Inspection Report: Independent Healthcare

Albyn Hospital | BMI Healthcare Limited | Aberdeen
20-21 January and 5 February 2014
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1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

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 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’)
- 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.

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act. 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. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of 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 independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public 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
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Telephone: 0131 623 4300

Email: hcis.chiefinspector@nhs.net
2 Summary of inspection

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. On-site 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 townhouses and purpose built single storey accommodation. All patient bedrooms have en-suite facilities.

We carried out an unannounced inspection to Albyn Hospital on 20 and 21 January 2014 and a further announced inspection on 5 February 2014. This report details our findings from both inspections.

We assessed the service against all five quality themes related to the National Care Standards and inspected the following areas:

- the 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.
The inspection team was made up of two inspectors. Two clinical advisors supported the inspectors to provide specialist advice on theatres and endoscopy decontamination. See Appendix 4 for membership of the inspection team visiting Albyn Hospital.

Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 29):

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

In this inspection, evidence was gathered from various sources. This included the relevant sections of:

- 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
- satisfaction questionnaires, and
- patient care records for four people who use the service.

We had discussions with a variety of people, including:

- the executive director
- the quality and risk manager
- the imaging manager
- senior registered theatre practitioners
- two people who use the service, and
- the hospital services manager.

The inspectors spoke informally with two people who use the service. Each person spoke positively about the care they received and the hospital environment. One in particular stated 'you can’t fault them' in relation to the care they had received.

Overall, we found evidence at Albyn Hospital that:

- good information is available for people who are or plan to use the service and they are able to make suggestions on how to improve it
- systems are in place to ensure that information about the people using the service is kept secure
- good arrangements are place for the management of quality and risk, and
- systems are 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.
We did find that improvement is needed in the following areas, which relate to:

- the arrangements and facilities in place for the decontamination of flexible endoscopes
- providing clarity around the waste management policy and practice
- the arrangements for infection control and improving staff practice, and
- the provision of staff development opportunities in a planned and co-ordinated way.

This inspection resulted in five requirements and 10 recommendations. The requirements are 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 requirements and recommendations.

BMI Healthcare Limited, the provider, must address the requirements 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.
3 Progress since last inspection

What the provider has done to meet the requirements we made at our last inspection on 1 May 2012

Requirement

The provider must ensure that a local rules document is in place for each item of class 4 laser equipment used at Albyn Hospital. The local rules document should align with the guidance contained in MHRA Device Bulletin ‘Guidance on the safe use of lasers, intense light source systems and LEDs in medical, surgical, dental and aesthetic practices DB2008(03).

Action taken

We saw that a comprehensive local rules document had been updated for both items of class 4 laser equipment in use at Albyn Hospital. There are two relevant items of equipment and documents have been specifically drafted for each item. This requirement is met.

Requirement

The provider must ensure that a laser treatment protocol document is produced for each laser treatment provided at Albyn Hospital. The laser treatment protocol should be produced by an identified expert medical practitioner (EMP) with verifiable clinical expertise in laser treatments.

Action taken

We saw that a specific laser treatment protocol was in place for both pieces of equipment. These had been written by appropriate staff and informed by the manufacturers of the equipment. This requirement is met.

Requirement

The provider must ensure that laser treatment operators and laser assisting staff at Albyn Hospital attend ‘core of knowledge’ laser safety training and that a record of attendance is kept.

Action taken

Records are available to demonstrate that laser treatment operators and assisting staff have had the relevant training. This requirement is met.

What the provider has done to meet the recommendation we made at our last inspection on 1 May 2012

Recommendation

We recommend that Albyn Hospital review its system for updating policies at Albyn Hospital to ensure that all documents are up to date. This is to ensure that hospital staff have the most up to date reference information.

