Unannounced Inspection Report: Independent Healthcare

The Priory Hospital  Glasgow | Priory Healthcare Limited
3 and 4 December 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

© Healthcare Improvement Scotland 2013

First published February 2013

The publication is copyright to Healthcare Improvement Scotland. All or part of this publication may be reproduced, free of charge in any format or medium provided it is not for commercial gain. The text may not be changed and must be acknowledged as Healthcare Improvement Scotland copyright with the document’s date and title specified. Photographic images contained within this report cannot be reproduced without the permission of Healthcare Improvement Scotland.

This report was prepared and published by Healthcare Improvement Scotland.

www.healthcareimprovementscotland.org
## Contents

1. Background ........................................ 4

2. Summary of inspection ............................. 6

3. Key findings ........................................ 8

Appendix 1 – Requirements and recommendations .......................... 19
Appendix 2 – Inspection process ........................................ 20
Appendix 3 – Inspection process flow chart .............................. 22
Appendix 4 – Details of inspection ..................................... 23
Appendix 5 – The National Care Standards ............................. 24
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')
- 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.

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 the requirements of the Act, we have 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. 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
2 Summary of inspection

The Priory Hospital - Glasgow (the hospital) is a private psychiatric hospital registered to provide nursing care for up to 42 inpatients and up to 40 day patients. The building is situated within a quiet residential area, close to public transport and local amenities.

We carried out an unannounced inspection to the hospital on Monday 3 and Tuesday 4 December 2012.

We assessed the service against the National Care Standards and inspected the following areas:

- outpatient department
- inpatient department
- main dining room and kitchen
- ward pantries
- sample of patient bedrooms, and
- pharmacy.

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 the 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: 5 - Very good
Quality Theme 1 - Quality of care and support: 5 - Very good
Quality Theme 2 - Quality of environment: 5 – Very good
Quality Theme 3 - Quality of staffing: 5 - Very good
Quality Theme 4 - Quality of management and leadership: 5 - Very good

We spoke to some people who were using the service and some staff, including:

- the registered manager
- the clinical manager
- nursing staff
- the auditor
- the clinical pharmacist
- an HR administrator
- a student nurse
- a patient representative
- catering staff, and
- the catering manager.

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

- patient information leaflets
the Priory Healthcare Limited website
patient care records
staff recruitment files
patient satisfaction questionnaires and analysis reports
policies on adult protection, child protection and complaints
minutes from meetings, and
audits and action plans.

We also reviewed the service 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 which tell us about the service and how well the service thinks it is performing against the National Care Standards.

This inspection resulted in no requirements and two recommendations. See Appendix 1 for a full list of the recommendations.

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

Quality Theme 0

Quality Statement 0.1
We ensure that service users and carers participate in assessing and improving the quality of information provided by the service.

Grade awarded for this statement: 5 - Very good
The information provided in Quality Statement 1.1 is also relevant here.

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
The hospital offers very good information about the services it provides. The Priory Healthcare Limited website provides information about services offered at the hospital. People who are thinking about using the services can take a virtual tour of the facilities and download leaflets.

We saw a preadmission booklet with comprehensive information about staying in the hospital. We also saw that a patient room directory was available in all bedrooms, again providing comprehensive information about what to expect during admission, treatment and discharge. There is also an information sheet about the consultants who work at the hospital.

There were various other types of information throughout the hospital, for example:

- understanding and overcoming anxiety leaflet
- understanding and overcoming alcohol dependency leaflet
- advocacy information
- crisis line telephone numbers, and
- guidance on how to make a complaint.

All the information was easy to understand and we saw evidence of involving people who use the service to develop and improve the information available at the hospital.

There is an admissions team in the hospital who deal with telephone enquiries and send out further information by email or post when requested. The admissions team also meets face to face with people considering using the service and with people being admitted to the service. Information on self-funding or medical insurance is given to people who use the service on admission, as well as information on specific programmes, the amount of sessions to expect and the consultants who work at the service. The documentation we saw was comprehensive with all fees clearly explained. Staff advised us they make a point of reinforcing financial information regularly with people who use the service during their stay.

