Unannounced Focused Inspection Report: Independent Healthcare

Service: Ross Hall Hospital, Glasgow
Service Provider: BMI Healthcare Limited

10 March 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 27 February 2020

Requirement
The provider must ensure:

(a) the patient environment, and patient equipment, is in a good state of repair and is effectively decontaminated to reduce the risk of cross infection.

(b) there are suitable assurance systems in place to monitor standard infection control precautions.

Action taken
This requirement is met and is reported in Quality Indicator 5.1.

Requirement
The provider must ensure that all patient information is recorded in a timely manner in a single patient care record. Patient care records should be maintained to a standard allowing all patient information to be accessed easily.

Action taken
In the five patient care records that we inspected, all entries were dated. While attempts had been made to make sure all patient information was contained in one record, the service had to keep separate nursing and surgeon’s notes. From following the COVID-19 risk assessments, we were able to access all of the necessary information needed to complete and follow the care plans and assessments. This requirement is met.

Requirement
The provider must ensure that all patient appropriate risk assessments are completed accurately and that a care plan is developed. Reassessment should be completed in line with best practice and guidance.

Action taken
Comprehensive risk assessments were in place. The risk assessments guided the patient management plans and were easy to follow. We saw that the risk assessments were reviewed when it was deemed necessary and followed the service’s guidance. This requirement is met.
Requirement
The provider must ensure that the senior management team has oversight of assurance systems and monitors compliance with infection prevention and control improvement actions identified.

Action taken
This requirement is met and is reported in Quality Indicator 5.1.

Requirement
The provider must make sure that any agreed audit programmes not carried out are reported through the risk reporting system.

Action taken
This requirement is met and is reported in Quality Indicator 5.1.

What the service had done to meet the recommendations we made at our last inspection on 27 February 2020

Recommendation
The service should review the information and support given to patients post-cancer diagnosis, ensuring that patients are given a point of contact, receive appropriate aftercare and support to make informed choices.

Action taken
The service reviewed how it offered advice to patients with a cancer diagnosis. We saw that written information was available.

Recommendation
The service should ensure that all nursing staff receive a role-specific training package and mentor when they begin employment.

Action taken
Role-specific training and induction packages were in place for nursing staff. All new staff have a dedicated period of mentorship with a named individual in the hospital.

Recommendation
The service should ensure that all lasers have separate treatment registers and that the patient register contains appropriate information.

Action taken
A separate treatment register had been developed with the laser protection advisor.
Recommendation
The service should review placement of patients before going to the theatre department.

Action taken
We saw that patients waiting to go into theatre were checked in an area separate from the recovery area. This maintained patients’ privacy and dignity going into theatre and in recovery. We were told that the service continued to review the placement of patients in the theatre department.

Recommendation
The service should date and sign its medicine prescription charts when a medicine is discontinued.

Action taken
We saw that all medicine prescription charts were signed, dated and a line had been drawn through the medication when medicines were discontinued.

Recommendation
The service should make sure that the patient’s consent-to-share information is consistently recorded.

Action taken
We saw that all consent forms were dated, signed and filled out accurately.

Recommendation
The service should hold ward staff meetings regularly.

Action taken
This recommendation is reported under Quality Indicator 9.4.

Recommendation
The service should look to develop a more robust audit and compliance cycle for its patient care records.

Action taken
An audit of all patient care records had been introduced. We were shown the last audit and saw a high level of compliance.
2 A summary of our inspection

We carried out an unannounced inspection to Ross Hall Hospital on Wednesday 10 March 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 Ross Hall 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><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
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</tbody>
</table>

| **Domain 9 – Quality improvement-focused leadership** |
| 9.4 - Leadership of improvement and change | Strong leadership and assurance structures were in place for leading and supporting staff and patients during the current pandemic. The risks from COVID-19 had been thoroughly considered and clear actions were being taken to minimise the risk of transmission. | ✔️ Good |
The following additional quality indicator was inspected against during this inspection.

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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<tr>
<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 in relation to pre-treatment assessment. Consent for sharing information with other relevant medical staff was clearly recorded.</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 no requirements or recommendations.

BMI Healthcare Limited, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at Ross Hall 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 introduced effective infection prevention and control policies and procedures to minimise the risk of spread of COVID-19. Infection prevention and control precautions, such as the use of personal protective equipment (PPE) and the cleaning of patient equipment and the environment. Although in a generally good state of repair, the service should continue to monitor the building environment and make repairs when required.

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

- director of clinical services
- executive director
- health and safety co-ordinator
- hotel services manager
- infection prevention and control doctor
- infection prevention and control lead
- operations manager, and
- quality and risk manager.
Policies and procedures were comprehensive and described the control measures the hospital took to minimise the risks from COVID-19. These included:

- suspension of all aesthetic treatments and 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 was restricted to only essential visitors
- PPE, including face masks for patients and staff, and
- increased monitoring and assurance around cleaning, use of PPE and hand hygiene.

The hospital operated two pathways to minimise the risk of COVID-19 transmission:

- the green pathway for inpatient, day case services and patients receiving cancer treatments, and
- the amber pathway was for emergency admissions to the service.

Visiting had been restricted to essential visitors only in line with current national guidance.

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

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

We saw that the service had a generic risk assessment and management plan that showed how the service would minimise the risk of infection for each patient from COVID-19.