Action taken

All of the policies and procedures reviewed as part of this inspection were up to date. A system is now in place to ensure that local policies are reviewed on schedule and also report corporate policies that have not been reviewed as required.
4 Key findings

Quality Theme 0

Quality Statement 0.1

We ensure that service users and carers participate in assessing and improving the quality of information provided by the service.

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. Albyn Hospital also has a number of local leaflets that explain particular services and treatments it offers. It is easy for people who are using or planning to use the service to find out about the hospital, the services and treatments offered, the associated costs and what to expect if you choose to take the treatment.

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. During the inspection, we spoke with some of the people using the service and they all reported that they had received adequate information in advance of their surgery.

The availability of information provided by Albyn Hospital forms part of the internal monthly service standard checklist. The quality of the information is monitored as part of the inpatient questionnaire.

The people who are using the service can comment on the quality and relevance of the information they have been given. They can do this by completing an inpatient questionnaire. The questionnaire asks if an information pack was provided and if it contained all the information that was needed. There is space for comments on how the information can be improved.

- No requirements.

- No recommendations.

Quality Statement 0.4

We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Grade awarded for this statement: 5 - Very good

Albyn Hospital has policies in place which describe their arrangements for information governance management and information security. The hospital registration form explains how the hospital uses information given by users of the service and how it maintains confidentiality. This includes sharing information with insurers and research organisations, such as the cancer registry and the public health laboratory service. There is the option for people who use the service to opt out of some of the information sharing arrangements.
When information is given to a third party about a person using the service, only the necessary information is shared.

During the inspection, we saw that patient confidentiality was maintained in the ward areas through good staff practices. When not in use, patient care records were always stored in a locked box by the patient’s bedroom. As soon as the healthcare records are no longer required in the ward area, they are returned to the secure records store in the administration building.

BMI Healthcare has implemented an electronic records tracking system at Albyn Hospital. This system allows members of staff at the hospital to see where any record is located at any given time. Records are checked out of the main records store and a note is kept of who checked them out, why they have been checked out and the department that is using them at that time. When they are no longer required, they can be checked back into the main records store. During the inspection, we saw that the system was working well.

We checked five staff files and each file had a signed confidentiality clause. This is important as it demonstrates that all staff have been made aware of their responsibilities in respect of confidentiality. These arrangements mean that the service can treat patient information with respect. Only members of staff that are directly involved in patient care have routine access to medical information. Also, systems are in place to manage the sharing of confidential information, if necessary.

Area for improvement

During the inspection, we noted that there was the potential for confidential information to be overheard in:

- the reception area of the MRI suite, and
- the handover area at the entrance to the theatre suite.

We were not assured that staff could maintain a high standard of confidentiality. For example, the receptionist in the MRI suite sometimes has to ask new patients a number of safety questions over the telephone. This involves confirming identity and some questions about medical history. The reception desk is next to the waiting area and people who are waiting for their appointment may overhear the details of the conversation.

In the theatre suite, the handover between the ward team and the theatre team occurs in the lobby to the suite. This is a busy area for staff and visitors to the theatre suite. We saw a number of occasions when people passing through the lobby area may have overheard confidential information about a patient going to theatre (see recommendation a).

- No requirements.

Recommendation a

- We recommend that Albyn Hospital 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.
Quality Theme 1

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 medicine management governance group that is chaired by the pharmacist. The group meets every 8 weeks to discuss:

- incidents associated with medicines
- controlled drug incidents
- new medicines
- changes to any medicine-related guidelines or policies
- drug alerts, and
- medicine-related audits.

The service carry out a range of audits regarding medicines, including:

- controlled drugs
- medicine management, and
- missed doses.

Any areas for improvement identified in the audit will generate an action plan. Action plans are discussed by the medicine management governance group. The group will only sign off the action plan when it is 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.

The service has a system in place to check that nurses are competent to administer controlled drugs. The competency checks include the nurse being able to:

- describe how to maintain the controlled drugs register
- identify the controlled drugs that are used in the service
- describe how to manage the use of controlled drugs in theatre, and
- describe what to do if the stock balance of controlled drugs is incorrect.

