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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

Shawfair Park Hospital is a private hospital facility which opened in Edinburgh in March 2010. The service offers a range of day case hospital services and is one of two services provided by Spire Healthcare Limited. Shawfair Park Hospital and Spire Murrayfield Hospital (Edinburgh) combine to offer people a broad range of private healthcare services, including access to consultants and specialists, diagnosis and treatment.

The hospital aims to offer people who use the service a modern and attractive hospital facility, with state-of-the-art equipment, to make the experience more comfortable and enjoyable.

The hospital has a range of facilities available for people who use the service, including:

- patient day care pods
- single en-suite rooms
- operating theatres
- consultation rooms
- a pharmacy, and
- an in-vitro fertilisation (IVF) laboratory and treatment suite.

The hospital offers the people who use the service the option to choose a particular consultant at either of the Spire Healthcare Limited hospitals for their consultation. Those who choose their consultant will be offered an appointment with them during the next available clinic at either hospital.

There is a specialist team of staff who work in Shawfair Park Hospital. The team consists of:

- consultants
- radiographers
- radiologists
- nurses
- psychologists
- physiotherapists
- pathologists, and
- after-care support staff.

We carried out an unannounced inspection to Shawfair Park Hospital on Wednesday 3 July 2013.

The inspection team was made up of two inspectors, with support from a project officer. 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 Shawfair Park Hospital.

We assessed the service against five quality themes related to the National Care Standards. 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: 4 - Good
Quality Theme 1 – Quality of care and support: 4 - Good
Quality Theme 2 – Quality of environment: 5 - Very good
Quality Theme 3 – Quality of staffing: 5 - Very good
Quality Theme 4 – Quality of management and leadership: 5 - Very good

In this inspection, evidence was gathered from various sources. This included the relevant sections of policies, procedures, records and other documents including:

- patient care records
- health and safety maintenance records
- information leaflets
- relevant sections of policies and procedures
- risk assessments, and
- certificate of registration.

During the inspection, we had discussions with a variety of people including:

- the hospital manager
- a consultant
- a pharmacist
- registered nurses
- healthcare assistants, and
- people who use the service.

Overall, we found evidence at Shawfair Park Hospital that:

- people who use the service are complimentary of the service they receive
- the accommodation is modern and incorporates the most up-to-date equipment, and
- people who use the service are fully involved in the planning of their own care from the assessment process through to their discharge.

We found that improvement is required in some areas which include:

- review of consultant biographies on the hospital website
- ensuring that a pharmacist regularly audits prescribing practices in the hospital, and
- ensuring that feedback from the annual patient survey is specific to Shawfair Park Hospital.

This inspection resulted in no requirements and five recommendations. See Appendix 1 for a full list of the recommendations.

Shawfair Park Hospital must address the recommendations and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Shawfair Park Hospital for their assistance during the inspection.
3 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
Information under Quality Statement 1.1 of this report is also relevant to this statement.

■ 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: 4 - Good
We saw that the service has a website which has information about the hospital. The information includes:

- the services provided
- biographies of the consultants who work in the hospital
- fees for particular procedures
- how to make an appointment with a consultant, and
- how to find the service.

During the inspection, we saw that there was a range of leaflets available for people who use the service in different areas of the hospital. The leaflets detailed different services available in the hospital, for example, physiotherapy, weight loss surgery and IVF treatment. The leaflets included information on:

- different procedures available in each specialty
- what to expect from the hospital
- the fees for particular procedures or services
- how to make an appointment at the hospital, and
- the after-care arrangements.

Areas for improvement
During the inspection, we looked at the details of a complaint which was made by a person who used the service. The complaint was about the details of a consultant’s biography, which were published on the website, being incorrect. We were told that the complaint had been
upheld. It is important that the details published about each consultant are correct. This will allow people who use the service to make an informed choice about the consultant they want to care for them (see recommendation a).

We saw that there were leaflets available informing people who use the service how they can give positive and negative feedback about the service. We saw that the leaflets available in the hospital did not refer to Healthcare Improvement Scotland as the regulator of the service (see recommendation b).

- No requirements.

Recommendation a

- We recommend that Shawfair Park Hospital should review all the consultant biographies on the service website and ensure that the details held are correct.

Recommendation b

- We recommend that Shawfair Park Hospital should review all its information leaflets to guide people who use the service appropriately to Healthcare Improvement Scotland if they want to make a complaint.

