Unannounced Inspection Report: Independent Healthcare

Albyn Hospital | BMI Healthcare Limited | Aberdeen
6–7 November 2014
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1 A summary of our inspection

About the service we inspected

Albyn Hospital is registered with Healthcare Improvement Scotland as an independent hospital. The hospital is located in the west end of Aberdeen and is close to public transport services. Onsite car parking facilities are available.

The hospital has a maximum of 28 inpatient beds and provides a range of medical and surgical healthcare services, which include medical consultations, diagnostic tests and surgical treatments to inpatients over the age of 14 years.

The hospital has:

- two inpatient wards
- three operating theatres
- twelve outpatient consulting rooms
- a pathology laboratory
- pharmacy services
- a GP service
- counselling services
- travel health services
- a physiotherapy department
- audiology and an imaging department providing X-ray services
- computerised tomography (CT) services
- ultrasound scanning, and
- mammography and magnetic resonance imaging (MRI) services.

The hospital is comprised of three traditional–built town houses and purpose–built single storey accommodation. All patient bedrooms have en-suite facilities.

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

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.

We carried out an unannounced inspection to Albyn Hospital on Thursday 6 and Friday 7 November 2014.

The inspection team was made up of: two inspectors, Kevin Freeman-Ferguson and Winifred McLure; one clinical adviser, Joy Nicholson; and a public partner, Gerard McKay. The clinical adviser supported the inspectors to provide specialist advice on medicine management and a key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.
We assessed the service against five quality themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

Based on the findings of this inspection, this service has been awarded the following grades:

**Quality Theme 0 – Quality of information:** 5 - Very good  
**Quality Theme 1 – Quality of care and support:** 5 – Very good  
**Quality Theme 2 – Quality of environment:** 5 - Very good  
**Quality Theme 3 – Quality of staffing:** 5 - Very good  
**Quality Theme 4 – Quality of management and leadership:** 5 - Very good

The grading history for Albyn Hospital can be found in Appendix 2 and more information about grading can be found in Appendix 4.

Before the inspection, we reviewed information about the service. We considered:

- the service self-assessment  
- the service annual return  
- the notifications the service has made to us  
- the regulatory support assessment, and  
- the findings of the last inspection.

During the inspection, we gathered information from a variety of sources. This included:

- organisational and hospital policies and procedures  
- minutes of the medical advisory committee meetings  
- minutes of the clinical governance committee meetings  
- information leaflets  
- the documentation associated with endoscope decontamination  
- staff files and training records  
- satisfaction questionnaires, and  
- patient care records for five people who used the service.

We spoke with a number of people during the inspection, including:

- the executive director  
- the imaging manager  
- the director of nursing  
- senior registered theatre practitioners  
- the pharmacist  
- the infection control co-ordinator  
- ward nursing staff  
- a housekeeper
• a physiotherapist
• four people who were using the service
• the hospital services manager, and
• the theatre manager

During this inspection, we inspected the following areas:

• reception area
• Balmoral ward (inpatient ward)
• Cairngorm ward (inpatient ward)
• general corridor areas
• outpatient department
• imaging department
• MRI suite
• high dependency unit
• theatre suite, and
• a sample of patient bedrooms.

We spoke with four people who were using the service. Each person spoke positively about the care they received and the hospital environment. One in particular stated 'you couldn’t ask for better' in relation to the care they had received.

What the service does well
Overall, we found evidence that Albyn Hospital:

• provides good information to people allowing them to give informed consent about procedures or treatments that they may undertake
• provides opportunities for patients to improve the quality the service and in particular the environment
• has good arrangements in place for the management of quality and risk
• has systems in place to ensure that appropriate checks are made on new employees to make sure they are fit to work in the establishment and provide them with opportunities for professional development once they are employed, and
• has made good progress to improve the arrangements for infection control and decontamination since the last inspection.

What the service could do better
We did find that improvement is needed in the following areas to:

• Improving consultant biographies on the website with up-to-date information to help patients make a choice about using their services.
• Making sure staff are completing venous thromboembolism (VTE) risk assessments accurately, carrying out treatment or care required and recording this treatment or care correctly.
• Making sure two or more sources of information are used to obtain an up to date and accurate medication list for each patient.

• Developing a participation policy to ensure patient and relatives can give feedback and that this is used to improve the service.

This inspection resulted in one requirement and three recommendations. The requirement is linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirement and recommendations.

