Unannounced Inspection Report: Independent Healthcare

Nuffield Hospital Glasgow | Nuffield Health | Glasgow
29-30 April 2014
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# Contents

1  A summary of our inspection 4

2  What progress the service has made since our last inspection 7

3  What we found during this inspection 8

4  Appendices
   Appendix 1 – Requirements and recommendations 22
   Appendix 2 – Grading history 24
   Appendix 3 – Who we are and what we do 25
   Appendix 4 – How our inspection process works 27
   Appendix 5 – Inspection process 29
   Appendix 6 – Terms we use in this report 30
1 A summary of our inspection

About the service we inspected

Nuffield Hospital Glasgow is registered with Healthcare Improvement Scotland as an independent hospital providing care and treatment to children and adults in acute surgery and medical management. The hospital is part of the UK-wide independent healthcare group Nuffield Health.

There are 33 inpatient beds available, two of which can be used for high dependency patients. An extensive range of inpatient procedures, clinics and outpatient services are provided. The hospital has one ward and all bedrooms are single rooms, with en-suite facilities.

The hospital information states that: ‘The objective of the service is to provide financially viable private facilities and services for the diagnosis and treatment of acute ill health and health promotion. It aims to provide an excellent service that meets the expectations of people who use the service through continuous reinvestment in facilities, treatments and staff training.’

About the inspection visit

We carried out an unannounced inspection to Nuffield Hospital Glasgow on Tuesday 29 and Wednesday 30 April 2014. The inspection team was made up of three inspectors: Gareth Marr, Sarah Gill and Winifred McLure, and a public partner, Daniel McQueen. A public partner is a member of the public who volunteers and is given some training to take part in the inspection process. A key part of the role of the public partner is to talk to patients and listen to what is important to them.

We assessed the service against five quality themes related to the National Care Standards.

Based on the findings of this inspection, this service has been awarded the following grades:

**Quality Theme 0 – Quality of information: 5 - Very good**

**Quality Theme 1 – Quality of care and support: 5 - Very good**

**Quality Theme 2 – Quality of environment: 4 - Good**

**Quality Theme 3 – Quality of staffing: 5 - Very good**

**Quality Theme 4 – Quality of management and leadership: 5 - Very good**

The grading history for Nuffield Hospital Glasgow can be found in Appendix 2 and more information on grading can be found in Appendix 4.

Before the inspection, we reviewed information held about the service. We considered:

- the annual return
- the self-assessment
- any notifications of significant events, and
- the previous inspection report of October 2012.

We also considered the Regulatory Support Assessment (RSA). We use this assessment to decide the frequency of inspections.
During the inspection visit, we gathered information from a variety of sources. This included:

- information leaflets about the services provided
- the service’s website
- patient care records
- relevant policies and procedures
- minutes of meetings
- accident and incident records
- audits
- staff files
- training records, and
- prescriptions.

We spoke with a number of people during the inspection, including:

- hospital manager
- hospital matron
- theatre sister
- ward sister
- pharmacist
- staff nurses
- housekeeping supervisor, and
- patients.

We walked around the premises and inspected the following areas:

- patient bedrooms and en-suite bathrooms
- sluice rooms
- clinic rooms
- minor procedures rooms
- outpatient clinics
- communal areas, and
- theatres.

Overall, we found evidence in Nuffield Hospital Glasgow that:

- systems and processes were in place to manage risk
- very good systems were in place for the management of medication, and
- patients were treated with dignity and respect.
This inspection resulted in no requirements and five recommendations. See Appendix 1 for a full list of the recommendations.

Nuffield Health, the provider, must address these recommendations and the necessary improvements should be made as a matter of priority.

We would like to thank all staff at Nuffield Hospital Glasgow for their assistance during the inspection.
2 What progress the service has made since our last inspection

What the service has done to meet the recommendations we made at our last inspection on 23 October 2012

Recommendation

Nuffield Hospital Glasgow should give consistent information to people who plan to use the service about the period of time covered in quotations for the cost of treatment.

