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. A summary of our inspection ........................................ 4

2. Progress since our last inspection ..................................... 7

3. What we found during this inspection .................................. 9

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

About the service we inspected

The Edinburgh Clinic is part of Aspen Healthcare Limited and is a private day-case hospital based in Edinburgh. The building is a converted villa situated within easy reach of the city centre and offers free on-site parking, which makes the service accessible.

The hospital offers outpatient consultation, on-site diagnostic imaging and day-case surgical treatment. Its aim is: “to provide first-class independent healthcare for the local community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families.”

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

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.

We carried out an unannounced inspection to The Edinburgh Clinic on Wednesday 6 and Thursday 7 May 2015.

The inspection team was made up of two inspectors: Winifred McLure and Sarah Gill, and a public partner, Fraser Tweedie. 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.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

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

- **Quality Theme 0 – Quality of information:** 5 - Very good
- **Quality Theme 1 – Quality of care and support:** 5 - Very good
- **Quality Theme 2 – Quality of environment:** 4 - Good
- **Quality Theme 3 – Quality of staffing:** 5 - Very good
- **Quality Theme 4 – Quality of management and leadership:** 4 - Good

The grading history for The Edinburgh Clinic can be found in Appendix 2 and more information about grading can be found in Appendix 4.

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

- the annual return
- the self-assessment
- any notifications of significant events, and
- the previous inspection report of July 2013

During the inspection, we gathered information from a variety of sources. This included:
• information leaflets about the services provided
• the service’s website
• patient care records
• relevant policies and procedures
• minutes of meetings
• accident and incident records
• audits
• staff personnel files
• training records, and
• complaints.

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

• the registered manager
• the lead nurse for the hospital
• the lead nurse for theatres
• the building services manager
• the housekeeper
• the HR manager
• theatre staff, and
• patients.

We inspected the following areas:

• the reception waiting area
• the operating theatre
• consultant rooms
• the recovery area, and
• the discharge lounge.

**What the service did well**

We noted areas where the service was performing well. The service:

• provided good information to allow people to give informed consent about procedures or treatments that they may undertake
• had good arrangements for the management of quality and risk, and
• had systems in place to ensure that appropriate checks were made on new employees to make sure they were fit to work at The Edinburgh Clinic. The service also provided opportunities for further development once they were employed.
What the service could do better
We did find that improvement was needed in the following areas. The Edinburgh Clinic:

- must improve monitoring of hot water outlets.
- should ensure better recording of day-to-day maintenance.
- should ensure that pharmacy items that are delivered to reception are stored appropriately.

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

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

We would like to thank all staff at The Edinburgh Clinic for their assistance during the inspection.
2 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 11 July 2013

Requirement

The provider must review the provision of hand washing sinks in the clinical areas. Any sinks which are not compliant with current guidelines on hand washing sinks in clinical areas must be replaced immediately.

Action taken

The Infection Control nurse had reviewed all the sinks. Sinks were now compliant with current guidelines. This requirement is met.

Requirement

The provider must review and update all complaints material available to staff and people who use the service to make sure the correct regulator is referenced. This will ensure that people who use the service are aware that they can make any complaints about the service to Healthcare Improvement Scotland.

Action taken

We saw that all patient information had been updated to reflect the correct regulator and process. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 11 July 2013

Recommendation

We recommend that The Edinburgh Clinic should ensure that a pharmacist regularly audits prescribing practices in the hospital to ensure that prescribing practices are safe.

Action taken

We saw an audit programme that included a prescribing audit had been implemented at The Edinburgh Clinic. This recommendation is met.

Recommendation

We recommend that The Edinburgh Clinic should ensure that all checklists are fully completed. This should include recording when a part of the checklist does not apply to that person.

Action taken

We saw a documentation refresher update was given at team meetings and a compliance check had been added to the medical record audit. During inspection, we saw all checklists had been completed. This recommendation is met.
Recommendation

We recommend that The Edinburgh Clinic should ensure that information identifying people who use the service is handled properly. This is to ensure it is only viewed by people who require to do so.

Action taken

We were told that all staff must undertake refresher information governance training. During the inspection, we saw good practice in relation to information security. This recommendation is met.