The competency check is signed by the assessor to say that they are satisfied the nurse has the necessary knowledge and skills to administer controlled drugs. The nurse signs to confirm they have been given appropriate knowledge and training to allow them to administer controlled drugs.
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 completed fully.

Each theatre has a controlled drugs record book. During the inspection, we saw the record books had been completed legibly. Also, nurses check stock levels twice a day and two nurses record and sign off these checks. When it was appropriate, the entries in the book were signed off by the anaesthetist. All of the controlled drugs books allow for easy and clear recording of discarded drugs.

**Area for improvement**

While we saw that staff competency to administer controlled drugs is assessed, they do not undergo any observation of their practice when they are administering medication. It is good practice to periodically observe staff practice when administering medication to ensure they are doing so safely (see recommendation b).

- No requirements.

**Recommendation b**

- We recommend that Albyn Hospital should implement a system to periodically assess the competency of staff who administer medication.

**Quality Statement 1.6**

We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of service users and staff.

**Grade awarded for this statement: 4 - Good**

Albyn Hospital is using the corporate BMI Healthcare patient care record. These records contain a combined risk assessment. This covers admission assessments, such as food and nutrition, the risk of falling and the risk of pressure ulcers. The format and layout of the assessments was clear, easy to use and read. We reviewed four patient care records and in each case the assessments had been completed fully.

The World Health Organization (WHO) has issued guidelines called *Safe Surgery Saves Lives* (2009). This details best practice for performing surgery in a safe way. One of the recommendations is for staff in the theatre to have a ‘surgical pause’ before they start the surgery. A surgical pause is when staff make a final check that they have the correct patient, the correct equipment and are about to perform the correct procedure before starting the surgery. We went with someone to theatre during an operation and saw that a surgical pause took place involving all the relevant staff.
During surgery, staff in the theatre should count all the swabs, needles and other instruments that are used. This means that they can count them at the end of the surgery to make sure nothing has been left in the patient. We saw that staff did this and used a white board to keep a running total during the operation. This allows staff to make an accurate check when the operation has finished.

A tourniquet was used during the observed operation. A tourniquet is a device used to restrict blood flow to a particular part of the body during an operation. Current national guidance states that the number of times the tourniquet is applied and removed should be announced to the surgical team and noted in the patient care record. We saw that staff followed this guidance.

Albyn hospital uses an electronic system for reporting all incidents, both clinical and non-clinical. For non-clinical incidents, the system records:

- the date of the incident
- who was involved
- the location of the incident
- the people involved and informed
- a description of the incident
- a risk score, and
- other information to help with analysis.

For clinical incidents, the system also records:

- the clinical cause and outcome
- the clinical specialty, and
- the consultant responsible for the patient.

The electronic system can generate reports based on any number of the criteria recorded. For example, a particular department can see the incidents relevant to them. The clinical governance group discusses the clinical and non-clinical incidents.

**Areas for improvement**

Staff in the theatre counted out and counted back all of the swabs, needles and instruments used in the procedure. However, there was a delay between the person responsible for completing the initial count and noting it on the white board. While this did not cause a problem for this procedure, as the number of swabs, needles and instruments used was low, not noting this information immediately could present a risk in more complex procedures where the number used is much higher (see recommendation c).

A considerable amount of work has been undertaken to complete the risk assessments required by the Control of Substances Hazardous to Health (COSHH) regulations. In the theatre department, there were two folders containing risk assessment and product data sheets. However, these documents have not been reviewed recently, with some dated 2002. All of the staff we spoke with were aware of the COSHH assessments and where to find them, but it is important that the information available for them to is up to date (see recommendation d).

- No requirements.
Recommendation c

■ We recommend that Albyn Hospital should ensure that staff record the number of swabs, needles and instruments used during the operation immediately.

