Inspection Report:
Independent Healthcare

Service: Spire Murrayfield (Edinburgh)
Service Provider: Spire Healthcare Ltd, Edinburgh

9–10 October 2018
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
## Contents

1  Progress since our last inspection  4

2  A summary of our inspection  6

3  What we found during our inspection  9

Appendix 1 – Requirements and recommendations  18
Appendix 2 – About our inspections  21
1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 10–11 May 2017

Requirement
The provider must make it clear on all public facing documentation that Healthcare Improvement Scotland are the regulator for independent healthcare services in Scotland and can accept complaints at any time. This should also include our full name, address, telephone number and email address on documentation and website.

Action taken
This information had been added to all public facing documentation that we saw. This requirement is met.

Requirement
The provider must ensure that all staff carrying out regulated work are enrolled in the Protecting Vulnerable Groups (PVG) Scheme

Action taken
All staff carrying out regulated work had been enrolled in the PVG scheme. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 10–11 May 2017

Recommendation
We recommend that the service should ensure that patient consent to share information with appropriate parties is recorded

Action taken
Patients’ consent to share information had been recorded in the patient registration documents. This recommendation is met.

Recommendation
We recommend that the service should make sure staff have medicines training and competencies updates in line with their policy

Action taken
A training plan was in place that included medicines management, and all staff had completed this training. This recommendation is met.
Recommendation

We recommend that the service should make sure that patient care records are completed consistently in line with the hospital’s policy.

Action taken

Patient care records we saw were consistently completed. This recommendation is met.

Recommendation

We recommend that the service should improve the storage of items in the theatre department.

Action taken

Ongoing refurbishment work in the theatre to increase the space available. Large items were now stored in a designated storage room. This recommendation is met.

Recommendation

We recommend that the service should carry out a risk assessment to identify any risks associated with a shared theatre preparation rooms.

Action taken

We found no evidence of a completed risk assessment completed and action plan. This recommendation is not met.

Recommendation

We recommend that the service should ensure the staff handbook for nurses and healthcare workers are kept up to date.

Action taken

Staff handbook for nurses and healthcare workers were up to date. This recommendation is met.

Recommendation

We recommend that the service should continue to carry out regular staff surveys.

Action taken

While the service had carried out a yearly survey in 2017, the 2018 survey had been delayed and not carried out. This recommendation is not met (recommendation b).
2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an unannounced inspection to Spire Murrayfield on 9 and 10 October 2018. We spoke with staff and patients during the inspection.

The inspection team was made up of three inspectors and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them. Another inspector observed on day one of the inspection.

What we found and inspection grades awarded

For Spire Murrayfield (Edinburgh), the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td>Domain 2 – Impact on people experiencing care, carers and families</td>
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<td>Quality indicator</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<td>5.1 - Safe delivery of care</td>
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Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | We saw that staff were supported to identify opportunities for improvement and take ownership of specific projects and were able to seek out good practice and new ways of working. The service should look to improve senior staffs’ understanding of the change and improvement process and be responsive to challenges or obstacles. | ✔ Satisfactory |

The following additional quality indicators were inspected against during this inspection.

**Additional quality indicators inspected (ungraded)**

**Domain 3 – Impact on staff**

| 3.1 - The involvement of staff in the work of the organisation | The service engaged with staff in a variety of ways and conducted yearly appraisals. However, it should continue to carry out regular staff surveys, share the results and action plan with staff. |

**Domain 5 – Delivery of safe, effective, compassionate and person-centred care**

| 5.2 - Assessment and management of people experiencing care | Patient care records were generally well completed and included pre-treatment assessment, risk assessments and care pathways specific to procedure. Multidisciplinary assessment, referral and treatment information was accessible through the patient care record. |

**Domain 7 – Workforce management and support**

| 7.2 - Workforce planning, monitoring and deployment | The service used safe staff planning tools to support the delivery of safe and quality healthcare. Communication with staff could be improved around recruitment and deployment issues. |

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.
What action we expect Spire Healthcare Ltd to take after our inspection

This inspection resulted in one requirement and six recommendations. The requirement is linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirement and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: [www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Spire Healthcare Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Spire Murrayfield (Edinburgh) for their assistance during the inspection.
3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients were positive about their care experience and praised staff and consultants.