Recommendation

We recommend that The Edinburgh Clinic should review the storage arrangements in the theatre and recovery areas to ensure that these areas are free from clutter and storage of unnecessary equipment.

Action taken

We saw additional storage had been provided in the mezzanine level and the theatre and recovery areas were free from clutter. This recommendation is met.

Recommendation

We recommend that The Edinburgh Clinic should ensure that all staff attend mandatory training within the timescales set out in the mandatory training plan.

Action taken

The Edinburgh Clinic had developed a system to monitor staff training. This is discussed further under Quality Statement 3.3. This recommendation is met.

Recommendation

We recommend that The Edinburgh Clinic should ensure that the minutes from meetings show clear actions, who is responsible for completing the actions and the timescale for completion.

Action taken

The format of the minutes from meetings had been reviewed. A new template had been implemented to ensure actions, timescales and the person responsible for completing the actions are clearly identifiable. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

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: 4 - Good
A number of methods were available for patients and relatives to provide feedback on the quality of information. For example, by telephone, verbally or in writing using either letter or email. This was mostly informal feedback as there were no specific prompts for people to feedback specifically on this subject.

A patient survey was about to begin on the quality of information available on the website. This was aimed at getting feedback on the layout and content of the website.

Areas for improvement
Management recognised that involving patients in the development and review of information could be beneficial and were keen to develop this further. The patient questionnaire in use did not ask for feedback specifically on the quality of information. This is an area that should be developed (see recommendation a).

We noted that the service could make it clearer on its website how people can give feedback. We spoke with management staff and they agreed to review this.

■ No requirements.

Recommendation a
■ We recommend the service should develop more methods of gaining specific feedback from patients on the quality of information supplied.

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: 6 - Excellent
During the inspection, we reviewed the information supplied to patients before procedures were carried out. This included:

- verbal information from staff in person and by telephone
- written information sent out to the patient, and
- information available on the website.

A lot of leaflets were sent out to patients before they came to the hospital. We found the information was easy to read and comprehensive. This included information on:

- how to find the hospital and parking
• the type of anaesthetic, risks and what to expect
• procedure specific information to help with decision-making, and
• a guide to charges, if applicable.

The website was available in any language and if required, there was access to interpreters.

Leaflets were available around the hospital to encourage feedback from patients. We saw ‘Giving Feedback: A Guide for Patients’ and this included information on how to provide feedback or make a complaint. It also included the contact details for Healthcare Improvement Scotland.

Area for improvement
The management team planned to continue to develop information for patients as the service expands.

■ No requirements.
■ No recommendations.

Quality Theme 1 – Quality of care and support

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
Patients could use a variety of methods to give feedback about the quality of the service. These included:

• the patient questionnaire in the outpatient department
• the contact us section of the website, and
• by telephone.

The patient questionnaire in the outpatient department was given to all patients attending for appointments and procedures. This could be posted back to the head office of Aspen Healthcare Limited, the provider, using a freepost address. The results of the survey were collated and reported on at regular 3 monthly intervals. We saw the results for January-March 2015 were presented in a report and circulated to staff. There were lots of positive comments made in this survey by patients and the results indicated a high level of satisfaction.

The survey included specific questions about:

• greeting on arrival
• waiting times to before an appointment, and
• being treated with dignity and respect.

The small numbers of negative comments were acted on and staff told us the checks on the hot water flasks had been increased in response to comments that they were going cold.
Staff also told us that the variety of chairs available had been increased in response to some patients who found the previous ones too low.

**Areas for improvement**

We saw the results of patient feedback were not publically available. The service could consider displaying summaries of 'you said/ we did' to show how it acts on views expressed. The website could also be used to allow patients to see the results and any actions taken.

Systems for gaining feedback could also be developed further to ensure that more specific feedback was obtained. For example, as the hospital expands, involvement of patients would be important and focus groups could be used to gain their views. Management told us they were considering how to build a contact group of patient representatives for this purpose.

- No requirements.
- No recommendations.

**Quality Statement 1.6**

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

Grade awarded for this statement: 6 - Excellent

We saw a corporate risk register was in place, with each department managing their local risks with a risk assessment in place. Risk is a standing agenda item on the governance committee meeting which is attended by the group risk manager and the medical advisory committee.

