



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Survivex Ltd, Aberdeen

Service Provider: Survivex Ltd

11 December 2019

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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 three 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 Survivex Ltd on Wednesday 11 December 2019. We spoke with the service manager and two members of staff during our inspection. We received feedback from three patients to an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Survivex Ltd, the following grades have been applied to three key quality indicators.

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 told us they were treated with dignity and respect. Information was provided to patients in a clear format. The service was reviewing feedback questionnaires to capture more information about service improvement.	✓ 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. Appropriate health and safety arrangements were in place. Patients were satisfied with the environment. A structured programme of audits should be implemented.	✓ Satisfactory

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service is a small team of four people. The service manager had held weekly staff meeting to make sure everyone knows what is required for the coming week and what their role will be. Clinical supervision should be established for staff.	✓ Satisfactory

The following additional quality indicators were inspected against during this inspection.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.2 - Assessment and management of people experiencing care	A comprehensive assessment was carried out on all patients. Patient records included appropriate consents, follow up was through the patients GP. Patient care records were regularly audited and improvements were made as a result. Patient care records were kept securely.	
Domain 7 – Workforce management and support		
7.1 - Staff recruitment, training and development	New staff completed an induction from the provider as well as one for the service. Development and training opportunities were available to 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

What action we expect Survivex Ltd to take after our inspection

This inspection resulted in 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

Survivex Ltd, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at Survivex Ltd for their assistance during the inspection.

2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Patients told us they were treated with dignity and respect. Information was provided to patients in a clear format. The service was reviewing feedback questionnaires to capture more information about service improvement.

The service provides medical consultations for patients who require medical examinations for occupational purposes and the majority worked in the oil and gas industry. Patients found to have abnormal results from their consultations were referred to their own GP for treatment and investigation. The provider's website had comprehensive information about the medicals carried out, including the costs.

All three of the patients who responded to our survey were positive about the service. The respondents strongly agreed they had enough information in a format they understood. All patients who completed the survey said they were involved in decisions about their care and they were treated with dignity and respect. Comments included:-

- 'Very respectful to me and on time.'
- 'Friendly, approachable. Fits in around training.'
- 'Very professional and very helpful.'

The provider had a complaints policy in place with information on how to make a complaint and the process that should be followed. The policy is clear that the complaint will be logged and dealt with inside set timeframes and the outcome sent to the complainant. The clinic tell us they have had no complaints about the service.

The service had a duty of candour policy in place. Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.

What needs to improve

In November 2019, the service introduced a feedback form that patients were asked to complete after their consultation. The feedback was about general issues. However, the service told us it planned to ask about possible improvements it could make. We will follow this up at future inspections.

- 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

The service was clean and well maintained. Appropriate health and safety arrangements were in place. Patients were satisfied with the environment. A structured programme of audits should be implemented.

The service is provided from a large offshore training facility. The area was well maintained and clean and we saw cleaning schedules in place for the consulting rooms and the equipment clinical staff use. All patients who responded to our survey stated they were extremely satisfied with the service's environment and cleanliness. We were told the provider employed three daily cleaners and this service was included in the cleaning schedules they signed to say they had completed their tasks. Clinical staff were responsible for cleaning their equipment daily.

The provider's clinical waste contract included arrangements for the service. The health and safety officer that the provider employed carried out all health and safety assessments in the service. The health and safety officer also carried out environmental audits for the building.

All equipment used was calibrated and maintained yearly. The service manager and clinical staff could access the maintenance record for this equipment electronically.

Medication was not prescribed or kept on the premises. No blood tests were carried out on the premises.

What needs to improve

We saw an audit the doctor had developed reviewing patients who attended the service and had high blood pressure identified. A structured programme of regular audits could be introduced for key areas such as patient care records and the care environment (recommendation a).

- No requirements.

Recommendation a

- The service should develop a formal audit programme to cover key aspects of care and treatment. Audits should be documented and action plans for improvements implemented.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

A comprehensive assessment was carried out on all patients. Patient records included appropriate consents, follow up was through the patients GP. Patient care records were regularly audited and improvements were made as a result. Patient care records were kept securely.