Quality Theme 1

<table>
<thead>
<tr>
<th>Quality Statement 1.1</th>
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<tbody>
<tr>
<td>We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.</td>
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</tbody>
</table>

Grade awarded for this statement: 5 - Very good

We found good evidence of people who use the service being fully involved in assessing and improving the quality of care and support that the service provides.

During the inspection, we spoke with people who use the service. We were told that they felt fully involved in the planning of their own care from the assessment process through to being discharged from the hospital. This information was documented in their patient care records. People spoken with stated that they felt well informed and consulted about all aspects of their care.

At the end of their stay in hospital, all people who use the service are given a feedback card on their meal tray. This provides them with an opportunity to comment on the care they have received, the environment and any areas for improvement. The responses are analysed initially within the ward or clinic. This allows immediate feedback to the staff and changes to be made. The response rate from people who use the service is approximately 70%. We looked at some of these results and found that they were generally positive, with only minor concerns being raised, such as the provision of magazines and books.

A patient survey is carried out every year and is organised nationally. Feedback is given to the hospital management team and disseminated to all hospital staff. An action plan is created to address any issues raised, along with any issues raised from the annual survey of hospital consultants.

We also noted that the staff induction process included a section about the importance of patient feedback and their participation in planning their care.
During the inspection, we spoke with members of staff. All staff spoke positively about the patient feedback process and described how they involved patients at every stage of their care. We observed staff interacting with people who use the service, and their relatives, in a respectful, supportive and caring manner.

We also saw that patient care records included documentation of the assessment process that was carried out both before and during admission to the hospital. This included details of the explanation given to the patient about their treatment, the health assessment they had completed before admission, their dietary preferences and a signed consent to treatment form.

Area for improvement

Although a patient survey is carried out every year, the feedback provided was for both Spire Healthcare Limited hospitals and was not specific to Shawfair Park Hospital. This does not easily identify specific issues to be addressed by staff at each hospital. We saw that the number of people attending Shawfair Park Hospital has increased throughout the year. This should now enable a sample of patient comments to be received and actioned by the hospital (see recommendation c).

- No requirements.

Recommendation c

- We recommend that Shawfair Park Hospital should ensure that feedback from the annual patient survey is specific to Shawfair Park Hospital and not combined with feedback from other Spire Healthcare Limited hospitals.

Quality Statement 1.4

We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 4 - Good

Shawfair Park Hospital has an on-site pharmacy. The pharmacy is supported by staff who also work at Spire Murrayfield Hospital. We were told that the majority of medication dispensed from the on-site pharmacy is for use with people undergoing IVF treatment. However, the hospital also uses medications for surgery and for pain relief.

During the inspection, we spoke with the pharmacist about the ordering process within the hospital. We were told that an order sheet is faxed across to the pharmacy at Spire Murrayfield Hospital and the pharmacy there will then dispense the appropriate medication. We were told that this system works well and there have been no occasions when medication was not available for people who use the service.

We were told that any medication errors are discussed at clinical governance meetings. At this meeting, particular trends on areas for learning can be discussed. All the staff spoken with during the inspection were able to tell us the procedure they would follow if there was a medication error.
During the inspection, we looked at prescription sheets and medication recording sheets. We saw that these were all completed correctly and all medication given to people who use the service was signed for appropriately.

We were told that people who need to take regular medication while they are in the hospital are advised to bring their own medication with them. We saw this can then be prescribed for them by one of the doctors. We saw that there was guidance in place about what medications people should stop taking before undergoing procedures in the hospital.

We saw that the medication people normally take is checked at their pre-admission assessment. We also saw that people are asked to bring in information from their GP to confirm the medication they are currently taking.

Area for improvement
There is currently no full-time pharmacy input at the hospital. We also saw that there is no routine pharmacy overview of prescribing practices in the hospital. As there has been a significant increase in the number of people being treated at the hospital, it is important that there is a system in place to ensure that prescribing practices in the hospital are safe (see recommendation d).

■ No requirements.

Recommendation d
■ We recommend that Shawfair Park Hospital should ensure that a pharmacist regularly audits prescribing practices in the hospital to ensure that prescribing practices are safe.

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
During the inspection, we reviewed three patient care records. We found that the documentation was comprehensive and easy to follow.

We saw that all people who use the service complete a medical questionnaire before admission. This includes details of any existing health issues, current medication, allergies, dietary requirements and details of next of kin. The medical questionnaire is checked before admission and further information is obtained by either telephone contact or upon admission.

The patient care records we looked at were all individually labelled with the details of the person who was using the service and were appropriately signed and dated.

Documents in the patient care records included:

- an initial registration form
- dietary requirements
- medication record charts
- pre-operative checklists
- surgical safety checklists
- observational records
- anaesthetists records
- discharge information (including any medication)
- a signed consent to treatment form, and
- risk assessments, for example moving and handling, pain and nausea and skin integrity.

We were told that a full explanation of the treatment to be carried out is provided at the outpatient stage. Documentation about their treatment is also sent to the people who use the service before admission. People we spoke with during the inspection confirmed this. One person stated, ‘I was well informed, reassured and had everything explained to me all the way through.’

**Area for improvement**

We saw evidence that patient care records were being audited to identify areas for improvement. This is at an early stage and should be further developed to clearly identify actions taken to address any errors, and the outcome. We will monitor this at future inspections.

- No requirements.
- No recommendations.

**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**

Information under Quality Statement 1.1 of this report is also relevant to this statement.

- No requirements.
- No recommendations.
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: 5 - Very good
We saw that there are systems in place to ensure that equipment is regularly checked and serviced. We were given a list of all the equipment in the hospital, when it had been serviced and when the next service was due. The hospital has contracts with several different service companies who service their equipment.

We checked a variety of equipment in different areas of the hospital and found that it had all been serviced within the appropriate timeframes.

Areas for improvement
Although we saw that all the equipment in the hospital had been serviced within the correct timescale, the system in some areas relies on the service company sending a reminder. The service should consider ensuring that its own systems will show when a service is due and not rely on the external servicing company.

- No requirements.
- No recommendations.

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
Information under Quality Statement 1.1 of this report is also relevant to this statement.

- No requirements.
- No recommendations.

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: 5 - Very good
During the inspection, we looked at the recruitment files for five members of staff. The recruitment files were for staff from a range of areas including nursing staff, doctors and domestics. We saw that all the appropriate paperwork was in place. This included:

- role descriptions
• health declaration
• previous convictions declaration
• details of experience and skills, and
• two references.

We saw that there is a system in place to check that staff in the hospital have renewed their registration with their professional bodies, where appropriate.

There is a system in place to ensure that doctors who work in the hospital have gone through the appropriate appraisals. We found that most doctors have their appraisals carried out by their NHS employers. During the inspection, we spoke with one doctor who no longer works in the NHS. We were told that the provider of the service at Shawfair Park Hospital had systems in place to support him to receive the appropriate appraisal and feedback.

**Areas for improvement**

Although all the information was available to demonstrate that staff were recruited safely, this was not easily available in the one place. The service should organise their recruitment files to ensure that all information is held in a consistent way and is easy to find.

We saw that the service is keeping Disclosure Scotland and protecting vulnerable groups (PVG) forms for long periods of time. The service should destroy the forms after they have used them for the purposes of recruitment. The service should document that the form was seen and make note of the reference number on the form.

- No requirements.
- No recommendations.

**Quality Statement 3.3**

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

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

During the inspection, we spoke with three members of staff. All were able to describe the comprehensive induction process which is carried out by each new member of staff. This included:

• shadowing more experienced staff
• spending time in different hospital departments and,
• completing a checklist of learning, for example health and safety, fire safety, and other policies and procedures. The completed checklist was then signed off by their line manager.

Training was also available on an ongoing basis using an internal computerised training system. Staff are able to be involved in a number of clinical forums across both Spire Healthcare Limited hospitals and these include a range of specialities, for example tissue viability.
Staff spoken with stated that time is made available for them to attend training sessions and there is an application process for attendance at external courses. Staff felt that there were good development opportunities offered. They also felt that they were encouraged to maintain a good standard of clinical practice.

During the inspection, we looked at five staff training records. These training records included the completed induction checklists and applications to attend external courses. We also saw checklists that are carried out every year to record staff core competencies assessed against National Occupational Standards.

A combined training programme for both Spire Healthcare Limited hospitals is produced every year. This identifies the core training modules to be provided, which staff should complete the training modules and how often the training modules should be completed. This also links the individual training courses to the appropriate National Care Standards.

We were told that all staff undertake an annual ‘enabling excellence’ appraisal. In the appraisal, staff are required to set out their objectives for the coming year. Staff spoken with during the inspection confirmed that the appraisal took place and stated that they felt supported to expand their knowledge and experience.