BMI Healthcare Limited, the provider, must address the requirement and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Albyn Hospital for their assistance during the inspection.
Progress since our last inspection

What the provider has done to meet the requirements we made at our last inspection on 20–21 January and 5 February 2014

Requirement

The provider must identify all clinical hand wash basins and assess them based on current guidance. The clinical hand wash basins that are not compliant with current standards should be upgraded in line with a risk-based plan that takes into account both the use of the basin and its design.

Action taken

We saw a survey of the clinical hand wash basins has been completed and in excess of 70 hand wash basins have been identified that are not compliant with current standards. A replacement plan for these was in place and the 27 units rated at high risk will be prioritised. More detailed replacement plans for the medium and low risk hand wash basins will be developed in due course. This requirement is met.

Requirement

The provider must ensure that the endoscopy decontamination process is undertaken safely. To do this, the provider must:

(a) ensure the quality of water used in the endoscopy decontamination process is within the correct parameters
(b) undertake a full review of the endoscopy decontamination room and make any necessary changes to the physical environment, and
(c) undertake a challenge test of the traceability system to ensure it is possible to identify every person a particular endoscope has been used.

Action taken

We saw a lot of work had been completed to improve the arrangements for the decontamination of endoscopes. The washer disinfector manufacturer, the endoscope manufacturer and the water testing company all confirmed that the quality of water meets the requirements for effective decontamination. A number of improvements have been made to the environment of the decontamination room which has led to improved process flow and easier cleaning. Records were available for the challenge testing that has been completed on the endoscope traceability system. This requirement is met.

Requirement

The provider must ensure that all staff are aware of the correct products and procedure for cleaning up spillages of body fluids. This is to make sure that the risk of cross contamination from cleaning is minimised.

Action taken

We saw an appropriate chlorine-based cleaning agent was available in all departments. Although, during the inspection there were no opportunities to observe staff cleaning up spillages of blood or body fluids, staff were able to locate the cleaning product and describe how to use it correctly. This requirement is met.
Requirement

The provider must review the waste management policies and ensure that there is clear guidance for staff in line with current Scottish legislation. Practice throughout the hospital must reflect the revised guidance.

Action taken

We saw the waste management policy now reflects Scottish legislation. We also saw practice has improved and the correct type and colour of waste containers are now in use across the hospital. This requirement is met.

Requirement

The provider must ensure, having regard to the size and nature of the service, and the number and needs of service users, that:

a) there is a planned and co-ordinated approach to staff training in the service, and
b) each person employed in the provision of independent healthcare service receives education and training appropriate to the work they are to perform.

Action taken

The hospital uses a system called BMI Learn to manage and deliver training. Each member of staff has a profile within BMI Learn which sets out the training requirements for them, based on their role in the organisation. We saw records from BMI Learn that show an improved performance. At the time of the inspection, nearly 90% of staff had completed the training required by their BMI Learn profiles on time. Where staff had been unable to complete training on time, this had been identified by the management. We saw the plans that were in place to allow them to catch up. A new hospital-wide approach to arranging and booking face to face training sessions has also been developed, making it easier for staff to complete their training requirements. This requirement is met.

What the service has done to meet the recommendations we made at our last inspection on 20–21 January and 5 February 2014

Recommendation a

The service should review the areas in the hospital where confidential patient information may be discussed and take steps to ensure that these discussions take place in a private area.

Action taken

The service has reviewed its practice and some changes have been made. In particular, the hand over between the ward team and the surgical team now takes place in the patient’s bed room or in the anaesthetic room. In addition, we did not overhear any conversations taking place about patients or their conditions in public areas. This recommendation is met.
Recommendation b

The service should implement a system to periodically assess the competency of staff who administer medication.

Action taken
All registered nurses have undertaken medication training. This includes a range of competencies to be demonstrated and a period of supervised practice completed every year to make sure expertise is maintained. This recommendation is met.

Recommendation c

The service should ensure that staff record the number of swabs, needles and instruments used during the operation immediately.

Action taken
The service has provided staff with further education in the importance of immediately recording swab, needles and instrument counts. This recommendation is met.

Recommendation d

The service should undertake a systematic review of the substances in use that present a hazard to health. This will ensure that up-to-date product safety data sheets are available and adequate risk assessments have been undertaken.

Action taken
The service has reviewed and updated staff information about substances hazardous to health which is filed in a yellow folder so is easy to identify. It is the responsibility of each department to make sure that the folder is kept up to date. When we spoke with staff they were aware of the folders and how to find them. This recommendation is met.

Recommendation

The service should identify a room near the theatre suite that can be used to store rarely used equipment. This will reduce clutter in the theatre corridor and reduce the risk of damage to the equipment.

