Unannounced Focused Inspection Report: Independent Healthcare

Service: Spire Murrayfield (Edinburgh)
Service Provider: Spire Healthcare Ltd

10 November 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
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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 9-10 October 2018

Requirement
The provider must assess the availability and suitability of clinical hand wash basins within the ward area against current guidance. The service should then develop a risk based action plan to address any deficiencies noted as part of the wider refurbishment plans for the service.

Action taken
The provider had assessed the availability and suitability of clinical hand wash basins in ward areas against current guidance. An action plan had been produced that detailed how the availability and suitability of clinical hand wash basins would be improved as part of future refurbishment plans. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 9-10 October 2018

Recommendation
The service should promote staff programmes and initiatives and monitor awareness of them.

Action taken
An ‘Inspiring People’ employee recognition award programme was in place. Staff were aware of the programme, with information available on the staff intranet and on noticeboards around the hospital. For example, we saw the noticeboard in the staff dining room listed the names of people who had been nominated and received awards.

Recommendation
The service should carry out regular staff surveys and share the results with all staff. Staff should be involved in developing action plans that follow from surveys.

Action taken
Staff surveys had been carried out every year since 2018. Results from surveys were shared with staff during staff meetings. New departmental focus groups were also established in 2020. The aim of these focus groups is to discuss staff survey results and generate ideas, in partnership with staff, about any improvements that could be made.
**Recommendation**

*The service should ensure that all sterile instrument trays, instruments and packs are managed in line with Health Facilities Scotland’s Management of reusable surgical instruments during transportation, storage and after clinical use (2014).*

**Action taken**

We saw that the majority of sterile instrument trays were stored in metal containers. This helped to make sure the tray covers were not at risk of being torn, causing possible contamination or damage to the sterile instruments. Case dividers were used for any large instrument trays not stored in metal containers that were stacked on top of each other. We saw that a risk assessment had been carried out for stacked smaller, lighter, instrument trays.

**Recommendation**

*The service should keep clear and detailed records of all anaesthetic machine checks and maintenance work.*

**Action taken**

The anaesthetic machines had their own log book that was signed and dated to confirm that appropriate checks had been completed. Checklists were also used for any manual checks to make sure these were carried out correctly. We suggested to the theatre manager that it would be good practice to record in the log book when a theatre had been closed and the anaesthetic machine had not been in use.

**Recommendation**

*The service should improve communication to staff on recruitment and deployment issues in the service.*

**Action taken**

Following the hospital’s 2019 staff survey, the senior leadership team now provide operational updates to staff every 2 weeks, either by face-to-face or video meetings. These updates include information on recruitment, staff deployment to other areas and any new team members.

**Recommendation**

*The service should develop a programme to enable staff to become sufficiently knowledgeable to drive change and improvement.*

**Action taken**

Staff operational updates now take place every 2 weeks, where the senior leadership team update staff on key hospital issues. Staff are invited to ask questions (anonymously if preferred). The aim of these forums is to make sure staff are kept up to date and given the opportunity to help drive improvement.
2 A summary of our inspection

We carried out an unannounced inspection to Spire Murrayfield (Edinburgh) on Tuesday 10 November 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 four 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 Spire Murrayfield (Edinburgh), the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
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### 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>
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<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 COVID-19 pandemic. The risks from COVID-19 had been thoroughly considered and clear actions were being taken to minimise the risk of transmission. A corporate quality assurance process was in place. Staff told us they felt well supported by the infection prevention and control team.</td>
<td>✔️ ✔️ ✔️ Exceptional</td>
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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>
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<th>Summary findings</th>
<th></th>
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<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 were being appropriately recorded in patient care records. Comprehensive patient information leaflets were being sent to patients before they attended for treatment.</td>
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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 Spire Healthcare Ltd to take after our inspection

This inspection resulted in no requirements and recommendations.

We would like to thank all staff at Spire Murrayfield (Edinburgh) 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 was in place and appropriate COVID-19 risk assessments had been carried out. Actions to minimise the risks identified in these assessments were being taken. Staff were following standard infection control precautions, and the hospital’s environment and patient equipment were clean. Cleaning procedures followed current national guidance and appropriate assurance systems were in place to minimise the risk of COVID-19 transmission. A corporate quality assurance process helped to ensure the hospital delivered care and treatment in line with the standards expected in the Spire Healthcare group.

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

- an infection prevention and control specialist
- a consultant microbiologist
- a decontamination (cleaning) lead
- the head of each department, and
- link nurses for each department.
The service’s policies and procedures were comprehensive and described the control measures the hospital is currently taking to minimise the risks from COVID-19. These included:

- suspension of some cosmetic surgical procedures
- removal of unnecessary items and clutter such as reducing the number of chairs in waiting areas
- increased cleaning of high touch areas such as door handles and chairs
- visiting only being allowed under exceptional circumstances
- personal protective equipment, including face masks, for patients and staff, and
- increased monitoring and assurance around cleaning, use of personal protective equipment and hand hygiene.

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

- the red zone was for all outpatient departments
- the amber zone was for patients receiving cancer treatments, and
- the green zone for inpatient and day case 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.

There were two distinct entrances to the hospital. A green entrance for patients who had undergone a screening and COVID-19 testing process and were being admitted for surgery, and a red entrance for all other patients, visitors and staff.

