

Abermed Limited Iqarus Teesside

Inspection report

Wallace House, Falcon Court,
Preston Farm Industrial Estate,
Stockton On Tees,
TS18 3TX

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

Iqarus Teesside offers 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 health surveillance, psychotherapy support, statutory medicals for the oil and gas industries, seafarers, diving, travel health, drug and alcohol testing and onsite medical services.

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.

Summary of findings

The clinic manager 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.

We provided CQC comment cards and asked clients to complete these. We saw that nine people who were clients of the service provided feedback about the service. All nine of these comment cards were positive and described how all staff were polite, professional, friendly, helpful and efficient.

Our key findings were:

We rated the service as **good** for providing safe and effective services because:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording incidents.
- 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.
- Staff were professional, 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 and improve infection control monitoring.
- Review and improve the recruitment process.
- Review and improve the immunisation of staff

We saw the following outstanding practice:

- Services were tailored to meet the needs of individual patients and the industries they worked in. They were delivered in a flexible way that ensured choice and continuity of care.
- There were processes in place for clinicians in Aberdeen to review referrals and the management of complex patients undertaken in Teesside providing opportunity to effectively improve management. In return the clinicians in Teesside provided the same for the Aberdeen clinicians.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Iqarus Teesside

Detailed findings

Background to this inspection

Iqarus Teesside, Wallace House, Falcon Court, Preston Farm Industrial Estate, Stockton On Tees, Cleveland, TS18 3TX is an occupational health service providing a range of services such as statutory medicals for the oil and gas industries, seafarers, diving, travel health, drug and alcohol testing and onsite medical services. All regulated activity is currently delivered from this one, registered location. The head office for the service is based in Aberdeen who provide continual support and training across the whole organisation.

The service provides appointments Monday – Thursday 0900 – 1700 and Friday 0830 – 1630. One of the nurses visits a company offsite when required providing occupational health services.

There are currently; three part-time doctors working a total of 42.5 hours over 5 days, (all doctors are contractors and not employed directly by Iqarus), a full time senior occupational health nurse (OHN), a part time OHN, a clinic manager, two full time receptionists/administrators and a part-time administrator. In addition to this, there are staff based in Aberdeen supporting the Teesside service for example a clinical director, senior nurses, human resources team and health and safety lead.

The Iqarus Teesside website address www.iqarus.com details a comprehensive list of services provided by the organisation and its vision.

How we inspected this service

Before the inspection we reviewed notifications that came into our organisation. We asked the provider to send us certain information beforehand which included a list of its clinicians' registration with the General Medical Council and Nursing and Midwifery Council.

The methods that were used included interviewing staff, observations and review of documents.

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

Are services safe?

Our findings

We rated safe as Good because arrangements in respect of safeguarding, recruitment, risk assessments and medicines kept patients safe.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. However, we looked at two staff files and saw that the provider had not taken up two references for each of the staff members. We found in the first file one reference and no references in the second staff file we looked at. Following the inspection, we were told the service were using a 'New Start Checklist' which they work through step by step, references are on the checklist. They also use a spreadsheet with a full listing of all employees and audit what they have for each staff member on file and what is missing. However, the missing references in the files we looked at were not highlighted.
- Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to

identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. However, chaperoning was usually provided by clinical staff.

- There was a system to manage infection prevention and control. However, we saw that the hand wash audit had not been completed since 2017. The cleaning of equipment such as the spirometer was not recorded. The cleaning of floors was not included in the cleaning schedule, this meant the colour coding of cleaning equipment required was not detailed. Following the inspection, the clinic manager told us she had addressed these issues with the cleaning company.
- Infection prevention and control was not included as part of induction training for the administration staff.
- There was a policy and an effective system in place for the prevention of the spread of Legionella.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When reporting on medical emergencies, the guidance for emergency equipment was in the Resuscitation Council UK guidelines and the guidance on emergency medicines was in the British National Formulary (BNF).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.
- The service did not stock controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The service used a compliance management tool and undertake in-depth reviews and root cause analysis.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action, to improve safety in the service. The service had recorded one significant event in the preceding 12-month period. As part of our inspection we looked at the service's approach to recording, analysing, responding to and disseminating information. We saw evidence that the incident had been effectively recorded and reflected upon and the service used these events as an indication to improve practice. The service had identified an issue relating to a malfunction of the data logger used to monitor the fridge temperatures. Following the investigation, it was agreed that the batteries in the data loggers were changed regularly. Information and learning were shared across the organisation and with all staff.
- 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. However, there were no complaints received over the last year.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because arrangements in respect of information sharing, monitoring care and treatment and supporting patients to live healthier lives had a positive effect on patient outcomes:

Effective needs assessment, care and treatment

The provider kept clinicians up-to-date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service). We saw that clinicians were also part of other organisations locally where information is shared such as the Local Medical Committee (LMC).