Action taken
Although no additional space is available, the theatre area is now tidier and less cluttered through more active housekeeping. We were told that a more planned approach is taken with regard to equipment that has to be supplied from outside the hospital. This has reduced the number of transit cases that have to be stored. This recommendation is met.

Recommendation

The service should clearly define the theatre suite and require all staff to change into clean protective clothing before entering the area.

Action taken
We saw a plan of the theatre department has been drawn up and is displayed showing areas which are restricted, semi-restricted and unrestricted. This makes it easier for all staff and
visitors to understand the areas of the hospital that can only be accessed, after they have changed into clean protective clothing. This recommendation is met.

Recommendation

The service should install protective panelling to the doors, walls and corner guards in the theatre corridor. This will protect the fabric of the building and reduce the burden of redecoration.

Action Taken

A plan was in place for the refurbishment of the theatre area. In particular, arrangements were in place to replace the damaged doors off the theatre corridor, this is due to take place in January 2015. This recommendation is met.

Recommendation

The service should not use commodes in a wet environment. If it is necessary to use them in a wet environment, then staff must be fully aware of the correct method of cleaning and drying the equipment.

Action taken

The service told us that commodes are no longer used as shower chairs and chairs specifically designed for this purpose are now available. Staff are aware of the correct method for cleaning a commode. At the time of the inspection, all the commodes we inspected were clean. This recommendation is met.

Recommendation

The service should provide more protected time for the infection control coordinator to undertake infection prevention and control duties.

Action taken

The time available for the infection control co-ordinator has been increased from 8 hours a week to 16 hours a week. This recommendation is met.

Recommendation

The service should ensure that all audits are completed within the timeframe set out in the audit calendar.

Action taken

This inspection has taken place in the same audit year as our last inspection. From a review of the corporate audit tracker for Albyn Hospital, we could see that the hospital inspection in January and February 2014 performance has improved both in ensuring that audits are completed on schedule and in outcome of the audits. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.2

We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 5 - Very good

A wide variety of information is available for people who use or are planning to use this service. The corporate information is published in paper format as well as on the BMI Healthcare website. It is easy for people who are using or planning to use the service to find out about:

- the hospital
- the services
- treatments offered
- the associated costs, and
- what to expect if people choose to take the treatment.

The BMI Healthcare website is easy to navigate and contains specific information on Albyn Hospital, including the services offered and the consultants who work there. The website also contains lots of general information on particular specialties and procedures, such as cosmetic surgery and orthopaedic surgery. Estimates are available on the total costs of various procedures. There is also information about how to get a quote for an individual’s particular circumstances and how to pay for the treatment either, through self pay arrangements or through health insurance.

Patients are provided with specific information relevant to their circumstance as part of the pre-admission and admission process. This includes both verbal and printed information on the treatments they have been admitted for and, if appropriate, information on the types of anaesthetic available.

During the inspection, we spoke with some patients and they all reported that they had received adequate and useful information before their admission to the hospital. We saw information leaflets which were available in a number of areas around the hospital, such as:

- the reception waiting area
- the patient bedrooms
- the consulting rooms, and
- the treatment room.

There are also video screens in the waiting areas that display information about Albyn Hospital and the wider BMI Healthcare group.
Area for improvement

We reviewed the information on the website for three of the consultants who have practising privileges at Albyn Hospital. The first profile had comprehensive information about the consultant, their experience and expertise. The second profile had some information which gave an appreciation for their field of professional practice. The final profile had no information other than their name and their broad specialty. The amount of information contained in the consultant profiles should be consistent and contain a minimum amount of information that allows prospective patients to make an informed choice about which consultant they would like to see (see recommendation a).

- No requirements.

Recommendation a

- We recommend that the service should regularly review the consultant biographies on the hospital website. This will ensure that the details held are correct and there is sufficient information to allow patients to make a choice about using their services.

Quality Statement 0.3

We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 5 - Very good

People who are using the service are provided with specific information relevant to their circumstances. This information is given as part of the pre-admission and admission process. This includes detailed information on the treatments they have been admitted for and, if appropriate, information on the types of anaesthetic available. Albyn Hospital holds a subscription with an external company that allows them to print off information leaflets for all the surgical procedures and treatments they offer. These leaflets are designed to make sure that the patient is fully informed about the procedure they are planning to undergo before giving consent. During the inspection, we spoke with some of the people using the service. They told us they had been given full explanations of their care and felt comfortable to ask questions or raise concerns about their care and treatments, should they wish to do so.

