Unannounced Inspection Report: Independent Healthcare

Service: Albyn Hospital, Aberdeen
Service Provider: BMI Healthcare Limited

5 October 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
Contents

1  Progress since our last inspection  4

2  A summary of our inspection  5

3  What we found during our inspection  7

Appendix 1 – Requirements and recommendations  15
Appendix 2 – About our inspections  17
1 Progress since our last inspection

What the service had done to meet the recommendation we made at our last inspection on 27 April 2021

Recommendation

The service should ensure that patient care records are fully completed or unused parts are removed or marked as not applicable.

Action taken

This recommendation will be carried forward (see Appendix 1).
2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an unannounced inspection to Albyn Hospital on Tuesday 5 October 2021. We spoke with a number of staff during the inspection.

The inspection team was made up of three inspectors.

As part of this inspection, we did not request a self-evaluation from the service.

What we found and inspection grades awarded

For Albyn Hospital the following grades have been applied to the key quality indicators.

<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>

<table>
<thead>
<tr>
<th><strong>Domain 9 – Quality improvement-focused leadership</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>9.4 - Leadership of improvement and change</td>
</tr>
</tbody>
</table>
The following additional quality indicator was inspected against during this inspection.

<table>
<thead>
<tr>
<th>Additional quality indicators inspected (ungraded)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 7 – Workforce management and support</strong></td>
</tr>
<tr>
<td>7.2 - Workforce planning, monitoring and deployment</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 BMI Healthcare to take after our inspection**

This inspection resulted in one requirement and three recommendations. 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 requirement 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/find_a_provider_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

BMI Healthcare Limited (owned by Circle Health Group), the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at Albyn 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

The service had systems and processes in place to help deliver safe care. Theatre safety checklists were completed. However, safety huddles were not completed consistently.

We saw that housekeeping and ward staff maintained a clean and safe environment. The service had a governance structure to help deliver safe care. This included:

- a clinical governance committee
- an executive director
- a medical advisory committee, and
- senior management team meetings.

The service also had a dedicated quality and risk manager.

Clear, comprehensive policies and procedures were in place to help manage risks. All policies were up to date and a clear review process was followed and recorded. We saw a risk register was in place and this was reviewed regularly.

Ward staff we spoke with said they worked in a good team and felt the ward manager fully supported them. They said they felt senior staff were approachable if they had any patient safety concerns.

Senior staff we spoke with told us about the staffing challenges the service had, especially in the theatre department. Senior staff were also aware of low staff
morale in theatre and in the ward area. We were told about the measures taken to try and improve the situation, such as:

- active recruitment of staff, including from abroad
- looking at reducing theatre activity and the length of the operating day, and
- support from the provider with national staff on-site, as well as input from more experienced theatre staff from another site.

An associate director of clinical services had also recently been appointed to support theatres and pre-operative assessment. An induction programme was in place for new theatre staff and theatres also had a practice educator to help support the programme.

We were told that staffing concerns could be raised at a daily hospital meeting, called a ‘com cell’. Staff told us that they usually attended this daily meeting and could raise staffing concerns in other ways if they missed the meeting. An email update from the daily meeting was sent to all staff.

The provider also had an initiative where any staff member concerned about an aspect of care could raise this, including about staffing. Activity would then be paused and staff would consider how they could manage the situation.

We were told the World Health Organization (WHO) checklist was completed. Surgical briefs (short meetings between theatre staff team members to make sure they have a shared understanding of what is planned for the procedure) were also completed at the beginning and end of each theatre list.

Some theatre staff we spoke with were concerned about the skills and knowledge of staff who had to move between theatre lists. Not all staff we spoke with felt the theatre teams had the required number of staff, with the correct skills and knowledge to deliver safe patient care. We saw that issues around staffing levels or skill mix were managed appropriately and that an action plan which set out the measures the service intended to implement to improve the situation.

**What needs to improve**

A monthly staff meeting for the theatre department had not always been held, either face-to-face or virtually. Staffing issues had also meant that the morning theatre ‘huddle’ meeting had sometimes not been held (recommendation a).

Staff we spoke with felt the numbers of cases in the main theatre list and day surgery list were high. We were told that, when giving feedback to the senior
management team a member of theatre staff was present at the meeting where theatre lists were agreed. However, not all staff knew who made the decisions about the number of patient referrals to theatres or if staff capacity was considered at that time (recommendation b).

**Recommendation a**
- The service should ensure that safety huddles are carried out consistently.

**Recommendation b**
- The service should improve communication with all staff regarding the decisions made when theatre lists are created and ensure that staff are aware that capacity or staffing is part of that decision-making.
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.

Our findings

Quality indicator 7.2 - Workforce planning, monitoring and deployment

The service used safe staff planning tools to support the delivery of safe and quality healthcare. Appropriate numbers of suitably qualified and competent staff must be available to work at all times. Communication with staff should be improved around recruitment and deployment issues.

The service used safe staff planning tools to try to make sure that it always had appropriate staffing levels and skill mix in wards. This was regularly reviewed and the service was actively recruiting for its vacancies. A designated, experienced agency theatre team was employed to staff a theatre at weekends to help make sure the theatre had continuity of care. The workload in theatre was also reviewed weekly for the week ahead to help make sure that staffing was high enough to allow theatre cases to go ahead safely. Where low staffing levels meant it was not safe to proceed, some theatre cases had been cancelled. We clarified with ward staff we spoke with that they had not been asked to work in the theatre department. They told us they would not be skilled for this. Plans were in place to cover staff absences and daily handovers communicated changes in staffing levels for each day.

