Aviation Medica Limited

Aviation Medica

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 25th September 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.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Aviation Medica is an independent doctors service located at Stansted Airport. It provides medical assessments for airline pilots for the Civil Aviation Authority, Irish Aviation Authority and others, as detailed on the provider's website http://www.aviation-medica.co.uk.

Regulated activities are undertaken by the registered manager, who is a qualified doctor and an approved aviation medical examiner. 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.

Our key findings were:

- The lead doctor demonstrated a comprehensive knowledge and understanding of pilots' mental health needs through his thesis and other research.
- The service had clear systems to keep people safe and safeguarded from abuse. Whilst a chaperone had not been required for a number of years, we were advised

Summary of findings

that if this was requested, a female member of staff would undertake the role. This member of staff had received a DBS check and we were sent evidence that they had received chaperone training in the days after our inspection.
- The provider had created their own database to enable them to effectively continue their work in the event that other systems were unobtainable.
- There were systems to manage significant events and complaints, such as a policy and an annual review; however, no complaints or significant events had been received in the last 12 months.
- Infection control training was scheduled to be completed in the weeks following our inspection.
- We were sent evidence to confirm that clinical equipment had been calibrated.
- The service did not prescribe medicines to patients. Where a need for medicines was identified, patients were directed to other services.
- Clinicians were referred to the Civil Aviation Authority guidance to support them to make or confirm a diagnosis.
- We received 55 comment cards from patients about the care and treatment they received. In these, patients told us that the people who worked at the service were kind, caring and professional. Many patients commented that they had been returning to the service for many years and that they were consistently pleased with their care and treatment.
- The service team was small and consistent and patient demand was managed.

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

- Review staff training requirements on an ongoing basis to ensure that staff receive all training necessary for their role.
- Review systems regularly to ensure timely calibration testing of clinical equipment.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Aviation Medica

Detailed findings

Background to this inspection

Aviation Medica is an independent doctors service located at Stansted Airport. It provides medical assessments for airline pilots for the Civil Aviation Authority, Irish Aviation Authority and others, as detailed on the provider's website http://www.aviation-medica.co.uk.

Whilst travel vaccines, general medicine and other medicals were previously carried out by the service, this is no longer the case and they are now solely focused on flight crew medicals. There are no medicines prescribed at the service. Where additional health needs are identified, patients are referred to other healthcare providers as appropriate.

The service is open every weekday from 8am until 5pm. Regulated activities are undertaken by the registered manager, who is a doctor and an approved aviation medical examiner. He also offers counselling services, having acquired further qualification through research into stress and its effects. He is supported by a personal assistant.

There is a car park located on-site and a regular complementary taxi service running from the airport to the location.

A comprehensive inspection was completed on 25th September 2018. Our inspection team was led by a CQC lead inspector and included a doctor specialist adviser.

Prior to the inspection, the provider sent us information about the services that were being provided, including details of significant events, staff and complaints and an updated statement of purpose.

We informed NHS England that we were inspecting the service; however we did not receive any information of concern from them.

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

- The provider should review systems to ensure timely calibration testing of clinical equipment.

Safety systems and processes

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

- The provider conducted some safety risk assessments including Portable Appliance Testing, although we identified that there was not up to date calibration testing for three items of medical equipment; the Hb 201 analyser for checking blood, one for checking blood pressure and the centrifuge which spins liquid samples at high speed. We were sent evidence that these had all been calibrated in the days following our inspection.
- There were appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- 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. 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).
- The doctor had received up-to-date safeguarding and safety training appropriate to their role, although this was not the case for the member of the administrative team; however, despite the prior absence of training, staff knew how to identify and report concerns. We were sent evidence to confirm that this had taken place immediately after our inspection.
- Whilst a chaperone had not been required for a number of years, we were advised that if this was requested, a female member of staff would undertake the role. This member of staff had received a DBS check and we were sent evidence that they had received training in the days after our inspection.
- There was a system to manage infection prevention and control although the infection control audit hadn't considered the material covering used on the treatment couches. We were sent evidence of paper coverings being used on couches in the days following our inspection. The audit identified that additional training was required and we were sent evidence that this was being provided.
- A legionella risk assessment had been booked to take place in the weeks following our inspection. In previous years, this had been undertaken by the landlord although it had been ascertained that this was no longer the case.
- The provider ensured that facilities were safe. There were systems for safely managing healthcare waste.

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. The registered manager was in the process of recruiting an additional member of staff to the clinical team.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF). There was a defibrillator in the locality and the provider procured a defibrillator for the service in the days following our inspection.
- 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 potential liabilities.

Information to deliver safe care and treatment

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 care records we saw showed that information needed to deliver safe care

and treatment was available to relevant staff in an accessible way. The provider had created their own database to enable them to effectively continue their work in the event that other systems were unobtainable.
- 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.
- 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 emergency medicines minimised risks.
- The service did not prescribe medicines to patients. Where a need for medicines was identified, patients were directed to other services.