We saw evidence of an up-to-date consent policy and a comprehensive consent form. This form included the proposed procedure to be carried out, any additional procedures which may be required and the intended benefits and risks. The form had areas:

- for the health professional to sign and agree that the patient has capacity to give consent
- for an interpreter or communicator to sign
- for the patient to sign,
- for discussion and consent to be given for blood transfusion if required.

We checked three patient consent forms and saw that they were filled out correctly.

Area for improvement

Although a BMI hospital group Scottish policy on consent has been developed this is still to be fully implemented.
Quality Theme 1 – Quality of care and support

Quality Statement 1.2

We ensure that the care, support and treatment received by service users across all aspects of our service provision, is supported by evidence-based practice and up-to-date policies and procedures. These reflect current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 5 - Very good

We saw that policies and procedures were created and updated at a corporate level in conjunction with best practice guidelines, and standard operating procedures (SOPs) were created at a local level to reflect this. The service showed us the processes they had in place to ensure staff awareness of updated policies and procedures. These included email notification, staff noticeboards, staff meetings, and read and sign systems. We saw that policies were reviewed regularly to ensure that national guidelines and standards are used to underpin practice.

We saw environmental risk assessments were in place in areas such as imaging and theatres. We also saw role-specific risk assessments which adhered to national guidelines and standards to ensure staff and patient safety.

We saw that patient individual risk assessments were available and in use such as, food and nutrition, the risk of falling, the risk of pressure ulcers and a venous thromboembolism (VTE) risk assessment. VTE is a condition where a blood clot forms in a vein. We saw that the service used a Surgical Checklist and Surgical Pause as recommended by the World Health Organization (WHO) guidelines called Safe Surgery Saves Lives (2009) to ensure patient safety during surgery.

We saw that the Control of Substances Hazardous to Health (COSHH) folders were available with up-to-date information and staff confirmed they had received training relevant to their role.

Areas for improvement

Some documents referred to English based guidelines such as National Institute for Health and Care Excellence (NICE) rather than the Scottish Intercollegiate Guidelines Network (SIGN). As BMI hospital Healthcare is an English based organisation, senior staff acknowledged this and they are in the process of seeking solutions. Although there was some awareness among staff of antibiotic prophylaxis for surgical procedures, this could be improved.

On examination of patient care records, we found that some VTE risk assessments were incorrectly completed, while others that were assessed as high risk proved difficult to determine the type of treatment and care given. In discussion with staff, it became clear that they were not fully aware of the SIGN guidelines relating to VTE. Although the risk assessment was quite comprehensive, there was no guidance given for treatment options to be used (see requirement 1).


14
Requirement 1 – Timescale: by 14 March 2015

- The provider must ensure that all staff accurately complete the patient care record following every consultation or examination to include:
  a) the outcome of the examination or consultation
  b) details of every treatment provided to the service user
  c) the date and time, and
  d) the name of the person responsible for providing the treatment.

- No recommendations.

Quality Statement 1.4

We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 5 - Very good

The service has a medicines management governance group that is chaired by the pharmacist. The group meets every 2 months. We saw evidence of:

- medicines management policies
- medication error reporting systems, and
- a rolling programme of audits, including controlled drugs, medicines management and missed doses.

Any areas for improvement identified in the audit will generate an action plan. Action plans are discussed by the medicines management governance group. The group will only sign off the action plan when they are satisfied the necessary improvements have been made.

The pharmacist in the service has an overview of the prescribing practices and checks prescriptions to ensure medicines have been prescribed appropriately.

We looked at five prescription sheets during the inspection. We found that all the prescriptions had:

- the person’s name and date of birth clearly written
- been signed by the prescriber
- the name of the medicine to be given written legibly, and
- the route identified, for example to be given by mouth or injection.

We also looked at the prescription recording sheets that corresponded to these prescriptions. These had all been fully completed.

The pharmacist counsels patients on using discharge medication and in their absence, a trained member of the nursing team takes on this role.
All registered nurses have undertaken medication training which includes competencies to be completed. They also undertake a period of supervised practice which is completed once a year to ensure their continued expertise.

The service had an inspection by the Home Office in October, in relation to, the management of controlled drugs. This did not highlight any significant issues that need to be addressed. Occasionally, a patient may bring medication into the hospital that is needed during the day. The medication record has an area to record details of the type and amount of medication brought in by the patient. The pharmacist was able to explain how the medication would be checked to make sure it was suitable for use in line with the medicines management policies.

