Unannounced Focused Inspection Report: Independent Healthcare

**Service:** Kings Park Hospital, Stirling

**Service Provider:** BMI Healthcare Limited

13 April 2021
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
1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 7-8 November 2018

Requirement
The provider must ensure all staff perform hand hygiene in line with Health Protection Scotland’s National Infection Prevention and Control Manual.

Action taken
During the inspection, staff we observed carried out hand hygiene appropriately. Staff we spoke with were able to describe the moments when they should carry out hand hygiene. The service carried out regular hand hygiene audits as part of its wider audit programme, and was achieving good compliance rates. This requirement is met.

Requirement
The provider must ensure all staff comply with aseptic technique guidance from Health Protection Scotland on preventing infections when inserting and maintaining a peripheral vascular catheter.

Action taken
The service contacted all consultants connected with the service to inform them they must follow Health Protection Scotland guidance when inserting and maintaining a peripheral vascular catheter (PVC). We saw the service had increased the frequency of its PVC audits to every 3 months, and had achieved full compliance rates with the management of PVCs over the last 12 months. This requirement is met.

Requirement
The provider must ensure that the fabric of the building and the patient equipment are in line with Healthcare Improvement Scotland’s Healthcare Associated Infection (HAI) Standards (February 2015). Infection prevention and control approval is required to ensure compliance with guidance before purchases or refurbishment plans are made.

Action taken
We saw the service had begun to address some of the issues with the fabric of the building. For example, 18 bedroom ensuites had been completely refurbished with new showers, toilets, wash basins and fitted cabinets. Staff told us that new bedside cabinets were on order. We saw that plans were under way to install three clinical hand wash basins in the ward corridor by the end of
April 2021. The two bathrooms in the reception area had also been upgraded. 
This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 7-8 November 2018

Recommendation
The service should ensure all consent to treatment forms are completed in line with the service's consent policy, including documenting risks and benefits of treatment.

Action taken
In the patient care records we reviewed, we saw that consent forms had been completed, and included the risks and benefits of the proposed treatment.

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
As part of its wider refurbishment plan, the service plans to refurbish an alternative storage area for sterile instrument trays, surgical instruments and packs by the end of August 2021. This will include customised shelving and mechanical ventilation. As an interim arrangement, the service had purchased extra storage trays for the existing room to reduce the risk of accidental damage during storage, transportation or after clinical use.

Recommendation
The service should ensure that all emergency protocols are visible and easily accessed by staff.

Action taken
We saw the emergency procedures folder was kept at the main hospital reception desk, where it was visible and easily accessible to staff.

Recommendation
The service should review the clinical risk assessments used in the service to make sure they are suitable to meet the needs of patients.

Action taken
We saw that the patient care records contained a number of clinical risk assessments, including for nutritional screening and pressure area care. We
discussed with staff how some of these risk assessments may not be required for elective surgical patients.

**Recommendation**
The service should ensure that patient care records are fully completed.

**Action taken**
We saw that patient care records were generally well completed and that, in some cases, where a part of the patient care record was not applicable to the patient, it had been scored through to show that it had been considered.

**Recommendation**
The service should demonstrate that consultants connected with the service have completed mandatory training in line with the provider’s mandatory training policy.

**Action taken**
We saw the service used an electronic dashboard system to monitor mandatory training compliance for all staff, including consultants connected with the service. We noted that overall compliance with mandatory training for consultants connected to the service was good.

**Recommendation**
The service should carry out quality assurance audits of its recruitment and induction procedures to make sure it is in line with Scottish Executive’s Safer recruitment through better recruitment (2016).

**Action taken**
We saw that the service had assurance systems for the recruitment and induction of new staff. These included recruitment checklists and records of induction.

**Recommendation**
The service should develop a quality improvement plan.

**Action taken**
The service had introduced a quality improvement plan which it planned to develop and expand further. A quality and risk manager role had been introduced to provide quality improvement support. This included supporting staff to become skilled and involved in quality improvement initiatives across the hospital.
2 A summary of our inspection

We carried out an unannounced inspection to Kings Park Hospital on Tuesday 13 April 2021. 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 this inspection, a self-evaluation was not requested from the service.

What we found and inspection grades awarded

For Kings Park Hospital, 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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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
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<tr>
<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
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<td>9.4 - Leadership of improvement and change</td>
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and clear actions introduced to minimise the risk of transmission.

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records were well organised and easy to locate. Patients received a comprehensive risk assessment for COVID-19 before being admitted for treatment. Patients were provided with pre- and post-treatment information. Consent to treatment did not always cover the specific risks relating to COVID-19.</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 BMI Healthcare Limited 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 Kings Park Hospital 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 range of effective infection prevention and control measures had been introduced to reduce the risk of transmission of COVID-19. This included stricter access to the premises, and screening and testing for patients and staff. An ongoing refurbishment plan was in place with all work scheduled to be completed by September 2021.

The service had a clear governance structure and nominated leads for infection prevention and control, and housekeeping, who reported directly to the operations manager. The service also received additional support for infection prevention and control from key staff at another BMI Healthcare Limited hospital.

