Unannounced Inspection Report: Independent Healthcare

Nuffield Hospital - Glasgow
Nuffield Health, Glasgow

8–9 August 2018
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1 About our independent healthcare inspections

Our approach

Healthcare Improvement Scotland has a statutory responsibility to provide public assurance about the quality and safety of healthcare through its inspection and review activity.

The quality of care approach and the quality framework together allows us to provide external assurance of the quality of healthcare provided in Scotland.

- **The quality of care approach** brings a consistency to our quality assurance activity by basing all of our inspections and reviews on a set of fundamental principles and a common quality framework.

- **Our quality of care framework** has been aligned to the Scottish Government’s *Health and Social Care Standards: My support, my life* (June 2017). These standards apply to the NHS, as well as independent services registered with Healthcare Improvement Scotland and the Care Inspectorate. They set out what anyone should expect when using health, social care or social work services.

- The framework has areas of focus called domains. Each domain has a number of quality indicators. These cover all aspects of a service’s work to improve the quality of care provided for all users of services.

How we inspect independent healthcare services

The focus of our inspections is to ensure each service is person-centered, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services (see table of inspection grades in Section 2). However, depending on the scope and nature of the service, we may look at additional quality indicators.

What we look at

We want to find out:

- what key outcomes the service has achieved and how well the service meets people’s needs
- how well the service is delivered and managed
- if the service is safe, and
- how well the service is led.
Independent healthcare services also submit an annual return and self-evaluation to us. We use this information and our service risk assessment to determine the risk level of the service. This also helps us to decide the frequency of inspection and which additional domains and quality indicators we will inspect.

After our inspections, we publish a report on how well a service is performing against the domains and quality indicators.

More information about the quality framework and quality of care approach can be found on our website: 
2 A summary of our inspection

About the service we inspected

Nuffield Health Hospital - Glasgow is registered with Healthcare Improvement Scotland as an independent hospital providing care and treatment to children and adults. The hospital is part of the UK-wide not for profit healthcare provider Nuffield Health. The service provides a wide range of surgical, ophthalmic, diagnostic, cosmetic, therapeutic and medical services. Patients between the ages of 1–15 years are seen on an outpatient basis for consultations and examinations.

About our inspection

We carried out an unannounced inspection to Nuffield Hospital - Glasgow on Wednesday 8 and Thursday 9 August 2018. We spoke with a number of staff and patients during the inspection.

The inspection team was made up of two inspectors and a public partner. 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. Another inspector joined the team on the second day of the inspection as an observer.

What we found

What the service did well

Feedback from patients showed they were happy with the care and the service provided to them with enough information to make informed choices. The hospital environment and all equipment we looked at was clean and well maintained. Infection prevention and control policies were being followed.

We saw that incidents were investigated, feedback was given to staff and patients where relevant and learning from incidents was actioned. There was evidence that effective multidisciplinary working took place with informative staff handovers.

The provider had a comprehensive induction package for new nursing staff and all staff had performance appraisals and agreed objectives.

What the service needs to improve

The provider must ensure that all patient information is recorded in a timely manner in a single patient care record and that records are fully completed.
The service should look to improve the storage of large items in the theatre area and develop cleaning schedules in line with guidance in Health Protection Scotland’s *National Infection Prevention and Control Manual*.

The service should keep copies of mandatory training completed by consultants with practising privileges for assurance for the provider.

**Inspection grades**

For Nuffield Hospital - Glasgow, the following grades have been applied to the three key quality indicators. Additional quality indicators were inspected against during this inspection.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Domain</th>
<th>Quality indicator</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - Impact on patients, service users, carers and families</td>
<td>2.1 - Patients and service user experience</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>5 - Safe, effective and person-centred care delivery</td>
<td>5.1 - Safe delivery of care</td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td>9 - Quality improvement-focused leadership</td>
<td>9.4 - Leadership of improvement and change</td>
<td>Satisfactory</td>
<td></td>
</tr>
</tbody>
</table>

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.