Recommendation d

■ We recommend that Albyn Hospital 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.

Quality Theme 2

Quality Statement 2.2

We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 4 - Good

Albyn Hospital has:

- two inpatient wards with 26 en-suite single bedrooms
- a theatre suite with three theatres, two equipped with validated laminar flow ventilation and a recovery area
- a local endoscope decontamination unit
- a high dependency unit with two beds
- a physiotherapy department with gym and pilates room
- an outpatients department
- a GP service and travel clinic, and
- an imaging department with MRI, CAT and X-ray facilities.

Most of the areas we inspected were in good repair. The design and layout was well thought out and supported safe care.

The MRI unit is located in a new, purpose-built extension to the hospital. The unit is self-contained and we saw appropriate safety and security precautions in place.

While the work flow through the theatre suite is logical, it should be noted that the physical size of all three theatres is small. It was apparent during the inspection that staff manage the limited space by only bringing the equipment necessary for the procedure into the theatre.

The recovery area is also very small and it is difficult to accommodate patients from all three theatres at the same time. Disposable curtains were fitted to define the three bays, but manoeuvring beds in and out is very difficult. Staff told us that there are plans to renovate and expand this area. When planning these renovations, consideration should be given to how the flow of patients to and from the area could be improved.
Areas for improvement

We found the majority of clinical hand wash basins in the hospital did not meet current standards. This was of particular concern in high risk areas, such as the anaesthetic rooms and the endoscopy decontamination room. We found clinical hand wash basins:

- had plugs
- had the wrong type of taps, and
- were too small.

When areas of the hospital have been refurbished or upgraded, we saw that the clinical hand wash basins in those areas were compliant. However, there is no current risk-based plan for replacing those basins that are currently not compliant (see requirement 1).

During the inspection, we noted the theatre suite corridors were cluttered. We also noted a general lack of storage facilities. To reduce unnecessary equipment in the theatres during procedures, staff have to move equipment into the corridor areas. Staff told us there were plans to mark out bay areas on the floor and have photographs of equipment on the walls to make it easy to return equipment to the specific storage areas. To improve the area further, we recommend that a new store area is identified near to the theatre suite that can be used for rarely used items of equipment (see recommendation e).

During the inspection, we saw on several occasions staff in the corridor immediately outside the theatres wearing outdoor clothes. On one occasion, a consultant was seen to enter and leave an anaesthetic room without changing into any protective clothing. It is good practice to wear clean protective clothing, such as hair covering and shoes, within the defined theatre suite (see recommendation f).

We saw areas of the theatre corridor that have been damaged when they have been hit by equipment. There was particular damage to doors and door frames. This is not unexpected in a busy theatre suite and it is hard to manage. We were told that redecoration of this area was planned for the weekend following the inspection (see recommendation g).

Requirement 1 – Timescale: by 25 June 2014

- 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.

Recommendation e

- We recommend that Albyn Hospital 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.

Recommendation f

- We recommend that Albyn Hospital should clearly define the theatre suite and require all staff to change into clean protective clothing before entering the area.

Recommendation g

- We recommend that Albyn Hospital 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.
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: 3 - Adequate

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 the recording of the work carried out. We saw housekeeping checklists used for cleaning patient bedrooms. Once the checklist has been completed, it is filed in the patient’s care record.

As mentioned previously, the corridor in the theatre suite is extremely cluttered with equipment. Despite this, we found the equipment was clean. Recommendation e, above would also benefit the domestic cleaning team, by reducing the amount of equipment they have to move to maintain the standard of cleaning.

The hospital has an infection control coordinator. They have 8 hours per week designated for infection prevention and control activity. This includes supporting staff and audit activity. A regional infection control adviser also provides support and input as required. 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.