Information was presented in a clear manner, but there is scope to improve this.
Area(s) for improvement
While the information provided in the reception area was comprehensive and varied, it was not easy to find and therefore possible for first-time visitors to miss. Information displayed within the service should be made more visible.

It was unclear whether all of the information leaflets provided at the hospital would meet the needs of the different people that use the service. The service should consider accessibility to their literature for people who may require the information in a different format, for example:

- in plain English
- text size suitable for those with a visual impairment, and
- if available, translated versions.

See recommendation a

The hospital director told us that the Priory Healthcare Limited website is currently being updated to make navigation easier for people considering using the service. We will monitor progress with this at future inspections.

■ No requirements

Recommendation a

■ We recommend that The Priory Hospital - Glasgow should consider accessibility to their literature for people who may require the information in a different format, so that it meets the different needs of people who use the service.

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: 5 - Very good
People who use the services at the hospital are regularly involved in providing feedback about the care and support provided. Preadmission information is available that tells people how they can be involved in expressing their views, either through questionnaires or complaints. Information about previous inspection reports undertaken by the regulator is available. An advocacy service is also available that people can access if they need help to give their views.

Questionnaires are used to encourage feedback from people on their experience of using the hospital. This procedure has recently changed and is now done as part of the discharge process, which has shown an improvement in the questionnaire return rate. Questionnaires are initially analysed by senior managers so that any immediate action can be taken if necessary. The results are then entered onto a companywide system. Quarterly statistics are produced and reported at senior management team meetings. Action plans are developed to address areas of improvement and these are reviewed monthly at clinical governance meetings. We looked at the results from 2011 - 2012 and compared them with
other hospitals in Priory Healthcare Limited. The Priory Hospital - Glasgow was among the highest performing in the company in terms of patient satisfaction.

Community forum meetings are held every 2 weeks, chaired by a member of the public who has previously used the service. A member of the senior management team also attends these meetings and all people using the service are invited to attend. Minutes are kept and these are displayed on notice boards to keep other service users up-to-date with progress. The chair of the group meets with senior managers after each meeting to develop an action plan for the issues raised. He also attends clinical governance meetings to ensure patients’ views are represented. We saw minutes from recent community forum meetings and examples of improvements being made to the service as a result of the feedback given. One example was the provision of a games room with a pool table, television, stereo, Wii machine and snack dispenser. An activities coordinator has also been employed on a part-time basis as a direct result of patient feedback.

A named nurse and named therapist system is operating in the hospital, which means that people using the service know who is responsible for co-ordinating their care. This continuity allows people using the service to form an effective connection with the staff delivering their care.

We saw that the relationship between staff and people who use the service was open and inclusive and that people were treated with dignity and respect. An example was a doctor we saw warmly greeting a person who used the service when they arrived for an outpatient appointment. Staff sit with people who use the service in the dining room to eat meals. We also saw an excellent rapport between people who use the service and catering staff during this time. There were numerous thank you cards in the dining room thanking catering staff for the quality of the food and it was clear that peoples experience of dining in the hospital was very therapeutic. We thought this was a very positive feature of the service, particularly as one of the main service user groups treated at the hospital are people suffering with eating disorders. Examples of comments we saw included:

- “Thank you for your kindness and the excellent food. I have really enjoyed my meals.”
- “Thank you for looking after me so well and your ability to make things gluten free.”
- “The best Full Monty breakfast chef.”

Area for improvement
We found several examples of patient information sources where inconsistent information was given about the regulator, for example:

- the ‘Making a Complaint’ leaflet detailed information on the previous regulator, and
- the ‘Patient Room Directory’ detailed the correct regulator, but the wrong address and contact details.

See recommendation b.

Senior managers at the hospital are currently considering the provision of Sky TV, a Wifi internet connection and a gymnasium, following feedback from people who use the service. This feedback is being considered in terms of the potential therapeutic benefits offered, as well as the financial impact posed.

■ No requirements
Recommendation b

■ We would recommend that The Priory Hospital - Glasgow should review information sources for people who use the service and ensure that the correct information is provided about the regulator.