**Area for improvement**

Although there were systems in place for patients to bring in their own medications, there was no formal process of medicines reconciliation. Medicines reconciliation is a key step to ensuring that patients are prescribed the correct medicines, in the correct doses appropriate to their current clinical presentation and that avoidable harm from medicines is reduced. Medicines Reconciliation guidance was issued by the Scottish Government in September 2013 (SGHD/CMO(2013/18). The service should adopt systems and processes to ensure medicines reconciliation is undertaken and monitored (see recommendation b).

- No requirements.

**Recommendation b**

- We recommend that the service should develop and implement a policy clearly outlining the medicines reconciliation process; including roles and responsibilities of key professions in medicines reconciliation. The policy should state that two or more sources of information, one of which should be the patient and carer and their own medicines supply, are to be used on admission to obtain an up to date and accurate medication list for each patient. This should be recorded in the patient care record.

**Quality Theme 2 – Quality of environment**

**Quality Statement 2.1**

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

**Grade awarded for this statement: 5 - Very good**

The hospital uses a short comment card and a more detailed inpatient questionnaire to seek views from patients about their experiences of using their services. The comment card asks for a view on recent experiences. The inpatient questionnaire is much longer and asks detailed questions about all aspects of an inpatient stay.

In relation to the hospital environment, the questionnaire gives patients the opportunity to comment on the quality of:

- internal way finding signs
- bathrooms
- bedrooms
- cleaning, and
• food and the menu.

For each of these areas, patients can grade the quality on a five-point scale from excellent to poor. There is also space available to comment on how the accommodation and catering could be improved.

In discussion with the hospital management, it was apparent that they take comments from patients seriously and respond to them where possible. For example, ear plugs are now provided in every bedroom, as feedback from some patients identified that the hospital environment can be unavoidably noisy at night or other times when patients are trying to rest.

In addition to questions about the environment, the inpatient questionnaire gives patients the opportunity to comment on:

• the pre-admission process
• arrival at the hospital
• the consultants
• the nursing care
• the effectiveness of pain management
• involvement in and the general experience of care, and
• the discharge process.

In addition to these questionnaires, the hospital has developed and recently implemented an informal concerns log as another route to receive and act on patient feedback. This is designed to provide the hospital with a more immediate way to receive and respond to comments and concerns raised by patients.

The hospital has started to run a focus group for patients using the oncology department. This is a forum for many discussions, including an opportunity for the hospital to seek views from this group of patients on the environment and any other aspect of the service.

The hospital receives a monthly report on the analysis of the completed inpatient questionnaires which allows them to monitor performance and identify key areas of improvement. An information poster is displayed in the ward area that shows the performance of the hospital based on the returned inpatient questionnaires.

■ No requirements.
■ No recommendations.

Quality Statement 2.4

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 5 - Very good

In the areas of the hospital we inspected, the standard of general cleaning was good. A documented system is in place which identifies the cleaning required and allows for it to be
recorded. We saw housekeeping checklists used for cleaning patient bedrooms. Once the checklist has been completed, it is filed in the patient’s care record.

The hospital has an infection control co-ordinator and their role includes supporting staff and audit activity. A regional infection control adviser also provides support and input as required. Since the last inspection, the hospital has increased the time it has designated for infection prevention and control activity from 8 hours a week to 16 hours a week. An infection control committee meets every 3 months to oversee infection control work across the hospital. Surveillance data for surgical site infections are collected and submitted to Health Protection Scotland as well as the corporate infection control team.

There is an annual BMI Healthcare corporate work plan for infection prevention and control. This is split into work that should be completed every 3 months. The infection control co-ordinator for Albyn Hospital then splits this down further into the tasks that need to be completed each month and adds in other site-specific work that is required.

The infection control co-ordinator is taking the lead on implementing a number of Health Protection Scotland care bundles throughout the hospital, to help improve care and performance. These cover areas of practice such as preventing surgical site infections, improving care of venous catheters, hand hygiene and reducing catheter- associated urinary tract infections.

There is a wide programme of ongoing audit. The Infection Control Society quality improvement tools are used to audit inpatient and outpatient areas, theatre asepsis technique, general theatre areas and standard infection control precautions. Housekeeping standards are audited regularly, the last being 2 November 2014. There is also a programme of audits to measure implementation of the care bundles. We saw actions plans were developed as a result of each audit to address the areas for improvement. We also saw that these action plans have been through a number of revisions as actions were completed or updated with progress.