More information about grading can be found on our website at: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

**What action we expect Nuffield Health to take after our inspection**

This inspection resulted in one requirement and five recommendations. The requirements are linked to compliance with the National Health Services (Scotland) Act 1978 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.
An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare.aspx.

Nuffield Health, the provider, must address the requirements and make the necessary improvements as a matter of priority.

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

What the provider had done to meet the requirements we made at our last inspection on 13–14 December 2016

Requirement

The provider must review all its infection prevention and control policies, procedures and audits to ensure that they are in line with Scottish guidance.

Action taken

We saw that all infection prevention and control policies, procedures and audits were in line with Scottish guidance. This requirement is met.

Requirement

The provider must implement Scottish Patient Safety Programme care bundles for the safe insertion and maintenance of peripheral vascular devices.

Action taken

We saw that staff were now completing care bundles for the safe insertion and maintenance of peripheral vascular devices. This was being audited as part of the infection prevention and control audit programme. This requirement is met.

Requirement

The provider must:

(a) complete an annual decontamination audit of the endoscopy unit. An action plan should be developed for any deficiencies noted.
(b) complete an annual tracking and traceability challenge test in the endoscopy unit.

Action taken

Staff described the process for decontaminating (cleaning) endoscopes. We saw that a decontamination audit and a tracking and traceability challenge test of the endoscopy unit had been carried out. This requirement is met.
Requirement
The provider must ensure that all staff undertaking regulated work are enrolled in the Protecting Vulnerable Groups (PVG) Scheme.

Action taken
We saw evidence that Protecting Vulnerable Groups (PVG) checks are carried out on all members of staff and are updated every 3 years. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 13–14 December 2016

Recommendation
We recommend that the service should introduce patient information points at reception, waiting areas, the outpatient department and ward. Information about how to make a complaint and anonymous feedback or suggestion boxes should be made available at these information points.

Action taken
Leaflets detailing how to make a complaint were available at patient information points. This recommendation is met.

Recommendation
We recommend that the service should replace the carpeted flooring in the ward as part of a planned programme of refurbishment of the hospital in line with current Scottish guidance.

Action taken
We saw that major refurbishment works were being carried out in the service which included replacing carpets. This recommendation is met.

Recommendation
We recommend that the service should keep detailed records of all the checks and maintenance of the anaesthetic machines along with the serial numbers of circuits as they are replaced.

Action taken
We saw that all maintenance checks of the anaesthetic machines were recorded. Serial numbers of circuits were also recorded. This recommendation is met.
Recommendation
We recommend that the service should identify all clinical hand wash basins and assess them 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 the use of the basin, its design and the wider refurbishment plans for the service.

Action taken
We saw that all clinical hand wash basins had been assessed and those not compliant were being upgraded as part of the service’s refurbishment plan. This recommendation is met.

Recommendation
We recommend that the service should develop a clear participation strategy.

Action taken
The service now has a participation strategy which is currently being updated. This recommendation is met.

Recommendation
We recommend that the service should ensure policies, procedures and relevant documentation reflect legislation and guidance in Scotland as a primary reference.

Action taken
Policies and procedures we viewed during our inspection had been updated to reflect legislation and guidance in Scotland. This recommendation is met.
4 What we found during our inspection

4.1 Outcomes and impact

This section is where we report on what key outcomes the service has achieved and how well the service meets people’s needs.

Domain 2 – Impact on patients, service users, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

What we found - Patients and service user experiences

The service is able to demonstrate through patient feedback that experiences of care are generally good, and that care and support is individualised to people’s needs and wishes.

Feedback was obtained through patient questionnaires. Results showed that patient care and satisfaction were high with positive comments about staff. We also saw ‘You said we did’ feedback boards displayed in the outpatient area and the inpatient ward.

We saw staff treated patients with dignity and respect in their interactions.

Our public partner spoke with six patients. All patients said they received sufficient information before their treatment and had been involved in discussions about their care and treatment. We saw examples where consent had been obtained from patients.