Track record on safety

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 had systems in place to learn and make improvements if things went wrong, but the size of the organisation and nature of the services being delivered meant that significant events rarely occurred.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong, including significant forms, a policy and a routine review. However, there had been no significant events raised in the last 12 months.
- 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 for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events. 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

- The provider should review staff training requirements on an ongoing basis to ensure that staff receive all training necessary for their role.

Effective needs assessment, care and treatment

The provider had systems to keep 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 (as relevant to aviation medical examiners).

- Patients' immediate and ongoing needs as relevant to their aviation medical were fully assessed. Where appropriate, this included their clinical needs and their mental and physical wellbeing.
- The lead doctor demonstrated a comprehensive knowledge and understanding of pilots' mental health needs through their thesis and other research.
- Clinicians were referred to the Civil Aviation Authority guidance to support them to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. This included ongoing information sharing with relevant aviation bodies. Systems were in place to remind patients when their medical was due.
- Staff assessed and managed patients' pain where appropriate.
- A bespoke computer system had been tailor-made to meet the needs of the service. This meant that information could be obtained when external websites were not available.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The registered manager, who was the sole doctor and clinician at the practice, evidenced how he used his research to inform and influence clinical practice. He had completed a thesis into stress and performance and offered a counselling service to patients. He held educational events for pilots. This had a positive impact on quality of care and outcomes for patients.
- The service made improvements through the use of completed audits. The Civil Aviation Authority Clinical audit had completed an audit into the service which included the premises and records management, for example.

Effective staffing

Action was taken immediately after the inspection to ensure that staff had received training relevant to their role. This included chaperoning, infection control and safeguarding training.

- All staff were appropriately qualified. There had been no new staff recruited in the last two years, but records we looked at evidenced that there were appropriate pre-employment checks in place.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.

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, specifically the relevant aviation authorities.
- Before providing treatment, doctors 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 treatment where this was required.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered to ensure they were utilising their skills and expertise effectively. They were now focusing on offering aviation medicals for flight crew only and had ceased to offer travel immunisations and other services that they had assessed as no longer being required as part of their clinical activity. The provider did not prescribe medicines.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and

Are services effective?

(for example, treatment is effective)

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.

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.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, communicated 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 an appropriate service.

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.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- 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.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. We received 55 comment cards from patients about the care and treatment they received from Aviation Medica. In these, patients told us that the people who worked at the service were kind, caring and professional. Many patients commented that they had been returning to the service for many years and that they were consistently pleased with their care and treatment.

As Aviation Medica provided aviation medicals to flight crew only, they had identified that there was no requirements to provide translation facilities or additional support for those with complex social needs. The service had, however, recognised the stresses and mental health issues that may be associated with the pilot role and services had been tailored to provide appropriate support and involvement where these needs were identified.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Prior to their medical, patients were seated in a quiet waiting room where consultations could not be overheard.

The service team was small and consistent and patient demand was managed. This enabled discretion and awareness of patients' needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs and preferences:

- The provider understood the needs of their patients and improved services in response to those needs. For example, services had been reorganised to prioritise identified patient demand for flight crew medicals.
- The facilities and premises were appropriate for the services delivered.
- A complementary taxi service was available for patients who had arrived at Stansted airport.

Timely access to the service

- Patients were able to 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. They were reminded and recalled when their pilot medical was due.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. All patients were requested to consent to information being shared with their GP prior to a flight crew medical taking place.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and there were systems in place to manage these, such as a policy and an annual review; however, no complaints had been received in the last 12 months.

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

The lead doctor had the capacity and skills to deliver high-quality, sustainable care:

- The doctor was knowledgeable about issues and priorities relating to the quality and future of services. They worked closely with the aviation industries, understood challenges and were addressing them. Further, the lead doctor was also a qualified pilot and used this to inform the running of the service as appropriate.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. They held educational meetings with patients and other professionals.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future of the service. They were in the process of recruiting an additional doctor to undertake pilot medicals.

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. The service had a realistic strategy and had reorganised services as priorities were identified.
- The service developed its vision, values and strategy with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

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.
- Systems were in place to ensure openness, honesty and transparency when responding to incidents and complaints. Policies demonstrated that the provider was aware of the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Staff received regular annual appraisals.
- There was a strong emphasis on the safety and well-being of staff.
- There was a positive professional relationship between the lead doctor and the personal assistant.

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, 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.
- The lead doctor had established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.

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.
- Where issues or omissions were identified by inspectors, immediate action was taken to make improvements. The lead doctor kept us updated on progress.
- The service commissioned an annual assessment of compliance with CQC regulations with an external provider. This had identified where improvements were required. For example, it had identified the need for additional infection control training which was being delivered in the weeks following our inspection.
- There were processes to manage current and future performance. The lead doctor had oversight of any safety alerts, incidents, and complaints.
- The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

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

- Systems used highlighted any factors that could affect the outcome of the flight crew medical. In order to ensure exacting standards of health for flight crew, any relevant risks were followed up on and communicated to the relevant as soon as practicable.
- Quality and operational information was used to ensure and improve performance.
- 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. A data protection audit had been completed in May 2018 to assess the service's compliance with General Data Protection Regulation (GDPR) legislation.