There is an up-to-date infection control manual available in all departments. This is a hard copy version of the documents available on the BMI Healthcare intranet. The manual contains policy and guidance for staff on topics such as:

- hand hygiene
- meticillin-resistant staphylococcus aureusis (MRSA)
- sharps injuries
- linen
- blood cultures, and
- decontaminating reusable equipment.

Flexible endoscopes are used by doctors to look inside people using a small camera. Flexible endoscopes need to be properly cleaned after use before they are used again. In Albyn Hospital, flexible endoscopes are decontaminated in a small room within the theatre suite. The decontamination room has:

- a set-down area for contaminated endoscopes
- an automatic leak test and channel flushing unit
- a sink for leak testing and manual cleaning of endoscopes
- a sink for rinsing endoscopes
• a set-down area for rinsed endoscopes
• an automatic endoscope washer disinfector (with thermal self-disinfection), fed with filtered mains water only
• a clinical hand wash basin, and
• a clinical waste bin.

There is a high efficiency particulate air (HEPA) endoscope storage cabinet in the theatre next door. This provides up to 72 hours of storage for clean and disinfected endoscopes. There is also a transportation system for endoscopes. This system uses trays with colour coded covers (green for clean and red for contaminated). These trays are used for moving the endoscopes between rooms and the endoscope storage cabinet. The trays are cleaned with detergent disinfectant wipes.

It is important that a system is in place to track endoscopes to make sure they have been through the decontamination process properly. Both the endoscope washer disinfector and the storage cabinet in Albyn Hospital have the facility for electronic tracking and monitoring. The endoscope washer disinfector prints out a small certificate confirming that each endoscope has been through the correct cleaning process. The certificate is attached to both the theatre records and the patient care record. Records were available to show that the endoscope washer disinfector had been installed correctly and was operating correctly at the time of installation.

There is a manual traceability system in place. If a problem is identified with a particular endoscope, the system is designed to trace all patients connected to that endoscope.

One of the main risks during the decontamination process is cross-contamination between clean and contaminated endoscopes. The decontamination process at Albyn Hospital only allows for one or two endoscopes to be cleaned and decontaminated at any one time. This means that the probability of a contaminated endoscope and a clean endoscope being cleaned at the same time is low. Since the last inspection, work has been done to improve the process flow, within the limited space available. The hand wash basin has been replaced and relocated. The compressor unit associated with the endoscope drying cabinet has been taken out of the decontamination room and relocated in the hospital plant room.

All other surgical instruments are decontaminated and sterilised at an off-site facility.

During the inspection, we saw the management of clean and dirty linen was good, as well as the management of sharps waste. Staff carry out mattress audits and there were associated actions plans available.

**Area for improvement**

Work has just begun on calculating the compliance rate from the results of the care bundle implementation audits. These data will be useful in measuring the level of implementation over time and give some insight as to where support may be required. This work should continue and we will follow it up at the next inspection.

- No requirements.
- No recommendations.
Quality Theme 3 – Quality of staffing

Quality Statement 3.1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Grade awarded for this statement: 5 - Very good
We found the service had very good systems in place to involve people who use the service in assessing and improving the quality of care and support provided by the service. We saw that hospital staff actively sought and listened to the views of people who use the service and valued their opinions. When we spoke to people who were using the service they confirmed this.

Throughout the hospital, we found questionnaires that people who use the service could complete to give feedback on their experience; this included an area to comment on staff. We saw that these were reviewed and results of feedback displayed throughout the hospital. All patients we spoke with said they were treated with dignity and respect at all times. A complaints policy was in place and information about how to make a complaint was available. Leaflets encouraged people to give their comments. We found that the system to record and investigate complaints or concerns had been improved recently, with a concerns log to ensure initial concerns or complaints were immediately dealt with. Any complaints against staff were taken seriously, with the member of staff spoken to, supported and learning needs identified if required and an action plan put into place.

The oncology nurse has recently started a small group with some patients attending the oncology service. This is a forum for many discussions, including an opportunity for the hospital to seek views from this group of patients on the staffing and any other aspect of the service.

Area for improvement
There was no formal policy on how to obtain feedback from patients and how to respond to it. The development of a formal policy could outline this activity clearly and benchmark expectations so that it can be measured for effectiveness (see recommendation c).

- No requirements.

Recommendation c
- We recommend that the service should develop a formal patient and relative’s participation policy.
Quality Statement 3.3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Grade awarded for this statement: 5 - Very good

Albyn Hospital has access to the corporate BMI Healthcare computer-based training system, BMI Learn. This system sets out all the mandatory training for employees based on their role in the hospital and involves elements of online and face to face training. Mandatory training includes:

- adult basic life support
- fire safety
- infection prevention and control
- moving and handling, and
- equality and diversity.