We spoke with the radiation protection supervisor who was able to show us the local rules and procedures for radiation protection. We saw that there was an external radiation protection advisor and that a review visit had been carried out. The radiology department had developed a safety checklist for radiological interventions.

We spoke with the laser protection supervisor who was able to show us the local rules and procedures for laser protection. We saw that there was an external laser protection advisor and that a review visit had been carried out.

Both the radiation protection supervisor and the laser protection supervisor were able to demonstrate to us excellent systems they had in place to manage risk within their areas.

Staff told us that there was a daily hospital safety brief, which was attended by as many staff as possible. This ensured that any issues both operational and clinical were raised and highlighted to staff and actions could be carried out as soon as possible.

Staff had created a clinic early warning score (CEWS) which was developed from a national system. An early warning score (EWS) is a guide used by medical services to quickly determine the degree of illness of a patient. The CEWS will help staff to identify any patients who are becoming unwell quickly, allowing for immediate treatment. It is very good practice that staff have identified that the service is different and have developed a tool to ensure patient safety.
In an emergency, patients may have to be transferred to a local NHS hospital for treatment. During the inspection, we saw that a transfer policy was in place with an emergency bag available, if required.

During the inspection, we checked two patient care records and found good standards of record keeping. Entries were signed, dated and the time was recorded. Essential details such as next of kin and consent to treatment were also recorded. The consent form was signed by the patient and the surgeon, and listed the potential risks of the operation or procedure. Individual risk assessments for patients were available if required, such as moving and handling and venous thromboembolism (VTE) prevention.

All patients had a World Health Organization (WHO) safety checklist. WHO had issued guidelines for safe surgery; The Second Global Patient Safety Challenge: Safe Surgery Saves Lives (2009). This details best practice for performing surgery in a safe way. We observed two patients in the theatre suite. We saw that staff carried out a checklist to confirm the patient’s identity, date of birth, site of operation and other key information at each handover point. This is in line with Second Global Patient Safety Challenge: Safe Surgery Saves Lives (2009).

Another recommendation in the guidelines is for staff in the theatre to have a ‘time out’ or ‘surgical pause’ before they start the surgery. A surgical pause is when staff do a final check that they have the correct patient, the correct equipment and are about to perform the correct procedure. We saw that a surgical pause took place involving all relevant staff and this was recorded on the WHO safety checklist.

During surgery, theatre staff should count all the swabs, needles and instruments that are used. This means that they can then count them at the end of the surgery to make sure nothing had been left in the patient. During the operation, we observed staff doing this and using a whiteboard to keep a running total. This allowed staff to make an accurate check when the operation was finished. This was recorded in the patient care plan.

During the inspection, the theatre manager was able to show us the work involved in preparation for the review visit from the Association of Perioperative Practitioners (AfPP). All theatre managers that work for the provider had decided to use the AfPP perioperative tool. The tool is designed to assess the whole perioperative process and to show that processes and procedures have met a defined set of criteria to assist in the delivery of safe and effective healthcare at a single point in time. The group theatre managers had set themselves the target of completing all of the sections of the tool in every theatre department. The Edinburgh Clinic had an initial visit in February 2014 with some recommendations being made and highlighted as amber or red. An action plan had been developed to address any issues identified. During the follow-up visit in March 2015, two representatives from AfPP found that The Edinburgh Clinic had achieved full internal peer review with all sections completed to green status. This is an excellent achievement for The Edinburgh Clinic and Aspen Healthcare Limited and demonstrates that patient safety is a priority.

A patient safety survey was carried out by Aspen Healthcare Limited across all sites. The Edinburgh Clinic was carried out in October and November 2014. The survey was designed to assess hospital staff opinions about safety issues, medical errors and event reporting. The survey was used as a baseline to manage improvements. An action plan had been developed to address any issues identified.

■ No requirements.
■ No recommendations.
Quality Theme 2 – Quality of environment

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: 4 - Good
There was a variety of methods available to patients to provide feedback on the quality of the environment as described in Quality statements 0.1 and 1.1.

The outpatient department patient questionnaire asked for specific feedback on:

- privacy
- cleanliness, and
- waiting room environment.

