Unannounced Inspection Report: Independent Healthcare

Kings Park Hospital
BMI Healthcare Limited, Stirling

1–2 February 2017
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Contents

1  A summary of our inspection  4

2  Progress since our last inspection  6

3  What we found during this inspection  10

Appendix 1 – Requirements and recommendations  18
Appendix 2 – Who we are and what we do  22
1 A summary of our inspection

About the service we inspected

Kings Park Hospital is situated near Stirling in a quiet residential area close to local amenities. The hospital is part of BMI Healthcare Limited. It is a purpose built single storey building and offers inpatient and outpatient services and provides a range of private medical and surgical treatments. Onsite car parking is available

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 Kings Park Hospital on 1 and 2 February 2017.

The inspection team was made up of two 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.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011 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 has been awarded the following grades:

**Quality Theme 0 – Quality of information: (aggregated score) 4 - Good**
Quality Statement 0.3 – consent to care and treatment: 4 - Good
Quality Statement 0.4 – confidentiality: 5 - Very good

**Quality Theme 1 – Quality of care and support: (aggregated score) 4 - Good**
Quality Statement 1.1 – participation: 5 - Very good
Quality Statement 1.5 – care records: 4 - Good

**Quality Theme 2 – Quality of environment: (aggregated score) 4 - Good**
Quality Statement 2.3 – equipment: 6 - Excellent
Quality Statement 2.4 – infection prevention and control: 4 - Good

**Quality Theme 3 – Quality of staffing: (aggregated score) 4 - Good**
Quality Statement 3.2 – recruitment and induction: 4 - Good
Quality Statement 3.4 – ethos of respect: 5 - Very good

**Quality Theme 4 – Quality of management and leadership: (aggregated score) 5 - Very good**
Quality Statement 4.3 – leadership values: 5 - Very good
Quality Statement 4.4 – quality assurance: 5 - Very good
The grading history for Kings Park Hospital and more information about grading can be found on our website.

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.

**What the service did well**

The service had very good systems in place for information management and excellent systems in place for the maintenance of equipment. We found a strong customer care and patient focus in the service, with evidence of good leadership values. We found good quality assurance systems in place and patients rated the care very highly.

**What the service could do better**

The service should improve its procedures for obtaining consent. Infection prevention and control systems must be reviewed to make sure they reflect best practice. Recruitment procedures should reflect best practice guidance. The service must make sure all policies and procedures refer to Scottish legislation as appropriate.

This inspection resulted in two requirements and seven recommendations. Five recommendations from our previous inspection were also carried forward. The requirements are 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.

BMI Healthcare Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Kings Park Hospital 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 5 and 6 April 2016

Requirement
The provider must implement a system of regular medications audits to ensure safe practice.

Action taken
We spoke with the senior pharmacist and saw evidence that the service had a system of regular medication audits. **This requirement is met.**

Requirement
The provider must ensure there is a named radiation protection adviser in place.

Action taken
The service had a radiation protection advisor in place. **This requirement is met.**

Requirement
The provider must ensure that its infection prevention and control policies and practices are in line with current legislation and best practice (where appropriate Scottish legislation).

Action taken
The majority of policies and procedures had been or were being updated in line with Scottish legislation. **This requirement is met.**

Requirement
The provider must undertake a formal review of the service against Healthcare Improvement Scotland Healthcare Associated Infection Standards (2015) and ensure appropriate actions are taken to ensure compliance with the standards.

Action taken
The service completed a review against Healthcare Improvement Scotland’s Healthcare Associated Infection Standards (2015). The majority of policies and procedures had been updated in line with these standards. **This requirement is met.**

Requirement
The provider must ensure that all staff undertaking 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 5 and 6 April 2016

Recommendation

We recommend that the service should request that BMI Healthcare Limited reviews the policy for consent (Scotland) to ensure it is up to date and has the appropriate references to Scottish legislation and guidance.

Action taken

During this inspection, we saw that the consent policy (Scotland) was still in draft format. **This recommendation is not met** and will be carried forward.

Recommendation

We recommend that the service should ensure that all doctors' handwriting on consent forms is legible.

Action taken

During this inspection of the consents forms we examined the doctors handwriting was legible. **This recommendation is met.**

Recommendation

We recommend that the service should formalise the process for obtaining patient consent to share information with relevant others, for example next of kin or other services such as physiotherapy.