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

The hospital employs a clinical pharmacist to support a high standard of medicines management. Training on medicines management is one of a number of training sessions that the pharmacist has delivered to the staff working in the service, when requested to do so. A pharmacist audit is undertaken every week, which looks at prescription charts, prescription writing and the recording of medication administration. Audit reports are prepared every month and every 3 months. It was clear that where issues had been identified, they had been addressed and improvements demonstrated. The pharmacist sits on the audit committee at the hospital and raises any medicines management issues at these meetings. These issues will then be raised at clinical governance meetings. It was evident that the issue of medicines management is given high status within the hospital.

We looked at medication administration records on one of the wards and found a good standard of staff recording. There was a system of giving out medication to people who use the service directly from the ward pharmacy and a system of alerts was in place to ensure medicines were dispensed appropriately to individual service users.

Area for improvement

The provider should continue to maintain and improve upon the very good level of service provision under this statement.

■ No requirements

■ No recommendations

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: 6 - Excellent

All staff groups used patient care records, in both paper and electronic format. We looked at three patient care records, in paper format and saw the process for documenting one patient care record on the electronic system. All paper records were well set out, with an index so that information could be easily found. Sections included:
• personal information (such as contact numbers for family and carers)
• consent forms
• assessments by professionals involved in giving care
• investigations carried out
• risk assessments
• observation levels needed
• care plans, and
• correspondence.

The records also contained discharge care plans ready for completion and satisfaction surveys for people who use the service to complete on discharge. It was clear that there was involvement from people who use the service to agree their plan of care and that these were tailored to meet individual needs. People who use the service gave their agreement and consent for treatment and attending groups, and for information to be shared with their GP and the people they wanted to tell about their admission or treatment.

A checklist was in place for staff to follow so they could record that all the required steps had been taken during the admissions process. For example, explaining about bag searching, urine screening, night staff checks and room orientation.

Reviews of patient care records are carried out weekly, as a minimum, and more frequently if necessary. During the review process, risk assessments and plans of care are updated. All entries in the patient care records we looked at were signed and dated by staff.

We spoke with a person using the inpatient services and they told us they felt supported by staff and treated like an individual. We spoke with another person using the day care service who told us about their experience in therapy sessions, stating that: ‘Therapy sessions are excellent’. They explained how the service had helped them on the road to recovery and they had been referred to appropriate professionals to provide additional emotional support.

The staff we spoke with were clear about the need to engage and work with people using the service.

The Mental Welfare Commission carried out a visit to the hospital earlier this year. Their report stated that there were comprehensive care plans, risk assessments and management plans in place. They made a recommendation about observation levels and the use of Mental Health (Care and Treatment) (Scotland) Act 2003 forms. We saw that care had changed as a result of this recommendation and a senior manager told us they had established links with appropriate agencies with expertise to guide their practice in relation to the Health (Care and Treatment) (Scotland) Act 2003.

Area for improvement
We discussed the changeover to using the electronic system with senior managers, who assured us this was under continual review by the service. We will continue to monitor this at future inspections.

The provider should continue to maintain the excellent level of service provision under this statement.

■ 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
The information provided in Quality Statement 1.1 is also relevant here.

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
The hospital has facilities for people affected by mobility problems to access the building. The grounds were accessible and well maintained, with a designated smoking area. Fire notices were displayed which showed people directions to the nearest evacuation point in the event of fire. We looked at some portable appliances and found that items such as lamps and televisions were regularly tested to make sure that they were safe to use.

We looked at a sample of patient bedrooms, therapy rooms, the main dining room and kitchen, the pharmacy and ward pantries. All areas we saw were well maintained and clean, with comfortable furnishings. The design and layout of the hospital was spacious and inviting and there were a number of pleasant, quiet rooms for people who use the service and their visitors to use.

There is an ongoing refurbishment plan in place for the replacement of carpets, curtains, furniture and repainting. The person responsible for maintenance attended the weekly patient forum meetings. This allowed them to take actions promptly when people using the service identified issues for repair. For example, changing light bulbs or mending broken showers.

The main dining room was well used and an integral part of people’s treatment. We saw staff, people who use the service and visitors enjoying the food and comfortable dining area. The tables were set with napkins and condiments and there was a good range of choices on the menu.

Area for improvement
We recognise that improvements are currently being considered following feedback from people who use the service, in terms of considering the provision of gym facilities. We will monitor progress at future inspections.

