

Abermed Limited

Iqarus Teeside

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 19 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- Staff had received training in safeguarding and knew the signs of abuse and to whom to report them.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were appropriate for the safe management of the service.
- Risk management processes were in place to manage and prevent harm. We found the equipment and premises were well maintained with a planned programme of maintenance.

We found areas where improvements should be made relating to the safe provision of treatment.

- This was because the provider did not have all of the cleaning equipment in place to safely clean some areas in the service
- Substances Hazardous to Health were not securely stored in a locked cupboard.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- The service provided evidence based care which was focussed on the needs of the patients. Patients received a comprehensive assessment of their health needs which included their medical history.
- Staff who were registered with a professional body such as the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) had opportunities for continuing professional development (CPD) and were meeting the requirements of their professional registration.
- Staff were knowledgeable about how to ensure patients had sufficient information to give informed consent. Staff we spoke with were aware of the impact of their patients' general health and wellbeing and were proactive in providing information and support.
- The service were aware of their role to support patients and their employers.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Feedback from patients through completed comment cards was positive about their experiences at the service.
- Patients were happy with the care they received and felt fully involved in making decisions about their treatment.
- The service provided individuals with information to enable them to make informed choices about treatment.
- Patients were given a copy of their vaccination plan and advised to copy this and share with their GP.
- Patients were provided with the outcome of their health assessments.
- Patients also commented that the staff were professional and caring towards them.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The service offered flexible appointments to meet the needs of their patients. Where the patients were required to see both the nurse and doctor these appointments were arranged to provide the patient with the minimum disruption ensuring they were held back to back.

Summary of findings

- Lead roles supported the practice to identify and manage risks and helped ensure information was shared with all team members. There was a comprehensive range of policies and procedures in use at the practice which were easily accessible to staff.
 - The service had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits. Where areas for improvement had been identified action had been taken and there was evidence of repeat audits that monitored improvements had been maintained.
 - The complaint procedure was readily available for patients on request. However there were no complaints leaflets available in the waiting area. There was a complaint policy which provided staff with information about handling formal and informal complaints from patients.
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Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There was a management structure in place and staff understood their responsibilities. The registered manager was always approachable and the culture within the service was open and transparent. The service was supported by the head office and management structure across the organisation.
 - The manager and provider ensured policies and procedures were in place to support the safe running of the service.
 - Regular staff meetings took place and these were recorded. Staff told us they felt supported and could raise any concerns with the provider or the manager.
 - We saw that the service invited patients to complete a 'clinic client survey' following every visit to the service to improve the quality of the service.
 - There were effective clinical governance and risk management structures in place. There was a pro-active approach to identify safety issues and to make improvements in procedures.
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Iqarus Teesside

Detailed findings

Background to this inspection

Background

We inspected this service as part of our comprehensive inspection programme under Section 60 of the Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, to look at the overall quality of the service.

We carried out an announced comprehensive inspection at Iqarus Teesside on 19 March 2018.

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP Specialist Advisor and another CQC inspector. Before visiting, we reviewed a range of information we hold about the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines.

Iqarus Teesside provides remote medical support services to the energy industry and occupational health service across the UK. It is owned by Abermed Limited part of an international organisation. The head office is based in Aberdeen. The service provides a range of occupational health services such as statutory medicals for the oil and gas industries, seafarers, diving, travel health, drug and alcohol testing and onsite medical services.

The service provided 4000 appointments to 3700 patients over the last year. There are three occupational health physicians one full time and two part-time, two nurse's one full time and one working two days per week supported by a clinical co-ordinator and two administration staff.

The service provides appointments as follows;

Monday – Thursday 0900 – 1700

Friday 0830 – 1630

One of the nurses visits a company offsite once a month providing occupational health services.

The clinic co-ordinator is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service is supported by a team of clinical and administrative staff based at the head office and is daily communication with the service.

We viewed five CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. Feedback from patients was very positive about the care they received. They commented that staff were

Detailed findings

friendly, helpful and efficient and that they had confidence in the service provided. Patients told us they had no difficulties in arranging a convenient appointment and that staff put them at ease.

We found the service had met the regulations and had in place systems and protocols for staff to follow which kept patients safe.