The service used a variety of methods to collect patient feedback in line with its participation policy, including patient user or focus groups and surveys. On discharge, patients were also asked about their care experience through email or text. We saw the most recent monthly comments which praised staff and consultants. The collated replies to the emails and texts were made into a monthly pictorial patient feedback report and circulated around departments. Staff told us that signs had been put up in the hospital explaining consultation and extra charges following recent feedback.

We spoke with four patients around the quality of their care and treatment. All patients responded that they were treated with dignity and respect. They also said:

- ‘nurses friendly and can speak to you - treat you as an individual.’
- ‘staff very responsive about pain relief.’
- ‘five star treatment from time stepped in the door, consultant explained all procedures and steps.’

A comprehensive admission and discharge brochure had recently been updated and gave information about preparation, admission and going home. All patients we spoke with said they had enough information before admission and most felt they had a clear discharge plan in place.
Staff told us that a consultant focus group had just started and would focus on different topics for improvement.

Leaflets in the reception area let people know how to make their views heard and described the complaints handling procedure.

**What needs to improve**
While we were told nursing staff introduced themselves to patients, the size of print on name badges was small. The font size was also small and difficult to read on the registration form that all patients had to sign.

The service used focus groups to ask patients for feedback on their experience. However, it did not actively ask them for feedback on the actions taken as part of its improvement process.

- No requirements.
- No recommendations.

### Domain 3 – Impact on staff
High performing healthcare organisations value their people and create a culture and an environment that supports them to deliver high quality care.

### Our findings

#### Quality indicator 3.1 - The involvement of staff in the work of the organisation

The service engaged with staff in a variety of ways and conducted yearly appraisals. However, it should continue to carry out regular staff surveys, share the results with staff and develop an action plan.

The service engaged with staff in a variety of ways to communicate service updates, gather feedback and discuss improvement suggestions. For example, a range of staff meetings took place regularly and we saw monthly staff newsletters that gave updates about the service’s work.

The yearly staff survey found that staff felt supported in the service. Staff we spoke with also said they felt supported and would be happy to speak to a manager or other senior colleague about concerns, complaints or suggestions for improvement:
• ‘If I have any problems, the sisters are very approachable. There is always someone around to support you, even if they are on an admin day.’
• ‘I feel lucky, there’s been lots of changes in staff but I’ve had lots of support.’

The yearly appraisal process included informal meetings during the year to discuss staff performance and personal development. The majority of staff we spoke with said they had training opportunities linked to personal development or improving clinical skills. One member of staff told us: ‘I feel very lucky, I’ve had lots of opportunities to go on clinical courses’

What needs to improve
While all staff we spoke with had participated in staff meetings and surveys, most did not know if this was used to involve them in improving the service. Staff also told us that the service’s ‘Inspiring People’ recognition programme’s recent move online had made it less accessible and it did not work fully (recommendation a).

The survey results showed that low motivation for some staff and we confirmed this with feedback from some staff we spoke with. One member of staff told us: ‘Yes, I feel I have someone to talk to but I never hear back about any action, which is frustrating.’

While the results of the yearly staff survey were shared during staff forums, not all staff attended. We did not see evidence of the staff survey action plan during the inspection (recommendation b).

■ No requirements.

Recommendation a
■ We recommend that the service should promote staff programmes and initiatives and monitor awareness of them.

Recommendation b
■ We recommend that the service should carry out regular staff surveys and share the results with all staff. Staff should be involved in developing action plans that follow from surveys.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Appropriate risk management systems were in place covering the care, support and treatment delivered in the service. Staff were aware of their responsibilities and suitable training was in place. The service needs to make sure it follows all regulations relating to infection control and appropriately records its equipment checks and maintenance.