Patients attended the service as a requirement for a medical following referral from their employer or self-referral before their employment. The service told us that it only carried out medical consultations to patients and we saw consent was recorded for these consultations. The assessment included past medical history and asked patients to disclose any known medical conditions.

The five patient care records we saw were appropriately completed and were made up of:

- a registration form
- a two-part health questionnaire
- an audiology form, and
- a copy of the certificate issued to the patient.

The doctor or nurse had signed and dated all records. Consent to share information with the patient's GP and their employer was completed on all registration forms. The service acted in line with the Oil and Gas UK guidelines

for the assessments. Any aftercare or follow-up treatment was referred to the patient's own GP.

Records were completed on paper and filed in a locked cabinet in the service manager's office. Only the manager and clinical staff had access to this cabinet.

We saw recent audits the nurse had carried out in the service. Patient care records were audited and improvements identified. The audit had identified a gap in recording patient identification when they attended for a medical. Previously, staff did not record that they checked identification and only had verbal confirmation of identity. This had now been changed and everyone attending for a medical must present current identification. This was recorded on patients' registration forms.

What needs to improve

The service provided routine medical occupational health consultations for well adults. The service did not provide treatments to patients who had incidental medical findings from their consultation. In these cases, it made a referral to the patient's GP for further diagnosis or treatment.

- 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

New staff completed an induction from the provider as well as one for the service. Development and training opportunities were available to staff.

We saw a recruitment policy in place that the human resources department managed. Professional registers are checked yearly and the service manager kept notes of the dates that registration and revalidation were due for professional staff.

The provider had an induction process in place for all new staff. Induction was usually completed in the first 2 days of employment. We saw a staff handbook given to staff with all details of their employment conditions, training and development. The service manager told us they also carried out a departmental induction for staff. The service manager organised appropriate training for staff. For example, the nurse attended an advanced assessment course when they started their employment.

The service manager carried out yearly appraisals for clinic staff based on requirements for the staff roles and changes in provider requirements. Staff development included needs identified through audit results or changes to practice.

What needs to improve

The two staff files we saw did not include Protecting Vulnerable Groups (PVG) checks. The service manager told us that the provider does not ask for PVGs for its employees. The PVG scheme informing an employer whether an individual is barred from working with protected adults or children. The certificate also provides a point-in-time check of an individual's criminal convictions history. Staff files also did not include references in line with national guidance. The service manager told us that the provider does not ask for references for its employees (recommendation b).

- No requirements.

Recommendation b

- The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government's Safer Recruitment through Better Recruitment guidance (2016).

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 is a small team of four people. The service manager had held weekly staff meeting to make sure everyone knows what is required for the coming week and what their role will be. Clinical supervision should be established for staff.

The service manager held a weekly meeting with the staff. We saw written, recorded actions and outcomes of the meetings shared with staff so they knew what they had to do each week. The provider had a 3-monthly meeting with managers from all of the departments in the provider's organisation to give them information and organisational updates.

We were told the clinical director had overall governance responsibility for the service and the staff. The clinical director liaised with the provider to help make sure systems and environment were safe for patients. The clinical director carried out professional supervision for the doctor employed in the service. The service intends that the clinical director role will carry out professional supervision for the newly-recruited nurse.

Medicals were carried out in line with the Oil and Gas UK process. Professional staff working in the clinic are required to work to these guidelines. Staff were given training and development to keep up to date with changes in practice or legislation.

What needs to improve

We did not see any written record of supervision for the professional staff and the service did not have a process in place for recording this regularly (recommendation c).

We did not see a quality improvement plan for the service that would identify where improvements could be made and reported (recommendation d).

- No requirements.

Recommendation c

- The service should have a written record of supervision for professional staff.

Recommendation d

- The service should have a quality improvement plan in place to identify improvements and how they are reported.

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

Recommendation

- a** The service should develop a formal audit programme to cover key aspects of care and treatment. Audits should be documented and action plans for improvements implemented (see page 10).

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

Domain 7 – Workforce management and support

Requirements

None

Recommendation

- b** The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government's Safer Recruitment through Better Recruitment guidance (2016) (see page 12).

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
c	<p>The service should have a written record of supervision for professional staff (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>
d	<p>The service should have a quality improvement plan in place to identify improvements and how they are reported (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 4.19</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
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