The provider should continue to maintain and improve upon the very good level of service provision under this statement.
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: 6 - Excellent
Since the last inspection, the hospital has established an infection control link nurse role. The member of staff who currently has responsibility for this role attends regional infection control meetings every 3 months and sits on the hospital infection control committee. There are a range of infection control policies in place that reflect Scottish guidance and all staff at the hospital have attended infection control training.

People who use the service told us they thought the hospital was always clean. There are alcohol hand gel dispensers available in the reception area, in corridors and at the entrances to wards. Posters are displayed on corridor walls reminding people about good infection control practice.

The wards have their own pantries where people who use the service can make tea, coffee and light snacks. Each pantry had a notice board, with a hand-washing poster and a cleaning checklist. These pantries are used as part of the treatment programme to encourage independence with daily living tasks.

The hospital has a laundry contract with an external company and there is a housekeeping team within the hospital whose duties include deep cleaning bedrooms after people have been discharged. The hospital has a procedure for the management of clinical and nonclinical waste and clinical waste audits are carried out twice a year. Results of the last audit showed 100% compliance.

The hospital reviews itself against best practice on an annual basis by carrying out an infection control audit, based on the NHS Quality Improvement Scotland Healthcare Associated Infection standards and Healthcare Environment Inspectorate (HEI) audit tool. Action plans are developed from these audits which are discussed as a standing item at clinical governance meetings and reviewed every 3 months at infection control committee meetings. We saw minutes from recent infection control committee meetings and could see that issues raised on the environmental audit were being followed up and resolved. These minutes also showed 100% compliance for staff training in infection control.

Area for improvement
The provider should continue to maintain the excellent level of service provision under this statement.

No requirements
No recommendations
Quality Theme 3

Quality Statement 3.1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Grade awarded for this statement: 5 - Very good
The information provided in Quality Statement 1.1 is also relevant here.

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: 6 - Excellent
The service has robust policies and procedures in place for recruitment, selection and induction. We looked at four staff files and there was clear evidence that these policies and procedures had been implemented appropriately. There were also very good systems in place for learning and development. Protection of Vulnerable Groups (PVG) checks had been carried out for all recently employed staff and the service was proactively undertaking retrospective PVG checks for all current staff. There was evidence that professional staff were registered with the appropriate professional registering body, with clear systems in place to alert staff when renewal of registration was due.

Safer recruitment issues have been discussed with colleges placing students at the hospital and appropriate checks have been put in place to make sure protection of people who use the service.

Area(s) for improvement
The provider should continue to maintain the excellent level of service provision under this statement.

■ No requirements

■ No recommendations

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
We spoke with 10 members of staff across different disciplines and all of them were motivated to give good care. A nursing student gave very positive comments about her time working in the hospital and told us how she had seen some patients improving as a result of treatment. Kitchen staff told us about the additional knowledge they had gained while working there, particularly when catering for special diets.
We saw numerous thank you cards and letters that staff had received from people who have used the service. It was clear that these comments motivated staff to do a good job. Comments included:

- “XXXX would like to thank everyone for their care and kindness towards XXXX.”
- “I can’t actually thank you enough for all your care and support.”
- “You are truly amazing at what you do.”
- “If it wasn’t for all of you I would still be hiding in my room.”

Staff told us that had an appraisal every year and that they were able to raise issues or make suggestions for improvements in the hospital, where needed.

All the staff files we looked at showed evidence that adult and child protection training had been undertaken. The impact of this training was evident when speaking with staff on the wards who all demonstrated a clear understanding, of and a commitment to, the protection of vulnerable people.

Learning and development is mostly managed at a local level, although some continuous professional development training, identified in annual staff appraisals, is prioritised and managed at a central level. Where the central human resources department had been unable to provide training, this had been provided in-house.

There is a ‘Foundations for Growth’ online training programme available. This provides staff and managers with a flexible system to manage their mandatory training as well as their own individual learning and development. The compliance was high for staff completing courses within the set timescales, with appropriate action taken where staff had not completed arranged courses. Bank staff employed by the hospital are able to access the same training as permanent staff and a good system was in place, which allows them to access the Foundations for Growth programme from home.

