Unannounced Inspection Report: Independent Healthcare

Ross Hall Hospital | BMI Healthcare Limited | Glasgow
10 July 2012
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 Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net.
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1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

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 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’), and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we inspect an independent healthcare service we make sure it meets the requirements of the Act. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting these standards, the Act gives us powers to require the service to improve. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of 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 independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public 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. You can, however, complain directly to us about an independent healthcare service without first contacting the service.
Our contact details are:

Healthcare Improvement Scotland  
Elliott House  
8–10 Hillside Crescent  
Edinburgh  
EH7 5EA  

**Telephone:** 0131 623 4300  
**Email:**hcis.chiefinspector@nhs.net
2 Summary of inspection

BMI Ross Hall Hospital Glasgow is part of BMI Healthcare Limited, the acute private hospital division of General Healthcare Group. Ross Hall Hospital has 101 en-suite rooms each with bathrooms, telephones and television facilities. The hospital has four operating theatres, one minor procedures theatre, a high dependency unit and a five bed intensive care unit.

Ross Hall Hospital offers an extensive range of treatments including cardiothoracic, colorectal, cosmetic, gastroenterology, orthopaedic surgery, plastic surgery and general surgery. Ross Hall Hospital sees both inpatients and outpatients and offers a rotational paediatric service.

We carried out an unannounced inspection to Ross Hall Hospital on Tuesday 10 July 2012.

We assessed the service against four Quality Themes related to the National Care Standards and inspected the following areas:

- the reception and arrival area
- general corridor areas
- outpatient department
- Lomond ward
- Clyde ward
- Cruachan suite
- X-ray department
- a sample of patient bedrooms and bathrooms, and
- a sample of consultation rooms.

We spoke with a variety of people employed at Ross Hall Hospital including:

- the executive director
- the director of nursing
- the support services manager
- the outpatients department manager
- the regional human resources administrator
- a charge nurse
- the infection control nurse, and
- the complaints manager.

We did not speak to any people who use the service.

During this inspection, we looked at a number of documents including:

- the last three inspection reports
- patient information leaflets
- patient care records
- staff recruitment files
- patient satisfaction questionnaires including analysis reports
- policies on adult protection, child protection and complaints
- minutes from meetings
- audits and action plans
- complaints policy/incident recording and management system
- complaints log for period January to July 2012
- two examples of complaints currently being investigated by the service, and
- contingency plan for emergency situations.

We also reviewed the provider’s annual return and self-assessment. These are documents that all independent healthcare providers must submit to Healthcare Improvement Scotland on an annual basis. These tell us about the service and how well the service believes it is performing against the National Care Standards.

The inspection team was made up of three inspectors. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting Ross Hall Hospital can be found in Appendix 4.

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

Quality Theme 0 – Quality of information: 4 - good
Quality Theme 1 – Quality of care and support: 2 - weak
Quality Theme 2 – Quality of environment: 5 - very good
Quality Theme 3 – Quality of staffing: 5 - very good

Overall, we found evidence at Ross Hall Hospital that:

- people who use the service are treated as individuals within a structured model of treatment, care and support, and
- a multidisciplinary approach to treatment and care is in place.

We did find that improvement is required in one area, which relates to:

- the process and procedures for dealing with complaints.

This inspection resulted in one requirement and one recommendation. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. A full list of the requirements and recommendations can be found in Appendix 1.

The provider, BMI Healthcare Limited, must address the requirement and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Ross Hall Hospital for their assistance during the inspection.
3 Key findings

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: 4 - good
Ross Hall Hospital has a website where both doctors and members of the public can read about the hospital and what services are offered. Members of the public can also ask confidential questions online. These are answered by a senior nurse. People who use the service can request information be sent to them about specific procedures and treatments, and an indication of costs.

Leaflets about specific treatments and procedures are available throughout the hospital. The leaflets state how people who use the service can make initial appointments and give advice on fees.

Ross Hall Hospital's self-assessment states that information is available to people who use the service in a variety of different formats.

The Hospital’s brochure provides people who use the service with information on what to expect when staying at the hospital. This leaflet is easy to follow, includes information about the discharge process and states that arrangements can be made for an interpreter. Directions to the hospital are given in brochures and on the hospital website. We also saw additional information informing people who use the service about staying an additional night and the cost associated with this.

The pre-admission information brochure gives advice on methods of payment and what tests may not be covered by an insurance provider.

Contact details for Ross Hall Hospital are displayed throughout the hospital and within patient information leaflets and brochures.

Areas for improvement
Although Ross Hall Hospital provides information about costs, we did not see this clearly set out in an easy to understand format. We looked at a sample letter for one person who used the service who planned to have a day case procedure. This letter did not clearly explain the costs, what was included and what may be extra.

We reviewed the complaints log for Ross Hall Hospital and found that there had been a significant number of complaints made since January 2012 about invoicing. We found there was a lack of clarity over pricing and what is included. A recommendation is made (see recommendation a).

- No requirements

Recommendation a
- We recommend that Ross Hall Hospital review its process to ensure that all people who use the service receive accurate information regarding the
likely costs of any treatment or procedures. Ross Hall Hospital should also ensure that where there are potential additional costs, (for example consultation fees or further tests), these are clearly indicated.

**Quality Theme 1**

**Quality Statement 1.1**

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

**Grade awarded for this statement: 2 – Weak**

Ross Hall Hospital actively seeks the views of people who use the service. Throughout the hospital, we found questionnaires that people who use the service could complete to give feedback on their experience of the service. This includes feedback on the facilities, the care received, the quality of food and the overall experience of staying at the hospital. We saw examples of where BMI Healthcare Limited had used the results from patient questionnaires to make improvements.

The hospital brochure tells people who use the service that concerns can be raised with any member of staff. People who use the service can also request to speak to a member of the senior management team. The hospital has a complaints policy. Additionally, staff guidance states that people who use the service can complain directly to Healthcare Improvement Scotland, as the healthcare regulator.

**Areas for improvement**

The hospital complaints policy describes how Ross Hall Hospital should ensure that complaints are investigated and resolved. However, we found that the policy does not make clear that people who use the service are able to raise their concerns with Healthcare Improvement Scotland independently.

We reviewed the complaints log for Ross Hall Hospital. We found that 53 complaints have been made by people who use the service between January and July 2012. We reviewed the summaries of each complaint and found that 26 of the 53 complaints related to financial matters. This included confusion about charges and a lack of communication about additional charges. Within these 26 complaints, we found that seven complaints had not been resolved within the expected 20 working days from the date the complaint was received. We noted one particular example where a person who used the service had paid for their treatment but had further additional payments debited from their bank account one year after the treatment had taken place and been paid for. This complaint has remained unresolved for over a year. The records we reviewed showed that staff at the hospital have not followed their own complaints policy. Senior staff at the hospital told us that the financial operations relating to the payment of treatments has changed within BMI Healthcare Limited and they acknowledge that this had caused problems. A requirement is made (see requirement 1).

Complaints are a valuable way of gaining the views of people who use the service regarding their care and assisting the service to identify where improvements are needed.
We are concerned that Ross Hall Hospital does not currently audit its own complaints process. This would allow the provider to identify common themes of patient dissatisfaction and effectively monitor its own performance.

We have concluded that the service needs to have a structured and planned approach to managing complaints. Our findings have impacted on the grade awarded for this statement.

**Requirement 1 – Timescale: by 1 October 2012**

- BMI Healthcare Limited must ensure that the complaints policy is reviewed and that all relevant staff follow the procedures set out. In order to achieve this the provider must:

  - ensure information is included on the remit of the healthcare regulator
  - ensure accurate records are kept at all stages of the procedure
  - ensure an effective auditing system is implemented and maintained, and
  - ensure that the complaint procedure is made available to all relevant people (including staff, service users and their representatives).

**Quality Statement 1.5**

We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users’ physical, psychological, emotional, social and spiritual needs at all times.

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

Ross Hall Hospital was not operating at full capacity on the day of the inspection. We therefore only looked at a limited sample of patient care records for people who use the service undergoing day surgery.

The day surgery unit is a busy unit. However the nursing staff on duty on the day of the inspection were knowledgeable about the people who use the service in their care. The senior nurse told us about the criteria in place for people who use the service who are required to have an admissions assessment prior to surgery. This included blood tests and X-rays. We were told that staff would work with GPs to allow people who use the service, who lived further away from the hospital, to have these assessments completed before admission to the hospital.

Appropriate advice about fasting prior to surgery is given to all people who use the service. This included in the letter they receive before arriving at the hospital.

The hospital operates an open visiting policy. The hospital recognises that having relatives and friends close by is important in meeting the needs of some people who use the service.

We saw examples of pre-operative questionnaires for both day surgery and inpatients. These ask for details about the needs of people who use the service, including social habits, dietary needs, spiritual and cultural needs, and personal values and beliefs. The day surgery assessment information is used to determine whether a patient is suitable for day surgery or if there was a need for referral for further assessment.
We looked at the patient care records for three people who use the service undergoing procedures in the day surgery unit on the day of the inspection. The patient care records contained relevant personal information. Room orientation sheets were completed showing that staff had shown the people who use the service the information brochure, fire instructions and how to use the call bell system. Information about the procedure to be undertaken by the person using the services and consent forms are included in the patient care record. Aftercare, such as physiotherapy and nursing interventions, were documented. This included instructions on what food the person who uses the service could eat and liquids they could drink.

There was a good range of information gathered and recorded which helps the hospital to provide person-centred care. Staff stated there was an emphasis on individual patient care and they wanted to provide a good quality of care.

Areas for improvement
Ross Hall Hospital should continue to maintain or improve on the grade awarded.

- No requirements.
- No recommendations.

Quality Theme 2
Quality Statement 2.1
We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 5 – Very good
Ross Hall Hospital uses patient satisfaction questionnaires to seek feedback on the experiences of people who use the service. The results from completed questionnaires are analysed by an external company. They provide analysis reports both at hospital level and across the company. The hospital uses these feedback reports to make improvements where necessary. We saw evidence of the monthly reports collated by the external company and a breakdown of the comments made. We also saw evidence that feedback from people who use the service was being used to make improvements to the environment and facilities such as the ongoing refurbishment of bedrooms.

We noted that a new committee has been established at the hospital to review the monthly company-wide analysis reports produced by the external company. This committee meets once a month to discuss ways to learn from company-wide trends that have been identified in the patient satisfaction surveys.

There is a quality partner’s group meeting held every 6 weeks. Members of this group come from all departments within the hospital. Group members are encouraged to give their opinions on how improvements can be made to the hospital environment and for the care and safety of patients. We looked at the minutes from the last meeting of the group, held in June 2012. This included issues such as patient satisfaction questionnaires, housekeeping and building facilities. We saw evidence
from the minutes that action had been taken to address issues raised at the previous meeting.

Ross Hall Hospital holds focus group meetings for people who use the service. These meetings are attended by the clinical operations manager, the patient services manager and a patient services assistant. People who have previously used the service are invited to attend the meetings and give their opinions about their experience of the hospital. We looked at the minutes from the last meeting, held in June 2012. Issues such as the discharge process, hospital refurbishment and the experience of people who use the service were openly discussed at this meeting. Unfortunately, of the 10 people who use the service invited to the June meeting, only two attended. The hospital is considering sending out a higher number of invitations for the next focus group meeting, in the hope that more people who use the service will be encouraged to attend and share their views.

Areas for improvement
BMI Healthcare Limited’s quality team carry out unannounced visits to the hospital twice a year. The aim of these visits is to objectively review performance at the hospital and suggest any improvements that could be made. We saw the action plan from the most recent provider visit in November 2011. This made recommendations about improving the management of complaints in the service. We have found the same issues still remain. We report on this further under statement 1.1.

- No requirements.
- No recommendations.

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: 5 – Very good
All bedrooms are single with en-suite facilities. Some of the bedrooms have been upgraded with the remainder on a planned programme of refurbishment.

All areas we visited were clean and well maintained. We saw a mixture of hard (waterproof) and soft floor coverings throughout public areas and bedrooms. These areas were all clean and in good repair. The communal corridor areas were wide enough to accommodate people who use the service moving around in wheelchairs.

Bedrooms had been decorated with laminate flooring for easier cleaning and better infection control. Apron and glove dispensers were provided in corridor areas as well as alcohol gel dispensers at the entrance to each ward area, in corridors and in every bedroom. The carpeting in corridors was clean and in good condition.

A new infection control nurse has recently been appointed at Ross Hall Hospital on a part-time basis. This role is supported by a infection control manager. The hospital also plans to introduce a system of link staff at the hospital to complement this dedicated infection control nurse role. The link staff will be a mixture of clinical and non-clinical staff from across all grades at the hospital. We were advised that
meetings had already taken place to establish this new link system. We will follow up on progress at future inspections.

**Areas for improvement**
Infection control audits are carried out annually at Ross Hall Hospital. The new infection control nurse described plans to update the current audit tool to incorporate the most up-to-date national guidance.

Further work identified since the infection control nurse came into post includes plans to replace the dual purpose linen trolleys. This will ensure that clean and dirty linen can be separated more effectively.

We will monitor progress of the above at future inspections.

- No requirements.
- No recommendations.

**Quality Statement 2.3**
We ensure that all our clinical and non-clinical equipment within our service is regularly checked and maintained.

**Grade awarded for this statement: 5 – Very good**
During the inspection, we saw good evidence that the facilities and equipment were being effectively managed. The support services manager explained how the hospital facilities and equipment are managed via an electronic system. Support is also available from the head office facilities department. There are a number of tradesmen and housekeeping staff in the hospital who work to maintain the environment, equipment and facilities. The electronic system helps staff keep track of, and effectively manage reported faults and repairs, routine maintenance, equipment servicing and planned refurbishment.

We saw minutes from the last three health and safety committee meetings. These meetings are held quarterly. Standing agenda items include an infection control update, radiation protection update, fire training, incident review, environmental update and a safety representative’s update. We saw evidence that action was being taken to resolve issues raised at previous meetings.

We saw a housekeeping manual containing numerous standard operating procedures (SOPs) for all the cleaning tasks carried out at the hospital. These standard operating procedures were clear and easy to follow. The cleaning sign-off sheets we saw were all completed and the system appeared to work well.

**Area for improvement**
The provider should continue to maintain and improve upon the very good level of provision.

- No requirements.
- No recommendations.
Quality Theme 3

Quality Statement 3.2
We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 5 – Very good
The hospital has a robust recruitment and retention policy in place. All applicants submit an electronic application form and are interviewed before a formal offer of employment is given.

We reviewed the staff files of four employees, two whom started work in the last year and two who have been employed by Ross Hall Hospital for several years. All staff files contained a job description, application form, interview notes, and professional registration information from the Nursing and Midwifery Council (NMC) or the Health Professions Council (HPC). All staff had a completed application checklist in their file including Protecting Vulnerable Groups (PVG) Disclosure Scotland numbers.

Areas for Improvement
The provider should continue to maintain and improve upon the very good level of provision.

■ 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 or a condition of registration. Where there are breaches of the regulations, orders or conditions, a requirement must be made. Requirements are enforceable at the discretion of the 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.

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<th>Quality Statement 0.2</th>
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<td><strong>Requirements</strong></td>
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<td><strong>Recommendations</strong></td>
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<td>We recommend that Ross Hall Hospital should:</td>
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<td>National Care Standard 1.8 and 1.9 - Before you come for your outpatient appointment [Independent Hospitals]</td>
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<td>1 ensure that the complaints policy is reviewed and that all relevant staff follow the procedures set out. In order to achieve this the provider must:</td>
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<td>National Care Standard 1.9 – Expressing your views [Independent Hospitals]</td>
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<td>Quality Statement 1.5</td>
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Appendix 2 – Inspection process

Inspection is a process which starts with self-assessment, includes at least one inspection to a service and ends with the publication of the inspection report and improvement action plan.

First, 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.

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 both by considering the self-assessment data and inspecting the service to validate this information and discuss related issues.

The complete inspection process is described in the flow chart in Appendix 3.

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 6 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:

6 excellent 5 very good 4 good 3 adequate 2 weak 1 unsatisfactory

We do not give one overall grade for an inspection.
Follow-up activity

The inspection team will follow up on the progress made by the independent healthcare service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by 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 an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

Appendix 3 – Inspection process flow chart

Prior to inspection visit
- Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland

Self-assessment submission is reviewed to inform and prepare for on-site inspections

During inspection visit
- Arrive at service
- Inspections of areas
- Discussions with senior staff and/or operational staff and patients
- Feedback with service

Further inspection of service areas of significant concern identified

After inspection visit(s)
- Draft report produced and sent to service
- Report published
- Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to Ross Hall Hospital was conducted on Tuesday 10 July 2012.

The inspection team consisted of the following members:

**Brian Auld**
Lead Inspector

**Anna Brown**
Associate Inspector

**Janet Smith**
Associate Inspector
Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

**Blackwells Bookshop**  
53-62 South Bridge Edinburgh  
EH1 1YS

**Telephone:** 0131 662 8283

**Email:** Edinburgh@blackwells.co.uk
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 key components of our organisation.