Areas for improvement
Although the service saw a small number of children, there was no specific feedback on how the environment was for them.

There were plans to expand the hospital premises and as yet, no patients had been asked for their views on the plans and design.

One patient commented that a staff member had not washed their hands before carrying out a procedure. This may have been an isolated incident, but a specific question on the questionnaire could ask about hand washing to find out if patients have observed this happening and provide another source of information about staff performance in this area.

- 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: 4 - Good
We walked around the service and saw the service was provided in pleasantly decorated and comfortable surroundings. The clinic is converted from an old villa and the building includes:

- a reception waiting area
- a scanning area
- an ophthalmology examination room
- a physiotherapy room
- consulting rooms
- one operating theatre, and
- patient recovery areas.
There are no patient bedrooms in the service. After a procedure, patients remain in the theatre recovery area until they are able to be moved to the ‘Haven’. The Haven is the discharge lounge in the service. The service recognised in its self-assessment that this area was not ideal, but was necessary due to the limitations of the existing building. We saw that the service managed the type of procedures that happened at different times to make best use of the area. The service tried to maintain the privacy and dignity of people in this area. For example, if people were using the area after a procedure then people who had not been to theatre yet wait in a different area. When people needed to see a doctor either before or after a procedure, they were taken to one of the consulting rooms to have their consultation in private.

We saw the service was accessible to wheelchair users, with lifts to each floor. Facilities were provided for children with a toy box available which can be brought out if children were using the service.

We spoke with the building services manager who was able to explain how maintenance was managed on a day-to-day basis. They also told us how they managed the maintenance and servicing of non-clinical equipment within the service. Each department managed the maintenance of clinical equipment using an external company. Servicing was carried out by the manufacturers as required.

We saw evidence of environmental risk assessments, including fire and water assessments.

Staff were able to show us the Control of Substances Hazardous to Health (COSHH) risk-assessments and how they would be used, when required.

The Edinburgh Clinic had a clear organisational structure for health and safety and a health and safety advisor was in post. We were told that the health and safety committee meetings were held every 3 months. The health and safety manager attended and co-chaired these meetings with the hospital manager. Mandatory online training was provided for staff through LearnPro. This included fire, health and safety, and manual handling. This was monitored closely by senior staff to ensure compliance. We were told that the health and safety advisor had the National Examination Board in Occupational Safety and Health (NEBOSH) general certificate, level 1.

**Areas for improvement**

We found that the temperature of the hot water in the hand wash basins in all the patient toilets was very hot and could cause injuries. Installing thermostatic temperature valves would improve safety in this area. A system to monitor and control the temperature of water at hand wash basins must be implemented (see requirement 1).

The service was in the process of introducing an electronic system which would flag up when servicing or routine maintenance was required and provide a system for logging reactive maintenance requests. Daily issues need to be logged more accurately with actions recorded, dates and signatures. At the time of the inspection, this was mainly done by word of mouth or email which made it difficult to track repairs (see recommendation b).

The anaesthetic machines were checked daily to make sure they were safe, in good working order and this information was recorded in the log book provided. Monthly and weekly maintenance checks were also carried out, such as filter and soda lime changes. However, these were not fully recorded in the log book. A detailed record of when these checks are due and completed should be kept. Also, serial numbers of circuits should be recorded in the log books provided when they are changed (see recommendation c).
During the inspection, we noted that pharmacy boxes were delivered and left in the reception waiting area until they were taken to be stored elsewhere. This is a public area and the boxes were not locked or stored behind the desk and could be accessed by members of the public. The service should ensure that all pharmacy items are stored in a secure area (recommendation d).

The reception desk had a high counter around it which would make it difficult for wheelchair users to speak with the members of staff behind counter. The service could consider lowering the counter to improve access and communication.

Requirement 1 – Timescale: – immediately on receipt of report

■ The provider must implement a system for monitoring and controlling the temperature of water outlets to ensure safety of patients and visitors.

Recommendation b

■ We recommend that the service should keep detailed records of reactive maintenance requests along with the actions taken, dates and signatures.

Recommendation c

■ We recommend that the service should keep detailed records of all the checks and maintenance of the anaesthetic machines along with the serial numbers of circuits as they are replaced.