Staff were aware of the whistle-blowing policy that was in place. Staff spoken with during the inspection stated that they would have no hesitation in raising any concerns with their line manager. We were told that staff meetings are held regularly. Staff felt well informed, were confident that issues raised would be listened to and that they were well supported by their line managers.

An ‘inspiring people’ programme is also in place at the hospital. This programme means that a member of staff can be nominated, either by a person who uses the service or a colleague, as someone who has excelled in their performance. Awards are presented to selected members of staff every month.

Staff spoken with stated that there is a good working atmosphere within the hospital and there were opportunities to be involved in different aspects of the service.

- No requirements.
- No recommendations.

**Quality Theme 4**

<table>
<thead>
<tr>
<th>Quality Statement 4.1</th>
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<tr>
<td>We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.</td>
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</tbody>
</table>

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

Information under Quality Statement 1.1 of this report is also relevant to this statement.

- 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 carries out a series of audits to look at the quality of the service being delivered. We saw examples of audits taking place, including:

- record-keeping
- data collection
- consent to treatment, and
- IVF services.

We looked at the non-conformance report which is created as a result of the audits. This report highlights the areas that have not been done correctly and what action was taken to make improvements. We saw that the report included details of the incident, the action needed to improve and an evaluation of whether the action was effective.

We looked at the clinical scorecard that is collated in the service. The scorecard shows how the service is performing in a number of areas, including:

- unplanned returns to theatre
- critical care transfers
- inpatient falls
- incidence of pressure ulcers, and
- incidence of venous thromboembolisms during surgical procedures.

During the inspection, we saw the clinical governance action plan for the service. This detailed the areas where the clinical scorecard showed the service was not achieving the target compliance rates. We saw that there were clear action points to be addressed and those responsible for the actions were identified.

We looked at the minutes from the meeting of the medical advisory committee in the service. We saw that issues were discussed, including:

- outcomes from the clinical scorecard
- complaints, and
- clinical incidents.

We saw from the minutes of the meeting that actions identified from previous inspections are discussed to ensure they have been completed.

We were told that the nursing heads of department for Spire Edinburgh Hospitals meet every week to discuss any issues within the service. This includes discussions about the service and also wider issues which may affect the service. This allows continuity of service delivery if one of the senior team has an unplanned absence.
Area for improvement

The service was recently visited as part of the registration process to look at anaesthetic services in the service. As part of that visit, it was recommended that the service reviews and updates its transfer policy. This details what should happen if someone becomes critically ill and requires transfer to the local NHS hospital for critical care. Although we saw that there is a policy in place, we saw that it was still in draft form (see recommendation e).

- No requirements.

Recommendation e

- We recommend that Shawfair Park Hospital should ensure that the draft policy for transferring critically ill patients is finalised and all staff are aware of the process for transferring critically ill patients.
Appendix 1 – Requirements and recommendations

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

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

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

### Quality Statement 0.2

**Requirements**

| None |

**Recommendations**

We recommend that **Shawfair Park Hospital** should:

| a | review all the consultant biographies on the service website and ensure that the details held are correct (see page 9). |
| b | review all its information leaflets to guide people who use the service appropriately to Healthcare Improvement Scotland if they want to make a complaint (see page 9). |

### Quality Statement 1.1

**Requirements**

| None |

**Recommendation**

We recommend that **Shawfair Park Hospital** should:

| c | ensure that feedback from the annual patient survey is specific to Shawfair Park Hospital and not combined with feedback from other Spire Healthcare Limited hospitals (see page 10). |

### Quality Statement 1.4

**Requirements**

| None |

**Recommendation**

We recommend that **Shawfair Park Hospital** should:

<p>| d | ensure that a pharmacist regularly audits prescribing practices in the hospital to ensure that prescribing practices are safe (see page 11). |</p>
<table>
<thead>
<tr>
<th>Quality Statement 4.4</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>We recommend that Shawfair Park Hospital should:</td>
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<tr>
<td>e ensure that the draft policy for transferring critically ill patients is finalised and all staff are aware of the process for transferring critically ill patients (see page 17).</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 patients. We will publish a written report 8 weeks after the inspection.

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

Grading

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

We grade each heading as follows:

- 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 Shawfair Park Hospital was conducted on Wednesday 3 July 2013.

The inspection team consisted of the following members:

Gareth Marr  
Lead Inspector

Gill Swapp  
Locum Inspector

Supported by:

Jill Sands  
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
We can also provide this information:

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