New staff completed an induction process and were not included in the daily staff numbers when completing their induction. We were told that the hospital supported student nurses during their training. Newly qualified nursing staff were also recruited and given a period of induction and support, with a ‘buddy’ staff member to support them to begin with. New staff we spoke with told us they enjoyed their job and felt the ward manager and other senior staff fully supported them.

Ward staff had a daily safety huddle and monthly ward meetings. We saw documented evidence of the daily huddle, however at times the monthly meeting were cancelled due to work load and so a monthly newsletter was also sent out to all staff. We saw that most ward staff had had a recent yearly professional development review and 3-monthly face-to-face meetings with their line manager. Ward staff were completing electronic training from home and compliance was good at the time of our inspection. Electronic processes were in place to help make sure staff remained up to date with training.
We found a senior member of staff on duty in all clinical areas we inspected, including a senior nurse working in the night team in the ward. This meant that less experienced staff always had a senior decision-maker to support them.

**What needs to improve**
We found examples of issues in staffing levels and mix of skills (requirement 1):

- We were told the service had concerns about the number of experienced staff available to support new staff. Some staff we spoke with told us that it could be difficult to complete mandatory training and attend study days, which impacted on their professional development.

- The ward manager told us about recruitment issues in the ward area. Agency nursing staff increased staff numbers and the same individuals with experience of the ward were normally used. Qualified nurses and healthcare assistance staff were being interviewed and recruited at the time of our inspection to address the staffing issues. The ward manager was also developing a bank of hospital staff willing to work extra hours.

- Staff told us that vacancies in scrub practitioners (who support surgeons during operations) meant staff had to scrub for longer and could affect their ability to take breaks from work. We were told that the theatre manager would provide support and cover for breaks if required. While bank and agency staff were used to fill staffing gaps, this was not always possible. Staffing rosters were usually planned 4–6 weeks in advance. We were told that some procedures had been rescheduled when safe staffing levels could not be achieved.

Staff told us that the high level of vacancies and staff turnover negatively affected morale and caused staff to be concerned that staffing levels may reduce further. The senior management team had actively tried to recruit staff. However, the recent staff survey highlighted that they did not feel that decisions were well explained (recommendation c).

Theatre staff we spoke with were generally positive about the team they worked in. However, some staff we spoke with told us about not being treated with dignity and respect by other colleagues, we raised this with senior staff and the management team at the time of the inspection. We were told that this would be reviewed. We will follow this up at future inspections.
Requirement 1 – Timescale: by 28 February 2022

- The provider must ensure that at all times suitably qualified and competent persons are working in the service in such numbers as are appropriate for the health, welfare and safety of service users.

Recommendation c

- The service should improve communication to staff about recruitment issues in the service.
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

Senior management was open and transparent. A number of different quality improvement projects were being carried out and a quality improvement plan was in place. The service recorded and investigated adverse events. Communication with staff around improvements could be improved.

Senior management staff were open and transparent during our inspection about the challenges faced around staffing and recruitment for specialised areas. The service was leading on a number of quality improvement projects for the provider, as well as supporting staff to be innovative and improve services.

The service’s quality improvement plan identified a number of projects being implemented, including retention and recruitment of staff. The provider had recently carried out a pay review of all nursing staff and made sure salaries were competitive. This resulted in most staff receiving a pay rise and we were told other pay incentives were also in place.

We tracked several adverse event incident and saw that lessons learned were followed up and actioned where appropriate. A new escalation procedure was being implemented and follow-up checks were carried out to help make sure this was followed. The provider produced a safety bulletin to help highlight any issues identified across the organisation and to promote best practice and improvements to patient safety.

What needs to improve

Theatre staff we spoke with had attended a recent meeting which had included the executive director. While the majority had found it beneficial and felt listened to, they had concerns that nothing would change or the pace of change may be too slow. Staff told us that they had been waiting to see an action plan developed after this meeting, which was shared at the time of our inspection.
The majority of staff we spoke with were aware of the ongoing recruitment of staff and the plans to reduce the length of theatre lists. Work was ongoing to improve communication with staff and we will review the progress of the action plan during regular update meetings with the service in the future.

- 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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td></td>
</tr>
</tbody>
</table>
| a | The service should ensure that safety huddles are carried out consistently (see page 9).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27 |
| b | The service should improve communication with all staff regarding the decisions made when theatre lists are created and ensure that staff are aware that capacity or staffing is part of that decision-making (see page 9).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27 |
### Domain 7 – Workforce management and support

#### Requirement

1. The provider must ensure that at all times suitably qualified and competent persons are working in the service in such numbers as are appropriate for the health, welfare and safety of service users (see page 12).

   Timescale – by 28 February 2022

**Regulation 12a**

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendation

**c** The service should improve communication to staff about recruitment issues in the service (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

---

**Recommendation carried forward from our 27 April 2021 inspection**

#### Recommendation

The service should ensure that patient care records are fully completed or unused parts are removed or marked as not applicable.

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

This was previously identified as a recommendation in the February 2018 inspection report for Albyn Hospital.
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