

Announced Inspection Report: Independent Healthcare

Service: Thistle Occupational Health, Aberdeen

Service Provider: Thistle Occupational Health Limited

9 May 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 Thistle Occupational Health on Tuesday 9 May 2023. We spoke with a number of staff. We also received feedback from 23 patients through 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.

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 Thistle Occupational 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	Patients were very happy with the quality of care and treatment received. Patient feedback was actively sought to help improve the quality of the service provided. A clear and accessible complaints process was in place. A duty of candour report should be published.	✓✓ Good
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Patients were cared for in a clean and well maintained environment. Appropriate safety assurance	✓✓ Good

	processes were in place. Policies and procedures helped manage risks, and an audit programme helped to make sure that care and treatment was in line with best practice guidelines. A risk assessment should be carried out for the clinical hand wash sink in one of the treatment rooms.	
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Clear and robust governance and quality assurance systems were in place. Staff enjoyed working in the service. Processes were in place to continually identify how further improvements to the service and the patient experience could be made.	✓✓ 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	A comprehensive consultation, assessment and consent process was carried out for each patient before any treatment took place. Patients' GP, next of kin and emergency contact details should be documented in patient care records.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Staff received a yearly appraisal and were encouraged to develop their skills. Professional registers were checked regularly for clinical staff. Staff files should contain all the necessary recruitment information.

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 Thistle Occupational Health Limited 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

We would like to thank all staff at Thistle Occupational Health 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 were very happy with the quality of care and treatment received. Patient feedback was actively sought to help improve the quality of the service provided. A clear and accessible complaints process was in place. A duty of candour report should be published.

The service's informative website included details of all services provided, the service's values, and a question and answer section. We saw that patients were also given information through email and during their consultation process.

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 doors could be locked when patients were being treated.

The service had a comprehensive up-to-date participation policy. Patients could provide feedback to the service in a number of ways, including online or completing a survey emailed to them after each consultation. The service collated all feedback received, discussed this at staff meetings, and used it to evaluate and review the service and make any changes or improvements. For example, following feedback from patients, the service expanded its range of treatments offered to include cholesterol checks.

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.

After treatment, patients were emailed information on how to raise a concern or make a complaint. We saw evidence that complaints made to the service had been concluded satisfactorily, and had followed the service's complaints policy. Any concerns or complaints were discussed at staff meetings.

A safeguarding (public protection) policy set out a clear protocol to respond to any adult protection concerns.

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 and we were told the service had not had any instances requiring it to implement duty of candour principles.

Patients who responded to our online survey told us they were very satisfied with the service and the treatments they had received:

- 'Each step explained.'
- 'Excellent work, thorough at all times, rather than a conveyor belt mentality.'
- 'Very informative and explained the process well.'

What needs to improve

The service had not produced and published a yearly duty of candour report. Even if there have been no incidents requiring the need to implement the duty of candour procedure, a report is still required (recommendation a).

- No requirements.

Recommendation a

- The service should produce and publish an annual duty of candour report.

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

Patients were cared for in a clean and well maintained environment. Appropriate safety assurance processes were in place. Policies and procedures helped manage risks, and an audit programme helped to make sure that care and treatment was in line with best practice guidelines. A risk assessment should be carried out for the clinical hand wash sink in one of the treatment rooms.

The treatment rooms were well maintained and clean. Single-use equipment was used to prevent the risk of cross-infection. A safe process was in place to decontaminate (clean) any reusable equipment used, such as stethoscopes.

We saw up-to-date policies and procedures in place to help make sure patients were safe, including an infection prevention and control policy, and a cleaning schedule.

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.

We saw maintenance contracts were in place, and regular servicing and calibration was carried out to make sure electrical appliances and equipment were safe to use.

We were told a private cleaning company cleaned the service 5 days a week. Clinical staff were responsible for cleaning the equipment they used daily. We saw evidence of completed and up-to-date cleaning schedules. A clinical waste contract 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:

- 'Nice and clean.'
- 'Very clean and very personal treatment throughout.'

Formal audits were carried out and we saw action plans were developed, when needed. Results from audits were discussed at staff meetings. Topics included:

- infection prevention and control
- patient care records
- fire safety, and
- patient feedback.

A range of risk assessments were also in place and a risk register was available for review. The service had an incident book. We noted that no incidents had been reported at the time of our inspection. The service manager was aware that certain incidents were required to be reported to Healthcare Improvement Scotland.

