

# Announced Inspection Report: Independent Healthcare

**Service:** Jura Health, Perth

**Service Provider:** Jura Health Ltd

29 March 2023

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## **1 Progress since our last inspection**

### **What the provider had done to meet the requirements we made at our last inspection on 31 October 2018**

#### **Recommendation**

*We recommend that the service should update its safeguarding policy in line with the National Guidance for Child Protection in Scotland 2014.*

#### **Action taken**

The service had reviewed its safeguarding policy for adults and children. This was last reviewed in March 2023.

#### **Recommendation**

*We recommend that the service should record consent to share information in the client care record.*

#### **Action taken**

The service documented patients' consent to share information.

## 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 Jura Health on Wednesday 29 March 2023. We spoke with a number of staff during the inspection. We received feedback from 16 patients through an online survey we had asked the service to issue for us before the inspection. This was our second 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 comprehensive self-evaluation.

### What we found and inspection grades awarded

For Jura Health, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patient information was available for all procedures and treatments carried out. Feedback was reviewed regularly and used to inform an improvement plan. The complaints process should be made available on the service's website.	✓✓ 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 environment and equipment were clean and well maintained. A range of policies and procedures were in place to help the service deliver care safely to its patients. A programme of audits and risk assessments was in place.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with current best practice through training and development. A quality improvement plan was in place. This used audits, risk assessments, patient feedback and staff meetings to suggest improvements to the service.	✓✓ 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	Patients were fully assessed and a consent process was in place before any treatment took place. The consent process included sharing with patients' GPs and other healthcare professionals.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	All three nurses are registered with the Nursing and Midwifery Council. All five members of the team are members of Disclosure Scotland Protection of Vulnerable Groups (PVG) scheme. Full employment files should be kept for all staff.

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 Jura Health Ltd to take after our inspection**

This inspection resulted in two 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](http://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 Jura Health 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

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**Patient information was available for all procedures and treatments carried out. Feedback was reviewed regularly and used to inform an improvement plan. The complaints process should be made available on the service's website.**

Consultations were appointment-only and patients were able to self-refer. Some patients were referred by occupational health services. The service's website contained information for all procedures and treatments, including costs clearly set out. We were told patients were given the option of a cooling-off period. We were also told that patients would be advised if they could receive their vaccines through the NHS.

Patient privacy and dignity was maintained through controlled access to the treatment rooms and screened windows.

The service had a participation policy in place. We saw that patients were encouraged to give feedback in several ways, including:

- online customer review sites
- social media
- the service's website, and
- verbally.



A total of 16 patients responded to Healthcare Improvement Scotland's online survey, sent out to the service before our inspection. Comments included:

- 'All thoroughly explained on first visit and reiterated on the second.'
- 'Absolutely fantastic experience, everything was explained to me very clearly and I feel excited about the trip.'
- 'Excellent overview of services we would receive, clear explanation of charges. Thorough consultation including practicable advice - do's and don't's.'

The website made it clear that complaints could be made to Healthcare Improvement Scotland at any time during the complaints process and contact details were available.

The service had a duty of candour policy and were aware that a report should be published every year. We saw that a duty of candour report was published on its website in December 2022.

### **What needs to improve**

While the complaints policy could be made available to patients using the service, it was not published easily accessible unless requested (recommendation a).

- No requirements.

### **Recommendation a**

- The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment.

## 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 environment and equipment were clean and well maintained. A range of policies and procedures were in place to help the service deliver care safely to its patients. A programme of audits and risk assessments was in place.**

The environment and clinical areas were clean and well maintained. All equipment was in a good state of repair. We saw up-to-date policies and procedures in place to help make sure patients were safe, including an infection control policy and a cleaning schedule. Single-use equipment was used for clinical procedures to prevent the risk of cross-infection. We saw that equipment used, such as equipment for taking blood samples were in-date.

We saw a good supply of personal protective equipment available, such as face masks, disposable gloves and aprons. This was stored safely and located close to the point of care. Clinical waste, including sharps was managed appropriately and a waste management contract was in place.

We saw maintenance contracts were in place and regular servicing was carried out, such as portable appliance testing (to make sure electrical appliances and equipment are safe to use). Fire safety checks were carried out regularly and the service manager had recently updated the fire risk assessment.

A safe system was in place for the procurement, prescribing and storage of vaccines. Vaccines and emergency medicines we reviewed were in-date and stored securely in a locked refrigerator or cupboard. Fridge temperatures were checked and recorded daily to make sure medicines were stored at the correct temperature. The service had developed a medicine audit tool that tracked expiry dates and batch numbers of all vaccines. We saw a comprehensive policy on the management of emergencies.