We asked patients about the quality of care they received throughout their stay. All patients spoke positively when asked if they were treated with dignity and respect.

- ‘Service is very personal. Everything is about you.’
- ‘Everyone so friendly. Always ask what else they can do.’
- ‘Staff are very helpful. Nothing to fault.’

The service has a comprehensive complaints toolkit and process for staff detailing what to do if they received a complaint from a patient. We saw an example where staff had followed the process in the toolkit to deal with a complaint.
What needs to improve
The service needs to consider ways to develop how it captures the service user
voice and add this to the participation strategy.

While we saw leaflets for patients about how to make a complaint, we noted
the Nuffield website and patient information folders did not provide this
information. The service should look at ways to ensure information is accessible
in different formats.

- No requirements.
- No recommendations.

Domain 3 – Impact on staff
High performing healthcare organisations value their people and create a culture and
an environment that supports them to deliver high quality care.

What we found - The involvement of staff in the work of the organisation
A staff survey was completed every year where staff shared their views
confidentially. The most recent survey was carried out in February 2018. This
generated a mixed response from staff. Negative comments mainly related to
the state of repair of the building, which is now being refurbished.

Staff told us they had good working relationships with their peers and felt
supported by management. They told us:

- ‘Good multidisciplinary relationships, have our moments, but overall good.’
- ‘Staffing is getting better and new leadership is good.’
- ‘Feel I can relate my views.’

Regular staff meetings were held with different staff groups. We saw that the
minutes were shared with staff. Staff told us they valued the information given
and discussed at these meetings. They felt included and felt their views were
being heard.

We saw evidence of staff taking a lead in specific areas. For example, some
nurses on wards had been identified for expanded roles to provide support and
education to other staff members.

We saw the service valued its staff and created a supportive culture. For
example, a noticeboard highlighted and congratulated a staff member who had
graduated from university. It also had thank you messages to the staff for work they had done.

The provider has just introduced a values recognition scheme, based on a set of core values and behaviours all staff are expected to follow. Staff are invited to nominate colleagues who demonstrate these behaviours with winners announced every month. This aims to promote a sense of achievement and motivation, and recognise staff for their work.

**What needs to improve**

While the most recent staff survey had shown an increase in positive comments about being treated fairly and with respect compared with older surveys, results were still mixed. We will follow this up at a future inspection.

- No requirements.
- No recommendations.
4.2 Service delivery

This section is where we report on how well the service is delivered and managed.

Domain 5 – Safe, effective and person-centred care delivery

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

What we found - Safe delivery of care

We saw that appropriate risk management systems were in place covering the care, support and treatment delivered in the service. Staff had been trained in health and safety, and the service’s policies and procedures were followed to help deliver care safely.

An electronic risk management system was in place which included a live risk register. This helped the service to keep track of and manage identified risks. It automatically sent reminders to appropriate staff and helped facilitate discussions at governance groups to make improvements in the service. We tracked a clinical incident that had been reported through the electronic reporting system. We saw that a detailed investigation had been carried out with significant learning being identified and actioned. This resulted in improved safety checks being implemented in the theatre department, increased training for staff, and a review of storage and ordering of supplies.

When we tracked a patient’s journey through theatre, we saw that staff followed World Health Organization guidelines. For example, staff took a ‘surgical pause’ before they started surgery to check they had the correct patient and equipment. We also observed staff following safe procedures for managing swabs and instruments in line with guidelines, including those for tracking and tracing instruments used.

We saw a culture of patient safety in the service. Patients were accompanied to and from the theatre department with a nurse or other suitable member of staff. We also saw that close monitoring of patients took place when a patient was anaesthetised, during the operation and in the recovery room. We saw effective multidisciplinary working with informative staff handovers and communication. Staff were able to explain how to respond to signs of a deteriorating patient and what to do in the case of a medical emergency.
Resuscitation equipment was available on the ward and in theatre. Records showed that the equipment was checked daily.

