



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Granite Occupational Health Ltd,
Westhill, Aberdeen

Service Provider: Granite Occupational Health Ltd

15 January 2024

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First published March 2024

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	11
<hr/>		
	Appendix 1 – About our inspections	23
<hr/>		

1 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 Granite Occupational Health Ltd on Monday 15 January 2024. We spoke with a number of staff during the inspection. We received feedback from 26 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Westhill, Granite Occupational Health Ltd is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Granite Occupational Health Ltd, 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	
<p>The service's vision is to provide a high-quality occupational health service to all patients. The service's objectives were displayed on its website. Regular, documented team meetings took place. Staff spoke positively of the leadership team. The service should develop a strategic plan and document the morning huddle.</p>	✓ Satisfactory	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to improve. Clear systems and processes were in place to monitor and manage complaints and risk. Maintenance contracts were in place. An audit programme was in place.</p> <p>The complaints policy and procedure were easily accessible to patients. However, the complaints policy must make clear that complaints can be made to Healthcare Improvement Scotland at any time. Appraisals must be carried out. Policies should be regularly reviewed. A quality improvement plan should be developed.</p>	✓ Satisfactory	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The care environment and equipment was clean, equipment was fit for purpose and regularly maintained. Patients were satisfied with their care and treatment. A safe system was in place for the procurement, storing and prescribing of medicines. The service must submit an annual return as requested by Healthcare Improvement Scotland. Next-of-kin or emergency contact details must be documented in patient care records. A self-evaluation should be submitted as requested by Healthcare Improvement Scotland. Consent should be recorded patient care records. Appropriate cleaning products should be used for the cleaning of all sanitary fittings.</p>	✓ 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 Granite Occupational Health 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 four requirement and nine recommendations.

Direction	
Requirements	
None	
Recommendations	
a	The service should develop a strategic plan that sets out strategic objectives, operational priorities and the vision of the service (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should record the agenda and minutes of staff meetings and include any actions taken and those responsible for the actions (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery

Requirements

- 1** The provider must ensure the correct details for patients to complain to Healthcare Improvement Scotland are included on its website and make clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process (see page 18).

Timescale – by 8 March 2024

Regulation 12(c)(i)

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

- 2** The provider must complete annual appraisals with all members of staff who work in the service (see page 18).

Timescale – by 8 March 2024

Regulation 12(c)(i)

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

Recommendations

- c** The service should service should develop and implement systems to capture anonymous staff feedback (see page 15).

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

- d** The service should develop and implement a system to determine review dates for its policies and procedures with documented evidence of when reviews are undertaken and what changes or updates were subsequently made (see page 18).

Health and Social Care Standards: My support, my life. 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 improvement (see page 19).

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

Results	
Requirements	
3	<p>The provider must complete and submit an annual return as requested by Healthcare Improvement Scotland (see page 21).</p> <p>Timescale – by 8 March 2024</p> <p><i>Regulation 5(1)(c)</i> <i>The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011</i></p>
4	<p>The provider must ensure patients’ next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 22).</p> <p>Timescale – by 17 June 2024</p> <p><i>Regulation 4(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
f	<p>The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 22).</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>
g	<p>The service should implement a system for recording consent for all treatments (see page 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
h	<p>The service should securely destroy original Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.34</p>

Results (continued)

- i The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance (see page 22).

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

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

Granite Occupational Health 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 Granite Occupational Health Ltd for their assistance during the inspection.

2 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 service's vision is to provide a high-quality occupational health service to all patients. The service's objectives were displayed on its website. Regular, documented team meetings took place. Staff spoke positively of the leadership team. The service should develop a strategic plan and document the morning huddle.

Clear vision and purpose

The service's vision and objectives were displayed on its website. The service's vision was to provide a high-quality occupational health service to all patients. The service's objectives included:

- develop a quality improvement plan
- offer patients suitable appointment times, and
- timely confirmation of appointment outcomes.

The service had a number of key performance indicators (KPI), which it regularly reviewed. These included:

- turnaround times for answering emails and booking appointments
- turnaround time of issuing confirmation email following booking of appointment
- turnaround time of issuing medical certificate following satisfactory medical, and
- turnaround time of issuing medical report following management referrals.

We saw evidence that the service regularly reviewed its aims every 2 months.

What needs to improve

While the service had a vision, objectives and KPIs, it did not have an overall strategic plan that provided it with a structured approach to improvement (recommendation a).

- No requirements.

Recommendation a

- The service should develop a strategic plan that sets out strategic objectives, operational priorities and the vision of the service.

Leadership and culture

The service's staff was made up of:

- a business manager
- a client support manager
- a service manager (registered with the Nursing and Midwifery Council)
- client support co-ordinators
- occupational health doctors
- occupational health nurses, and
- occupational health technicians.

All staff told us they felt able to raise any concerns with the management team.

The service had a documented leadership structure with defined roles, responsibilities and support arrangements in place.