Action taken

This recommendation is reported under Quality Statement 0.2 in this report. This recommendation has been met.

Recommendation

Nuffield Hospital Glasgow should review its complaint information to include details of the regulatory body. This should be made easily accessible to all people who use the service.

Action taken

This recommendation is reported under Quality Statement 0.2 in this report. This recommendation has not been met and will be followed up at our next inspection.

Recommendation

Nuffield Hospital Glasgow should review the complaints resolution policy.

Action taken

During the inspection, we saw that the policies and procedures need to be finalised. This recommendation has not been met and will be followed up at our next inspection.

Recommendation

Nuffield Hospital Glasgow should review the accommodation and produce an action plan with a view to improving the overall quality of the accommodation.

Action taken

This recommendation is reported under Quality Statement 2.2 in this report. This recommendation has not been met and will be followed up at our next inspection.

Recommendation

Nuffield Hospital Glasgow should introduce a system for staff supervision.

Action taken

This recommendation is reported under Quality Statement 3.3 in this report. This recommendation has not been met and will be followed up at our next inspection.
3 What we found during this inspection

Quality Theme 0

Quality Statement 0.2
We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 5 - Very good

Before the inspection, we looked at the service’s website. The website includes information on the:

- type of treatments offered and their costs
- doctors who practise at the hospital
- different payment options, and
- facilities in the office.

The service sends out information packs to patients before they are admitted to the hospital. We looked at examples of the information sent, this included information on:

- what to do to prepare for your appointment
- arrangements for visitors
- fees and payment arrangements
- the type of anaesthetic that will be used, and
- the type of procedure to be carried out.

Patients are also invited to contact the hospital in advance of their admission if they need any more information.

During the inspection, we spoke with four patients. Overall, patients were happy with the amount of information they had been given, both before admission and during their stay, in the hospital. However, one patient stated that they would have liked to have had written information from the surgeon who spoke with them. They also felt the surgeon was using some technical language and codes that they did not understand.

At our previous inspection we made the following recommendation:

*We recommend that Nuffield Hospital Glasgow should give consistent information in respect of the period of time covered in quotations for the cost of treatment.*

We saw that the service have altered their quotation letters to patients to ensure that they are consistent with the terms set out in the contract patients sign when they are given a quote. This recommendation is met.

We saw that the service sends regular updates to local GPs. This helps to ensure that GPs are aware of the current procedures and services on offer at the hospital. This information
can be shared with their patients to help them make choices about where they want to be treated.

The service also holds regular open days and nurse clinics, enabling people who are thinking about using the service to attend and get more information about particular procedures and treatments.

**Areas for improvement**

At our previous inspection in October 2012 we made the following recommendation:

*We recommend that Nuffield Hospital Glasgow should review complaint information to include any details of the regulatory body. This should be made easily accessible to all people who use the service.*

During the inspection, we saw that the service has temporarily adapted its current complaints information by adding an insert with the details of Healthcare Improvement Scotland. The service is currently developing a new complaints leaflet. We saw an example of this new leaflet and were concerned that this did not clearly explain a patient's right to complain directly to Healthcare Improvement Scotland at any stage, whether they had used the provider’s complaints procedures or not. This recommendation is not met and will be followed up at our next inspection.

While we saw that the service’s website contained a wide range of information, there was a lack of detail in some of the consultant profiles. More detail about each consultant will help people when they are choosing which consultant to use. We also saw that there were links to information about some of the conditions that each consultant specialises in. Some of these links led to parts of the website that had not been fully completed. For example, there was no information on multiple sclerosis or movement disorders.

* No requirements.
* No recommendations.

**Quality Statement 0.4**

*We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.*

**Grade awarded for this statement: 5 - Very good**

We saw that most patient care records were stored securely in a locked room or archived in locked facilities.

The service is currently introducing a new policy to cover records management. The policy clearly sets out the roles and responsibilities of staff to ensure confidential information is stored safely. Senior staff have been made aware of the policy and the service plan to create a working group to implement the policy in full.