Action taken

We saw consent to share information recorded in some patient care records. However, the process for obtaining and recording this was not consistent. For example, patient treatment plans had an area for consent to be recorded in which was not always used. **This recommendation is not met** and will be carried forward.

Recommendation

We recommend that the service should inform patients and visitors on what they have done as a result of their feedback. This could be represented in a ‘You said/we did’ format using the existing information boards.

Action taken

The service displayed ‘you said, we did’ boards in the ward to inform patients about the actions taken following feedback. **This recommendation is met.**
Recommendation

We recommend that the service should develop and customise the BMI Participation Strategy or develop an associated policy or plan that reflects what the strategy for participation is for Kings Park Hospital.

Action taken

We saw a draft ‘patient participation – Scotland’ policy had been developed and referenced Scottish Health Council’s patient participation toolkit. This policy was not final. **This recommendation is partially met** and will be carried forward.

Recommendation

We recommend that the service should undertake periodic observations of staff when administering medication to ensure they are continuing to do so safely.

Action taken

New nurses completed a period of observed practice. However, medication administration practice of existing staff was not observed periodically to make sure it was still safe. **This recommendation is not met** and will be carried forward.

Recommendation

We recommend that the service should implement a programme of checks in the theatre department that ensures equipment is always fit for purpose.

Action taken

We saw that the condition of the equipment in the theatre department had improved and was monitored. **This recommendation is met**.

Recommendation

We recommend that the service should find alternative appropriate storage for equipment and the housekeeping trolley.

Action taken

This is reported under Quality Statement 2.4. **This recommendation is not met** (see requirement 2).

Recommendation

We recommend that the service should consider removing the red boxes of wipes from the services to prevent confusion amongst staff and ensure equipment is being cleaned appropriately.

Action taken

The service had reviewed the use of the red and yellow cleaning wipes. Staff understood how to use the different wipes correctly. In the theatre department, staff only used yellow cleaning wipes to reduce confusion. **This recommendation is met**.
**Recommendation**

We recommend that the service should take steps to improve compliance with hand hygiene opportunities among doctors, consultants and ancillary staff.

**Action taken**

We saw that compliance with hand hygiene opportunities had increased across all staff groups. Staff had completed more hand hygiene training and extra alcohol-based hand rub was available throughout the hospital. Compliance was monitored monthly. **This recommendation is met.**

**Recommendation**

We recommend that the service should ensure staff are informed and reminded of the caring behaviours and values and mission of the service.

**Action taken**

Noticeboards near the canteen area displayed information about the service’s caring behaviours. Some staff we spoke with were aware of the caring behaviours and how this was reflected in their work. Management staff continued to emphasise how the caring behaviours were reflected in day-to-day work through the staff forums and the appraisal process. **This recommendation is met.**

**Recommendation**

We recommend that the service should produce clearer details of the audit programme for Kings Park Hospital. This should include the level of risk associated with the audit topic to determine the audit frequency and should integrate additional local audits.

**Action taken**

The service had access to clearer details of Kings Park Hospital’s audit programme from the provider’s system. However, we were unable to confirm whether the system would allow local audits to be added if required. **This recommendation is partially met** and will be carried forward.
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.3
We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 4 - Good
The service’s updated draft consent policy included an appendix which referenced Scottish legislation. Consent to treatment forms had been completed correctly in three of the five patient care records we inspected, describing the benefits and risks of treatment. The service carried out a monthly consent form audit.

Patients we spoke with confirmed that staff always discussed care or treatment with them before starting any kind of care or treatment. They also told us that staff gave them the opportunity to ask questions.

Area for improvement
One surgeon had completed two consent forms which did not clearly state risks or benefits. We were unable to verify if risks and benefits had been recorded in the consultation notes. The service’s policy states that risks and benefits should be recorded on the consent form (see recommendation a).

■ No requirements.

Recommendation a
■ We recommend that the service should ensure all consent forms are completed in line with the service’s policy, including benefits and risks of treatment.

Quality Statement 0.4
We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Grade awarded for this statement: 5 - Very good
The service had an information governance policy and confidentiality policy in place. Staff we spoke with knew the procedures to follow to protect patient confidentiality and keep information secure.