We reviewed a range of policies and procedures the service had introduced or adapted, which described the measures in place to help reduce the risk of transmission of COVID-19. These measures were in line with national guidance and included:

- suspension of all aesthetic treatments and cosmetic surgical procedures
- increasing the frequency of cleaning
- screening and testing processes for patients and staff
- removal of unnecessary items and clutter, such as reducing the number of chairs in waiting areas
- restricting visiting to only essential visitors, and
- personal protective equipment, including face masks for patients and staff.
All visitors entered the hospital through the main reception area, where a staff member met them to take their temperature and ask questions to assess their risk of COVID-19 transmission. The service had appropriate signage reminding staff and visitors to wear a face mask, sanitize their hands and maintain social distancing while moving around the hospital. A supply of fluid-resistant masks and anti-bacterial hand rub was available at the reception desk. The number of chairs in the waiting areas had been reduced to ensure people were seated 2 metres apart. Inpatients were pre-screened for COVID-19 remotely and had to self-isolate 2 weeks before their planned admission to hospital for treatment.

Staff changed into a uniform or different set of clothes when they entered the hospital and changed back into their own clothes before leaving. Staff changing rooms were available, with lockers and showers. Healthcare and ancillary staff told us they laundered their own uniforms at home at 60°C. A dedicated off-site contractor laundered scrub suits worn by operating theatre staff.

Staff carried out lateral flow testing twice a week and, at the time of our inspection, we were told that almost all staff had received their first or second COVID-19 vaccination.

We inspected a number of items of patient equipment and found these to be visibly clean and in a good state of repair. This included:

- patient monitoring equipment
- shower chairs, and
- infusion pumps.

We found the environment was generally tidy, and was also visibly clean and in a good state of repair. We discussed any exceptions to this with staff during the inspection. In some cases, these issues had already been identified in the service’s own audits and actions to be taken had been documented in action plans.

Staff told us they cleaned equipment such as patient hoists and monitoring equipment every week. They also described the cleaning products they used to clean equipment before and after each patient use. The service used ‘I am clean’ labels to identify when equipment was clean.

Where observed, we saw good hand hygiene compliance by staff. Staff were able to describe the correct procedure for putting on and removing personal protective equipment. The service had a good supply and range of personal protective equipment, including face masks, gloves, aprons and face visors.
Theatre staff cleaned the operating theatres and equipment after each surgical procedure. Housekeeping staff deep cleaned both theatres twice a day: before any surgery commenced and at the end of the day. We saw that staff routinely completed daily and weekly assurance checks of the general theatre environment and its equipment.

The service had started to address some of the issues with the fabric of the building. For example, 18 bedroom ensuites had been completely refurbished. Plans were under way to install three clinical hand wash basins in the ward corridor by the end of April 2021. The two bathrooms in the reception area had also been upgraded.

As part of its wider refurbishment plan, the service had received approval and funding to upgrade the radiology department. Site surveys had taken place, and a date to commence the work was being agreed. Earlier this year, adverse weather conditions caused considerable damage to one of the operating theatres. This resulted in its temporary closure while emergency repair work was completed.

The service followed Health Protection Scotland guidance when carrying out aerosol generating procedures. These procedures present an increased risk of cross-infection to the environment, because of the fine spray of air or water generated. For example, patients who required a general anaesthetic had their breathing tubes removed in theatre as a precautionary measure to reduce the risk of COVID-19 transmission from air or water droplets. Each procedure was risk assessed to determine the appropriate level of personal protective equipment required. Adjustments to theatre operating lists had been made, including allowing additional time for the anaesthetist to make sure patients were breathing independently before moving them to the recovery area. This also helped to reduce any unnecessary delays for patients awaiting surgery.

**What needs to improve**

Although the service had progressed with some of the works identified in its refurbishment plan, we noted the plan detailed all work was scheduled to be completed by September 2021 (recommendation a).

Ward staff told us they carried out assurance checks on the patient equipment and environment with the housekeeper. During the inspection, we found some issues with the cleanliness of patient equipment. For example, two of the six mattress covers we inspected were stained on the inside. Staff immediately removed the stained mattress covers from use. The service carried out mattress audits every 6 months. We saw that the last audit in December 2020 had identified no evidence of staining to the mattress covers. In light of our findings, the service planned to introduce monthly spot check mattress audits. We saw
evidence of environmental and patient equipment cleaning schedules for the patient rooms. However, we found dust on four of the six bed frames we inspected (recommendation b).

Recent housekeeping guidance issued by the provider had advised staff to stop using chlorine-based solutions on the cloths and mops supplied for cleaning, except where there was a known or suspected infection. Although the cleaning materials supplied to the service were independently tested, we saw no evidence of any reference to, or communication with, Health Protection Scotland. Health Protection Scotland’s *National Infection Prevention and Control Manual* states that sanitary fittings should be cleaned with a 1,000 parts per million (ppm) available chlorine solution (recommendation c).