The system also monitors when a particular module was last completed and reminds staff and managers when refresher training is due.

BMI Learn also supports staff development. In addition to the mandatory modules, staff can apply, through their line manager, to have any module in the system added to their profile for them to complete as part of their continuing professional development (CPD). This can also be used in preparation for applying for a new or more senior role in the organisation. There is also a facility to record any CPD training that has been completed outwith the BMI Learn system; this gives the hospital comprehensive development records for each employee. Annual appraisals are able to be carried out to monitor staff performance. Staff also undertake further responsibility for specific areas such as infection control and blood transfusion where they:

- provide help for staff
- act as a resource and organise, and
- provide practical training sessions to complement online modules.

The electronic system provides management with an annual overview of the training completed, and how much has still to be commenced. This is a useful tool to help make sure all staff complete the training required within timeframes. This was being monitored at both a corporate and local level.

We saw an induction programme was in place with a period of probation for new staff. Nurses and allied health professionals registrations were checked and recorded using on line verification systems where possible and a system was in place to check these every year.

We saw teaching is a standing item on the agenda of the physiotherapy team meetings. They arrange learning sessions every month on a range of topics relevant to their work, such as case reviews or journal reviews. This is a good example of peer learning and support.

We looked at the files of three doctors who had been given practising privileges in the service, doctors who work in the service and are not employed directly by the provider but are given permission to work there. We saw that the doctors’ files had:
• a self-declaration of fitness to practise
• evidence of registration with the General Medical Council
• an application form
• two references with evidence of past experience, and
• evidence of up-to-date appraisal and revalidation.

The staff we spoke with during the inspection spoke positively about working in the service. They felt they were well supported and that people worked well together across the different teams. Staff we spoke with were all aware of the whistle blowing policy and spoke of being comfortable to raise concerns, should they have any.

Area for improvement

Although the service has a much more planned and co-ordinated approach to staff training, they are aware, this is work in progress to make sure that there is more face to face practical learning for all staff groups, including more peer support learning. This will also ensure all staff groups have annual appraisals in line with BMI Healthcare corporate policy.

■ No requirements.
■ No recommendations.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.2

We involve our workforce in determining the direction and future objectives of the service.

Grade awarded for this statement: 5 – Very good

There is currently a BMI Healthcare-wide programme which is looking at ways to improve efficiency and effectiveness across all departments. This has been split into a number of workstreams such as:

• purchasing
• clinical outsourcing
• labour management, and
• decontamination.

There is a large participation element to this work at both local and national level which allows staff views to be included. Albyn hospital staff had the opportunity to participate in the electing of the staff representatives to the project.

In addition to the national work, management arrange local monthly meetings. These allow two-way communication about the project.

With the introduction of the Reform project, the focus on local ‘BMI Say’ arrangements has reduced. The last ‘BMI Say’ employee survey showed a general improvement in the overall views of staff.
The heads of department hold numerous team meetings, which allow two-way communication between management and staff. As an example, the director of nursing holds a regular meeting with the ward sisters and a meeting for all nursing staff.

A lot of company and hospital information is displayed on the noticeboards near the staff restaurant. This alerts staff to news and changes within BMI Healthcare and staff can raise any concerns with management. BMI Healthcare produces a newsletter, which is distributed to all staff at Albyn Hospital to inform them of how the organisation is moving forward.

- No requirements.
- No recommendations.

### Quality Statement 4.4

**We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.**

**Grade awarded for this statement: 5 - Very good**

We found the service had quality assurance systems in place. The quality assurance structure is made up of:

- a medical advisory committee
- a clinical governance group
- an operational management team
- a finance and marketing group
- an infection control meeting, and
- a policies and procedures working group.

We looked at the minutes from the medical advisory committee, clinical governance group and operational management team meetings. We saw they discussed issues such as:

- infection control
- clinical incidents, and
- pharmacy audits.

The minutes clearly identified any necessary actions, who was responsible for the action and the date when it should be completed by. We saw that actions from previous meetings had been discussed. We saw there was a clear hierarchy to the meetings with the operational meetings feeding into the clinical governance group and then up to the medical advisory committee.

The service also carries out a range of audits, including:

- medical records
- infection control, and
- health and safety.
This inspection has taken place in the same audit year as our last inspection. From a review of the corporate audit tracker for Albyn Hospital, we could see that the hospital inspection in January and February 2014 performance has improved both in ensuring that audits are completed on schedule and in outcome of the audits.