Our key findings were:

There was an open and transparent approach to safety and an effective system in place for reporting and recording incidents. Patients reported they were treated with dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available on request. However there were no leaflets available for patients in the waiting area.
- All consultation rooms were well organised and equipped, with good light and ventilation.

- There were systems in place to check all equipment had been serviced regularly.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff were up to date with current guidelines and were led by a proactive management team.
- Risks to patients were well managed for example, there were systems in place to reduce the risk and spread of infection. However there were some areas requiring attention.
- Staff were kind, caring, competent and put patients at their ease.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

There were areas where the provider could make improvements and should:

- Review infection control monitoring.
- Review the storage of chemicals.

Are services safe?

Our findings

Safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Although the service did not offer services to children and young people, arrangements were in place to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements.
- Safeguarding policies and contact information was accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead member of staff in place for managing safeguarding concerns and guiding staff. Staff demonstrated they understood their responsibilities and had received training relevant to their role. We confirmed the doctors had completed training in safeguarding children and vulnerable adults to level three.
- The practice had a whistleblowing policy in place. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.
- We saw that paper records were held for patients and stored securely. There was an electronic back up system in place for information systems and all computers were password protected.
- Clinical staff performed chaperoning duties when required and was aware of their role and responsibilities.

All staff had been employed in the service for a number of years with the exception of the new part-time doctor. We reviewed three personnel files, one in detail and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. We saw evidence that the appropriate checks through the Disclosure and Barring Service (DBS) were in place. As the staff have been

employed for some time the company were in the process of repeating the DBS checks. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patient's needs.

The doctor's professional registration with the General Medical Council (GMC) was checked annually and the nurses registration with the Nursing and Midwifery Council (NMC). Records we looked at confirmed these were up to date.

Risks to patients

The service had in place emergency resuscitation equipment in place. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.

The provider had a group medical insurance which covered all staff working on the premises.

Information to deliver safe care and treatment

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons across the provider services, identified themes and took action to improve safety in the practice. There was one significant event raised in the last year. This was in regard to dealing with issues relating to problems monitoring fridge temperatures. The service had conducted a thorough investigation, purchased new fridges, improved the process for monitoring fridge temperatures, and purchased data loggers to improve the safe storage of vaccines. They also contacted all patients who had received vaccines during this time explaining what had happened and offering further vaccination if required.

Infection control

The practice maintained appropriate standards of cleanliness and hygiene.

- We looked around the premises during the inspection and found the treatment rooms and other areas were visibly clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. However some of the infection control equipment and storage needed review. Taps in the clinical rooms were not elbow controlled and the room

Are services safe?

were the blood specimens were stored was carpeted. Staff cleaned the treatment areas and surfaces between each patient to help maintain infection control standards.

The cleaning contract was with an external cleaning company. We saw that cleaning schedules were in place that covered all areas of the premises. This did not take into account the national guidance and coded equipment to prevent the risk of infection spread. Following the inspection the provider provided us with assurance that these concerns would be addressed.

- There were hand washing facilities in the treatment rooms and staff had access to supplies of protective equipment for patients and staff members. Patients who completed CQC comments cards were positive about how clean the practice was. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, hand hygiene, segregation and disposal of clinical waste. The service conducted formal assessment of the potential of risk with regards to legionella. Legionella is a germ found in the environment which can contaminate water systems in buildings).
- The clinic had an on-going contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored. This included clinical waste and safe disposal of sharps.
- Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near all hand wash sinks to ensure effective decontamination.
- We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared clean, uncluttered and well-lit with good ventilation. There was a daily check completed in each treatment room for cleanliness and equipment by the staff.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

The practice provides travel vaccines and is a Yellow fever vaccination centre. The staff were fully aware of and adhered to the safe storage and administration of all vaccines.

The service held emergency medicines, e.g. for the treatment of medical emergencies such as anaphylaxis. There was a process in place to regularly check all medicines stored in the clinic had not expired.

Track record on safety

Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety.

- All of the staff team undertook health and safety awareness training as part of their induction.
- Fire safety systems were annually maintained by an external contractor arranged by the landlord. Evacuation instructions were displayed on the premises and staff were knowledgeable about their role in the event of a fire.
- There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 COSHH) regulations. However the chemical substances were not stored in a locked cupboard.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

Premises and equipment

Are services safe?