Recommendation d

■ We recommend that the service should ensure that pharmacy items are stored in a secure area.

Quality Statement 2.4

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

Grade awarded for this statement: 5 - Very good

In the areas of the hospital we inspected, the standard of general cleaning was very good. Patients we spoke with felt that the hospital was very clean.

A documented system was in place which identified the cleaning required and allowed for it to be recorded. We saw housekeeping checklists used for daily cleaning. The housekeeper had a daily walkabout check and a weekly walkabout check with the senior nurse. The housekeeper also managed any deep cleans and had a system in place for rotational cleaning, such as curtains. A quarterly environmental audit was also carried out.

We saw evidence of clinical cleaning schedules to guide clinical staff to clean clinical equipment and areas not done by housekeeping staff.

The service had an infection prevention lead nurse and infection prevention advisor, their role involved supporting staff, carrying out audit activity and surgical site infection surveillance. Audits carried out included:
• hand hygiene
• peripheral venous catheter (PVC) insertion, and
• surgical site infection prevention.

Policies and procedures were in place to support the control and prevention of infection. These include policies on:

• standard infection control procedures
• how to manage people in isolation
• cleaning patient equipment, and
• the management of specific conditions, such as *Clostridium difficile* infection.

During the inspection, we saw the service had already reviewed the new Healthcare Improvement Scotland standards for healthcare associated infection (HAI) (February 2015) and crossed referenced them with their policies and procedures to ensure compliance. We saw evidence of good practice of HAI standards, such as:

• ‘5 Moments for Hand Hygiene’ posters beside sinks
• waste segregation guide posters beside waste bins
• acceptable and non-acceptable waste guides on top of the bins for clinical and domestic waste, and
• guides on the lid of waste bins for recyclable waste.

Infection control training was mandatory and all staff completed online infection control training relevant to their role as part of their induction and on an annual basis. The service also provided annual face-to-face training and practical training, such as hand hygiene.

All surgical instruments were decontaminated and sterilised at an off-site facility. The hospital had a manual, paper-based traceability system in place.

**Areas for improvement**

Any daily, weekly and monthly walkabout checks by housekeeping and nursing staff should be documented. This should include findings and actions taken (see recommendation e).

Although we saw a manual traceability system was in place for the instruments used during surgical procedures, it had not been tested to check all the necessary information was recorded. It is important that the service is able to trace every individual surgical instrument and every patient they have been used for. This will allow the service to contact the correct patients if a problem is identified with a particular surgical instrument (see recommendation f).

A number of audits were being carried out, but this could be developed further to include linen and waste management audits. One patient commented that a staff member had not washed their hands before carrying out a procedure. We raised this with senior staff who were surprised and planned to investigate. This may have been an isolated incident, but patient perception is important.
Recommendation e

■ We recommend that the service should document any environmental walkabout checks carried out, including findings and actions taken.

Recommendation f

■ We recommend that the service should ensure the traceability system identifies every patient and what surgical instrument set has been used to ensure that the systems, processes and procedures for the decontamination of equipment are appropriate.

Quality Theme 3 – Quality of staffing

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
A variety of methods was available to patients to provide feedback on the quality of staffing as described in Quality statements 0.1 and 1.1.

The patient questionnaire in the outpatient department asked for specific feedback on:

- staff introductions
- confidence/ trust in staff
- abilities to provide information and answer questions, and
- opinions on specific staff groups, for example reception, consultants or nurses.

There were lots of positive comments about specific staff members and groups of staff. For example:

- ‘Excellent professionals.’
- ‘Staff were first class.’
- ‘Friendly and pleasant.’
- ‘I felt nothing but comfort.’

Area for improvement

Further development of feedback systems to include involvement of patient representatives or focus groups would allow for some involvement of patients in recruitment of staff or in staff development and training.

■ 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: 6 - Excellent

The service had a robust recruitment and retention policy. All applicants submitted an electronic application form and were interviewed and references were taken before a formal offer of employment was given.

We reviewed the staff personnel files of five employees. All staff files contained:

- a job description
- an application form
- interview notes, and
- professional registration information from the Nursing and Midwifery Council or the Health Professions Council.