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. Signage in place promoted social distancing, the use of face mask and
hand hygiene. Alcohol-based hand rub and face masks were available for patients entering the hospital. The service had reviewed and changed how it used some areas in the hospital to promote social distancing, including the board room being used as an area for staff breaks.

We saw that available PPE included:

- aprons
- face masks
- face shields
- gloves, and
- goggles.

Gloves and aprons were stored in dedicated dispensers located near the point of care. Good compliance with the sessional use of face masks was observed. PPE was disposed of in the clinical waste bins.

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 near patient equipment and furniture, including:

- bedframes
- commodes, and
- mattresses.

The majority of equipment was clean and in good condition, with any minor exceptions discussed with the service at the time of our inspection. Staff were able to tell us the cleaning products used to clean equipment after patient use, which was in line with current guidance. We saw evidence of completed weekly theatre trolley mattress audits and daily equipment cleaning checklists for the inpatient areas. Senior staff we spoke with told us that they carried out informal assurance checks on the 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 to promote ventilation. Domestic staff told us that they had access to enough equipment and had enough hours to complete tasks. A process was in place to allow them to escalate any concerns or if tasks were not completed. The staff we spoke with were able to tell us the cleaning
products they used, where they would be used and the colour-coding for the equipment required in line with current guidance. We were shown a folder that contained COVID-19 information that staff could follow. We saw completed cleaning schedules for patient rooms that the housekeeper supervisor were signed as they checked.

We saw the 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 appropriately and was laundered off-site.

**What needs to improve**

We discussed some supplies of aprons and gloves we saw stored in the dirty sluice area and suggested how this could be improved. We will follow this up at future inspections.

With two exceptions, we observed staff used PPE appropriately. This was discussed with the staff involved at the time and with senior management at the time of our inspection.

The environment was generally in a good state of repair. However, we discussed some exceptions we saw with the service during our inspection. The service should continue to monitor and repair the building environment so that it can be effectively cleaned and decontaminated to reduce the risk of cross-infection. We will follow this up at future inspections.

- 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. Consent for sharing information with other relevant medical staff was clearly recorded.

We reviewed five patient care records and saw that comprehensive assessments and consultations were carried out before treatment started. All 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 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 and oncology patients were asked to self-isolate for 14 days before admission to the hospital. All patients were required to have a negative COVID-19 test, taken 72 hours before admission.

Staff we spoke with explained how they managed each patient’s care. They told us that each patient was tested on admission and the test would be repeated if the patient was in their care for over 5 days. At the time of 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 PPE were required when entering the room. We were told that a process was in place so that patients who had to be re-admitted as an emergency were managed safely. This included isolating patients until a repeat COVID-19 swab result was carried out. 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 patients care records had a standardised care plan which followed a care pathway from pre-admission to discharge. 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. Evidence of the planned follow-up was found in the operation notes the consultant had written in the patient care record.

- No requirements.
- No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Strong leadership and assurance structures were in place for leading and supporting staff and patients during the current pandemic. The risks from COVID-19 had been thoroughly considered and clear actions were being taken to minimise the risk of transmission.

Staff were kept up to date with changes in guidance through email and informal education provided during audits and staff huddles. The provider issued monthly COVID-19 updates to staff. This included links to updated policies and procedures following changes to national guidance. These processes helped staff from each hospital site self-assess its compliance with COVID-19 related infection prevention and control guidance. The hospital used this to assess its compliance with current guidance from Public Health England and Health Protection Scotland, on an ongoing basis. This supported effective leadership in infection prevention and control, minimising the risk of transmission of COVID-19 in the hospital to help keep staff, patients and visitors safe.

The senior management team carried out regular scheduled walkrounds of each department. This included checking equipment, compliance with policies and procedures, and observing staff behaviour. These walkrounds were recorded and action plans developed for any areas of improvement identified. Assurance audits completed every week reviewed compliance with COVID-19 control measures.

Staff huddles were held twice a day, where any COVID-19 issues were discussed. A daily information sharing meeting was also held in the operating theatre department. This meant that staff were kept up to date regularly with any changes or ongoing issues. The infection prevention and control nurse was based in clinical areas. They were able to provide advice, guidance and support to staff while carrying out their role. Monthly ward meetings were held and minutes of these meetings were available for staff unable to attend the meeting.
to read. The hospital had created a working relationship with NHS Greater Glasgow and Clyde’s health protection team. This gave senior managers direct access to public health expertise and advice during the COVID-19 pandemic.

Staff had been risk-assessed to identify where and how they could safely work. Staff could access routine COVID-19 testing as frontline health care workers, in line with current guidance. Staff were following current guidance in relation to self-isolation procedures following a positive routine COVID-19 swab test.

- 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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<th>Before inspections</th>
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<tr>
<td>Independent healthcare services submit an annual return and self-evaluation to us.</td>
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<tr>
<td>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.</td>
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<th>During inspections</th>
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<tr>
<td>We use inspection tools to help us assess the service.</td>
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<tr>
<td>Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.</td>
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<tr>
<td>We give feedback to the service at the end of the inspection.</td>
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<th>After inspections</th>
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<tbody>
<tr>
<td>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: <a href="http://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a></td>
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<tr>
<td>We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.</td>
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<tr>
<td>We check progress against the improvement action plan.</td>
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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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