We saw that consent for sharing information documentation was available for staff to complete. Information governance audits were completed every year and action plans were produced.

We saw that patient care records were scanned and kept in digital format after the patient had been discharged.
Areas for improvement
The reception desk and waiting area was open plan. Staff discussed patients’ personal health information and financial arrangements in this area. People waiting and other patients could have heard this personal information being discussed (see recommendation b).

- No requirements

Recommendation b
- We recommend that the service should review the arrangements in place for discussing confidential information and arrangements at the reception desk.

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, including:

- comment cards
- feedback questionnaires
- telephone, and
- website.

We saw banners displayed in the service to encourage patients to provide feedback. The provider produced a monthly participation report which highlighted feedback about Kings Park Hospital. Feedback in the February 2017 report was wholly positive. We saw evidence of actions taken following negative feedback.

Patient information folders at each patient bedside included information about how to raise concerns or complaints.

Areas for improvement
The service’s complaints policy did not state that patients and families can contact Healthcare Improvement Scotland at any time to make a complaint (see recommendation c).

‘You said, we did’ posters on patient information boards could include the date that the feedback was received. We will follow this up at future inspections.

- No requirements.
Recommendation c

- We recommend that the service should revise the complaints policy to include a section that Healthcare Improvement Scotland can accept complaints at any time in the complaints process.

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: 4 - Good

We inspected five patient care records that contained information about:

- documented nursing assessment
- ongoing care information
- patient risk assessments completed as required, and
- treatment care pathways.

The service had a records management policy in place and carried out documentation audits monthly. We saw evidence that audits were discussed at clinical effectiveness and clinical governance meetings and actions plans were developed to address areas of concern.

Patients we spoke with rated the care as excellent and one commented that: ‘They are all nice all the time’.

Areas for improvement

We noted that patient care records and risk assessments were not always fully completed. Some forms that made up a patient’s care record were not used and others were duplicated. Care records should be fully completed and unused parts should be removed or marked as not applicable (see recommendation d).

Patient care records we inspected did not include a medical consultation record or referral letter. Senior management staff told us that while some of these records were on-site, others were off-site and unavailable. It is good practice to keep all patient records together as staff involved in a patient’s care can then easily view relevant information. We were told the provider was investigating ways to implement this. We will follow this up at the next inspection.

- No requirements.

Recommendation d

- We recommend that the service should ensure that patient care records are fully completed.
Quality Theme 2 – Quality of environment

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

Grade awarded for this statement: 6 - Excellent
Servicing and maintenance contracts were in place for all clinical and non-clinical equipment, such as hoists and beds. We saw evidence of servicing reports and repair and maintenance actions taken.

Staff were able to describe the procedure in place to report maintenance issues to the facilities team.

■ No requirements.
■ No recommendations.

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: 4 - Good
The service had completed a review against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015. It had revised the majority of its infection prevention and control policies and procedures in line with Scottish guidance.

We saw evidence that infection control audits were completed using Infection Prevention Society’s audit templates. These should be reviewed against Health Protection Scotland’s standard infection prevention and control audits to make sure all elements of standard infection precautions are audited.

The ward environment and patient equipment was clean. We discussed the few minor exceptions with staff at the time of the inspection and were addressed.

Areas for improvement
Nasendoscopes are small cameras used to look inside a patient's nose. The provider had recently updated its policy for the decontamination of nasendoscopes. This described a process of manually cleaning the scopes between each use using a method of high level disinfection and reprocessing them each day using an automated washer disinfector. Staff told us that nasendoscopes were cleaned using a method of high level disinfection only (see requirement 1).

We saw that clean equipment was stored in corridors throughout the theatre department. These items must be stored in a more appropriate location to reduce the risk of cross-contamination. We saw that the housekeeping trolley was stored appropriately. We saw that trolleys used for storage of clean and dirty instruments were stored in the area used to complete the initial decontamination of endoscopes.
We also saw that clean patient equipment was stored in the sluice (see requirement 2).

We saw that waste was removed from the theatre department to a corridor that led from the plant room to an external yard. Bags of waste were left lying in the corridor and we saw some body fluid contamination had leaked onto the floor. This corridor was a fire exit route from the plant room. The storage of waste in this area should be reviewed (see recommendation e).

