Unannounced Inspection Report: Independent Healthcare

Service: Shawfair Park Hospital
Service Provider: Spire Healthcare Ltd, Edinburgh

20–21 November 2018
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 19–20 January 2017

Requirement
The provider must review the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 and implement any improvements identified from the review. This must include a review of the current standard infection control precautions auditing programme to ensure it meets the above standards.

Action taken
The service completed a review against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 and an action plan had been developed. This requirement is met.

Requirement
The provider must ensure that all equipment in the theatre department is appropriately cleaned between each use and that effective systems are in place to demonstrate this.

Action taken
The cleaning schedule had been reviewed and updated. The service was implementing a new checklist and regular audits checked compliance. This requirement is met.

Requirement
The provider must implement a formalised system of mattress checking in the theatre department, that includes regular checks on the integrity of mattress covers.

Action taken
Weekly mattress checks were in place and documented on a checklist. This requirement is met.
Requirement
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.

Action taken
The provider had reviewed its protocol and a process was in place to meet processing requirements. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 19–20 January 2017

Recommendation
We recommend that the service should make sure its complaints policy contains information that Healthcare Improvement Scotland as the regulator in Scotland can investigate complaints at any time.

Action taken
This is reported under Domain 2 - Impact on people experiencing care, carers and families. This recommendation is partially met (recommendation a).
2 A summary of our inspection

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

About our inspection

We carried out an unannounced inspection to Shawfair Park Hospital on Tuesday 20 and Wednesday 21 November 2018. We spoke with a number of staff, patients and carers during the inspection.

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.

What we found and inspection grades awarded

For Shawfair Park Hospital, the following grades have been applied to three key quality indicators.

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

| 9.4 - Leadership of improvement and change | The service has a systematic method for monitoring quality. Aspects of quality improvement are embedded within the service. Leadership is strong and very visible. | ✅ Good |

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

### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain 3 – Impact on staff</th>
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<td>3.1 - The involvement of staff in the work of the organisation</td>
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<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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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.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

### What action we expect Spire Healthcare Ltd to take after our inspection

This inspection resulted in one requirement and four recommendations. The requirement is linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirement and recommendations.
An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

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

We would like to thank all staff at Shawfair Park Hospital for their assistance during the inspection.
3 What we found during our inspection

Outcomes and impact

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

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

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

Our findings

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

Comprehensive information is available to patients before treatment. Patient feedback is very positive and used to improve the service. The service should update its complaints policy in line with independent healthcare regulation.

The service collected comprehensive feedback from patients about their experiences and expectations, in line with its participation policy. A standard questionnaire was sent to all patients after discharge. Focus groups were held on specialist treatment topics, such as hip surgery or plastic surgery. The information collected was fed back to patients monthly through pictorial reports and a patient newsletter. The feedback was used to compare and benchmark itself against the provider’s other services, to monitor quality and highlight areas for improvement.

The service’s easy-to-use website had treatment information and patient experience videos. A comprehensive admission and discharge brochure gave information about preparation, admission and going home.

We spoke with 10 patients during our inspection. They told us that information they received from the service before treatment was excellent and answered all their questions.

Patients we spoke with were very happy with the care and treatment the service provided and praised the staff:

- ‘very helpful and attentive’
- ‘very personalised, efficient and respectful.’
We received several comments about the facilities, describing them as ‘very modern, very clean and spacious.’

**What needs to improve**

While the patient feedback leaflets listed Healthcare Improvement Scotland contact details, it was not clear that patients can complain to Healthcare Improvement Scotland as the regulator, at any time (recommendation a).

The font size on the registration form that all patients had to sign was small and difficult to read.

- No requirements.

**Recommendation a**

- We recommend that the service should update its complaints policy and feedback leaflet to clarify that patients can complain directly to Healthcare Improvement Scotland at any time.

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**Domain 3 – Impact on staff**

High performing healthcare organisations value their people and create a culture and an environment that supports them to deliver high quality care.

**Our findings**

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

Staff engagement and motivation was high. Staff felt supported to do their job and involved in improving the service.

Staff surveys were carried out to monitor and measure how staff feel and to make sure they are supported to do their job. An action plan was in place to address any issues. We spoke with several clinical and non-clinical staff during the inspection. All staff told us that they felt supported and were able to approach a manager about concerns or complaints:

- ‘It’s a small hospital so we all work as a team. There is no one here that I couldn’t speak to in confidence.’

Staff received newsletters, emails and could attend meetings and forums to keep up to date with changes in the hospital. Staff told us that they received
information and training on new initiatives and when legislation changed, such as data protection or duty of candour. This made sure staff felt part of the whole service and could discuss improvement suggestions.

Staff we spoke with were aware of who the lead person was for safeguarding adults and children if they had any concerns about patients or carers.

Performance and personal development were discussed at yearly staff appraisals. Some staff reported that they had to complete a small audit in an area of their choice, and suggest areas for improvement as part of their yearly appraisal. Many staff had suggested service improvement ideas and managers had supported them to implement changes. This encouraged ownership of projects and contributed to the quality improvement process while developing leadership in staff at all levels.

What needs to improve
The service had introduced several initiatives, such as ‘Freedom to Speak Guardians’, who could raise concerns anonymously on behalf of staff. However, not all staff knew about the initiatives.