During the inspection, we found that staff were not clear on who was responsible for cleaning some of the more hard-to-reach areas of the hospital, such as ceiling vents. The service had already identified this and was working to clarify roles and responsibilities. We will follow this up at a future inspection.

- No requirements.

**Recommendation a**
- The service should ensure that the works identified in its refurbishment plan are completed within the documented timescales.

**Recommendation b**
- The service should continue to review its cleaning schedules and assurance systems to make sure patient equipment is always clean and ready for patient use.

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

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were well organised and easy to locate. Patients received a comprehensive risk assessment for COVID-19 before being admitted for treatment. Patients were provided with pre- and post-treatment information. Consent to treatment did not always cover the specific risks relating to COVID-19.

Patients were required to complete a period of isolation and have a COVID-19 swab test taken before attending for an inpatient procedure. We saw that patients were cared for in single ensuite rooms during their admission.

Patients received pre-treatment information at the time of booking their appointment and this was discussed further at their pre-assessment appointment. This included:

- the need to isolate before their surgery
- the risks of COVID-19 to themselves and their family, and
- what to expect when they came to hospital, such as the need for face masks.

Patient care records were in paper form, were easily located and were well organised. Much of the patient care record was in the form of a care pathway with a standardised layout and assessments. Entries we saw were legible, signed and dated.

The five patient care records we reviewed all contained a documented COVID-19 swab result. Patients were unable to progress with their procedure unless a negative COVID-19 swab result was obtained. We were told that procedures were in place for those patients whose swab result was not available at the time of admission. This included the patient being isolated in their room, with signs on the door to alert staff that they were in isolation.

In the patient care records we reviewed, we saw that a COVID-19 risk assessment had been completed at the patient’s pre-operative appointment and then again on the day of admission. In the majority of the patient care records we reviewed, the consent form showed that the risk specific to COVID-19 had been discussed with the patient.
We were told that general and specific post-treatment COVID-19 advice would be discussed with the patient on discharge, such as limiting contact with people until fully recovered. We saw that a discharge checklist was being used.

**What needs to improve**

The majority of patient care records we reviewed included the patient’s initial consultation letter. It is important that patient care records contain all the relevant information so that patients’ care can be managed safely. The service told us that the missing initial consultation letter related to a patient from an NHS board which had started to send patients to the service as part of an NHS Resilience contract. The service assured us that initial consultation letters would be included in all patient care records going forward.

- 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

The service had a new executive director who was supported by an established corporate governance structure. This, together with effective leadership and the service’s assurance programmes, helped to support staff and patients to keep safe during the pandemic. The risks from COVID-19 had been identified and clear actions introduced to minimise the risk of transmission.

The executive director was relatively new in post, coming to the end of a 90-day induction period at the time of our inspection. They understood the key priority areas for the service and were working toward achieving successful outcomes, for example progressing with capital expenditure programmes to address upgrading the fabric of the building.

The service had a nominated lead for infection prevention and control who was responsible for carrying out infection prevention and control audits, and to provide advice and support to staff. This person was supported by the provider’s infection prevention and control regional and corporate leads. The service was considering how it could provide additional departmental-level support to the infection prevention and control lead. This would help to support and strengthen the infection prevention and control assurance systems.

The provider made sure clear and accessible infection prevention and control policies and procedures were in place. This, combined with standard operating procedures, helped ensure staff knew how to minimise the transmission risks of COVID-19.

The infection prevention and control lead carried out a range of audits, covering infection prevention and control and hand hygiene. A new COVID-19 audit had also been introduced in February 2021 and was being carried out across the
hospital every month. This audit reviewed personal protective equipment, social distancing, removal of non-essential items such as patient information leaflets, and the increased cleaning of frequently touched areas. Results of these audits were shared with staff at the time to take any necessary actions. Results were then shared through the wider corporate governance structures, including with the infection prevention and control regional and corporate leads.

We were told that individual risk assessments would be completed for staff at increased risk from the virus to allow appropriate actions to be taken.

Managers kept staff informed about changes in local and national guidance by providing them with regular email updates. Information posters were displayed around the hospital to remind staff and patients about measures to keep themselves and others safe. To make sure staff had up-to-date information, COVID-19 was discussed at a range of meetings, for example the daily hospital huddle. This was attend by key members of staff from each department.

The service could contact the local NHS board and health protection team for access to specialist advice about how to manage COVID-19, if needed. Staff could also access local testing services.

**What needs to improve**

Although the executive director and other senior managers were visible in the service, we saw no evidence of formal walkrounds where any issues identified were documented, fed back to staff and action plans developed. Consideration could be given to developing such an approach to strengthen its assurance processes.

- 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.

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td>Recommendations</td>
<td></td>
</tr>
<tr>
<td><strong>a</strong></td>
<td>The service should ensure that the works identified in its refurbishment plan are completed within the documented timescales (see page 12).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22</td>
<td></td>
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<tr>
<td><strong>b</strong></td>
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</tr>
<tr>
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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](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.

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
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot