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

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

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as 'the Act')
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

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

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public in a range of formats on request, and
- listen to your concerns and use them to inform our inspections.

Complaints

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

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

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

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

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

We carried out an unannounced inspection to Ross Hall Hospital on Tuesday 7 and Wednesday 8 May 2013.

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

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

The inspection team was made up of two inspectors. One inspector led the team and was responsible for guiding them and making sure the team members agreed the findings reached. See Appendix 4 for membership of the inspection team visiting Ross Hall Hospital.

Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 20):

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: 5 - Very good

Overall, we found the service was providing very good care by a committed and caring multidisciplinary team. People who use the service were being asked about the quality of their care and the development of the service. The recording of the delivery of care was very good. There are areas in relation to infection control and risk assessment that need to be improved.

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

- the executive director
- the director of nursing
• the clinical operations manager
• the support services manager
• the outpatients department manager
• two charge nurses
• a healthcare assistant
• housekeeping staff
• an engineer
• the patient services manager
• the support service deputy manager (hotel services)
• the hotel services support supervisor, and
• the infection, prevention and control nurse advisor.

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

• patient information leaflets
• hospital website
• patient care records
• staff training records
• patient satisfaction questionnaires
• policies on adult protection, child protection and recruitment
• minutes from meetings
• audits and action plans
• risk assessments
• incident recording and management
• complaints policy and log for period July 2012 to present, and
• two examples of complaints being investigated by the service.

We spoke with 10 people who were using the service all of whom expressed satisfaction with the standard of care. The following are some of the comments offered:

• “Staff are nice and friendly.”
• “This is like a hotel, staff are polite and very professional.”
• “Everything was explained to me by consultants and staff, I felt well informed.”
• “It has been a positive experience.”
• “Staff are responsive to your needs, always telling you to buzz.”
• “Nursing staff are so considerate and understanding.”

We also observed how staff worked and cared for people who use the service when we visited different areas of the hospital.

This inspection resulted in three requirements and one recommendation. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendation.
BMI Healthcare Limited, the provider, must address the requirements and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Ross Hall Hospital for their assistance during the inspection.
3 Progress since last inspection

What the provider has done to meet the requirements we made at our last inspection on 10 July 2012

Requirement 1

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

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

Action taken

Our findings for this requirement are reported under Quality Statement 1.1. This requirement is met.

What the service has done to meet the recommendations we made at our last inspection on 10 July 2012

Recommendation a

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

Action taken

Our findings for this recommendation are reported under Quality Statement 0.2. This recommendation is met.
4 Key findings

Quality Theme 0

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

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

■ No requirements.
■ No recommendations.

Quality Statement 0.2
We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 5 - Very good
The hospital provided very good information to people to help them decide whether the service could meet their individual needs.

The hospital has a website. There are easy to follow links to information which can be downloaded, for example details of the services and procedures are available including the prices of the procedures and consultant lists. Contact information about the service is easy to find on the website. Members of the public can also ask confidential questions online. These are answered by a senior nurse.

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

There is a brochure available which provides people who use the service with information on what to expect when staying at the hospital. This brochure states that arrangements can be made for an interpreter.

Leaflets about specific treatments and procedures are available throughout the hospital. Each leaflet states how people who use the service can make initial appointments and provides advice on fees.

At our last inspection, we made a recommendation that BMI Healthcare Limited should review its process for ensuring that all people who use the service receive accurate information about the likely costs of any treatment or procedures. We made this recommendation because we found that information about costs was not offered in a way that made it clear what was covered and what may be extra. The hospital had also received a significant number of complaints about invoicing. During this inspection, we found that this recommendation had been acted on. The hospital has reviewed their process for providing cost information to people who use the service, to ensure that the likely costs of any treatment or procedures and any potential additional costs (for example, consultation fees or further tests) is made clear.
We saw information about pricing displayed in the outpatient department. We spoke with people who were using the service and they confirmed they had been given sufficient information for them to decide what options were available to them. This included information about costs.

**Area for improvement**

A new process has been introduced at the hospital whereby a clerk in the outpatient department now co-ordinates all queries about pricing and liaises with private medical insurance companies, on behalf of people who use the service. The outpatient department manager has also introduced a system of reminding consultants who practise at the hospital to be clear about pricing. The consultants also explain that additional charges may apply when speaking to people who use the service and refer any queries about pricing to the clerk to resolve. Staff told us that this new process was positive and thought that it would lead to improved communication and less confusion about pricing. However, this is a new process and will take time to embed so we will follow up on progress made at the next inspection.

**Quality Theme 1**

**Quality Statement 1.1**

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

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

We found the service had very good systems in place to involve people who use the service in assessing and improving the quality of care and support provided by the service.

There was a service users involvement policy which had been developed to guide and direct staff about ways of encouraging people who use the service to give their views.

We saw that hospital staff actively sought and listened to the views of people who use the service and valued their opinions. When we spoke to people who were using the service they confirmed this.

Throughout the hospital, we found questionnaires that people who use the service could complete to give feedback on their experience. We saw that these were reviewed and results of feedback displayed throughout the hospital. These showed that there was a high level of satisfaction about the care, accommodation, catering, other hospital departments and the discharge planning process. We saw examples of where the management team had used the results from patient questionnaires to make improvements.

A patient service manager speaks with people who use the service during their stay and after discharge and listens and deals with any concerns that people might have.

The consultants who worked in the service were seen as playing a pivotal role in receiving thoughts or comments from the people who use the service and systems were in place to facilitate this. For example, there were regular meetings with the medical advisory committee which discussed issues about the running of the hospital. We saw that surveys were also carried out with the consultants to find out their views.

A doctor liaison manager holds a regional position within BMI Healthcare Limited. This person engages with GPs and provides communication between the community and the hospital.
We found the hospital was committed to meeting with people who had previously used the service and their families. There were focus groups held twice a year and we found people who had used the service had been involved, for example in reviewing brochures and choosing colours for bathrooms which had been refurbished.

When we spoke to people who were using the service, they told us they had been given full explanations of their care and felt comfortable to ask questions or raise concerns about their care should they wish to do so. They also told us that their consultant visited them daily to discuss their care.

There was a complaints policy in place. We found that the policy had been reviewed and made clearer to inform people who use the service that they can raise their concerns with Healthcare Improvement Scotland independently, should they wish to do so. Information about how to make a complaint was available. Leaflets encouraged people to give their comments. We found that the system to record and investigate complaints or concerns had been improved recently and there was now an auditing system in place. We recognise the structured and planned approach being taken to manage complaints and will continue to monitor progress at future inspections.

People who were using the service described staff as being caring and approachable. There was a philosophy of continuous improvement within the service by learning and changing from comments received.

**Area for improvement**

We were informed that the complaints leaflet for the hospital was currently being reviewed to include the contact details for Healthcare Improvement Scotland, the regulator of the service. A requirement is made (see requirement 1).

**Requirement 1 – Timescale: 4 weeks**

- The provider must ensure that the complaints leaflet for the hospital is amended to include the contact details of Healthcare Improvement Scotland.

- No recommendations.

**Quality Statement 1.5**

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

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

We looked at seven sets of patient care records during the inspection. The hospital uses a care pathway system to record the care they give to people who use the service. This is in the form of a list of healthcare assessments and interventions. We saw evidence that staff were completing these assessments and recording any action they had taken. We saw comprehensive assessments and patient risk management as well as individual care planning.

The patient care records contained relevant personal information. Room orientation sheets were completed showing that staff had shown people who use the service the information
brochure, fire instructions and how to use the call bell system. Information about the procedures to be carried out and consent forms were included in the patient care record. Aftercare, such as physiotherapy and nursing interventions, were also documented. During the discharge process, we found that information was shared with people who use the service, carers and other professionals to ensure treatment strategies were passed to the right people to allow appropriate support.

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

We saw that people who use the service were involved with their plan of care. The patient care records showed that information had been gathered from people who use the service about their needs, before their admission.

Area for improvement

There was a system in place to audit patient care records. The director of nursing formally audits 50 sets of patient care records monthly. We were told that informal audits were also undertaken at ward level by ward charge nurses. We discussed the benefits of formalising this at ward level with the management team and they said that they would consider this.

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

Quality Theme 2

**Quality Statement 2.1**

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 5 - Very good

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

**Quality Statement 2.2**

We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 3 - adequate

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

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

Bedrooms had been decorated with laminate flooring. Apron and glove dispensers were provided in corridor areas as well as alcohol gel dispensers at the entrance to each ward area, in corridors and in every bedroom.
We saw that the hospital was clean and there were cleaning schedules in place. Since the last inspection, the hospital has introduced a new process where the ward charge nurse signs off cleaning schedules every week to provide assurance that they are happy with the standard of housekeeping on their ward. We saw that housekeeping staff took great pride in maintaining a high standard of cleanliness. We spoke with people who were using the service and they commented positively about the cleanliness of the environment.