The building was not owned by the provider but by a landlord who had responsibility for building maintenance and repair to provide a safe environment for patients and staff.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The service also had a variety of other risk assessments in place to monitor

safety of the premises such as electrical safety and control of substances. There was a system in place for the reporting and maintenance of faulty equipment. Records showed, and staff confirmed, that repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients. We saw that there was no risk assessment for the cords attached to the window blinds in each room.

Are services effective?

(for example, treatment is effective)

Our findings

Our findings

Effective needs assessment, care and treatment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including the Faculty Occupational Health best practice guidelines.

- Patients who used the service initially completed an assessment document which requested medical history information and included patient consent. Appointments with the nurse and doctor ran consecutively and when vaccines were required these were given at the end of the appointment.
- The service had systems in place to keep all clinical staff up to date. Staff had access to best practice guidelines and used this information to deliver care and treatment that met patients' needs. There was regular joint training sessions held at the head office with attendance from other clinical staff employed by the provider.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Following each consultation patients were asked to complete a satisfaction survey. These covered areas such as cleanliness, professionalism and the overall experience of the appointment.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Staff told us they had easy access to a range of policies and procedures to support them in their work.
- The service had a basic induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. An induction log was held in each staff file and signed off when completed which ensured staff were capable for the role to which they had been appointed.

- The service could demonstrate how they provided mandatory training and updating for all staff. Staff had access to and made use of e-learning training modules and in-house training. The learning needs of staff were identified through appraisal.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. For example, nurses attended regular vaccination training.
- All staff had received an appraisal within the last 12 months the service also operated a six monthly review for staff.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the clinic's patient records.

- The service shared relevant information with the patient's permission with other services, for example, when referring patients to other services or informing the patient's own GP of any matters.
- Staff worked with patients to advise and sign post patients to other services where required for their ongoing care and treatment.

Supporting patients to live healthier lives

Staff ensured that patients were given advice with regards to smoking cessation, drugs and alcohol and travel advice to minimise risk and ensure patient safety.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- We found that staff sought patients consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- We saw that the service obtained written consent before undertaking procedures. Information about fees was transparent and available at reception and online.

Are services caring?

Our findings

Kindness, respect and compassion

We reviewed feedback that stated members of staff were courteous, friendly and very helpful to patients.

- The provider and staff explained to us how they ensured information about patients using the service was kept confidential. The service had paper and electronic records for all patients which were held securely. The day to day operation of the service used computerised systems and the service had an external backup for this system. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality.
- All of the feedback we saw was positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Involvement in decisions about care and treatment

- The practice displayed its opening hours in the premises and on their website. Patients could access care and treatment in a timely way and the appointment system met their needs. The majority of the providers work came via contracts with local and national companies.
- We saw a good range of information available in the service. The waiting area had a variety of leaflets relating to health promotion, waiting times and the service.
- The comments from patients indicated they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision. A typical consultation we looked at provided a nurse appointment for 45 minutes followed by a doctor's appointment for 30 minutes all back to back. If, following the consultation the patient required vaccines these were done at the end of the consultation.

- Staff told us that a patient's medical status was discussed with them in respect of decisions about the care and treatment they received. We saw these discussions were always documented. For example if following blood tests the results were found to be out of range they were discussed with the clinical staff and the patient was referred back to their GP.
- The provider told us that many of the patients they saw are referred to them by the company the patient worked for. However the service also saw patients who self-referred for a range of services such as, vaccines and those requiring medicals for their work. For example, diving and working in oil and gas industries. Patients were given a list of costings and could pay at the clinic or prior to their appointment.
- Patients completed five CQC comment cards to tell us what they thought about the service. All of the comments were positive about the service experienced. Patients said they felt the service offered a good service and staff were professional, efficient, helpful, and caring. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the service.

Privacy and Dignity

We were told from patient feedback that members of staff treated people with dignity and respect.

- Treatment rooms were private and protected patients' privacy and dignity during examinations, investigations and treatments. Consultation room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Staff we spoke with were aware of the importance of protecting patient confidentiality and reassurance. They told us they could access an empty room away from the reception area if patients wished to discuss something with them in private or if they were anxious about anything.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Our findings

Responding to and meeting people's needs

- As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered. The waiting area and treatment rooms were comfortable and welcoming for patients. The treatment and consultation areas were well designed and well equipped. There were four consultation rooms, a screening toilet and a hearing booth.
- The service offered flexible appointments to meet the needs of their patients. Staff explained how they scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete appointments and always had enough time available to prepare for each patient.
- Patients we received feedback from confirmed that they had sufficient time during their appointment and were not rushed. The service scheduled longer appointments where required if a patient needed more support.

Timely access to the service

- The service opened Monday to Friday. The practice describes their opening hours on their website and in

the service information. Patients could access care and treatment in a timely way and the length of appointment was specific to the patient and their needs.

Listening and learning from concerns and complaints

There was a complaint policy which explained how they handled formal and informal complaints from patients. The designated lead who handled all complaints was the registered manager. We saw that information for patients about how to make a complaint was available request verbally however there were no leaflets available. This policy included details of other agencies to contact if a patient was not satisfied with the outcome of the service's investigation into their complaint.

We reviewed the complaint system; the service had received one formal complaint. We were told that the practice learned from the complaint by raising awareness for staff in dealing with difficult situations. We read the procedure for acknowledging, recording, investigating and responding to complainants and found this was robust. The staff told us that sometimes patients were unhappy and raised their voices when the outcome of a medical was not to their satisfaction. The staff were trained in handling such situations effectively. The registered manager explained they dealt with minor issues promptly and conducted a satisfaction survey for each patient who attended the service.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability;

There was a clear leadership structure in place and staff felt supported by the manager and the head office in Aberdeen. Staff told us the manager was approachable and always took the time to listen to them. The practice had a duty of candour policy in place to support an open, honest and transparent culture. The duty of candour is where the health provider must always be open and transparent when mistakes occur.

Staff team meetings were held monthly and staff discussed any issues and identified any actions needed. We were told that nurses and doctors also attended regular supervision and training sessions at head office meeting with staff from other provider services. The doctors also had monthly skype meetings for training as part of their continuing professional development. Staff were positive about their work and told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings. When there were unexpected or unintended safety incidents the service responded to these and learned from any errors that occurred.

Vision and strategy

Staff told us that the service was a small, friendly family service and that they all strived to successfully meet the needs and expectations of the patients and the companies that contracted the service. They stated that they worked hard and supported each other to help ensure that patients and companies received the best service. Honesty and trust were very important to the staff we spoke with.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients and the companies they provided occupational health services for.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and the culture of the service encouraged this.

Governance arrangements

The governance arrangements were well embedded.

- The service had a number of policies and procedures in place to govern activity and these were available to all staff and regularly updated.
- There was a clear leadership structure with named members of staff in lead roles. The provider and the registered manager worked together to ensure they kept staff informed. There was also a monthly newsletter which helped to keep staff informed of all changes across the wider organisation.
- The registered manager had responsibility for the day today running of the service.

Managing risks, issues and performance

Staff told us the service supported them to maintain their clinical professional development through training and mentoring. We found formal appraisal had been undertaken and was embedded within the culture of the service. The staff we spoke with told us the service was supportive of training and professional development, and we saw evidence to confirm this.

A programme of audits ensured the service regularly monitored the quality of care and treatment provided and made any changes necessary as a result. For example, the patient information sheet was being reviewed to improve the quality of the information gathered and to accommodate repeat visits. Following the incident with the vaccine fridges an organisation wide audit had been undertaken as part of their learning and improvement of processes.

Appropriate and accurate information

Staff told us that all patients had a consultation whereby medical history was obtained and assessment of need. Where appropriate the patient was encouraged to contact their GP to discuss any outcomes requiring further investigation or treatment. Records were audited to ensure that they were completed accurately and with the correct information.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Engagement with patients, the public, staff and external partners

The service completed client surveys and questionnaires. These were reviewed monthly and annually and fed back to staff.

Continuous improvement and innovation

Staff told us that they were continually striving to keep up to date with the latest occupational health services to meet their patient's and client's needs.