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- We saw clinicians had implemented systems to identify the patient presenting was who they said they were and information they gave was correct. This is of importance when undertaking medicals, drug and alcohol screening.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The service used information about care and treatment to make improvements. The service had a robust continuous audit programme across the organisation and made improvements using completed audits. There was clear evidence of action to resolve concerns and improve quality. The provider had undertaken two clinical audits over the preceding 12-month period including; hazardous waste and Travel Health audit which demonstrated that company policies and procedures were followed.

The organisation shared the clinical audit plan for the next 12- months which including:

- Medical Appraisal Outcome, to establish consistency of appraisal output in accordance with NHS England Guidance.
- Screening Medicals
- OGUK guidelines Clinical paperwork
- Travel health Competency
- Nurse competencies
- Medicines and stock control.
- Management referral -to identify compliance with record keeping standards.
- Screening Medicals -
- Asbestos Medicals -to identify compliance with HSE requirements for information gathering and documentation
- Evidential Drug Screening

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up-to-date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors and nurses at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of screening where this information was not available to ensure safe care and treatment.

Are services effective?

(for example, treatment is effective)

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their employers on each occasion they used the service. Were required patients were asked for consent to share information with their registered GP.
- The provider had risk assessed the treatments they offered.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service had an effective process for handling pathology results which ensured that any patient with an abnormal result was contacted. This ensured that there were no delays in systems and processes regarding pathology results.
- The provider had an ethos of commitment to health and wellbeing promotion. The service promoted a range of services in arrangement with the patient's employer.
- Where appropriate, staff gave people advice, so they could self-care.
- Health promotion factors, for example, smoking cessation, were routinely discussed with all patients at every face-to-face contact, if relevant to their lifestyle.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

Are services caring?

Our findings

We rated caring as Good because arrangements in respect of privacy and dignity, professionalism and the kindness shown to patients

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- We received feedback from nine patients during our inspection which described a caring, efficient, professional and friendly service.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- The provider actively sought its own patient satisfaction data. Following every consultation at the service the patients were asked for feedback. The information was closely monitored and if required improvements made.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- Patients told us through comment cards, that staff were friendly, professional, supportive and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- We saw that where a patient struggled with something during the visit, for example completing information the staff ensured that the patient received support in a confidential setting.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Telephone calls were routinely transferred to a private office when the patient or receptionist perceived that the nature of the call was sensitive.
- Staff told us that patient satisfaction was a high priority and their aim was to deliver a high standard of care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because arrangements in respect of service delivery, timely access, and the individual needs of patients.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient and company employers needs and preferences.

- The provider understood the needs of their patients and their employers and improved services in response to those needs. For example, the service continually tried to provide appointments at a time and date which was convenient to them.
- The facilities and premises were appropriate for the services delivered.
- The clinicians were not afraid to challenge patients where information was unclear or conflicting.
- Clinicians and managers had good relationships with their secondary and primary care NHS colleagues and where necessary would seek their advice.

Timely access to the service

Patients were able access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. Some screening procedures were undertaken elsewhere for example stress electrocardiographs (ECGs).

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service had received no complaints in the preceding 12 months.
- Information about how to make a complaint or raise concerns was available and actively encouraged. Staff treated patients who made complaints compassionately.
- The service would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedure in place.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because the culture of the service and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The service was supported by a strong multidisciplinary management team in Aberdeen.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Staff at all levels within the service prioritised the management of patients' expectations.
- Staff said they felt respected, valued and supported, particularly by the manager and clinicians at the service. All staff were involved in discussions about how to develop the service, and the managers encouraged all members of staff to identify opportunities to improve the service delivered by the service. Since our last visit to the service they had increased staffing which included a senior nurse and secured four further work contracts locally.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- 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 complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals and we saw a list of appraisals planned for the coming year.
- Staff were supported to meet the requirements of professional revalidation where necessary. All staff, clinical or non-clinical were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff. The registered manager had an interest in wellbeing in the workplace and used this knowledge and experience to invest in, and look after, all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

Are services well-led?

Good 

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

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities
- Leaders had established effective policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was a clear operational structure with a manager always on site. However, leaders and clinicians could contact the head office in Aberdeen for support if required.
- We saw evidence from meeting minutes of a meetings' structure which allowed for lessons to be learned and shared following significant events and complaints. We saw staff attended meetings and skype meetings regularly with colleagues from the wider organisation.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service adhered to General Data Protection Regulations (GDPR) throughout all of its patient data handling.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- All staff were aware of the service's whistleblowing policy.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service was transparent, collaborative and open with the public about fees and services offered.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.

Are services well-led?

Good 

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

- The provider prioritised innovation and improvement continually reviewing the service.
- Iqarus Teesside has good links with the Local Medical Committee. This has allowed an open dialogue to

discuss problems and overcome barriers such as the interface between private and NHS care for patients, and how the two systems can work cohesively for patients.