Announced Focused Inspection Report: Independent Healthcare

Service: Nuffield Hospital - Glasgow
Service Provider: Nuffield Health

1 October 2020
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 his.contactpublicinvolvement@nhs.scot
## Contents

1. Progress since our last inspection ........................................ 4
2. A summary of our inspection ................................................ 6
3. What we found during our inspection ..................................... 9

**Appendix 1** – Requirements and recommendations .................. 16
**Appendix 2** – About our inspections ...................................... 17
1 Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 8-9 August 2018

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

Action taken
We saw a new patient care record booklet was used to record the majority of patient information including pre-, during and post-operative procedures. Each section was completed promptly by relevant members of staff. Detailed past medical history information was also recorded. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 8-9 August 2018

Recommendation
The service should improve the storage of large equipment in the theatre department.

Action taken
The storage areas in the theatre department had been refurbished. We saw that equipment was stored in an organised way to reduce clutter, and to allow cleaning to take place.

Recommendation
The service should develop cleaning schedules in line with guidance in Health Protection Scotland’s National Infection Prevention and Control Manual.

Action taken
Cleaning schedules had been developed and implemented in the theatre department.

Recommendation
The service should include the checking of the medical consultation record or referral letter in the patient care record documentation audit.

Action taken
The patient care record documentation audit now included a check on whether a medical consultation record or referral letter was available.
**Recommendation**
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.

**Action taken**
Patient care records we reviewed were fully completed, and contained the appropriate information, including clinical risk assessments. The majority of unused parts were marked as not applicable. However, despite a specific section in the patient care record booklet, consultants continued to complete the patient’s deep vein thrombosis (DVT) and prophylaxis risk assessments separately to the patient care record booklet. We will follow this up at future inspections.

**Recommendation**
The service should keep copies of mandatory training certificates for consultants granted practicing privileges in the service.

**Action taken**
All medical staff who were granted practicing privileges had completed relevant mandatory training. This information was recorded on a staff training spreadsheet.
2 A summary of our inspection

We carried out an announced inspection to Nuffield Hospital - Glasgow on Thursday 1 October 2020. The purpose of the inspection was to make sure the service was delivering care safely to patients, in light of the COVID-19 pandemic. We reviewed the service’s infection prevention and control policies and procedures, and spoke with a number of staff during the inspection.

The inspection team was made up of three inspectors.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For Nuffield Hospital - Glasgow, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
</tbody>
</table>
### Key quality indicators inspected (continued)

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Strong leadership and assurance structures were in place for leading and supporting staff and patients during the current pandemic. The risks from COVID-19 had been thoroughly considered and clear actions were being taken to minimise the risk of transmission. Staff told us they felt well supported by the infection prevention and control team.</td>
<td>✓✓ Good</td>
</tr>
</tbody>
</table>

The following additional quality indicator was inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

#### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>COVID-19 risk assessments now formed part of a patient’s routine assessment and these assessments were being appropriately recorded in patient care records. Comprehensive patient information leaflets were sent to patients before they attended for treatment.</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](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 three recommendations. See Appendix 1 for a full list of the 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/find_a_provider_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

We would like to thank all staff at Nuffield Hospital - Glasgow for their assistance during the inspection.
3 What we found during our inspection

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

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.

Our findings

Quality indicator 5.1 - Safe delivery of care

A dedicated infection prevention and control team managed the service’s response to COVID-19. Staff were following standard infection control precautions, and the hospital’s environment and patient equipment were clean. Appropriate assurance systems were in place to minimise the risk of COVID-19 transmission. All control measures in place to reduce the risk of cross-infection should be recorded in the service’s risk assessment documentation.

A governance structure was in place for infection prevention and control, with clear lines of reporting between ward level and senior management. The hospital’s infection prevention and control team included:

- a consultant microbiologist
- an infection prevention and control lead
- an infection prevention and control co-ordinator, and
- link nurses for each department.

The service’s policies and procedures were comprehensive and described the majority of the control measures the service is currently taking to minimise the risks from COVID-19. These included:

- enhanced cleaning of frequent hand contact surfaces
- placement of alcohol-based hand rub at appropriate points throughout the hospital
• mandatory wearing of face coverings for staff, patients and visitors throughout the hospital, and
• COVID-19 screening of all patients and visitors upon arrival at the hospital.