- No requirements.
- No recommendations.
Service delivery

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

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

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

Our findings

Quality indicator 5.1 - Safe delivery of care

The service had appropriate risk assessments around health and safety and a comprehensive plan in place around infection control precautions. Clinical audit results were reported and discussed, and equipment was regularly maintained.

We saw that all areas of the hospital were clean and well maintained with procedures in place for auditing the environment. The service had a service level agreement in place for the provision of advice from a consultant in infection prevention and control. An infection control nurse also provided weekly support visits as a consultant to cover both of the provider’s Edinburgh hospitals. The service had link nurses for infection control and we saw evidence that the online infection control training was completed.

All patients we spoke with rated the cleanliness of the hospital as excellent and all agreed they had observed good practice around hand washing. We saw gel dispensers for children at child-height below the adult dispensers.

Staff we spoke with described a safe and secure process for medication handling, including procurement, storage and prescribing.

The service’s health and safety policy detailed staff roles and responsibilities and we saw health and safety risk assessments in place. A risk management policy was in place and an electronic log recorded all incidents and accidents in the service. Service risks had been identified with key controls in place and documented.

Servicing and maintenance contracts were in place for all clinical and non-clinical equipment and we saw evidence of regular servicing and certification. A
policy and local rules were in place for laser equipment with recent completed audits and actions. Authorised staff had the appropriate training.

Audits and reported incidents are discussed at clinical effectiveness meetings every 3 months, where service concerns were also discussed and action plans put in place.

**What needs to improve**

We noted that clean linen was stored on a trolley, uncovered in the theatre department (recommendation b).

While storage of instruments and packs in the theatre was generally good, some sterile instrument trays were stacked on top of each other. Tray covers are at risk of being torn, causing possible contamination or damage to the sterile instruments if they are stored this way (recommendation c).

- No requirements.

**Recommendation b**

- We recommend that the service should ensure that the trolley used for clean linen storage must be designated for this purpose and be completely covered with an impervious covering able to withstand decontamination.

**Recommendation c**

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

**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

Care pathways specific to treatment were well completed with evidence of risks and benefits of treatment discussed with patient.

The six patient care records we looked at were mainly well completed. We saw all consent to treatment forms had been completed and all safety checklists were fully completed.
Before admission, the patients had a consultation where the consultant decided whether patients required a telephone consultation with the pre-assessment nurse or a face-to-face assessment before admission. Every patient also had to complete an assessment form and mail it back to the service. Pre-assessment information was noted in all patient care records we inspected.

**What needs to improve**

Two of the patient care records we looked at did not include a medical consultation record or referral letter. It is good practice to keep all patient care records together, including a record of the consultation, enabling all staff involved in the patient’s care can easily view relevant information (requirement 1).

The consultant signed and dated consent forms for patients who they consented. However, we noted no date at the patients’ signature in two records we looked at (recommendation d).

**Requirement 1 – Timescale: by 31 March 2019**

- The provider must ensure that all patient information is recorded in a single patient care record in a timely manner.

**Recommendation d**

- We recommend that the service should make sure that patient consent forms are fully completed, including date of patient consent.
Vision and leadership

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

Domain 9 – Quality improvement-focused leadership

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

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service has a systematic method for monitoring quality. Aspects of quality improvement are embedded within the service. Leadership is strong and very visible.

The service had systems to make sure that expectations of patients were met and to monitor and improve the healthcare provided. The provider produced quality reports every 3 months which tracked the clinical performance of the service and benchmarked across all Spire Healthcare Ltd’s services. A clinical scorecard showed compliance with performance indicators and highlighted areas for improvement.

We saw that performance and areas for improvement were discussed at senior management meetings and actioned through clinical governance groups. A range of methods were used to measure the quality of the service, including audits, complaints and surveys.

Best practice was communicated regularly to staff through safety alerts and ‘48 hour flashes’, which communicate learning from incidents that have happened in the provider’s other hospitals.

Some clinical staff had to include an improvement project as part of their yearly appraisal, which encouraged them to lead and take responsibility for areas of improvement. For senior management, new competencies had recently been introduced with the aim to drive clinical excellence, as part of their quality improvement process. Staff commented positively on the service’s leadership:

- ‘very visible and approachable.’
- ‘If anything needs sorted or to change, we talk about it.’
What needs to improve
The service had identified that formal quality improvement training for senior staff would enhance its leadership of improvement. To address this, it planned to implement training and a formal quality improvement framework. 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 National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

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

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

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<tr>
<th>Requirements</th>
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<table>
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<tr>
<th>Recommendation</th>
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<tr>
<td>a We recommend that the service should update its complaints policy and feedback leaflet to clarify that patients can complain directly to Healthcare Improvement Scotland at any time (see page 10).</td>
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The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011. Section 15 (6b)
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirement

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<tr>
<td></td>
<td>Timescale – by 31 March 2019</td>
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<td>Regulation 2(a)(b)</td>
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<td></td>
<td>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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### Recommendations

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<td>Health Protection Scotland – National Infection Prevention and Control Manual Standard 1.7</td>
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<td></td>
<td>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.24</td>
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Appendix 2 – About our inspections

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

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

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

Before inspections

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

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

During inspections

We use inspection tools to help us assess the service.

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

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

After inspections

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

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

We check progress against the improvement action plan.

More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

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