The service has a complaints log that details all the complaints received. The complaints log shows:

- the details of the complaint
- the outcome of the complaint, and
- whether it was resolved satisfactorily.

**Area for improvement**

It is important that a service investigates complaints and keeps a record of the outcome. This allows the service to identify any areas where the quality of the service could be improved. The new informal concerns log provides a more immediate way to respond to comments and concerns. These are documented along with any actions taken. It is hoped that this process can reduce the number of issues and concerns that become formal complaints.

- No requirements.
- No recommendations.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement**: A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation**: A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

<table>
<thead>
<tr>
<th>Quality Statement 0.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

**Recommendation**

We recommend that the service should:

a Regularly review the consultant biographies on the hospital website. This will ensure that the details held are correct and there is sufficient information to allow patients to make a choice about using their services (see page 13).

National Care Standards – Independent Hospitals (Standard 1.2 – Before you come for your outpatient appointment)

<table>
<thead>
<tr>
<th>Quality Statement 1.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement</td>
</tr>
<tr>
<td>The provider must:</td>
</tr>
</tbody>
</table>

1 ensure that all staff accurately complete the patient care record following every consultation or examination to include:
   a) the outcome of the examination or consultation
   b) details of every treatment provided to the service user
   c) the date and time, and
   d) the name of the person responsible for providing the treatment (see page 14).

Timescale – by 14 March 2015

- Regulation 4 (2)
  The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
### National Care Standards – Independent Hospitals (Standard 14.5 – Information held about you)

#### Recommendations

None

### Quality Statement 1.4

#### Requirements

None

#### Recommendation

**We recommend that the service should:**

b develop and implement a policy clearly outlining the medicines reconciliation process; including roles and responsibilities of key professions in medicines reconciliation. The policy should state that two or more sources of information, one of which should be the patient and carer and their own medicines supply, are to be used on admission to obtain an up to date and accurate medication list for each patient. This should be recorded in the patient care record (see page 16).

National Care Standards – Independent Hospitals (Standard 20.1 – Medicines management)

### Quality Statement 3.1

#### Requirements

None

#### Recommendation

**We recommend that the service should:**

c should develop a formal patient and relative’s participation policy (see page 20).

National Care Standards – Independent Hospitals (Standard 9.1 and 9.7 – Expressing your views)
## Appendix 2 – Grading history

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Quality of information</th>
<th>Quality of care and support</th>
<th>Quality of environment</th>
<th>Quality of staffing</th>
<th>Quality of management and leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/5/2012</td>
<td>Not assessed</td>
<td>5 – Very good</td>
<td>5 – Very good</td>
<td>Not assessed</td>
<td>Not assessed</td>
</tr>
<tr>
<td>20-21/01/2014 and 5/2/2014</td>
<td>5 – Very good</td>
<td>4 - Good</td>
<td>3 - Adequate</td>
<td>4 - Good</td>
<td>4 - Good</td>
</tr>
</tbody>
</table>
Appendix 3 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service. Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300
Email: hcis.chiefinspector@nhs.net
Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information**: this is how the service looks after information and manages record-keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support**: how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment**: the environment within the service.
- **Quality Theme 3 – Quality of staffing**: the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership**: how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in Appendix 5.

Types of inspections

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 8 weeks after the inspection.

- **Announced inspection**: the service provider will be given at least 4 weeks’ notice of the inspection by letter or email.
- **Unannounced inspection**: the service provider will not be given any advance warning of the inspection.

Grading

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

```
6  excellent
5  very good
4  good
3  adequate
2  weak
1  unsatisfactory
```

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

**Quality Theme 1 – Quality of care and support: 4 - Good**

- Quality Statement 1.1 – 3 - Adequate
- Quality Statement 1.2 – 5 - Very good
- Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/video conference)
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:

Appendix 5 – Inspection process

We follow a number of stages in our inspection process.

**Before inspection**

The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.

We review the self-assessment submission to help inform and prepare for on-site inspections.

**During inspection**

We arrive at the service and undertake physical inspection.

We have discussions with senior staff and/or operational staff, people who use the service and their carers.

We give feedback to the service’s senior staff.

We undertake further inspection of services if significant concern is identified.

**After inspection**

We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.
## Appendix 6 – Terms we use in this report

**Terms and explanation**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>provider</strong></td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<tr>
<td><strong>service</strong></td>
<td>A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.</td>
</tr>
</tbody>
</table>
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.