We saw the service took measures to make sure the environment was secure and safe. For example, access to theatres was restricted to authorised personnel.

Overall, we saw that staff demonstrated good compliance with infection prevention and control policies and procedures. Surgical instruments and other equipment were organised and appropriately stocked. Theatre equipment and ventilation was also appropriately maintained and followed national guidelines.

**What needs to improve**

Storage of larger equipment in the main theatre was an issue. Some items were stored in a recovery area bay with a curtain closed around it. This is not a suitable storage area (see recommendation a).

While cleaning schedules were available, these need to be developed further to provide clear instructions on cleaning required and to ensure compliance with guidance in Health Protection Scotland’s *National Infection Prevention and Control Manual* (see recommendation b).

Refurbishment plans in the service were well advanced with much work now completed in the theatre department, including replacing the patient lift. Refurbishment work was continuing in the ward and the ophthalmic suite at the time of our inspection. The service was aware the refurbishment work was an ongoing process and recognised there was still much work required to improve the environment. We will follow up progress with the refurbishment work at future inspections.

**Recommendation a**

- We recommend that the service should improve the storage of large equipment in the theatre department.

**Recommendation b**

- We recommend that the service should develop cleaning schedules in line with guidance in Health Protection Scotland’s *National Infection Prevention and Control Manual*.

**What we found - Patient or service user assessment and management**

A registered nurse decided whether patients had a telephone or a face-to-face pre-admission assessment appointment. During pre-admission, patients were
assessed, taking into account the planned procedure and any risks to their wellbeing.

We looked at four inpatient care records. We saw that staff recorded the patient’s pre-admission assessment, and the results of tests and investigations. The patients’ operative procedure and recovery were clearly recorded. We saw that staff completed risk assessments such as pressure ulcer risk and venous thromboembolism risk during the pre-assessment appointment and then reassessed the patient on the ward.

We saw that all consent to treatment forms in the patient care records had been correctly completed listing the risks and benefits of the procedure to the patient.

Patients we spoke with confirmed that staff always discussed care or treatment with them before starting any procedure and gave them the opportunity to ask questions. One patient told us that: ‘They always ask your permission before they do anything.’

**What needs to improve**

None of the patient care records we looked at included a medical consultation record or referral letter. This included a review of notes of previous episodes of care in the hospital. Staff told us they were unavailable to view as they did not have a copy of these records. It is good practice to keep all patient care records together as staff involved in a patient’s care can then easily view relevant information if required. The Nuffield Health Group health records standards policy states that: ‘all aspects of a patient treatment are recorded and maintained in one record’ (see requirement 1).

The service carried out an audit of patient care records every 3 months. However, checking to see if the medical consultation record or referral letter was present was not part of the audit. The audit should be developed further (see recommendation c).

We noted that patient care records and risk assessments were not always fully completed. Some forms that made up a patient’s care record were not used and others were duplicated. Some clinical risk assessments had not been completed correctly. This made it difficult to determine the decision making process used to decide the care given. The matron informed us that the provider was reviewing the paperwork used to minimise this (see recommendation d).

One consent to treatment form was difficult to read as the consultant’s writing was very poor. We spoke to the service about this.
Requirement 1 – Timescale: by 31 December 2018

■ The provider must ensure that all patient information is recorded in a timely manner in a single patient care record.

Recommendation c

■ We recommend that the service should include the checking of the medical consultation record or referral letter in the patient care record documentation audit.

Recommendation d

■ We recommend that the service should make sure that patient care records are fully completed, including clinical risk assessments, and unused parts are removed or marked as not applicable.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

What we found - Staff recruitment, training and development

The service had a recruitment and retention policy.

We reviewed five staff files, including a consultant with practising privileges. All staff files had appropriate documentation in place and all necessary checks had been carried out. This included background checks and professional registration checks.

Protecting Vulnerable Groups (PVG) checks are carried out on all employees and clinicians granted practising privileges (staff not employed directly by the provider but given permission to work in the service). PVG checks are updated every 3 years. This ensures that people who are barred from working with certain vulnerable groups are not able to do so. The service has a safeguarding policy outlining what it will do to keep vulnerable people safe. We saw that all nursing staff had completed online training on safeguarding.

