Unannounced Focused Inspection Report: Independent Healthcare

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

27 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
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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 13-14 February 2018

Requirement
The provider must ensure that all appropriate patient risk assessments are carried out before any surgical procedures are carried out.

Action taken
From the patient care records we reviewed, we saw comprehensive risk assessments in place for pre-admission as well as pre- and post-operation. These had all been completed, dated and signed. Where risks were identified, an action plan was in place to manage the risk. This requirement is met.

Requirement
The provider must notify Healthcare Improvement Scotland of specific events that occur in their premises as noted in Healthcare Improvement Scotland’s notification guidance.

Action taken
The provider now understood the need to notify Healthcare Improvement Scotland of certain matters, in line with Healthcare Improvement Scotland’s notifications guidance. We have since received appropriate and timely notifications from the service. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 13-14 February 2018

Recommendation
The service should use a wide range of patient care records for the patient care record documentation and consent audits and all aspects of the patient consent form should be scrutinised as part of this audit.

Action taken
The service carried out a patient care record audit every 3 months, reviewing records of both inpatients and day case patients. The audit included reviewing if consent had been recorded and the legibility of the consent form. We saw that the results from previous audits showed good compliance with the completion of patient care records.
**Recommendation**

The service should amend its consent policy to refer to appropriate Scottish legislation and guidance. This policy should reference the Adults with Incapacity (Scotland) Act 2000 and the Good Practice Guide on Consent for Health Professionals in NHSScotland (Health Department Letter [HDL] (2006) 34).

**Action taken**

The service’s consent policy now makes reference to all appropriate national guidance on consent.

**Recommendation**

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

**Action taken**

Patient care records did not follow a consistent and chronological order. Unused forms were included in the patient care records which were not needed. This recommendation is reported in Quality indicator 5.2 (see recommendation a).
2 A summary of our inspection

We carried out an unannounced inspection to Albyn Hospital on Tuesday 27 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, and a fourth inspector was observing.

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 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>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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<tr>
<td>Domain 9 – Quality improvement-focused leadership</td>
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<td>9.4 - Leadership of improvement and change</td>
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The following additional quality indicator was inspected against during this inspection.

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**Additional quality indicators inspected (ungraded)**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tbody>
<tr>
<td>Domain 5 – Delivery of safe</td>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients received a comprehensive risk assessment for COVID-19 before being admitted for treatment. Patient care records were clear and included COVID-19 information about pre-treatment assessment and arrangements if an admission had to be postponed to a later date. Patient care records were not standardised and included forms which were not being used.</td>
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<td>effective, compassionate and</td>
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<td>person-centred care</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

**What action we expect BMI Healthcare Limited to take after our inspection**

This inspection resulted in one recommendation (see Appendix 1).

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

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

Effective infection prevention and control policies and procedures had been introduced to minimise the risk of spread of COVID-19. This included the use of personal protective equipment, and increasing the frequency of cleaning patient equipment and the environment.

The service’s infection prevention and control governance structure had clear lines of reporting between staff and senior management. The service also received additional support for infection prevention and control from key staff at another BMI Healthcare Limited hospital. The service’s infection prevention and control team included the:

- director of clinical services
- executive director
- infection prevention and control doctor
- infection prevention and control lead
- operations manager who had responsibility for the housekeeping team, and
- quality and risk manager.

We noted that the infection prevention and control lead attended the service’s monthly clinical governance committee meetings. Infection prevention and control was a standing agenda item at these meetings. Minutes from the most recent infection prevention and control committee meeting, held every 3 months, showed that COVID-19 policies and procedures were discussed.
Comprehensive policies and procedures described the actions the service was taking to minimise the risks from COVID-19. These included:

- 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
- restricting visiting to only essential visitors
- personal protective equipment, including aprons, gloves, goggles and face shields, as well as face masks for both patients and staff, and
- increased monitoring and assurance around cleaning, use of personal protective equipment and hand hygiene.

The service had introduced two patient care pathways to minimise the risk of COVID-19 transmission:

- the green pathway was for inpatient and day case services, and
- the amber pathway was for outpatient services.

Dedicated staff had been allocated to work in each area, including housekeeping staff who had specific cleaning schedules for each area to minimise crossover. Staff changed into a uniform when entering the building and changed back into their own clothes before leaving. Staff changing rooms were available. Staff told us they laundered their uniforms at home at 60°C.

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

A process had been introduced to manage the flow of patients accessing the service, and we saw that patients were screened for COVID-19 in the reception area. This included taking their temperature and asking specific questions to assess their risk of COVID-19 transmission. Signs were displayed promoting social distancing, the use of face masks and hand hygiene. Alcohol-based hand rub and face masks were available for patients entering the hospital.

Gloves and aprons were stored in dedicated dispensers located near the point of care. We observed good compliance by staff with the use of face masks. Personal protective equipment was disposed of in the clinical waste bins. Staff told us they had good access to personal protective equipment.
Clinical wash hand sinks with liquid soap, hand towels and waste bins were available. Alcohol-based hand rub dispensers were also located throughout the hospital. When observed, staff carried out hand hygiene appropriately.

We inspected a range of patient equipment and furniture, including:

- bed frames
- vital observation recording machines
- intravenous (IV) drip stands
- linen trolleys
- commodes, and
- mattresses.