As well as formal, structured learning and development, the hospital makes use of ‘experiential’, informal training such as chefs working closely with dieticians to look at nutrition and meals for people who use the service.

There is a stable staff group with a low turnover of staff. Changes have been made recently to the number of bank staff who support the hospital. This should lead to a more consistent group that will be easier to retain.

It is evident that staff are motivated at the hospital. All staff we spoke with described an open, approachable management team, a feeling of being able to voice opinions and be listened to, and a team approach. This was evident during the inspection, with an ethos of service user focus demonstrated from senior management down through all staff.

Area for improvement

The provider should continue to analyse the information from annual staff appraisals to help them develop local training and development opportunities, where the central human resources department cannot provide this.

- No requirements
- No recommendations
Quality Theme 4

Quality Statement 4.1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Grade awarded for this statement: 5 - Very good
The information provided in Quality Statement 1.1 is also relevant here.

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: 6 - Excellent
The hospital has been awarded the Healthy Living Award for the last 2 years running. This award demonstrates commitment to following national standards of good practice for healthier eating. It is based on the principles of a healthy balanced diet, using healthy ingredients and preparation methods. The catering staff were very knowledgeable about the ingredients they use to prepare the food for people with food allergies and eating disorders and were actively involved in making the dining room a therapeutic environment for people to spend time in. We saw very positive feedback comments within numerous thank you cards in the dining room. The achievement of this award has made a positive contribution to the treatment of people with eating disorders.

There is a clear and comprehensive clinical audit cycle within the hospital. We saw samples of audits undertaken, including:

- multidisciplinary weekly review audits
- clinical waste audits
- infection control audits
- care plan and risk assessment audits, and
- pharmacy audits.

All audits were clear, easy to understand and action plans had been developed for all of them. Where compliance had dropped, there was evidence of corrective action being taken that was leading to improved performance. An example of this was a previous drop in compliance shown on the multidisciplinary weekly review audit. Results showed that some consultants were not updating their review notes on the electronic system. The consultants were named in the action plan with a note about where the compliance was found lacking. Subsequent audits showed improvement in compliance in the areas noted and this action appeared to be effective.

Since the last inspection, a part-time member of staff had been employed to carry out the audits and collate all the action points into one spreadsheet so that actions can be easily tracked, and improvements made quickly and effectively.
There was a clear complaints process in place and we found recent complaints activity to be thorough, proportionate and impartial, and carried out within specified timeframes. There was evidence that the hospital used outcomes from complaints to support and develop service delivery.

Information on how to access advocacy services was displayed on patient information notice boards throughout the hospital. Staff have access to whistle blowing and employee assistance phone lines.

Area for improvement
The provider should continue to maintain the excellent level of service provision under this statement.

■ 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 0.2

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>We recommend that The Priory Hospital - Glasgow should:</td>
</tr>
<tr>
<td>a</td>
<td>Consider accessibility to their literature for people who may require the information in a different format, so that it meets the different needs of people who use the service.</td>
</tr>
</tbody>
</table>

### Quality Statement 1.1

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>We recommend that The Priory Hospital - Glasgow should:</td>
</tr>
<tr>
<td>a</td>
<td>Review their information sources for people who use the service and ensure that the correct information is provided about the regulator.</td>
</tr>
</tbody>
</table>
Appendix 2 – Inspection process

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 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 \[\text{very good} \] \[\text{good} \] \[\text{adequate} \] \[\text{weak} \] \[\text{unsatisfactory} \]

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 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 onsite 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.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:

Appendix 3 – Inspection process flow chart

Before inspection visit:
- Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland
  
Self-assessment submission is reviewed to help inform and prepare for on-site inspections

During inspection visit:
- Arrive at service
- Inspections of areas
- Discussions with senior staff and/or operational staff, people who use the service and their carers
- Feedback with service

Further inspection of service areas of significant concern identified

After inspection visit(s):
- Draft report produced and sent to service to check for factual accuracy
  
Report published

Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to The Priory Hospital - Glasgow was conducted on Monday 3 and Tuesday 4 December 2012.

The inspection team consisted of the following members:

Anna Brown
Lead Inspector

Winnie Burke
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
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.