Staff complete online training on information security annually. We saw a checklist which showed that new staff had some training on information governance during their initial induction. This means that all staff have regular updates on the subject.
We saw that an internal audit on information security was carried out in July 2013. The audit included checks on how information was stored and how the areas, where records were kept, are accessed. This was a detailed audit and it helped to identify areas for improvement.

An external company has also carried out an information audit of the service. The audit was carried out using an accredited system and looked at information security throughout all of the Nuffield Health sites. The use of an external audit demonstrates that the provider takes a proactive approach to assessing the quality of their information security procedures.

During the inspection, we saw no evidence of confidential files being left unattended in the ward areas. We saw that computer screens were password protected and staff were aware of the need to protect confidential information.

Areas for improvement
The internal audit found that the door into the inpatient booking room needed fixed for security reasons. There was no evidence that this has been actioned. The audit also did not mention that patient care records, which were in use, were stored in an open cupboard within an unlocked area. These areas should be made secure to support the safe storage of records (see recommendation a).

We saw that the patient care records only asked about sharing information with the patient’s next of kin. This could be improved by asking about consent to share information with others for example, GPs. Management told us that patient care records were being reviewed and that this could be incorporated into the review.

During the inspection, we were in a public corridor and heard staff in an office having a telephone conversation which included personal patient details. This was due to the office door not being closed. The management agreed to remind staff to be vigilant and ensure confidential conversations are carried out in private.

- No requirements.

Recommendation a
- We recommend that Nuffield Hospital Glasgow should ensure that all confidential information is stored in a secure area or lockable cupboard.

Quality Theme 1

Quality Statement 1.4
We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 5 - Very good
We saw that there is full-time pharmacy input in the hospital. The pharmacist is involved in a range of activities including:

- checking that prescribing practices are safe
• dispensing medication
• carrying out audits, and
• training staff.

The service told us that it had audited controlled drugs in March 2014. The audit looked at areas such as:

• whether there have been any incidents involving controlled drugs in the previous 3 months
• if there has been any excessive or unusual prescribing trends of controlled drugs
• whether controlled drugs are stored safely, and
• whether systems are in place to safely manage the keys to the controlled drugs cupboard.

A comprehensive medication management policy is in place. This includes a procedure for staff to follow in the event of a medication error. The pharmacist in the service told us that they would be involved in the investigation of any medication errors.

There are also systems in place to manage the use of cytotoxic drugs. Cytotoxic drugs are anti-cancer drugs which are used during chemotherapy. These drugs can be very powerful and it is important to minimise the opportunity for errors. Having specific systems in place helps to do this.

During the inspection, we looked at three prescriptions and recording sheets. We found that all the prescriptions had:

• the person’s name and date of birth clearly written
• identified any known allergies
• been signed by the prescriber
• the name of the medication to be given written legibly, and
• the route identified, for example to be given by mouth or injection.

We also saw that the corresponding recording sheets had been fully completed.

Staff in the service have to undergo competency checks before they are allowed to administer medication to patients. This also includes all bank and agency staff. The competency checks include an assessment of the nurse’s knowledge of medication and a period of supervised practice.

The service has systems in place for medicines reconciliation. Medicines reconciliation is when staff ensure that the medication being prescribed to a patient in the community is continued in the hospital, if appropriate.

All four patients we spoke with told us that they had been able to access effective pain relief. They had their level of pain assessed after they came out of surgery and staff responded quickly to any requests for more pain relief. They had also discussed how to manage their pain after discharge and knew who to contact if they needed more advice.

■ No requirements.
■ No recommendations.
Quality Statement 1.6

We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of service users and staff.

Grade awarded for this statement: 5 - Very good

The service told us that senior staff attended risk management training in October 2013. A new risk assessment framework is in the process of being introduced in the service. This meant that some risk assessments were in the older format and some used the new style. Senior staff spoken with were aware of the need to update risk assessments within their areas.

We saw that individual risk assessments were recorded in the patient care record. These included daily risk assessments for patients who were staying on the ward.

Staff in the service must complete health and safety training every year. We saw that uptake of this training was high and this was being monitored by senior staff to ensure completion.