Staff had been trained in health and safety, and the service’s policies and procedures were followed to help deliver care safely. A new risk management policy had recently been developed and a hospital risk champion had responsibility for managing the hospital risk register.

Overall, we saw that staff demonstrated good compliance with infection prevention and control policies and procedures. Theatre equipment and ventilation was also appropriately maintained and followed national guidelines.

Patients we spoke with told us that they thought staff followed good hand washing practice: ‘they go straight to the sanitizer before and after entering the room.’

We evidenced good standards of medicines management. Staff could tell us the process for controlled drug management and showed us results of medication governance audits. Audits were discussed and recorded with action plans developed. All patient care records we checked for drug administration was appropriately completed.

To help assess the safety culture in the service we followed a patient’s journey through theatre. We saw that staff followed World Health Organization guidelines, such as taking a ‘surgical pause’ before starting surgery to check they...
had the correct patient and equipment. We also observed staff following safe procedures for managing swabs and instruments in line with guidelines, including those for tracking and tracing instruments used.

A nurse or other suitable member of staff accompanied patients to and from the theatre department. Patients were closely monitored when anaesthetised, during the operation and in the recovery room. We saw effective multidisciplinary working with informative staff handovers and communication. Staff were able to explain how to respond to signs of a deteriorating patient and what to do in the case of a medical emergency.

**What needs to improve**

In the ward area, we noted that some bedrooms had been refurbished. No clinical sinks were available in the room, although sanitizers were provided. The nearest clinical sink was in the sluice area. No assessment had been carried out as part of the refurbishment plans (requirement 1).

We looked at the storage of sterile instrument trays, instruments and packs. We found that the majority of these items were stored in identified storage rooms. However, we saw that some sterile instrument trays were stacked on top of each other. Storing instrument trays in this way means that the tray covers are at risk of being torn, causing possible contamination or damage to the sterile instruments (recommendation c).

The service carried out daily checks of the anaesthetic machines to make sure they were safe and in good working order. Monthly and weekly maintenance checks were also carried out, such as filter and soda lime changes and signed for on the sheet. However, this was all recorded on a sheet and not in a machine-specific log book so it was difficult to know which machines were checked (recommendation d).

The service had recently introduced new surgical safety guardians to help embed a ‘five steps for safer surgery’ checklist into its practice to improve safety. It also planned to develop a theatre users group to help promote a safety culture and efficient use of the service. We will follow this up at future inspections.

**Requirement 1 – Timescale: by 28 February 2019**

- The provider must assess the availability and suitability of clinical hand wash basins within the ward area against current guidance. The service should then develop a risk based action plan to address any deficiencies noted as part of the wider refurbishment plans for the service.
Recommendation c

■ We recommend that the service should ensure that all sterile instrument trays, instruments and packs are managed in line with Health Facilities Scotland’s Management of reusable surgical instruments during transportation, storage and after clinical use (2014).

Recommendation d

■ We recommend that the service should keep clear and detailed records of all anaesthetic machine checks and maintenance work.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were generally well completed and included pre-treatment assessment, risk assessments and care pathways specific to procedure. Multidisciplinary assessment, referral and treatment information was accessible through the patient care record.

Patients were encouraged to fill out a pre-assessment form before they were assessed in the pre-assessment clinic. Pre-assessment staff told us that they tried to continually improve through introducing new assessment tools, such as a recent sleep apnea tool.

The seven patient care records we looked at were well completed. All care records had risk assessments completed before surgery.

What needs to improve

All areas of forms should be filled in and if appropriate, boxes should state ‘non applicable’. However, some forms we saw looked incomplete, with no narrative or ticks in boxes. We will follow this up at future inspections.

Staff told us that paperwork they had to complete for patient care records often duplicated work. Management staff told us that this was being reviewed. We will follow this up at future inspections.

■ No requirements.
■ No recommendations.
Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.2 - Workforce planning, monitoring and deployment

The service used safe staff planning tools to support the delivery of safe and quality healthcare. Communication with staff could be improved around recruitment and deployment issues.