The hospital had been split into two zones to prevent any risk of COVID-19 transmission:

• the blue zone was the outpatient department, and
• the green zone for inpatient areas.

Dedicated staff had been allocated to work in each zone, to minimise crossover. This included housekeeping staff who had specific cleaning schedules corresponding to each zone.

Patients were expected to self-isolate for 14 days before surgery and had a COVID-19 swab taken 3 days before surgery. The swab result was reviewed by the nursing team before the patient was admitted.

Visiting was currently restricted to essential visitors only in line with current local guidance.

Aerosol generating procedures present an increased risk of cross-infection to the environment, due to the fine spray of air or water they generate. We saw the service had put appropriate controls in place to reduce this risk, such as enhanced cleaning procedures.

In some areas, we saw there were compliant clinical wash hand basins, and that liquid soap, paper towels and appropriate waste bins were available. Wall-mounted alcohol-based hand rub dispensers were located throughout the building including at the point of care. We saw staff carrying out correct hand hygiene, for example after leaving patients room and after removing their personal protective equipment (such as aprons and gloves).

During the inspection, we saw no patients with respiratory symptoms. However, staff we spoke with were able to tell us what measures would be put in place if required, such as providing patients with tissues and disposal bags. Staff also told us processes were in place if a patient required isolation due to infection, such as signage on the patient’s door to remind staff and visitors of what precautions to take.

Personal protective equipment was stored appropriately and was available at the point of care. Staff told us there was adequate supplies. We saw good
compliance with the use of personal protective equipment. This included the removal of face masks after tasks were completed. We saw that used personal protective equipment was disposed of appropriately in the clinical waste.

The environment was in a generally good state of repair. We saw that some of the inpatient areas, including patient bedrooms, had been refurbished. Storage was good with nothing being stored on the floor, and the environment was uncluttered. This helps staff to clean the environment effectively. The environment was generally clean and housekeeping staff were able to describe their cleaning processes. These were in line with current national guidance and included the use of a chlorine-releasing disinfectant and detergent on sanitary fittings and the enhanced cleaning of frequently touched surfaces such as door handles. They were also able to describe the national colour-coding system for cleaning equipment. Housekeeping staff told us they had enough equipment to carry out their duties, some of which was disposable. They also told us they had enough hours to complete tasks, but there was a process in place to escalate any duties not completed.

We saw that some infrequently used patient bedrooms had been adapted to be used as staff areas to allow effective social distancing during breaks.

We inspected a range of patient equipment including monitoring equipment, commodes, beds and mattresses. All of the equipment inspected was found to be clean and ready for use. We were told that it was the role of the housekeeper to check mattresses. We saw that nursing staff completed a daily assurance checklist for the cleanliness of the environment and equipment.

Clean linen was stored appropriately. Contaminated linen was segregated and, along with used linen, was stored securely until uplifted. We saw clinical waste was also managed effectively. Staff took their uniforms home in dedicated bags and laundered them in line with guidance.

An infection prevention and control audit programme was in place. Infection prevention and control link nurses were responsible for overseeing audits in their respective department. We saw the three most recent hand hygiene audits and environment audits for the outpatient department. Results from these audits showed high compliance. There was evidence to show that action had been taken to resolve any minor issues identified.
What needs to improve

Patients attending for face-to-face pre-assessment appointments were seen in three dedicated rooms located in the inpatient ward. Although sinks were available in the ensuite bathrooms, none of these patient rooms had dedicated clinical wash hand basins. This made it difficult for staff to effectively wash their hands at the appropriate times. We saw that one of the rooms being used for these pre-assessments was carpeted. This is not a suitable floor covering for a room being used for a clinical purpose as it cannot be effectively cleaned between each patient. We also discussed with staff the risk of carrying out this type of assessment in an inpatient area for patients whose infection status was unknown (recommendation a).

Staff told us that commodes were being cleaned with combined detergent and disinfectant wipes, similar to other near patient equipment. A chlorine-releasing disinfectant and detergent would be only used to clean commodes if they were visibly contaminated. Current guidance is that commodes are classed as sanitary equipment and therefore must be cleaned with a chlorine-releasing disinfectant and detergent at all times (recommendation b).

Although we saw that appropriate measures were in place to minimise the risk of cross-infection throughout the service, not all of these measures were accurately reflected in the service’s risk assessments (recommendation c).