The service also carries out health and safety audits. We saw a copy of the theatre department’s audit from September 2013. A staff member from a different Nuffield Health Hospital carried out this audit. This is good practice as it gives a degree of impartiality to the process. Staff were positive about this process as they were also given the chance to audit other Nuffield Health hospital theatres. This meant that they could learn from what other hospitals were doing well.

The World Health Organization (WHO) has issued guidelines called safe surgery saves lives. This details best practice for performing surgery in a safe way. We followed a patient’s journey from the ward to theatre, the recovery room and back to the ward. We saw that staff carried out a checklist to confirm the patient’s identity, date of birth, site of operation and other key information at each handover point. This is in line with the WHO Safe Surgery guidelines.

Another of the recommendations is for staff in the theatre to have a ‘surgical pause’ before they start the surgery. A surgical pause is when staff make a final check that they have the correct patient, the correct equipment and are about to perform the correct procedure before starting the surgery. We saw that a surgical pause took place involving all relevant staff.

During surgery, staff in the theatre should count all the swabs, needles and instruments that are used. This means that they can then count them at the end of the surgery to make sure nothing has been left in the patient. We saw that staff did this and used a white board to keep a running total during the operation. This allows staff to make an accurate check when the operation is finished.

We saw that patients were accompanied to and from the theatre department with a nurse or other suitable member of staff. We saw that close monitoring of patients took place during the introduction of anaesthetic, during the operation and in the recovery room. Observations were recorded approximately every 5 minutes and this was good practice.

Senior staff told us they were aware of safe limits to working practices. An example was given of theatre nurses questioning a medical consultant about a particular procedure and asking for more information to be provided before agreeing for the operation to take place.
This demonstrated a proactive approach to maintaining patient safety and confidence in staff to make challenges if needed.

During the inspection, we checked three patient care records and found good standards of record-keeping. Entries were signed, dated and the time was recorded. Essential details such as next of kin and consent to treatment were also recorded. Copies of the consent form were provided for patients within their discharge packs. The consent form was signed by the patient and the surgeon and listed the potential risks of the operation or procedure.

**Areas for improvement**

We saw that the risk assessment section had not been completed in some of the patient care records we looked at. We saw that an internal audit of records had also identified a low completion rate (see recommendation b).

Due to recent changes in the way the local NHS board works, there is a need to update the transfer policy. A transfer policy covers what should happen if a patient's needs or condition changes suddenly and they cannot be managed safely in the service. It details what staff should do to safely transfer the patient to the appropriate NHS setting. The management team is aware of the need to finalise this policy and have put interim measures in place. However, more work is needed to finalise this policy and ensure the details are clear made and available to staff (see recommendation c).

- No requirements.

**Recommendation b**

- We recommend that Nuffield Hospital Glasgow should ensure that risk assessments within the patient care record are completed or records indicate that they are not applicable.

**Recommendation c**

- We recommend that Nuffield Hospital Glasgow should ensure the transfer policy is finalised and made available to staff.

**Quality Theme 2**

**Quality Statement 2.2**

We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

**Grade awarded for this statement: 4 - Good**

The hospital is a purpose built facility with 33 inpatient beds, two of which can be used for high dependency patients. There is one ward in the hospital with 33 single, en-suite bedrooms. The hospital also includes:

- two operating theatres
- an endoscopy suite
- diagnostic imaging facilities
- a pharmacy
• a pathology laboratory
• 11 outpatient consulting rooms, and
• minor procedures treatment rooms.

We saw that up-to-date health and safety and fire risk assessments are in place.

The service has also upgraded their endoscopy facilities. The new facilities allow endoscopes to be passed through a hatch into a room for them to be cleaned. They are then put into a washer/disinfector. When the machine has cleaned the endoscope, it is taken to a different room and put in a drying machine. The use of two different rooms for dirty endoscopes and clean endoscopes reduces the risk of clean endoscopes becoming contaminated before they are used again.