Patients responded positively to our online survey. Comments included:

- 'Spotless and welcoming.'
- 'Very clean and well prepared clinic. As well as feeling very professional, the clinic also felt very warm and welcoming.'

We saw that the service regularly carried out audits, such as for medicines and cleaning. A range of risk assessments were also in place and the service had an incident register book in place. No incidents had been reported at the time of our inspection. The service manager was aware that incidents were required to be reported to Healthcare Improvement Scotland.

- No requirements.
- No recommendations.

## Our findings

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

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**Patients were fully assessed and a consent process was in place before any treatment took place. The consent process included sharing with patients' GPs and other healthcare professionals.**

Most patients attended the service for vaccines and some attended to have medical checkups, including giving blood samples. All consultations were face-to-face. Most patients gave verbal consent and we saw this documented in the patient care records. Consent was obtained electronically and this was also documented in the patient care record for some vaccines, such as for yellow fever.

We saw evidence of initial assessments, which included discussions about patients':

- allergies
- medical history including vaccine history
- medications, and
- previous treatments.

For patients who were receiving travel advice and vaccines, we saw detailed assessments of where they were travelling to and the advice given. Blood

samples taken from patients were sent to UK accredited laboratories. We saw that Jura Health could access reports through the laboratories' web portals.

We saw evidence that patient care record audits were carried out regularly. Patient records were held electronically on a patient record management system. We saw that comprehensive assessments and care plans were documented, as well as the follow-up advice given. We saw also that the service documented GP and emergency contact details. While the system did not capture expiry date of vaccines given, these dates and batch numbers were documented on a separate spreadsheet.

The service is registered with the Information Commissioner's Office (ICO).

- 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

**All three nurses are registered with the Nursing and Midwifery Council. All five members of the team are members of Disclosure Scotland Protection of Vulnerable Groups (PVG) scheme. Full employment files should be kept for all staff.**

All five members of the team started working in the service together in 2021. We saw evidence of ongoing training including certification with Public Health Scotland for administering yellow fever vaccines. We saw that two nurses were members of The Faculty of Travel Medicine, an organisation that can provide advice on best practice for travel medicine.

The service had a recruitment policy and a training and development policy in place. We were told the service did not plan to recruit more staff. All current staff were members of Disclosure Scotland Protection of Vulnerable Groups (PVG) scheme. We saw that yearly appraisals were carried out and the three nurse members of staff were registered with the Nursing and Midwifery Council. One member of staff was registered as a community prescriber.

### **What needs to improve**

The service did not hold proof of identity, qualifications or occupational health (for example, immunisation history) records in staff files (recommendation b).

- No requirements.

### **Recommendation b**

- The service should keep full employment records of all staff to include identity checks, qualifications and occupational health records.

## Vision and leadership

This section is where we report on how well the service is led.

### Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

### Our findings

#### Quality indicator 9.4 - Leadership of improvement and change

**The service kept up to date with current best practice through training and development. A quality improvement plan was in place. This used audits, risk assessments, patient feedback and staff meetings to suggest improvements to the service.**

The service nurse practitioners engaged in regular continuing professional development, managed through the NMC registration and revalidation process. Revalidation is where nurses have to meet the requirements of their professional registration through submitting evidence of their competency, training and development to their professional body, the NMC every 3 years. The staff also used online training resources. The service was registered with TRAVAX and the Faculty of Travel Medicine. TRAVAX is an online NHS service giving best practice advice to healthcare professionals offering travel medicine and advice. Both organisations provide training and advice on travel medicine, including advice to patients about how to stay safe when travelling abroad. They had access to other support networks, such as the Public Health Scotland travel helpline.

The service staff who were present told us they regularly met to discuss patient feedback, audits and other ways in which they could improve the service. Feedback was encouraged from a variety of places, such as:

- face-to-face discussions with patients during and after treatments
- feedback forms given to patients after treatments, and
- social media and online review websites.

We saw evidence of audits, risk assessments and minutes of meetings. These contributed to improvements made, such as adding a second treatment area

which meant the service could offer more and faster appointments than before. The service had a written quality improvement plan in place.

The service had successfully implemented a system of electronic patient records management.

- 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** The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

### Domain 7 – Workforce management and support

#### Requirements

None

#### Recommendation

- b** The service should keep full employment records of all staff to include identity checks, qualifications and occupational health records (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24



## 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.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

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