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, the decontamination of flexible endoscopes is carried out in a small room within the theatre suite. The decontamination room has:

- an improvised 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 a system is in place to track endoscopes to ensure that 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 healthcare record. Records were available to show that
the endoscope washer disinfector has been installed correctly and was operating correctly at
the time of installation. However, we noted the documents were not stored with the
endoscope washer disinfector unit as they should be.

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 scopes 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.

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 all of the mattresses
inspected were in a good condition.

**Areas for improvement**

While the arrangements for the decontamination of endoscopes are adequate, there are
some areas where improvements could be made.

It is important that the quality of the water used in the decontamination process is correct.
We saw that there was some confusion about the quality of water being used in Albyn
Hospital. The tests on the water from the endoscope washer disinfector showed that there
were no concerns with the quality of the water being used. However, we were told a regular
chlorination regime is in place to treat the water as there are problems with the quality of the
water. During the inspection, the service was unable to provide us with test results from the
chlorination process. It is important that the service is aware of the water quality and ensures
it is within the correct parameters (see requirement 2).

The endoscope washer disinfector rinse water also consistently failed the conductivity tests.
This could suggest a number of problems and may potentially be damaging to the
endoscopes. During the inspection, we did not find any evidence of the service taking
appropriate action to investigate and resolve this (see requirement 2).

There were some concerns about the physical environment in the endoscope
decontamination room that should be addressed (see requirement 2). These were:

- the scope set down area is on top of an air compressor unit. This increases the risk of
damage to the air compressor and is difficult to clean properly
- the location of the automatic leak test and channel flushing unit means that there are
  trailing cables and tubing
- no ventilation in the unit, and
- inappropriate storage of items under the sink.

While we saw there was a manual traceability system in place, it had not been tested to
check all the necessary information was recorded. It is important that the service is able to
trace every individual endoscope and every person it has been used on. This will allow the
service to contact the correct patient if a problem is identified with a particular endoscope
(see requirement 2).
The endoscope decontamination room at the hospital is very small. If constructed today, it would not meet current good practice guidance. The provider should consider the following points in relation to the long term development of the decontamination room at Albyn Hospital:

- relocating the endoscope decontamination unit to an area in the hospital where there is more space to arrange the facility in line with Scottish Health Planning Notes (SHPN) 13, Part 3
- if the unit cannot be relocated, creating a pass-through hatch from the theatre to the decontamination room, to further separate the clean and contaminated work flows, and
- installing an electronic traceability system, which is compatible with the system used by the central reprocessing unit, to improve the ability to track and trace equipment and identify where and when it has been used.

Staff should use a chorine-based cleaning product when cleaning body fluids such as blood or faeces. We saw that staff in both the theatres and ward areas were not using the correct products (see requirement 3).

We checked the commodes in the service to make sure they were clean. When we turned one of the commodes upside down, dirty water leaked out from the frame. Staff told us that this commode had been used in a shower. Staff must be able to clean commodes effectively and ensure they are properly dried if they are used in a wet environment such as a shower. This helps with the prevention of infection when commodes are used between different people (see recommendation h).

National guidance is in place which sets out how waste should be managed in a hospital. During the inspection, we looked at the waste management policies for Albyn Hospital. There was some conflicting information in the policies about what colour of waste bag should be used for each type of waste. The waste management and waste streaming arrangements must be reviewed and take into account the requirements of current Scottish legislation (see requirement 4).

We saw that some clinical waste bins in the service were not compliant with current standards, for example some did not have a rigid side (see requirement 4).

While the infection control coordinator has some protected time for infection prevention and control activity, it was clear that there is a lot of work to be done in this area. In order to improve the infection prevention and control support for all staff at Albyn Hospital, additional protected time should be allocated (see recommendation i).

Requirement 2 – Timescale: by 25 June 2014

- 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 endoscope decontamination process is within the correct parameters
  b) undertake a full review of the endoscope 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 for.
Requirement 3 – Timescale: by 7 May 2014

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

Requirement 4 – Timescale: by 25 June 2014

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

Recommendation h

- We recommend that Albyn Hospital 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.