With one exception, equipment was clean and in good condition. Staff were able to tell us the cleaning products used to clean equipment after patient use, which was in line with current guidance. Daily and weekly equipment cleaning checklists for the inpatient and outpatient areas were used. Senior staff told us they regularly carried out both informal and formal assurance checks on patient equipment.

The environment was clean, tidy and generally in a good state of repair allowing for effective cleaning and decontamination. We saw that windows could be opened in the patient bedrooms helping to provide access to fresh air and ventilation. Domestic staff told us they had access to enough equipment and had enough time to complete tasks. A process was in place to allow them to escalate any concerns or to highlight if any tasks had not been completed. Staff we spoke with were able to tell us the cleaning products they used, where they would be used and the national colour-coding system for the cleaning equipment, in line with current guidance.

Clean linen was stored in a dedicated area and covered trolleys were used for the linen in the clinical area. Used and contaminated linen was managed and stored appropriately in a locked room, and was laundered off-site.

- No requirements.
- No recommendations.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients received a comprehensive risk assessment for COVID-19 before being admitted for treatment. Patient care records were clear and included COVID-19 information about pre-treatment assessment and arrangements if an admission had to be postponed to a later date. Patient care records were not standardised and included forms which were not being used.

We reviewed seven patient care records and saw that comprehensive assessments and consultations were carried out before treatment started. All patient care records were dated and signed. They included:

- medical history, with details of any health conditions
- consent to treatment and sharing of information
- a COVID-19 screening questionnaire the patient had signed, and
- a record of COVID-19 testing and results.

All new patients admitted to the hospital for elective procedures were screened for COVID-19 before admission. General surgery patients were instructed to self-isolate for 7 days. All patients were required to have a negative COVID-19 test, taken 72 hours before admission. For any patients who had to have their procedure cancelled, we saw that a clear planning process was in place for them to be readmitted at a later date.

At the time of our inspection, all patients were being cared for in single en-suite rooms. We saw appropriate signage displayed throughout the ward areas to remind staff and visitors that infection prevention and control precautions, such as using personal protective equipment, were required when entering the room.

Patients having surgery had a completed World Health Organization surgical safety checklist in their care records. The service had combined patient admission and assessment documentation that included patient risk assessments, such as those for venous thromboembolism (blood clots) and pressure area care.

We saw that patient care records had a standardised care plan which followed a care pathway from pre-admission to discharge. The service planned to review their patient care pathway documentation. This would help the service take into account the different care procedures it now offered.
Patient care records recorded that each patient had received appropriate care immediately after their treatments in the recovery area. They also showed how each patient would be monitored in the ward area. We also saw evidence of the planned follow-up care in the operation notes written by the consultant in the patient care record.

When a patient’s condition caused concern, we saw a system was in place to escalate concerns. We saw instances where this had been used effectively.

**What needs to improve**

We saw that patient care records did not follow a consistent and chronological order. Unused forms were included in the patient care records which were not needed (recommendation a).

- No requirements.

**Recommendation a**

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

Although there was a relatively new senior management team, effective 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 were kept up to date with changes in current guidance about COVID-19 and infection prevention and control practices by emails from the provider. These emails included links to updated policies and procedures. Information was also provided to staff in emails from the executive director and director of clinical services.

We were told that staff were given face-to-face feedback from some audits, including infection prevention and control. This allowed them to take any immediate necessary actions to improve practice. The results of other audits were shared with staff through the service’s clinical governance structures. Staff huddles involving the heads of department and infection prevention and control lead were held every day, and we saw that COVID-19 issues were discussed. Outcomes from the daily huddles were documented and emailed to all staff.

The senior management team carried out regular scheduled walkrounds of each department. These included checking equipment, compliance with policies and procedures, and checking on staff wellbeing. The findings of the walkrounds were recorded and action plans developed for any areas of improvement identified.

We were told a recent staff survey had achieved a 54% return rate, with the results due to be collated and analysed at the time of our inspection.
The infection prevention and control lead was based in the clinical area, and so could provide immediate advice, guidance and support to staff. The infection prevention and control lead told us they would challenge any poor practice they observed whilst in the clinical area. They also told us they attended regular meetings with senior infection prevention and control colleagues where they discussed current national guidance. We saw evidence of training that the infection prevention and control lead delivered to housekeeping staff.

The service had developed a working relationship with NHS Grampian’s health protection team. This gave senior managers direct access to public health expertise and advice during the COVID-19 pandemic. All clinical staff, as well as others working in the clinical areas, such as housekeeping and portering staff, were undertaking COVID-19 tests twice a week. Staff who tested positive were directed to NHS Grampian for further testing and guidance.

We were told that the service had recruited additional housekeeping staff to help make sure that the extra cleaning required during the pandemic could be maintained. The service had no staff vacancies in the housekeeping team at the time of our inspection.

We saw that individual risk assessments had been completed for staff at increased risk from the virus to allow appropriate actions to be taken.

The service’s quality improvement plan identified a number of projects to implement. This included reviewing the format and content of the patient care record. We saw that this had been included in the service’s ‘site one plan’ document, which included timescales for these projects.

- 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

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<th>Requirements</th>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tr>
<td>a</td>
<td>The service should ensure that patient care records are fully completed or unused parts are removed or marked as not applicable (see page 12).</td>
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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