A clinical governance framework set out that the service would monitor the quality and safe delivery of care and treatment provided, according to its clinical governance policy. This included clinical governance and staff meetings, education and training, clinical audits and risk management. Staff could access minutes of these meetings and the service's policies and procedures through the service's intranet.

The service manager engaged in regular continuing professional development (CDP) through their NMC registration and revalidation process.

We saw that monthly team meets took place for admin staff, nursing staff and medical staff which included an agenda and minutes.

We saw the service promoted a positive culture of staff engagement in a variety of ways, such as through:

- formal and informal opportunities for team discussion
- sharing information from patient feedback, audit results and training

An open-door policy helped to encourage open communication between the service manager and staff.

What needs to improve

We were told that the client support manager and client support co-ordinators held a daily morning huddle to discuss any issues identified, the activities of the previous day and those planned for the day ahead. We were also told that the service manager and the business manager had weekly senior management team meetings. However, we did not see any formal agendas or minutes recorded for these meetings (recommendation b).

- No requirements.

Recommendation b

- The service should record the agenda and minutes of staff meetings and include any actions taken and those responsible for the actions.

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

Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to improve. Clear systems and processes were in place to monitor and manage complaints and risk. Maintenance contracts were in place. An audit programme was in place.

The complaints policy and procedure were easily accessible to patients. However, the complaints policy must make clear that complaints can be made to Healthcare Improvement Scotland at any time. Appraisals must be carried out. Policies should be regularly reviewed. A quality improvement plan should be developed.

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

The service had a participation policy in place. We saw that the service proactively sought patient feedback, whether positive or negative to learn from and improve. After each appointment, patients were given a survey to complete. A separate survey was also sent to businesses who had used the service for its employees to ask for feedback. This gave patients an opportunity to give their feedback about the treatment and ask questions or raise any concerns they had.

We spoke with six members of staff, who all spoke positively about the service and of how supportive the senior management team was. All staff that we spoke with felt that they could raise any concerns if they had any and that they would be taken seriously.

We saw that feedback was analysed and used to inform service improvement, which was also discussed at staff meetings. For example, the service had made bottled water available for patients after their medical as a result of feedback received.

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

What needs to improve

Staff that we spoke with told us they felt able to raise concerns and were positive about the service. However, the service did not have a way to capture staff feedback in anonymous way, such as through a staff survey (recommendation c).

- No requirements.

Recommendation c

- The service should service should develop and implement systems to capture anonymous staff feedback.

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.

The service had policies and procedures in place to support the delivery of person-centred care. They were available on the service's intranet for staff to access. These included those for:

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

An infection prevention and control policy was in place and the service had a good awareness of infection prevention and control practices, including hand hygiene and clinical waste management. We saw that cleaning checklists were fully and accurately completed. All equipment used, including personal protective equipment (such as aprons and gloves) was single-use to prevent the risk of cross-infection.

All medication, including vaccines were in-date and we saw that medication checklists were fully and accurately completed.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies.

Fire safety signage was displayed and fire safety equipment was serviced every year. Electrical equipment had been tested and safety certificates were in place

for fixed electrical wiring and portable appliance testing (for electrical appliances and equipment to ensure they are safe to use). Maintenance contracts were in place of the audiology booth and spirometry equipment (used for a test to assess how well your lungs work). The service had a clinical waste contract in place and kept copies of waste consignment notes.

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

The service had a complaints policy in place, which described the process for managing a complaint. The policy also 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. No formal complaints had been received since the service was registered with Healthcare Improvement Scotland in October 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 in place and displayed a yearly duty of candour report in the clinic.

Appropriate arrangements were in place to maintain the privacy and dignity of patients. All consultations were appointment-only. Access to treatment rooms was controlled through reception. Window screening in the treatment room also helped make sure patient privacy was not compromised.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations. Patient care records were stored electronically and password-protected, to help maintain patient confidentiality. All patients were provided with a face-to-face consultation to assess their suitability for treatment before a treatment plan was prepared or any treatment was administered. During their consultation appointment, patients discussed the risks and benefits, costs and likely outcome of the desired treatment.

All patients who responded to our survey agreed they were involved in decisions about their care and treatment. This helped to make sure patients had realistic expectations of the proposed treatment. Comments included:

- ‘Always asked.’
- ‘Straight forward approach.’
- ‘Fully informed and instructed on procedures.’

Recruitment policies and processes were in place for all staff. Relevant pre-employment checks carried out before staff started working in the service, including those for:

- Disclosure Scotland background checks
- proof of ID
- qualifications, and
- references.

We saw systems in place for the ongoing checks of clinical staff members’ professional registration and revalidation.

We were told all new members of staff had an induction to the service. This included an introduction to key members of staff and training on the service’s policies and procedures.

Staff were expected to complete mandatory and refresher training on a range of topics relevant to their roles. This included basic life support, health and safety, infection protection and control and fire safety.