Areas for improvement

At our previous inspection in October 2012 we made the following recommendation:

*We recommend that Nuffield Hospital Glasgow should review the accommodation and produce an action plan with a view to improving the overall quality of the accommodation.*

During this inspection, we saw that the environment remains tired in many areas. There are areas of damage on corridor walls and doors. Some of the furniture in the patient bedrooms is also marked and cannot be cleaned effectively. We were also concerned at the lack of clinical hand washing sinks that are compliant with current standards. We saw that the service has a plan in place to update the environment. We saw evidence that the provider has agreed substantial funds for the work to be carried out. This recommendation is not met and will be followed up at our next inspection. The provider should prioritise the works to be done taking into account any potential risks associated with infection prevention and control.

We saw a lack of storage space in the theatre department. This meant that some equipment had to be stored inappropriately in the recovery area. The service has plans in place to remodel this area and will increase the amount of storage available (see recommendation d).

- No requirements.

Recommendation d

- We recommend that Nuffield Hospital Glasgow should ensure that no inappropriate items are stored in the recovery area of the theatre department.

Quality Statement 2.4

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 5 - Very good

We saw that a range of policies and procedures are in place to support staff with infection prevention and control.

The service has a lead infection control nurse. The lead infection control nurse co-ordinates a system of infection control link nurses and assistants in other departments. These are
members of staff who take the lead in ensuring that infection control practices are satisfactory in the areas where they work. The lead infection control nurse has a minimum of three days each month dedicated to the role.

Infection prevention and control meetings are held every month. We looked at the minutes from the meeting held in April 2014. The meeting is attended by the hospital matron, the lead infection control nurse, infection prevention and control link nurses and assistants from different areas of the hospital. A consultant microbiologist also attends this meeting every 3 months. The meeting covers a range of topics such as:

- updates on action plans
- audit results
- staff training, and
- policies or procedures which need to be reviewed.

We saw that actions from the infection prevention and control meetings are clearly identified along with the person responsible for completing the action. We saw that actions from the previous meeting are also discussed to ensure they are completed.

A range of audits are carried out within the hospital relating to infection prevention and control, which include:

- observation of hand hygiene practice
- insertion of peripheral venous catheters
- insertion of catheters, and
- surgical site infection surveillance.

We saw an action log is produced as a result of these audits. The action log includes:

- any areas of non-compliance
- proposed actions
- the person responsible for the action
- when the action should be reviewed, and
- the results of re-audits to measure any improvements made.

If someone develops a healthcare acquired infection when they are in the hospital, a root-cause analysis is carried out. This allows the service to look more closely at the circumstances surrounding the patient acquiring an infection. We saw an example of a root-cause analysis which had been carried out, this included:

- timeline of the events
- cross-reference to policies and procedures to ensure these have been followed
- causes identified
- lessons learned
- recommendations, and
- how the lessons learned will be shared with staff.
We checked various areas of the hospital to assess the standard of domestic cleanliness. This included:

- patient bedrooms and en-suite bathrooms
- sluice rooms
- clinic rooms
- minor procedures rooms
- outpatient clinics
- communal areas, and
- theatres.

During the inspection, we saw the hospital appeared to be clean in all the areas we visited. The patients we spoke with told us they also thought their rooms were very clean.

We saw that systems are in place to support housekeeping staff in cleaning the hospital. Staff are given a checklist which shows the areas they have to clean and what they should clean in every area. Housekeeping staff then have to initial the checklist to indicate they have cleaned the area. The housekeeping supervisor performs daily spot checks to ensure that the areas have been cleaned satisfactorily. A full hygiene audit of the hospital is carried out every month. There is also a system in place to allow staff to report any maintenance issues by email. Staff we spoke with told us that the response time is quick and they have a good working relationship with the maintenance team.

During the inspection, we observed staff practices. We saw that staff were mostly compliant with standard infection control precautions. The patients we spoke with told us that staff would wash their hands and wear personal protective equipment when they were caring for them. Staff were also compliant with national dress code requirements. This includes being bare below the elbow, not wearing rings with large stones, having hair tied up and having short nails.