Recommendation i

- We recommend that Albyn Hospital should provide more protected time for the infection control coordinator to undertake infection prevention and control duties.

Quality Theme 3

Quality Statement 3.2

We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 5 - Very good

We looked at five recruitment files chosen at random. The files were in good order and easy to follow. All the files we looked at included:

- role descriptions
- health declaration
- previous convictions declaration
- a note of the number of Protecting Vulnerable Groups (PVG) scheme or Disclosure Scotland
- details of experience and skills, and
- two references.

We also looked at the files of five doctors who had been given practising privileges in the service. Doctors who work in the service are not employed directly by the provider, but are given permission to work there. We saw that the doctor’s files had:

- a self-declaration of fitness to practise
- evidence of registration with the General Medical Council
- an application form
- two references
- evidence of past experience, and
• evidence of up-to-date appraisal.

There is an induction programme in place in the service.

■ No requirements.

■ No recommendations.

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: 4 - Good
We saw that there is a mandatory training programme in place for all staff. Mandatory training includes:

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

The service told us about a programme that aims to develop the skills and experience of radiography staff. The programme takes fourth year students on their final placement and is run in partnership with a local university. Some of these students have then been employed onto the development programme.

If a student has a particular interest, then the service will support them to attend the appropriate training. For example, one member of staff has undertaken a course in mammography and two other staff are due to attend this year. We spoke with a member of staff who has gone through this programme. They spoke highly of the training and support they had received. The service is looking to extend the programme to include physiotherapy staff.

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.

We looked at the minutes from meetings held by the physiotherapists. We saw that teaching is a standing item on the agenda. The physiotherapy team arranges learning sessions every month on a range of topics relevant to their work.

Area for improvement
We saw individual areas in the hospital providing development opportunities for their staff. However, there was no overarching training plan in the service. It is important that the service carries out a training needs analysis and has a training plan that covers staff in all departments (see requirement 5).

While we saw a mandatory training programme was in place, we saw poor uptake of the e-learning modules. For example, only 3% of staff had completed fire safety training and only 5% of staff had completed moving and handling training (see requirement 5).
During the inspection, we saw records for staff training on the decontamination of endoscopes. This was tailored to the specific equipment used at Albyn Hospital. However, there was no formal external competency based training available for staff. Key members of staff should be offered formal training in decontamination (see requirement 5).

Also, we were told that the infection control coordinator had no formal training in infection control. In order that the coordinator can provide appropriate advice and support, their personal development plan should be developed to include some formal training and education on infection control (see requirement 5).

Requirement 5 – Timescale: by 25 June 2014

■ 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 coordinated 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.

■ No recommendations.

Quality Theme 4

Quality Statement 4.2
We involve our workforce in determining the direction and future objectives of the service.

Grade awarded for this statement: 4 - Good

The service has a system called ‘BMI Say’. This is a system that allows staff to engage with senior management. A nominated member of staff from each department meets with senior managers to discuss how the service is running. When we looked at the minutes from one of the ‘BMI Say’ meetings, we saw that staff and management discussed issues such as:

- phone systems
- appointment letters
- staff training, and
- staff forums and staffing levels.

Staff we spoke with during the inspection knew about ‘BMI Say’ and knew who their team representative was.

We also saw that the executive director held staff forums in November 2013. The staff forum allows staff to feedback on the organisation’s objectives for the coming year. We noted that the forums were held at different times in the day to allow staff from different shifts to attend.

The organisation that runs the service produces a newsletter. This is distributed to all staff at Albyn Hospital to inform them of how the organisation is moving forward.

During the inspection, we saw examples of staff in physiotherapy and imaging departments taking the lead in making improvements and changes to the service.
Area for improvement

We were told about recent changes in the service to nursing leadership. At the time of the inspection, there was no director of nursing in place. Since the inspection, this post has now been filled and the person has taken up post. We will follow up at future inspections to ensure that nurses within the service are being provided with adequate leadership and they are able to engage with the senior managers in a productive way.