What needs to improve

We saw that the service’s website detailed how service users could make a complaint. However, it did not state that complaints could be made directly to Healthcare Improvement Scotland at any stage of the complaints process or give details of how to contact Healthcare Improvement Scotland (requirement 1).

While staff performances were discussed at their one-to-one meeting, we found no recorded evidence of yearly appraisals (requirement 2).

While the service had policies in place, we saw that the majority had not been reviewed since the service was first registered. The senior management team

was aware of this and was in the process of appointing staff to review and update policies (recommendation d).

Requirement 1 – Timescale: by 8 March 2024

- The provider must ensure the correct details for patients to complain to Healthcare Improvement Scotland are included on its website and make clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process.

Requirement 2 – Timescale: by 8 March 2024

- The provider must complete annual appraisals with all members of staff who work in the service.

Recommendation d

- The service should develop and implement a system to determine review dates for its policies and procedures with documented evidence of when reviews are undertaken and what changes or updates were subsequently made.

Planning for quality

The service maintained a register of practice-associated risks and their impact to help manage risks. We saw a number of current risk assessments in place to protect patients and staff, such as for infection control and fire safety. Risk assessments were easy to follow and each risk assessment had a likelihood of occurrence attached. We saw that each risk had been regularly reviewed and that all necessary action plans were in place.

A business continuity policy was in place in the event that the service experienced a disruptive incident. The policy stated that, in such a scenario the service would establish alternative arrangements for patient treatments and prioritise critical functions.

The service carried out a comprehensive programme of audits regularly, including those for:

- ordering of stock, including medication
- training and education, and
- travel health.

Action plans were produced to help make sure any improvements were addressed in specific timescales. For example, we saw that the service had

made sure that more than one member of staff could complete a vaccine audit to make sure the process was not person-dependent.

We were shown evidence that the service had achieved ISO 9001 accreditation. ISO 9001 is a recognised quality management system standard, established by the International Organisation for Standardization (ISO).

What needs to improve

We were told about improvements made in the service. However, it did not record these in a service improvement plan (recommendation e).

While the service carried out a wide range of audits, it did not carry out an infection control audit. We discussed the importance of completing a regular infection control audit with the management team. We will follow this up at future inspections.

- No requirements.

Recommendation e

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

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The care environment and equipment was clean, equipment was fit for purpose and regularly maintained. Patients were satisfied with their care and treatment. A safe system was in place for the procurement, storing and prescribing of medicines. The service must submit an annual return as requested by Healthcare Improvement Scotland. Next-of-kin or emergency contact details must be documented in patient care records. A self-evaluation should be submitted as requested by Healthcare Improvement Scotland. Consent should be recorded patient care records. Appropriate cleaning products should be used for the cleaning of all sanitary fittings.

The clinic environment was clean and well maintained. Equipment used in the service was clean, well maintained and serviced regularly where required. Patients who responded to our survey also told us they felt safe in the environment and the cleaning measures in place helped reassure them that their risk of infection in the service was reduced.

Patients who responded to our online survey told us they felt safe and were reassured by the cleaning measures in place to reduce the risk of infection in the service. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'Nice new office building, well laid out.'
- 'Professional environment.'
- 'Great facility.'

All five of the electronic patient care records we reviewed showed that consultation and assessments had been carried out before treatment started. Patient care records we reviewed included:

- comprehensive practitioner notes
- medical history (including details of any health conditions, allergies, medication and previous treatments), and
- treatment plans.

We saw a safe system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic. The medicines fridge was clean and in good working order. A temperature recording logbook was used to record fridge temperatures daily. This made sure medicines were stored at the correct temperature. The logbook was fully completed and up to date. All vaccines stored in the fridge were in-date.

What needs to improve

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 did not submit an annual return this year (requirement 3).

Patient care records we reviewed did not include contact details for patients' next of kin or emergency contact (requirement 4).

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. Although requested, the service did not submit a self-evaluation before the inspection (recommendation f).

We saw evidence of consent for drug and alcohol testing in patient care records. However, the majority of patient care records we reviewed did not record patients' consent for occupational health medicals (recommendation g).

The service had not securely destroyed the original certificates received from Disclosure Scotland in line with current legislation, in the employed staff members' files we reviewed. A system should be introduced to record PVG scheme identification numbers for staff (recommendation h).

The service's clinical handwash basins were not cleaned with the appropriate cleaning solution, in line with current guidance (recommendation i).

Requirement 3 – Timescale: by 8 March 2024

- The provider must complete and submit an annual return as requested by Healthcare Improvement Scotland.

Requirement 4 – Timescale: by 17 June 2024

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

Recommendation f

- The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland.

Recommendation g

- The service should implement a system for recording consent for all treatments.

Recommendation h

- The service should securely destroy original Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff.

Recommendation i

- The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance.

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.



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.ihtregulation@nhs.scot

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