The service had plans in place to redesign the storage facilities in the theatre department. We will follow this up at future inspections.

**Requirement 1 – Timescale: by 15 August 2017**

- The provider must review its decontamination protocol for nasendoscopes to ensure they are reprocessed in an automatic washer disinfector between each use. As an interim measure, it is acceptable to continue using a high-level disinfection method between each use, followed by daily reprocessing in an automated washer disinfector.

**Requirement 2 – Timescale: by 15 August 2017**

- The provider must ensure that clean and dirty equipment is stored appropriately in the theatre department to reduce the risk of cross-infection.

**Recommendation e**

- We recommend that the service should ensure that waste that is awaiting uplift is stored safely in the theatre department.

**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: 4 - Good

The service had an induction programme in place. Staff files were stored electronically. A system was in place to store, keep and dispose of Disclosure Scotland certificates.

The service used online verification systems to check the registrations of its nurses and allied health professionals. A system was also in place to check these yearly.

We reviewed the procedures in place for practicing privileges for consultants and for registered medical officers. We saw that appropriate checks were completed, including background checks and professional registration checks.

**Areas for improvement**

We reviewed four staff files. Two out of the four staff files did not have two references. Although this is in line with the provider’s recruitment reference policies, it is not in line with the Scottish Executive’s Safer recruitment through better recruitment (2007) (see recommendation f).
Management staff told us that staff files were not audited as part of the service’s quality assurance programme (see recommendation g).

- No requirements.

**Recommendation f**

- We recommend that the service should ensure that all staff recruitment files contain two references, in line with Scottish guidance.

**Recommendation g**

- We recommend that the service should carry out quality assurance audits of its recruitment and induction procedures to make sure it is in line with Scottish Executive’s *Safer recruitment through better recruitment* (2007).

**Quality Statement 3.4**

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

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

Staff and patients we spoke with told us they were treated with respect. Interactions we observed between staff and patients and between colleagues appeared to be respectful. We found the service had a strong customer care and patient focus.

We saw that the service carried out regular surveys asking patients to comment on the quality of the service they received. One question asked patients whether they were treated with dignity and respect. In the most recent survey, 98% responded that they were.

Staff completed dignity and respect training. The service had policies for staff to follow if they felt they were not treated with dignity and respect, including a whistleblowing policy and a bullying and harassment policy. During the inspection, we spoke with patients to discuss their impressions of the service’s staff. All patients stated that they were treated with dignity and respect. We received the following comments:

- ‘All the staff are lovely, all the way through’.
- ‘All staff are totally professional’.

**Area for improvement**

All staff we spoke with said that management recognised and thanked them for their work. However, no staff from Kings Park Hospital had been nominated for the provider’s award scheme which recognised good work. Management could be encouraged to highlight staff achievements and nominate their staff for the award scheme.

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

Quality Statement 4.3
To encourage good quality care, we promote leadership values throughout our workforce.

Grade awarded for this statement: 5 - Very good
The service had a ‘caring behaviours framework’ which was used as part of the provider’s appraisal system. These included the following areas of action:

- ‘building and strengthening leadership’
- ‘ensuring we have the right staff, with the right skills, in the right place’, and
- ‘supporting positive staff experience’.

All senior staff were enrolled in the ‘BMI Leadership’ programme.

Clinical staff took on the responsibility of a link nurse or champion for different areas. Staff we spoke knew their roles and responsibilities. Staff we spoke with also felt that leadership was very visible in the hospital and senior staff were very approachable and completed regular walkrounds.

From minutes of clinical governance and senior management team meetings, we saw that senior staff had clear areas of responsibility for actions. A number of senior staff also attended provider meetings and committees.

We saw that departmental meetings and staff forums were held regularly. A daily communication meeting held in the morning covered all aspects of the hospital. Minutes of these meetings were taken and staff comments were recorded.

Area for improvement
Results from the service’s last staff survey in April 2016 were not as good as expected, with areas of improvement required around:

- appreciation of peoples’ work
- change management
- communication
- leadership, and
- working together.

To address these issues, management staff had put action plans in place along with meetings with staff in different staff groups as well as larger forums. The next staff survey will take place in April 2017. We will follow this up at future inspections.

