include how the environment and reusable equipment would be effectively decontaminated in line with national guidance.

Planning for quality

The service's clinical governance process included risk assessments which were reviewed regularly and also when there was a change to the environment. Appropriate risk assessments were in place to effectively manage risk in the service, including those for:

- fire risk
- moving and handling, and
- slips, trips and falls.

This helped make sure that care and treatment was delivered in a safe environment to identify and reduce any risks to patients.

A formal quality improvement plan was in place which was reviewed every 2 months.

In the event that the service was unable to operate, we were told that patients would be referred to another service.

What needs to improve

The service audited patient care records, which showed good compliance with record-keeping in the patient care record. However, we did not see any evidence of other audits taking place, such as infection control or safety and maintenance of the care environment (recommendation f).

Recommendation f

- The service should further develop its programme of audits to include infection control and the safety and maintenance of the care environment. Audits should be documented and improvement action plans implemented.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

We saw that the environment and reusable equipment was clean. Patients told us they felt safe and confident with the service. The carpet in the treatment room in the service must be replaced with suitable flooring. A risk assessment must be carried out on the clinical wash hand basin in the treatment room. Information about patients' next of kin must be documented in patient care records.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

All patient equipment was clean and fit for purpose. We spoke with two patients who told us they felt safe in the environment and that they the clinic was clean and tidy. Some comments we received from patients included:

- 'Service is clean.'
- 'No complaints about the cleanliness.'

All four paper patient care records we reviewed showed that consultation and assessments had been carried out before treatment started. Patient care records were up to date and legible and included:

- comprehensive practitioner notes
- consultation and detailed assessment, and
- medical history (including details of any health conditions, allergies and medication).

The service had many returning and new patients. Patients we spoke with were very satisfied with the care and treatment they received from the service. Some comments we received included:

- 'No complaints, staff always polite and the service runs like clockwork.'
- 'No issues.'

What needs to improve

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

We also saw that the clinical wash hand basin in the treatment room was not compliant with current guidance. The service did not have a risk assessment in place to mitigate any risk associated with using a non-compliant clinical wash hand basin (requirement 2).

Contact details for patients' emergency contact details were not documented in the patient care records we reviewed (requirement 3).

Requirement 1 – Timescale: by 2 May 2024

- The provider must replace the carpet in the treatment room with a seamless, impermeable, slip-resistant, easily cleaned and appropriately wear-resistant surface.

Requirement 2 – Timescale: by 2 February 2024

- The provider must carry out a risk assessment on the sink in the treatment room to mitigate any risk associated with using non-compliant clinical wash and consider a refurbishment programme to upgrade this hand basin.

Requirement 3 – Timescale: immediate

- The provider must ensure patients' emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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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