Although we saw some compliant clinical wash hand basins, a number of non-compliant types were still in use. Some areas in the clinical area were carpeted, including some patient rooms. We were told these rooms were infrequently used and the carpets were shampooed when a patient was discharged. These areas had been identified by the hospital, were included on the service’s risk register and will be replaced as part of a continued programme of refurbishment of the hospital. We will follow this up at future inspections.

- No requirements.

Recommendation a

- The service should use a clinical environment when carrying out face-to-face pre-assessment appointments that minimises the risk of cross-infection to patients and staff.

Recommendation b

- The service should follow guidance in Health Protection Scotland’s *National Infection Prevention and Control Manual* for the recommended product to use for cleaning sanitary fittings.
Recommendation c

- The service should ensure that all control measures in place for the management of COVID 19 are reflected in the service’s risk assessment documentation.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

COVID-19 risk assessments now formed part of a patient’s routine assessment and these assessments were being appropriately recorded in patient care records. Comprehensive patient information leaflets were sent to patients before they attended for treatment.

Face-to-face pre-surgical assessment consultations were carried out for all patients. The routine assessment process for all patients now included an assessment for COVID-19. Patients were advised to self-isolate for 14 days before their surgery. All patients attended for a COVID-19 swab at an external site 3 days before their surgery. Patients attending the hospital were assessed again for COVID-19 symptoms the day before visiting and again on the day of visiting. On the day of surgery, patients were advised to call the main reception area on arrival to the hospital and to remain in the car park until staff arrived to collect them. Patients were then taken directly to the ward to be admitted. Any patients who advised they had confirmed or suspected COVID-19 upon arrival at the hospital were not allowed to enter the hospital.

We reviewed five patient care records and found all the appropriate COVID-19 assessments and information had been recorded. This included pre-assessment checks and appropriate consent documentation. Comprehensive advice leaflets were also sent to patients before treatment, outlining information about COVID-19 risks and precautions.

- No requirements.
- No recommendations.
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.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Strong leadership and assurance structures were in place for leading and supporting staff and patients during the current pandemic. The risks from COVID-19 had been thoroughly considered and clear actions were being taken to minimise the risk of transmission. Staff told us they felt well supported by the infection prevention and control team.

Nuffield Health, the provider, had developed an infection prevention and control Board assurance framework for use across its wider group of services. This helped each hospital site self-assess their compliance with COVID-19 related infection prevention and control guidance. The hospital was using this framework to assess its compliance with current guidance from Public Health England and Health Protection Scotland, on an ongoing basis. This provided continuous evidence-based leadership in relation to infection prevention and control, and helped to keep staff, patients and visitors safe by minimising the risk of transmission of COVID-19 in the hospital.

The hospital had created a working relationship with NHS Greater Glasgow and Clyde’s health protection team. This gave senior managers direct access to public health expertise and advice during the pandemic.

The senior management team carried out daily checks of standard infection control precautions in each department. Any issues or staff non-compliance were discussed at the time and dealt with immediately.

A daily heads of department meeting, ward safety brief and staff huddle took place where any issues relating to COVID-19 were discussed. We saw briefing notes for recent huddles which detailed the topics that had been discussed. This meant that staff were kept up to date regularly with any changes or ongoing issues.
Staff told us they regularly saw senior managers and members of the infection prevention and control team in their clinical areas. They also said they were responsive and that they felt well supported by them. The provider sent out monthly wellbeing surveys to quickly identify and address any staff concerns.

- 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 National Health Services (Scotland) Act 1978, 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>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>a The service should use a clinical environment when carrying out face-to-face pre-assessment appointments that minimises the risk of cross-infection to patients and staff (see page 12).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
</tr>
<tr>
<td>b The service should follow guidance in Health Protection Scotland’s <em>National Infection Prevention and Control Manual</em> for the recommended product to use for cleaning sanitary fittings (see page 12).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
</tr>
<tr>
<td>c The service should ensure that all control measures in place for the management of COVID 19 are reflected in the service’s risk assessment documentation (see page 13).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
</tr>
</tbody>
</table>
Appendix 2 – About our inspections

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

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare 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.

More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

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

**Telephone:** 0131 623 4300

**Email:** his.ihcregulation@nhs.scot