**Area for improvement**

While we saw that staff were mostly compliant with standard infection control precautions, there were some issues with sharps management. Sharps bins should have the date written on them when they are first used and should have the temporary closure mechanism closed when they are not in use. We saw several occasions of non-compliance.

We saw that the theatre area and the equipment were clean. Staff were able to tell us about their daily equipment cleaning schedule. However, they do not document what they do (see recommendation e).

- No requirements.

**Recommendation e**

- We recommend that Nuffield Hospital Glasgow should ensure that process is in place to identify what daily cleaning should be undertaken in the theatre department. The process should include recording the cleaning that has been carried out.
Quality Theme 3

Quality Statement 3.3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Grade awarded for this statement: 5 - Very good
Staff spoken with during the inspection told us that they had good access to training and development. They felt well supported and that there is a positive working relationship across all departments. Mandatory training subjects in the service include the following.

- protection of vulnerable adults and children
- infection prevention
- fire safety
- information governance
- health and safety
- clinical manual handling, and
- resuscitation.

The list of mandatory subjects was due to be extended to include blood transfusion. However, there was already a regular competency update that had to be completed by nursing staff on this subject.

A list in the theatre department coffee room showed the completion rates of mandatory training. The ward sister uses the same system. This means there is a proactive approach to ensure all staff complete the mandatory subjects.

We saw that some staff training takes place online. Staff have email accounts and reminders are sent to them about which learning modules need to be completed.

We looked at examples of induction checklists for different staff groups. An induction checklist sets out topics to be covered on the first day of employment and over an 8-week period. A 'new start evaluation' form is also used to gain feedback from new staff on the induction process and how valuable it was.

A 'policy sign up' form is used to show that staff have read and understood key policies. The list included whistle blowing and grievance policies.

A new performance and development review (PDR) system has been introduced. The system involves a one to one meeting between a staff member and their line manager to rate the staff members performance over the past year. These one to one conversations had started and were due to move to the next phase. This involves agreeing objectives and individual support and development plans. We will look at progress of this at future inspections.

We saw that there were a number of clinical competency checklists for nurses and other staff. These were used to show that technical procedures were well understood and practice was meeting the expectations set by policy and guidelines.
Some staff had been supported with further education opportunities. Notice boards gave details of additional learning through seminars, both face to face and online.

The number of staff within the ward area is determined using a dependency tool. This uses a scoring system based on the numbers and needs of patients to decide how many staff would be needed each day. This was good practice.

Ward staff were provided with a written handover sheet as well as a verbal handover from one shift to another. This helped them to keep up to date with the patients and their needs. There was a high turnover of patients each day and this was demanding for staff to keep up with the numbers and variety of specialties. Patient satisfaction with care was very high and the versatility of staff from all departments to meet these needs is managed very well.

**Areas for improvement**

At our previous inspection in October 2012, we made the following recommendation:

*We recommend that Nuffield Hospital Glasgow should introduce a system of staff supervision.*

As the service is currently in the process of implementing a supervision system, this recommendation is not met and will be followed up at our next inspection.

We saw that the ward was using agency staff to cover some shifts, due to a lack of permanent staff being in post. Recruitment of new staff is planned to address this. Management hopes to appoint new staff as quickly as possible.

- No requirements.
- No recommendations.

**Quality Statement 3.4**

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

**Grade awarded for this statement: 6 - Excellent**

All staff and patients spoken with during the inspection told us that they felt they were treated with respect. The interactions we observed between staff and patients and between colleagues appeared to be respectful. We did not hear the use of any inappropriate language, either when staff were talking to or about patients. There appears to be a strong customer care and patient focus within the service.

We saw that the service carries out regular surveys asking patients to comment on the quality of the service they have received. One of the questions asks patients if they are treated with dignity and respect. In the most recent survey, 98% responded with ‘always’.