What needs to improve

One treatment room did not have an appropriate clinical hand wash sink. This meant there could be an infection control risk of splash contamination to the surrounding area. We advised the service that a risk assessment should be completed, and a compliant clinical hand wash sink should be installed as part of any future refurbishment (recommendation b).

- No requirements.

Recommendation b

- The service should ensure a risk assessment is carried out for the non-compliant clinical hand wash sink to ensure appropriate actions are taken to minimise any risks from splash contamination.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

A comprehensive consultation, assessment and consent process was carried out for each patient before any treatment took place. Patients' GP, next of kin and emergency contact details should be documented in patient care records.

We reviewed three electronic patient care records, and all showed that consultations and assessments had been carried out before treatment started. Patient care records included:

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

All entries in the patient care records were signed, dated and timed by the practitioner and patient, where appropriate.

Patients stated they were very satisfied with the service and the treatments they had received. Comments from our online survey included:

- 'Friendly and informative.'
- 'Well informed and when I asked why certain things were being done they answered me clearly without hesitation.'
- 'Really knowledgeable nurse and doctor.'

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Patient care records were 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.

What needs to improve

Patient care records we reviewed did not document patients' GP details, next of kin or emergency contact details (recommendation c).

- No requirements.

Recommendation c

- The service should document patients' GP details, next of kin and emergency contact details in the patient care record.

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

Staff received a yearly appraisal and were encouraged to develop their skills. Professional registers were checked regularly for clinical staff. Staff files should contain all the necessary recruitment information.

Staff working in the service were either directly employed or contracted to work under practicing privileges arrangements (staff not employed directly by the provider but given permission to work in the service). We reviewed four staff files. Each file showed that basic identity checks had been carried out. For clinical staff with a professional registration, the service made appropriate checks of professional registers at the recruitment stage and on an annual basis once employed. A practicing privileges policy was in place.

Employees received an induction, regular supervision and a yearly appraisal. Staff induction included orientation to the building and confirmation that they had familiarised themselves with the service's policies.

We saw evidence that staff had completed mandatory training, such as basic life support. The service provided opportunities for staff to engage in continued professional development activities. For example, staff could access online training resources.

What needs to improve

Although the service had a recruitment policy, we noted gaps in the staff files, with no references, incomplete application forms, no interview notes and one member of staff had no practicing privileges contract (recommendation d).

- No requirements.

Recommendation d

- 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

Clear and robust governance and quality assurance systems were in place. Staff enjoyed working in the service. Processes were in place to continually identify how further improvements to the service and the patient experience could be made.

We saw evidence of quality assurance systems for reviewing the quality of care and treatment provided in the service. Reviews of patient feedback and the outcomes from audits helped to make sure the quality of the service delivered met patient needs, and demonstrated a culture of continuous quality improvement. We noted the service's quality improvement plan contained both short and long-term goals for the service.

We saw evidence of team meetings taking place every 2 months to which all staff were invited. These meetings followed a set agenda covering areas such as quality, governance and complaints. Minutes of the meetings were available on the service's staff intranet system to ensure all staff were kept informed and up to date.

The service's nurse practitioners engaged in regular continuing professional development, managed through the Nursing and Midwifery (NMC) registration and revalidation process. Revalidation is where nursing staff have to meet the requirements of their professional registration through gathering evidence of their competency, training and development for their professional body, the NMC, every 3 years.

The service's doctors were registered and accredited to provide Offshore Energies UK and Health and Safety Executive medicals. One doctor was also a member of the Faculty of Occupational Medicine (specialists who deal with a full range of complexity and health problems in the workplace). These

affiliations ensured the service received updates and advice on best practice. The service was proactive in sharing information and good practice updates with the team through email or on the staff intranet system.

At the time of our inspection, we observed a relaxed and comfortable atmosphere between the staff on duty. Administrative staff were very complimentary about the service manager and told us they felt supported in the service.

- 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 produce and publish an annual duty of candour report (see page 8).

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

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

Requirements

None

Recommendations

- b** The service should ensure a risk assessment is carried out for the non-compliant clinical hand wash sink to ensure appropriate actions are taken to minimise any risks from splash contamination (see page 10).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

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

Recommendations

- c** The service should document patients' GP details, next of kin and emergency contact details in the patient care record (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

Domain 7 – Workforce management and support

Requirements

None

Recommendation

- d** 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 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

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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