Areas for improvement

During our inspection of the hospital, we identified areas that need to be upgraded, such as utility rooms and the high dependency unit. These areas had worn surfaces to cupboards and sink units, which were difficult to clean effectively. There were also some worn areas of flooring and missing door strips. Managers at the hospital told us they had already identified these areas during a recent audit and implemented a planned programme of upgrade. We saw the results of the infection prevention and control audit report, carried out in June 2012, which highlighted these areas as needing to be repaired and up-graded. The action plans relating to this audit showed that all non-intact surfaces identified will be upgraded on a rolling programme. We will monitor progress with this at future inspections.

During the inspection, we noted that the radiators in patient bedrooms have sharp edges and the temperature can be controlled individually. We were told that the maximum temperature the radiators could reach, if individually adjusted, is 75 degrees centigrade. We found that there is a potential risk of severe burns if a person who uses the service fell out of bed against a radiator. At the time of inspection, managers at the hospital could not find a risk assessment to demonstrate how this risk was being controlled, however a risk assessment was drawn up on the day of our inspection. We were told that this risk assessment will be discussed at the next health and safety committee meeting, with a view to ensuring that any control measures identified are implemented without delay. A requirement is made (see requirement 2).

We also looked at how the hospital manages the hot water temperature of shower and bathroom tap outlets in patient bedrooms. The hospital has fitted thermostatic mixing valves (TMVs) to these outlets to ensure that the maximum temperature the water can reach at the outlet is 43 degrees centigrade. We saw that there is a system in place to regularly monitor the TMVs to ensure they are working properly. We were shown the most recent monitoring records for April 2013 which identified that temperatures were recorded at higher than 43 degrees centigrade in the outlets of eight patient bedrooms, with some readings in excess of 60 degrees centigrade. We found that the system currently in place for rectifying defects identified with TMVs was not effective. The faulty TMVs were recorded on the hospital repairs system on 4 April 2013 when they were identified as faulty. However the repairs had not been carried out at the time of our inspection on 7 May 2013. A requirement is made (see requirement 3).

**Requirement 2 – Timescale: immediate**

- The provider must ensure that the risk assessment for radiators in patient bedrooms is reviewed without delay and any control measures identified are implemented.

**Requirement 3 – Timescale: immediate**

- The provider must ensure that the current system for identifying and rectifying urgent faults is reviewed, to ensure that the premises are maintained in a condition that is suitable for purpose and risks to patient safety are appropriately managed.
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
Infection prevention and control policies are in place at the hospital and there are plans to update these policies with the Health Protection Scotland national infection prevention and control manual. This is currently in progress and we will follow this up at the next inspection.

At the last inspection, we reported that a new infection prevention and control nurse advisor had been appointed at the hospital. We found that further work has been done to develop this new role. We saw that a series of new systems have been introduced at the hospital, for example daily, weekly and monthly cleaning schedules and a range of infection prevention and control training for staff. A system of infection control link nurses has been introduced to ensure that infection prevention and control systems are embedded throughout the hospital. We discussed this new role with the infection prevention and control nurse advisor and saw the work plan for 2013 link nurse meetings, meeting minutes from October 2012 and January 2013 and a comprehensive toolkit which clearly detailed what is expected of staff undertaking the link person role.

This infection control committee meets every three months and is made up of key staff within the hospital. We saw the minutes for the last two meetings and could see that progress was being made with the agenda items raised. We also saw evidence that the items on the agenda were discussed at medical advisory committee meetings and clinical governance meetings.

In June 2012, the infection prevention and control nurse advisor carried out an audit of the hospital to judge the level of compliance with NHS Quality Improvement Scotland Healthcare Associated Infection Standards. The hospital used the Healthcare Environment Inspectorate aide memoir and a series of action plans were drawn up to rectify the issues found. We saw evidence that the issues identified during this audit are being acted on. For example, a system of charge nurses signing off housekeeping schedules has been introduced as a result of the audit.

Areas for improvement
We will follow up on the progress made with the above development work at the next inspection.

There are plans to introduce a system of cleanliness champions in the hospital. A pilot is currently being established and we will follow up on progress with this at the next inspection.

We were told that work is currently being planned for a new endoscopy suite at the hospital and further refurbishment work is being considered for the high dependency and intensive care units. We discussed with managers the requirement for any planned building work to be formally notified to Healthcare Improvement Scotland, within appropriate timescales.
Quality Theme 3

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

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

Quality Statement 3.3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Grade awarded for this statement: 5 - Very good

We found there were safe and transparent recruitment and retention policies in place. There was a comprehensive induction programme in place, and documented evidence of staff training and development for a variety of mandatory and clinical subjects. We observed good examples of team working and staff development. Staff informed us that there was a learning culture within the organisation.

Each staff member had a personal development plan and spoke positively about the e-learning system that was in place. They spoke of being given time during work to carry out training on the system and were proud of their achievements.