Processes are in place for staff to use if they felt they were not being treated with dignity and respect. These include policies on whistleblowing, and bullying and harassment. The service also has processes in place to help staff with stress management, if required.
During the inspection, we spoke with patients to discuss their overall experience of their time in the hospital. We received the following comments:

- ‘Been here before, and this time it was much improved. Now a good place to go to be treated with respect and privacy.’
- ‘The overall experience has been excellent.’
- ‘Feel well cared for. I was able to ask questions and staff were very good at answering them clearly.’
- ‘Respectful environment and the hospital is offering a caring service.’

- No requirements.
- No recommendations.

Quality Theme 4

Quality Statement 4.2
We involve our workforce in determining the direction and future objectives of the service.

Grade awarded for this statement: 5 - Very good
There were some online training sessions available for staff that contain a leadership element. This included a module on ‘coaching and team building’. However, some staff were more aware of these than others.

Minutes of various meetings are available online. This means staff can access the minutes and see what the senior management team and heads of department were discussing.

Clinical leadership was encouraged for specific subjects, such as infection control. The service had an infection control link nurse and this helped to lead and develop practice in this area.

A new ward leaders forum has been established and this gives an opportunity for learning across the Nuffield Health Group.

Staff spoken with during the inspection told us that leadership was discussed as part of one to one meetings. New nurse posts had just been established for senior staff nurses. This was motivational for staff to be recognised for the additional leadership they were providing.

Staff told us that they were confident to raise any concerns. As they were a small team, this helped communication between staff and management.

Nuffield Health Group had recently appointed a new chief nurse and it was hoped that this would lead to a more clinical focus and develop leadership opportunities for nurses.

Area for improvement
As there was some inconsistency in knowledge of leadership courses amongst staff this could be promoted more actively.
No requirements.

No recommendations.

Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 - Very good

We saw a clinical governance framework is in place within the service, which includes the following:

- the medical advisory committee
- integrated governance committee
- head of department meetings
- departmental meetings
- health and safety meetings, and
- infection prevention and control meetings.

We looked at the minutes from the clinical head of department meeting held in February 2014. The minutes show that various topics are discussed, such as:

- recent audit results and action plans
- infection prevention and control
- medicines management
- health and safety, and
- complaints.

Action points are clearly identified with the person responsible for completing the action.

A report is prepared for the integrated governance meeting and medical advisory committee. This report includes information on:

- human resource issues
- feedback from patient focus groups
- risk management
- recent audit results and action plans
- infection prevention and control, including surgical site surveillance data
- training and development, and
- medicines management.

We looked at the minutes of a recent integrated governance meeting and from a recent medical advisory committee. We saw that any issues highlighted from the governance report
were discussed at these meetings. Action points are clearly identified with the person responsible for completing the action.

The service carries out a variety of audits throughout the year. These audits include the following:

- medication
- health and safety
- environmental cleanliness
- record-keeping
- information governance, and
- infection prevention and control.

We saw several examples where improvements had been made as a result of the findings from the audits carried out. The service also carries out regular re-audits when any areas for improvement have been identified. This is important as it allows the service to find out if the measures they have taken have led to improvements being made. Staff who work in Nuffield Health Hospitals carry out some of the audits in the service. This helps to have a level of impartiality in the auditing process.

The service has several areas that are subject to external accreditation, for example:

- the theatre sterilisation unit
- information governance
- medical laboratories, and
- the use of radiation in medical imaging.

We saw that the service has met the standards for accreditation in all of these areas. We looked at the yearly radiation audit that an external company carried out in May 2013. The service has produced an action plan to address the areas for improvement highlighted in the audit.

The service carries out patient and consultant satisfaction surveys. These surveys ask patients and the consultants, who practise in the service, to give their opinion on the quality of the service provided. We saw that patients and consultants generally have high levels of satisfaction. We saw from looking at minutes that the outcomes from these surveys are discussed at various governance meetings which are held within the service.

- 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 Act, 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.