- 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 comprehensive self-assessment to Healthcare Improvement Scotland. The service completes this self-assessment each year and it gives a measure of how it has assessed itself against the quality themes and national care standards. We found very good quality information that we were able to verify during our inspection.

The service had very good quality assurance systems. The governance structure was made up of:

- the clinical governance committee
- the medical advisory committee, and
- the senior management team.

A range of other groups also reported into the clinical governance structure. These included health and safety, infection control and team meetings.

The executive director and the medical advisory committee had overall accountability for governance at the service. The medical advisory committee was made up of representatives who work at Kings Park Hospital, including doctors and consultants. The service had also recently appointed a quality and risk manager.

We saw evidence that all the planned audits were completed and action plans were developed to address any issues identified.

We were able to track a complaint and saw that it was dealt with competently. We saw evidence that lessons learned were identified and actions taken to help prevent it happening again.

Area for improvement
Some policies were still in draft form and awaiting approval. We discussed audit results and the importance of making sure audits were carried out objectively with senior staff. We will follow this up at future inspections.

- 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.

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<thead>
<tr>
<th>Quality Statement 0.3</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
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<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td><strong>We recommend that the service should:</strong></td>
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<tr>
<td>a ensure all consent forms are completed in line with the service’s policy, including benefits and risks of treatment (see page 10).</td>
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<tr>
<td>National Care Standards – Independent Hospitals (Standard 11.4 – Deciding on your treatment)</td>
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<tr>
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<tbody>
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<td><strong>Requirements</strong></td>
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<tr>
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<td><strong>We recommend that the service should:</strong></td>
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<tr>
<td>b review the arrangements in place for discussing confidential information and arrangements at the reception desk (see page 11).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 15.1 –Your environment)</td>
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### Quality Statement 1.1

**Requirements**

None

**Recommendation**

**We recommend that the service should:**

- c revise the complaints policy to include a section that Healthcare Improvement Scotland can accept complaints at any time in the complaints process (see page 12).

  National Care Standards – Independent Hospitals (Standard 9.2 – Expressing your views)

### Quality Statement 1.5

**Requirements**

None

**Recommendation**

**We recommend that the service should:**

- d ensure that patient care records are fully completed (see page 12).

  National Care Standards – Independent Hospitals (Standard 14.5 – Information held about you)

### Quality Statement 2.4

**Requirements**

The provider must:

1. review its decontamination protocol for nasendoscopes to ensure they are reprocessed in an automatic washer disinfector between each use. As an interim measure, it is acceptable to continue using a high-level disinfection method between each use, followed by daily reprocessing in an automated washer disinfector (see page 14).

  Timescale – by 15 August 2017

  *Regulation 3(d)ii*

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

  National Care Standards – Independent Hospitals (Standard 13.2 – Prevention of infection)
### Quality Statement 2.4 (continued)

2. **Ensure that clean and dirty equipment is stored appropriately in the theatre department to reduce the risk of cross-infection** (see page 14).

   **Timescale** – by 15 August 2017

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

   National Care Standards – Independent Hospitals (Standard 13.2 – Prevention of infection)

**Recommendation**

**We recommend that the service should:**

**e** ensure that waste that is awaiting uplift is stored safely in the theatre department (see page 14).

   National Care Standards – Independent Hospitals (Standard 13.2 – Prevention of infection)

### Quality Statement 3.2

**Requirements**

None

**Recommendations**

**We recommend that the service should:**

**f** ensure that all staff recruitment files contain two references, in line with Scottish guidance (see page 15).

   National Care Standards – Independent Hospitals (Standard 10.1 – Staff)

**g** carry out quality assurance audits of its recruitment and induction procedures to make sure it is in line with Scottish Executive’s *Safer recruitment through better recruitment (2007)* (see page 15).

   National Care Standards – Independent Hospitals (Standard 10.1 – Staff)
Recommendations carried forward from our 5 and 6 April 2016 inspection

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<td>undertake periodic observations of staff when administering medication to ensure they are continuing to do so safely.</td>
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<tr>
<td>National Care Standards – Independent Hospitals (Standard 10.10 – Staff)</td>
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<td>produce clearer details of the audit programme for Kings Park Hospital. This should include the level of risk associated with the audit topic to determine the audit frequency and should integrate additional local audits</td>
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Appendix 2 – 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
We can also provide this information:

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