All staff had a completed application checklist in their file including Protecting Vulnerable Groups (PVG) Disclosure Scotland numbers.

All staff undertake comprehensive induction, mentorship and annual mandatory training programmes specific to their staff role. Induction covered topics, such as:

- health and safety
- fire awareness
- child and adult protection
- IT matters
- moving and handling
- infection prevention and control, and
- any role-specific mandatory training.

All staff undertake ‘World Host’ training. This is a series of customer service programmes that provide a high standard in training for businesses that rely on day-to-day interaction with customers.

The human resources manager explained the system and process for doctors’ applications for ‘practising privileges’ at the hospital. Practising privileges means the grant, by a person managing a hospital, to a medical practitioner of permission to practise as a medical practitioner in that hospital. We saw that individual applications were also discussed at the medical advisory committee meeting. We reviewed five doctors’ personnel files. We saw that each file included:

- an application for practising privileges
- annual appraisals, and
- checks on General Medical Council registration.

These files were reviewed annually.
All staff working with, looking after or treating patients at The Edinburgh Clinic were members of the PVG scheme, including medical staff. Nurses and allied health professionals registrations were checked and recorded using online verification systems, if possible. A system was in place to check these annually.

The Edinburgh Clinic had access to the NHS Lothian computer-based training system. This system set out all the mandatory training for employees based on their role in the service. It also monitored when a particular module was last completed and reminded staff when refresher training was due. All staff had a mandatory training booklet to record their training.

During the inspection, we saw a training plan and matrix was in use. The matrix allowed senior staff to view staff progress and the training plan showed which face-to-face training was planned for the year. Staff can also attend a range of courses offered by the provider at other sites or at The Edinburgh Clinic. A number of face-to-face training sessions also took place which complemented the online training, such as infection prevention and control, and fire safety. There were also face-to-face clinical training sessions. These included:

- acute illness management
- anaphylaxis
- medical gas training
- medicines management, and
- resuscitation training.

Annual appraisals were carried out which monitored staff performance. Staff also took on further responsibility such as blood transfusion, infection prevention and control or acted as link nurses. They then provided help for staff and acted as a resource, and organised and provided practical training sessions to complement online modules.

During the inspection, we saw minutes of departmental monthly staff meetings. These minutes were emailed to staff in case they were unable to attend. A regular safety brief update was emailed to all staff. Staff we spoke with were all aware of the whistle blowing policy and spoke of being comfortable to raise concerns, should they have any.

The Edinburgh Clinic now had a member of staff who had qualified as a Scottish Vocational Qualifications (SVQ) assessor; this will allow the service to offer healthcare assistants the opportunity to undertake their SVQ in healthcare at level 2 and 3.

All staff we spoke with enjoyed working at the clinic and commented on the good team spirit. Comments included:

- ‘I really enjoy working here.’
- ‘It is like a family everyone is very supportive.’

- No requirements.
- No recommendations.
Quality Theme 4 – Quality of management and leadership

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: 4 - Good
A variety of methods was available to patients to provide feedback on the quality of management and leadership as described in Quality statements 0.1 and 1.1.

Area for improvement
There was no specific question in the patient questionnaire in the outpatient department about management and leadership of the service. Gaining feedback on this theme needs development to find an appropriate way of doing this. For example, a focus group could be involved in commenting of the service’s self-assessment, grading or on the service’s strategy for future service development. This would be good practice.

- No requirements.
- No recommendations.

Quality Statement 4.4
We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 - Very good
The service submitted a basic self-assessment to Healthcare Improvement Scotland. This self-assessment is completed by the service each year and provided a measure of how the service had assessed itself against the quality themes and national care standards. We found the quality of information in the self-assessment to be adequate and we verified this during our inspection.

We saw comprehensive quality assurance systems were in use. These comprised of an overarching governance committee which reported to a medical advisory committee. These meetings took account of minutes from various sub-committees, including:

- the infection control committee
- the health and safety committee, and
- the hospital blood transfusion committee.

We saw minutes for these meetings that showed trends and incidents were discussed and monitored. If actions were needed, a named individual was assigned to follow up. The quality strategy for 2015–2018 provided a set of organisational values and priorities for:

- patient safety
- clinical effectiveness, and
- patient experience.
We looked at four incidents that took place between January – February 2015. These had been analysed with learning points summarised and were reported to the governance committee. Staff feedback was also provided using meeting structures and emails. We found the number of incidents and complaints was low.

