



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Alert Health, Inverness

**Service Provider:** Alert Health Ltd

22 September 2021

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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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 Alert Health on Wednesday 22 September 2021. 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. Although requested, the service did not submit a self-evaluation.

### What we found and inspection grades awarded

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

<b>Key quality indicators inspected</b>		
<b>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</b>		
<b>Quality indicator</b>	<b>Summary findings</b>	<b>Grade awarded</b>
5.1 - Safe delivery of care	The service was clean and well maintained. Appropriate health and safety arrangements were in place. Improvements must be made to the service's risk management systems and procedures, and a regular programme of audit implemented.	✓ Satisfactory
<b>Domain 9 – Quality improvement-focused leadership</b>		
9.4 - Leadership of improvement and change	The service kept up to date with changes in the occupational medicine, legislation and best practice guidance through its membership with national organisations and attendance at	✓ Satisfactory

	training events. A formalised continuous quality improvement plan would help identify areas for improvement and evaluate improvements made.	
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The following additional quality indicators were inspected against during this inspection.

<b>Additional quality indicators inspected (ungraded)</b>	
<b>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</b>	
5.2 - Assessment and management of people experiencing care	We saw that the patient’s records were comprehensive and followed best practice guidelines. Any referral information was shared with the patients.
<b>Domain 7 – Workforce management and support</b>	
7.1 - Staff recruitment, training and development	A recruitment policy was in place. However, all aspects of the recruitment process, including background and safety checks, should be consistently carried out for each individual and documented in staff files.

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)

### **What action we expect Alert Health Ltd to take after our inspection**

This inspection resulted in one requirement and five 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 requirement 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Alert Health Ltd the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Alert Health for their assistance during the inspection.

## 3 What we found during our inspection

### 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 service was clean and well maintained. Appropriate health and safety arrangements were in place. Improvements must be made to the service's risk management systems and procedures, and a regular programme of audit implemented.**

We saw that the service had appropriate policies in place and reviewed them regularly. These included policies for:

- duty of candour
- health and safety
- infection prevention and control
- privacy and dignity
- recruitment, and
- safeguarding.

The service had COVID-19 screening questionnaires for patients to complete before their appointments. Any patient suspecting they had symptoms of COVID-19 were advised not to attend the appointment. Other precautionary measures in place included:

- alcohol-based hand rub
- temperature checks on arrival, and
- use of protective personal equipment.

We saw completed risk assessments and a risk register in place for managing risk in the service.

The clinical rooms were well maintained and clean. Single-use equipment was used to prevent the risk of cross-infection. Re-useable equipment, such as stethoscopes, tendon hammers and peak flow devices were also seen. A safe process was in place to decontaminate these.

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

- ‘Very satisfied, excellent service.’
- ‘Very pleased, would recommend service to fellow offshore workers.’

We were told that a cleaning company clean the service during the evening. Clinical staff were responsible for cleaning their room and equipment and we saw a recently-implemented cleaning checklist which was fully and accurately completed.

The provider’s clinical waste contract included arrangements for the service.

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

We saw a safe system for the procurement of vaccines. All vaccines were stored securely in a locked medication fridge and were in-date. The service had a process in place which recorded the stock levels and expiry dates electronically. The fridge temperature was monitored and recorded daily.

Arrangements in place to deal with medical emergencies in the service included an emergency bag and oxygen. The contents of this emergency bag were in-date and we saw a checklist for the bag fully and accurately completed.

We saw evidence of completed electrical and fire safety checks. While the service had not had any incidents or accidents since registration, a log book was kept to record these.

### **What needs to improve**

The service did not carry out audits. A structured programme of regular audits should be introduced for key areas, such as medication, patient care records and the care environment (recommendation a).



During our inspection, we saw some instances where the service did not comply with Health Protection Scotland's *National Infection Prevention and Control Manual*. For example:

- While a cleanable mat was available in one clinical room for clients to stand on, the carpet in the room could not be effectively cleaned. (requirement 1)
- The service was clean. However, we did not see any documented evidence that clinical hand wash basins were cleaned with 1000ppm chlorine solution, in line with national guidance (recommendation b)
- The service's cleaners and staff used a re-useable mop head to clean the floor. This was stored in a bucket between each use. This is not in line with the guidance in Health Protection Scotland's national infection prevention and control manual (recommendation c).