- 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: 4 - Good

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

- an operational management team
- a finance and marketing group
- a clinical governance group
- a medical advisory committee
- 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 and when they should be completed by. We saw that actions from previous meetings had been discussed.

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

- medical records
- infection control, and
- health and safety.

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.

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.

Area for improvement
While we saw that there was an audit system in place, we saw that not all audits had been completed within the identified timeframes (see recommendation j).

■ No requirements.

Recommendation j
■ We recommend that Albyn Hospital should ensure that all audits are completed within the timeframe set out in the audit calendar.
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.

### Quality Statement 0.4

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**Recommendation**

We recommend that Albyn Hospital should:

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<td>a</td>
<td>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.</td>
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### Quality Statement 1.4

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**Recommendation**

We recommend that Albyn Hospital should:

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<td>b</td>
<td>implement a system to periodically assess the competency of staff who administer medication.</td>
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### Quality Statement 1.6

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**Recommendations**

We recommend that Albyn Hospital should:

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<td>c</td>
<td>ensure that staff record the number of swabs, needles and instruments used during the operation immediately.</td>
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<td>d</td>
<td>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.</td>
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25
## Quality Statement 2.2

### Requirement

The provider must:

1. 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.

   **Timescale – by 25 June 2014**

   *Regulation – 10 (2) (c) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   National Care Standard 15 — Your Environment

### Recommendations

We recommend that Albyn Hospital should:

- e. 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.

- f. Clearly define the theatre suite and require all staff to change into clean protective clothing before entering the area.

- g. 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.

## Quality Statement 2.4

### Requirements

The provider must:

2. 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 for.

   **Timescale – by 25 June 2014**

   *Regulation 3 (d) (ii) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   National Care Standard 13 – Prevention of Infection
3. make sure that all staff are aware of the correct products and procedure for cleaning up spillages of body fluids. This is to ensure that the risk of cross contamination from cleaning is minimised.

Timescale – by 7 May 2014

Regulation – 3 (d) (i) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

National Care Standard – 13 – Prevention of Infection

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

Timescale – by 25 June 2014

Regulation 3 (d) (iii) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

We recommend that Albyn Hospital 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.

- provide more protected time for the infection control coordinator to undertake infection prevention and control duties.

Quality Statement 3.3

Requirement

The provider must:

5. 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 coordinated approach to staff training in the service, and
   b) each person employed in the provision of independent health care service receives education and training appropriate to the work they are to perform.

Timescale – by 25 June 2014

Regulation 12 (c) (iii) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

National Care Standard 10 – Staff

Recommendation

None
<table>
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**Recommendation**

We recommend that Albyn Hospital should:

j ensure that all audits are completed within the timeframe set out in the audit calendar.
Appendix 2 – Inspection process

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 the flow chart in Appendix 3.

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:

- **Excellent**
- **Very good**
- **Good**
- **Adequate**
- **Weak**
- **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 service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection  
- a targeted announced or unannounced inspection looking at specific areas of concern  
- an on-site meeting  
- a meeting by 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 an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 3 – Inspection process flow chart

How we inspect hospitals and services:
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

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 4 – Details of inspection

The inspection to Albyn Hospital was conducted on Monday 20 and Tuesday 21 January and Wednesday 5 February 2014.

The inspection team consisted of the following members:

**Kevin Freeman-Ferguson**  
Senior Inspector

**Gareth Marr**  
Inspector

Supported by

**Orlagh Sheils**  
Project Officer

Clinical advisors

**Catherine Boylan**  
Theatre Nurse, Golden Jubilee National Hospital

**Gillian Ellis-Pow**  
Lead for decontamination, NHS Lothian
Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk
We can also provide this information:

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