All visitors entering the hospital through the red entrance were met in a lobby area by a member of staff who asked them questions to assess their risk of COVID-19 transmission. They also took their temperature and provided alcohol-based hand rub and a fluid-resistant facemask before entry to the reception area was allowed. After signing in, floor markings guided people to the appropriate zoned area they were visiting. Anyone deemed at risk of transmitting COVID-19 was denied access to the hospital.

Staff changed into a uniform or a different set of clothes when entering the building and changed back into their own clothes before leaving. Staff changing rooms were available, with lockers and showers. Staff who wore uniforms told us they had adequate supplies and could obtain extra uniforms if required. They
had been provided with dedicated laundry bags to carry their uniforms to and from the hospital and told us they laundered their uniforms at home, at the highest temperature recommended for the material.

During our inspection, we saw that the care environment and patient equipment were clean and well maintained. Staff cleaned equipment between each patient use. Suitable gaps were being left between patient appointments to allow rooms and equipment to be appropriately cleaned. Daily bedroom checklists were generally well completed. We also saw daily, weekly and monthly cleaning schedules were being signed off by a senior charge nurse. We were told the senior charge nurse carried out a ‘five a day’ spot check which could include checking the cleanliness of the environment and equipment, or the completion of patient care records. We also saw records of a ‘three a day’ room spot check carried out by the senior charge nurse in the outpatients department. Staff also now cleaned the chairs in the waiting area between each use with appropriate cleaning materials. We saw evidence of cleaning monitoring taking place on a regular basis.

Housekeeping staff had received training in COVID-19 risks and cleaning methods. They were carrying out general cleaning at least twice a day, in line with the hospital’s revised cleaning procedures. Housekeeping staff told us they had enough equipment and hours to complete cleaning tasks. However, systems were in place to escalate cleaning tasks if they were not completed.

During our observations of staff practice, we saw good compliance with hand hygiene. Hand hygiene facilities were available, including clinical wash hand basins with hand soap and paper towels, and alcohol-based hand rub dispensers were also available throughout.

We saw that personal protective equipment was stored appropriately, close to where patient care was delivered. During our observations, we also saw good staff compliance with the use of personal protective equipment, such as facemasks, goggles, face visors, gloves and aprons.

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 ward and outpatient department. Results from these audits showed high compliance and there was evidence that action had been taken to resolve any minor issues identified.

The provider, Spire Healthcare Ltd, carried out patient safety and quality assurance reviews every year as part of a corporate quality assurance process. These reviews were carried out independently by a central team of clinical
specialists, led by the provider’s clinical assurance director. Due to restrictions brought about by the COVID-19 pandemic, this year’s review had taken place virtually. A targeted site visit had also been carried out to review progress with taking forward actions from last year’s action plan.

- No requirements.
- No recommendations.

**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 were being appropriately recorded in patient care records. Comprehensive patient information leaflets were being sent to patients before they attended for treatment.

Patients were now being routinely screened for COVID-19 symptoms before they were admitted for treatment, as part of their pre-admission assessment. They also had a COVID-19 test at the hospital’s on-site testing facility before admission. Test results were then held in the patient’s care record. A further COVID-19 screening assessment was carried out by telephone the day before a patient was admitted. If a patient’s COVID-19 test result was not yet confirmed, staff described the appropriate infection prevention and control measures they would put in place as a precaution. For example, signage on the door of the patient’s room, and staff use of appropriate personal protective equipment.

Comprehensive advice leaflets were sent to patients before treatment, outlining information about COVID-19 risks and precautions. Follow-up consultations were carried out by telephone and video calls, where possible.

We looked at five patient care records and found all the appropriate COVID-19 assessments and information had been recorded. This included pre-admission test results, pre-assessment checks, screening checks and appropriate consent documentation.

- No requirements.
- No recommendations.
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 COVID-19 pandemic. The risks from COVID-19 had been thoroughly considered and clear actions were being taken to minimise the risk of transmission. A corporate quality assurance process was in place. Staff told us they felt well supported by the infection prevention and control team.

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 Lothian’s health protection team. This gave senior managers direct access to public health expertise and advice during the COVID-19 pandemic. It was also following Public Health England advice in relation to staff self-isolating procedures following a positive routine COVID-19 swab test.
The provider had developed a business continuity plan. This set out an immediate strategy that each of its hospitals would implement in the event of a national announcement of a regional or local lockdown. It described the actions the hospital would take, in addition to the actions it was already taking. For example:

- further site visiting restrictions
- enabling staff to work from home wherever possible, and
- liaison with the local health protection team.

The senior management team carried out daily rounds of each department. This included checking equipment, compliance with policies and procedures, and observing staff behaviour. These daily rounds were recorded and we saw the most recent checklist. Any issues or staff non-compliance were discussed at the time and dealt with immediately.

Staff huddles were held twice a day, where any issues relating to COVID-19 were discussed. We saw evidence of the 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’s patient safety and quality assurance review process provided independent assurance the hospital was continuously striving to improve the quality of the service and the care provided to patients. The most recent review showed good progress had been made against the action plan from the last review.

- 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.

This inspection resulted in no requirements and no recommendations.
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.

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### 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.

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### 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.

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### 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](http://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.

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More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://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](mailto:his.ihcregulation@nhs.scot)
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