#### **Requirement 1 – Timescale: by 1 April 2022**

- The service must replace carpets in clinical areas with appropriate coverings.

#### **Recommendation a**

- 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.

#### **Recommendation b**

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks.

#### **Recommendation c**

- The service should ensure that single-use mop heads are used.

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

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**We saw that the patient's records were comprehensive and followed best practice guidelines. Any referral information was shared with the patients.**

We reviewed five patient care records and saw that comprehensive assessments and consultations were carried out for all patients. This included:

- health conditions
- medical history
- medications
- previous consultations, and
- signed consent forms.

Information about risks and benefits was given to patients before treatment started, and this was documented in the patient care record. Any referral information was shared with the patients.

Patient care records we reviewed also documented emergency contact details, GP details and patients' consent to share information.

All patients who responded to our survey agreed they had been involved in decisions about their care and treatment, and had been given time to reflect on their treatment option before consenting to the treatment. Comments included:

- 'Very quick knowledgeable staff excellent service.'
- 'Very well organised I contacted the administration manager who contacted the travel nurse, with a quick response.'

## 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

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**A recruitment policy was in place. However, all aspects of the recruitment process, including background and safety checks, should be consistently carried out for each individual and documented in staff files.**

The service employed health care professionals and reception staff, as well as medical staff with practicing privileges (staff not employed directly by the provider but given permission to work in the service).

We saw a recruitment policy and practicing privileges policy in place. We looked at recruitment records and found that the manager had followed the policies, carrying out checks on employees’:

- references
- qualifications
- insurance, and
- professional status.

We saw evidence of yearly appraisals carried out with all staff.

#### What needs to improve

We saw a process in place for requesting protecting vulnerable group scheme (PVG) updates and certificates for staff. However, at the time of our inspection the service did not have copies of PVG membership certificates in the staff files. From correspondence we were shown, we saw that the service had actively addressed this issue with Disclosure Scotland and had requested the PVG certificates. We will follow this up at future inspections.

- No requirements.
- 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

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**The service kept up to date with changes in the occupational medicine, legislation and best practice guidance through its membership with national organisations and attendance at training events. A formalised continuous quality improvement plan would help identify areas for improvement and evaluate improvements made.**

The service employs a clinical lead, who registered with the General Medical Council (GMC) and Faculty of Occupational Medicine. 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 kept up to date with current practice through update courses through Travel-Health Related Education and Care (TREC) once every 2 years. The service provided yearly mandatory training, such as anaphylaxis training and basic life support.

Administration staff we spoke with were enthusiastic about their work and providing a positive experience.

All staff we spoke with said that the service manager was open to new ideas they had to improve the service.

Staff meetings were held monthly and we saw it had recorded agendas and minutes.

### **What needs to improve**

The service manager met monthly with the medical director and the non-executive director attended a directors meeting every 3 months which had a formal agenda and minutes. However, there was no formal mechanism for holding or recording clinical governance meetings with in an agenda and minutes (recommendation d).

No formal quality improvement plan was in place to help structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation e).

- No requirements.

### **Recommendation d**

- The service should introduce clinical governance meetings, formally record an agenda and the minutes of these meetings. These should include any actions taken and those responsible for the actions.

### **Recommendation e**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements.

## 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

- 1** The service must replace carpets in clinical areas with appropriate coverings (see page 9).

Timescale – by 1 April 2022

*Regulation 3(a)(d)(i)*

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

#### Recommendations

- a** 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 (see page 9).

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

- b** The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks (see page 9).

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

**c** The service should ensure that single use mop heads are used (see page 9).

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

## Domain 9 – Quality improvement-focused leadership

### Requirements

None

### Recommendations

**d** The service should introduce clinical governance meetings, formally record an agenda and the minutes of these meetings. These should include any actions taken and those responsible for the actions (see page 13).

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

**e** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements (see page 13).

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

## 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  
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EH12 9EB

**Telephone:** 0131 623 4300

**Email:** [his.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

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