Staff spoke about having job satisfaction. They spoke of the value of team working and being listened to and supported by colleagues and the management team, and being able to contribute to the development of the service.

Staff spoke respectfully about people who use the service. We saw they were highly motivated to provide a high standard of care. They felt supported in their roles and there were systems in place to support them. Staff spoke of valuing the support and guidance offered. We saw that achievements were recognised and valued.

Staff we spoke with were all aware of the whistle blowing policy and spoke of being comfortable to raise concerns should they have any.

Areas for improvement

Although there was clear procedural guidance for staff relating to the reporting of adult protection issues and this complied with the requirements of Scottish legislation, the hospital policy made no reference to Scottish legislation and used English terminology. We were informed that a training package was provided to staff on all aspects of adult protection. However, management should ensure this includes reference to the Adult Support and Protection (Scotland) Act 2007 and that all staff are made aware of their responsibilities under this legislation (See recommendation a).

Recommendation a
- We recommend that Ross Hall should amend the hospital policy for adult protection to include clear reference to the Adult Support and Protection
(Scotland) Act 2007 and ensure that staff are made aware of their responsibilities under this legislation.

Quality Theme 4

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

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

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

Grade awarded for this statement: 5 - Very good
When we spoke with staff they described a positive culture and management within the service. They described an open management style within the service and told us they felt they were kept informed about what was happening.

They told us about staff meetings held within each department, monthly meetings with the director of nursing and daily management meetings. We looked at minutes of these meetings and saw evidence of staff working together to discuss problems and reach solutions. We saw that actions from meetings were disseminated at ward level to keep staff informed.

We saw evidence in staff training files of staff being encouraged and supported to realise their potential. There was leadership training available through e-learning and the human resources department. We saw staff were accessing this training.

We were informed that an area of the hospital had been designated for staff training and staff spoke of this being beneficial as they were able to have access to computers in this area.

Staff told us they were encouraged to bring new ideas and learning into the service.

There was information on noticeboards for staff and they told us there was a local e-news bulletin issued weekly to keep staff updated with hospital matters.

The ward charge nurses spoke of their role in developing staff and the support given by the specialist nurses and the nursing management team. Staff told us that they valued this support.
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 1.1

**Requirements**

The provider must:

1. ensure that the complaints leaflet for the hospital is amended to include the contact details for Healthcare Improvement Scotland.

   Timescale – 4 weeks

   *Regulation 15(6)(a)*

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

**Recommendations**

None

### Quality Statement 2.2

**Requirements**

The provider must:

2. ensure that the risk assessment for radiators in patient bedrooms is reviewed without delay and any control measures identified are implemented.

   Timescale – immediate

   *Regulation 10(2)(c)*

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

3. ensure that the current system for identifying and rectifying urgent faults is reviewed, to ensure that the premises are maintained in a condition that is suitable for purpose and risks to patient safety are appropriately managed.

   Timescale – immediate
Regulation 10(2)(a)
The Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011

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Quality Statement 3.3

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<td><strong>We recommend that the provider should:</strong></td>
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<td>a consider amending the hospital policy for adult protection to include clear reference to the Adult Support and Protection (Scotland) Act 2007 and ensure that staff are made aware of their responsibilities under this legislation.</td>
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Appendix 2 – Inspection process

Inspection is part of the regulatory process.

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

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

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

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

Types of inspections

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and people who use the service. 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:

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

We do not give one overall grade for an inspection.

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

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

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

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

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

**Follow-up activity**

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

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

- a further announced or unannounced inspection  
- a targeted announced or unannounced inspection looking at specific areas of concern  
- an on-site meeting  
- a meeting by video conference  
- a written submission by the service provider on progress with supporting documented evidence, or  
- another intervention deemed appropriate by the inspection team based on the findings of an inspection.

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

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 3 – Inspection process flow chart

Before inspection visit

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

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

During inspection visit

Arrive at service

Inspections of areas

Discussions with senior staff and/or operational staff, people who use the service and their carers

Feedback with service

Further inspection of service areas of significant concern identified

After inspection visit(s)

Draft report produced and sent to service to check for factual accuracy

Report published

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

The inspection to Ross Hall Hospital was conducted on Tuesday 7 and Wednesday 8 May 2013.

The inspection team consisted of the following members:

**Beryl Hogg**  
Lead Inspector

**Anna Brown**  
Associate Inspector

**Observed by:**

**Gill Swapp**  
Associate Inspector (Locum)

**Supported by:**

**Nicola Aitken**  
Project Officer
Appendix 5 – The National Care Standards

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

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

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

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

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)
We can also provide this information:

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