The service used safe staff planning tools to help make sure it always had appropriate staffing levels and skill mix in wards. This was regularly reviewed. Plans were in place for covering staff absences and daily handovers communicated changes in staffing levels for each day.

Staff told us that they felt the skill mix in teams was appropriate for delivering safe patient care. They also told us that the variety of work they did in the service gave them opportunities to develop their clinical skills in different areas.

What needs to improve

Staff told us that the service’s high level of vacancies and staff turnover negatively affected morale. A new senior management team had actively tried to recruit staff. However, the recent staff survey highlighted that they did not feel that decisions were well explained and that the service’s workload did not match its resources (recommendation e).

- No requirements.

Recommendation e

- We recommend that the service should improve communication to staff on recruitment and deployment issues in the service.
Vision and leadership

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

Domain 9 – Quality improvement-focused leadership

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

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Staff were supported to identify opportunities for improvement, take ownership of specific projects and to seek out good practice and new ways of working. The service should look to improve senior staffs’ understanding of the change and improvement process and be responsive to challenges or obstacles.

The provider’s clinical governance group used a clinical scorecard system which measured key service delivery indicators, such as falls, infections and pressure ulcers. Each of the provider’s services submitted the clinical scorecards and were benchmarked against each other to measure performance and highlight areas for improvement.

A variety of groups with staff and senior management members, such as health and safety or infection control reported to the service’s clinical governance structure. Minutes from clinical governance meetings showed wide discussion, actions taken and results fed back to the team. A range of methods, including audits, complaints and surveys were used to measure the quality of the service.

Staff were encouraged to become ‘champions’ and take responsibility to promote best practice and help improve areas, such as cleanliness and pain control.

What needs to improve

A lack of effective communication between senior management and staff had added to the concerns that staff had around the leadership structure, workload and staff turnover. Increasing the level of understanding of the change and improvement process in the senior management team could help staff to be involved in changes required to improve service delivery (recommendation f).
No requirements.

**Recommendation f**
- We recommend that the service should develop a programme to enable staff to become sufficiently knowledgeable to drive change and improvement.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Domain 3 – Impact on staff

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<tr>
<th>Requirements</th>
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<tr>
<td>Recommendations</td>
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<tr>
<td>a</td>
<td>We recommend that the service should promote staff programmes and initiatives and monitor awareness of them (see page 11).</td>
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<tr>
<td>b</td>
<td>We recommend that the service should carry out regular staff surveys and share the results with all staff. Staff should be involved in developing action plans that follow from surveys (see page 11).</td>
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Everyone Matters: 2020 Workforce Vision
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirement

1. The provider must assess the availability and suitability of clinical hand wash basins within the ward area against current guidance. The service should then develop a risk based action plan to address any deficiencies noted as part of the wider refurbishment plans for the service (see page 13).

   Timescale – by 28 February 2019

   *Regulation 3(d)*  
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

- **c** We recommend that the service should ensure that all sterile instrument trays, instruments and packs are managed in line with Health Facilities Scotland’s Management of reusable surgical instruments during transportation, storage and after clinical use (2014) (see page 14).

  Health Facilities Scotland - Management of reusable surgical instruments during transportation, storage and after clinical use (2014)

- **d** We recommend that the service should keep clear and detailed records of all anaesthetic machine checks and maintenance work (see page 14).

  Association of Anaesthetists of Great Britain and Ireland. Checking Anaesthetic Equipment 2012

## Domain 7 – Workforce management and support

### Requirements

None

### Recommendation

- **e** We recommend that the service should improve communication to staff on recruitment and deployment issues in the service (see page 15).

  Everyone Matters: 2020 Workforce Vision
### Domain 9 – Quality improvement-focused leadership

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<tr>
<td>f  We recommend that the service should develop a programme to enable staff to become sufficiently knowledgeable to drive change and improvement (see page 17).</td>
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Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

**Before inspections**

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

**During inspections**

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

**After inspections**

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
**Complaints**

If you would like to raise a concern or complaint about an independent healthcare service, 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:** comments.his@nhs.net