Aspen Healthcare Limited had identified a number of key quality indicators which were monitored. This included incidence of post procedure infections, blood clots and returns to theatre. An audit programme was used to check the practice and record-keeping of a number of subject areas. We saw examples of audits for:

- surgical site checklist
- protection of vulnerable adult training, and
- VTE compliance procedures (blood clot prevention).

Results of these audits were emailed to staff to ensure compliance and to promote better practice.

Stakeholders were involved in service development using feedback from consultants and referring doctors from local general practice.

A recent review of the surgical service had been carried out by the AfPP. This used a nationally recognised audit tool and resulted in a follow-up visit which gave external review and assurance that the service was up to date and compliant.

**Area for improvement**

Management recognised that some further development of the patient engagement methodology was needed. Although the quality strategy recognised that patient experience was a key factor, more detail on how and when to gain feedback from patients could be developed. In particular, if children are receiving treatment in the service.

- No requirements.
- No recommendations.
Appendix 1 – Requirements and recommendations

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

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

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

### Quality Statement 0.1

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>

**Recommendation**

We recommend that the service should:

- **a** develop more methods of gaining specific feedback from patients on the quality of information supplied (see page 9).

  National Care Standards - Independent Hospitals (Standard 9.3 - Expressing your view)

### Quality Statement 2.2

<table>
<thead>
<tr>
<th>Requirement</th>
<th>The provider must:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>implement a system for monitoring and controlling the temperature of water outlets to ensure safety of patients and visitors (see page 15).</td>
</tr>
</tbody>
</table>

  Timescale – immediately on receipt of report

  *SS1 2011 No.182 Regulation 3 (a) Welfare of Users*  
  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

**Recommendations**

We recommend that the service should:

- **b** keep detailed records of reactive maintenance requests along with the actions taken, dates and signatures (see page 15).

  National Care Standards – Independent Hospitals (Standard 15.3 – Your environment)
### Quality Statement 2.4

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>

**Recommendations**

**We recommend that the service should:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>e</strong></td>
<td>document any environmental walkabout checks carried out, including findings and actions taken (see page 17).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 13.1 – Prevention of infection)</td>
</tr>
<tr>
<td><strong>f</strong></td>
<td>ensure the traceability system identifies every patient and what surgical instrument set has been used to ensure that the systems, processes and procedures for the decontamination of equipment are appropriate (see page 17).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 13.2 – Prevention of infection)</td>
</tr>
</tbody>
</table>
## Appendix 2 – Grading history

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Quality of information</th>
<th>Quality of care and support</th>
<th>Quality of environment</th>
<th>Quality of staffing</th>
<th>Quality of management and leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/07/2013</td>
<td>Not assessed</td>
<td>4 - Good</td>
<td>4 - Good</td>
<td>4 - Good</td>
<td>4 - Good</td>
</tr>
</tbody>
</table>
Appendix 3 – Who we are and what we do

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

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service. Our contact details are:

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

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

Inspection is part of the regulatory process.

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

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

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

The complete inspection process is described in Appendix 5.

**Types of inspections**

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

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

**Grading**

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

We grade each heading as follows:

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

We do not give one overall grade for an inspection.

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

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

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

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

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

**Follow-up activity**

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

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

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

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 5 – Inspection process

We follow a number of stages in our inspection process.

<table>
<thead>
<tr>
<th>Before inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.</td>
</tr>
<tr>
<td>We review the self-assessment submission to help inform and prepare for on-site inspections.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>During inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>We arrive at the service and undertake physical inspection.</td>
</tr>
<tr>
<td>We have discussions with senior staff and/or operational staff, people who use the service and their carers.</td>
</tr>
<tr>
<td>We give feedback to the service's senior staff.</td>
</tr>
<tr>
<td>We undertake further inspection of services if significant concern is identified.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>After inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at <a href="http://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a></td>
</tr>
<tr>
<td>We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.</td>
</tr>
</tbody>
</table>
## Appendix 6 – Terms we use in this report

### Terms and explanation

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

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