The service uses an online programme that provides learning and development opportunities. All staff had their own log-in details and could choose developmental courses around specific roles and interests from a catalogue of training and education courses.
A structured induction programme was in place and staff had to carry out role-specific mandatory training. We saw that 88% of staff had completed mandatory training in the ward. This included a group of staff currently working through the training. The theatre manager was able to show us individual staff training folders. These included training completion certificates and other information on developmental activities.

Staff we spoke with agreed they had received adequate induction and mandatory training. We were shown that competencies were in place for staff to ensure patient safety. For example, medications management was part of the induction programme.

We saw evidence on the online system of staff performance appraisals having been carried out with objectives for staff detailed for the coming year.

**What needs to improve**

We were told safeguarding training had been provided to consultants through their roles in the NHS. However, we saw no evidence of any mandatory training in the consultant staff files (see recommendation e).

Staff had identified further training and developmental needs. However, the provider had not yet scheduled dates for Scottish staff to attend this training and education. We will follow this up at future inspections.

- No requirements.

**Recommendation e**

- We recommend that the service should keep copies of mandatory training certificates for consultants granted practising privileges in the service.
4.3 Vision and leadership

This section is where we report on how well the service is led.

**Domain 9 – Quality improvement-focused leadership**

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

**What we found - Leadership of improvement and change**

Since our previous inspection in December 2016, new staff had joined the senior management team. Staff spoke positively about the new senior management team. They said the leadership was supportive, visible and was becoming stable.

Staff told us they felt confident that, with the refurbishment works now taking place, changes were now starting to happen rather than just be talked about. Staff felt they were involved in the change taking place in the service and that their opinions mattered. They felt listened to and more confident to identify areas where action could be taken to improve the service being delivered.

Staff were encouraged to become involved in the continuous quality improvement culture being developed in the service, with regular staff meetings and forums held. The matron was using a number of different quality improvement models, such as Situation, Background, Assessment, Recommendation (SBAR), to improve communication and handovers.

**What needs to improve**

The main aim of the new senior management team is to provide stability to the service after recent changes. This will include reviewing the systems and processes already in place against best practice and current guidance and how that impacts on the quality of the service delivered. This will help to support evidence-based quality improvements going forward. Senior staff acknowledged that much work was still to be done in improving the environment and the service being delivered, but they were motivated and enthusiastic about the challenges ahead.

We found that staff, although happy about the new changes, were still slightly cautious about the sustainability of the change process. There was an awareness and enthusiasm by all staff of the opportunities to make significant improvements to how the service was delivered. To support this, the service has
started to promote an initiative to support staff to identify areas of change required.

- 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.

### Domain 5 – Safe, effective and person-centred care delivery

#### Requirements

1. The provider must ensure that all patient information is recorded in a timely manner in a single patient care record (see page 18).

   Timescale – by 31 December 2018

   *Regulation 2(a) and (b)*
   
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendations

a. We recommend that the service should improve the storage of large equipment in the theatre department (see page 16).

b. We recommend that the service should develop cleaning schedules in line with guidance in Health Protection Scotland’s *National Infection Prevention and Control Manual* (see page 16).
Domain 5 – Safe, effective and person-centred care delivery

Recommendations (continued)

c  We recommend that the service should include the checking of the medical consultation record or referral letter in the patient care record documentation audit (see page 18).

d  We recommend that the service should make sure that patient care records are fully completed, including clinical risk assessments, and unused parts are removed or marked as not applicable (see page 18).

Domain 7 – Workforce management and support

Requirements

None

Recommendation

e  We recommend that the service should keep copies of mandatory training certificates for consultants granted practising privileges in the service (see page 19).
Appendix 2 – 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.

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
- the Healthcare Improvement Scotland quality framework, and
- the Health and Social Care Standards.

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.
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:

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