### Quality Statement 0.4

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations</td>
<td>We recommend that Nuffield Hospital Glasgow should:</td>
</tr>
<tr>
<td>a</td>
<td>ensure that all confidential information is stored in a secure area or lockable cupboard.</td>
</tr>
<tr>
<td></td>
<td>National Care Standard 14 – Information held about you.</td>
</tr>
</tbody>
</table>

### Quality Statement 1.6

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations</td>
<td>We recommend that Nuffield Hospital Glasgow should:</td>
</tr>
<tr>
<td>b</td>
<td>ensure that risk assessments within the patient care record are completed or records indicate that they are not applicable.</td>
</tr>
<tr>
<td></td>
<td>National care standard 12 – Clinical effectiveness</td>
</tr>
<tr>
<td>c</td>
<td>ensure the transfer policy is finalised and made available to staff.</td>
</tr>
<tr>
<td></td>
<td>National Care Standard 12 – Clinical effectiveness</td>
</tr>
</tbody>
</table>
### Quality Statement 2.2

**Requirements**

None

**Recommendations**

**We recommend that Nuffield Hospital Glasgow should:**

| d | ensure that no inappropriate items are stored in the recovery area of the theatre department. |
|   | National Care Standard 15 – Your environment |

### Quality Statement 2.4

**Requirements**

None

**Recommendations**

**We recommend that Nuffield Hospital Glasgow should:**

| e | ensure that there is a process in place to identify what daily cleaning should be undertaken in the theatre department. The process should include recording the cleaning that has been carried out. |
|   | National Care Standard 15 – Your environment |

**Recommendations carried forward from our 23 October 2012 inspection**

**We recommend that Nuffield Hospital Glasgow should:**

| review its complaint information to include details of the regulatory body. This should be made easily accessible to all people who use the service. |
| review the complaints policy and procedures. |
| review the accommodation and produce an action plan with a view to improving the overall quality of the accommodation. |
| introduce a system for staff supervision. |
## Appendix 2 – Grading history

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Quality of Information</th>
<th>Quality of Care and Support</th>
<th>Quality of Environment</th>
<th>Quality of Staffing</th>
<th>Quality of Leadership &amp; management</th>
</tr>
</thead>
<tbody>
<tr>
<td>23/10/2012</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>4 - Good</td>
<td>5 - Very good</td>
<td>5 - Very Good</td>
</tr>
</tbody>
</table>

Please see Appendix 3 for a full explanation of the quality theme grades.
Appendix 3 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 4 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints
If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service. Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300
Email: hcis.chiefinspector@nhs.net
Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information**: this is how the service looks after information and manages record keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support**: how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment**: the environment within the service.
- **Quality Theme 3 – Quality of staffing**: the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership**: how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in Appendix 4.

Types of inspections

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 8 weeks after the inspection.

- **Announced inspection**: the service provider will be given at least 4 weeks’ notice of the inspection by letter or email.
- **Unannounced inspection**: the service provider will not be given any advance warning of the inspection.

Grading

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>excellent</td>
</tr>
<tr>
<td>5</td>
<td>very good</td>
</tr>
<tr>
<td>4</td>
<td>good</td>
</tr>
<tr>
<td>3</td>
<td>adequate</td>
</tr>
<tr>
<td>2</td>
<td>weak</td>
</tr>
<tr>
<td>1</td>
<td>unsatisfactory</td>
</tr>
</tbody>
</table>

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

**Quality Theme 1 – Quality of care and support: 4 - Good**

Quality Statement 1.1 – 3 - Adequate
Quality Statement 1.2 – 5 - Very good
Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/video conference)
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at: [http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx](http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx)
Appendix 5 – Inspection process

We follow a number of stages in our inspection process.

**Before inspection**

The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.

We review the self-assessment submission to help inform and prepare for on-site inspections.

**During inspection**

We arrive at the service and undertake physical inspection.

We have discussions with senior staff and/or operational staff, people who use the service and their carers.

We give feedback to the service’s senior staff.

We undertake further inspection of services if significant concern is identified.

**After inspection**

We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require 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.
## Appendix 6 – Terms we use in this report

### Terms and abbreviations

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider</td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<tr>
<td>Service</td>
<td>A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.</td>
</tr>
</tbody>
</table>
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network (SIGN) are part of our organisation.