Unannounced Inspection Report: Independent Healthcare

Albyn Hospital
BMI Healthcare Limited, Aberdeen

13–14 February 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
## Contents

1. A summary of our inspection  
   - 4

2. Progress since our last inspection  
   - 6

3. What we found during this inspection  
   - 9

Appendix 1 – Requirements and recommendations  
   - 20

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

About the service we inspected

Albyn Hospital is registered with Healthcare Improvement Scotland as an independent hospital. The hospital is located in the west end of Aberdeen and is close to public transport services. Onsite car parking facilities are available.

The hospital has a maximum of 28 inpatient beds and provides a range of medical and surgical healthcare services. This includes medical consultations, diagnostic tests and surgical treatments to inpatients over the age of 14 years.

About our inspection

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

Grades may change after this inspection due to other regulatory activity, for example if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

We carried out an unannounced inspection to Albyn Hospital on 13 and 14 February 2018.

The inspection team was made up of three inspectors and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011 and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

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

**Quality Theme 0 – Quality of information: (aggregated score) 5 - Very good**
- Quality Statement 0.3 – consent to care and treatment: 4 - Good
- Quality Statement 0.4 – confidentiality: 6 - Excellent

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

**Quality Theme 2 – Quality of environment: (aggregated score) 5 - Very good**
- Quality Statement 2.3 – equipment: 6 - Excellent
- Quality Statement 2.4 – infection prevention and control: 5 - Very good

**Quality Theme 3 – Quality of staffing: (aggregated score) 6 - Excellent**
- Quality Statement 3.3 – workforce 6 - Excellent
- Quality Statement 3.4 – ethos of respect: 6 - Excellent
Quality Theme 4 – Quality of management and leadership: (aggregated score)
5 - Very good
Quality Statement 4.3 – leadership values: 6 - Excellent
Quality Statement 4.4 – quality assurance: 5 - Very good

The grading history for Albyn Hospital and more information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx

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

What the service did well
Patients received verbal and written information about their procedure and the hospital confidentiality policy. Staff respected patients’ opinions and acted on feedback to make improvements in the service.

The service had excellent systems to make sure all equipment was serviced and maintained.

Staff worked well as a team. They participated in regular training which helped to keep their knowledge and skills up to date. Leadership in the hospital was excellent. This facilitated a positive working culture where staff felt supported and appreciated.

What the service could do better
The service should make sure medical staff complete consent forms in full and expand the patient care record documentation and consent audits carried out. The service must ensure that patient risk assessments are carried out before surgery and that the patient care record is completed in full.

The provider must notify Healthcare Improvement Scotland of specific events that occur in their premises as noted in Healthcare Improvement Scotland’s notification guidance.

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

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

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

What the provider had done to meet the requirements we made at our last inspection on 25 and 26 May 2016

Requirement

The provider must ensure that appropriate systems, processes and procedures are in place for the use of lasers and intense light source equipment, taking account of the guidance contained in the MHRA Lasers, intense light source systems and LEDs - guidance for safe use in medical, surgical, dental and aesthetic practices (September 2015).

Action taken
The service showed us it has appropriate processes and procedures for the use of lasers. Local rules were provided that contain guidance based on Medicines and Healthcare products Regulatory Agency (MHRA) recommended practices. A recent laser protection audit took place with recommendations actioned. This requirement is met.

Requirement

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

Action taken
The service had completed a review against the Healthcare Improvement Scotland Healthcare Associated Infection (HAI) Standards (February 2015). It had revised the majority of its infection prevention and control policies and procedures in line with Scottish guidance. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 25 and 26 May 2018

Recommendation

We recommend that the service should continually review the information available on the website. This will ensure patients have the information required to make an informed decision about possible treatments and consultant specialities.

Action taken
The web design team at BMI Healthcare Limited’s central office worked closely with marketing leads for each hospital. This allowed leads to share ideas and provide local information to develop and customise the BMI website. An audit was carried out to review the facilities available in each service. Data obtained from the audit was also used to enhance the website. This recommendation is met.
Recommendation

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

Action taken
This is discussed under Quality statement 0.3. This recommendation is not met (see recommendation b).

Recommendation

We recommend that the service should make patient feedback and service action plans more visible throughout the hospital. This will promote an open and transparent relationship between staff and patients and will demonstrate what action the service has taken to improve the service.

Action taken
The service had developed the participation strategy and more information was displayed about ways patients and visitors could share feedback. Analysis of patient feedback was displayed in the hospital alongside other eye-catching information boards. This helped to share information with staff, patients and visitors about ways to reduce the spread of infection. This recommendation is met.

Recommendation

We recommend that the service should review the signage to the main entrance of the hospital.

Action taken
New signs were displayed at the entrance to the hospital. The service had also painted markings on the ground to help direct patients to specific areas. This recommendation is met.

Recommendation

We recommend that the service should review the condition of the pathway from the main entrance to the reception to reduce the trip hazard for patients, visitors and staff.

Action taken
The service had resurfaced the pathway and a coloured non-slip painted coating had been applied to the pathway. Handrails had been extended and signage added to direct patients, visitors and staff to use handrails. This recommendation is met.
Recommendation

We recommend that the service should develop a standard operating procedure for staff for the decontamination of theatre footwear.

Action taken

We saw that a standard operating procedure had been developed and all staff now cleaned their own footwear. A system was in place to check this. This recommendation is met.

Recommendation

We recommend that the service should ensure all staff recruitment files contain two references, and that the recruitment and reference policy reflects Scottish guidance.

Action taken

Two written references were obtained before any new member of staff commenced employment. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

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

Grade awarded for this statement: 4 - Good
A number of professionals were authorised to obtain consent before carrying out a procedure at the hospital. Consultant surgeons and anaesthetists explained procedures to patients verbally before surgery. Registered nurses and other associated staff also explained procedures before carrying any out. Physiotherapists obtained consent before certain treatments. We were satisfied that patients were given adequate information before consenting to procedures. One patient commented that: ‘every stage has been discussed and explained.’

Medical staff also documented the procedure on the surgical consent form before getting written consent from the patient. Surgical consent forms were bright yellow and easy to identify in patients’ notes. Patients’ cabinets displayed a laminated list of best practice principles for sharing information. Patient care records had signed consent forms and details of procedures patients had consented to.

A patient records audit monitored consent form completion. Audit results showed the service did well in recording patient consent, risks and benefits. Staff had to complete an online training module on consent as part of their ongoing training.

Patients we spoke with all said they were given enough information and were fully involved in discussions about their care and treatments.

Areas for improvement
Two patient consent forms we looked at did not list any patient risks or benefits. Although a consultant surgeon and patient had signed these two forms, their names were not printed. We found the same surgeon had filled out both forms. We viewed two other patient consent forms from different surgeons. These had been filled out and were completed correctly. Senior staff told us they would raise this with the consultant surgeon concerned. However, this had not been identified in the audit (see recommendation a).

Although the service had worked on developing a new consent policy, it did not refer to appropriate Scottish legislation and guidance. This was previously identified as a recommendation in the May 2016 inspection report (see recommendation b).

No requirements.

Recommendation a
We recommend that the service should use a wide range of patient care records for the patient care record documentation and consent audits and all aspects of the patient consent form should be scrutinised as part of this audit.
Recommendation b

- We recommend that the service should amend its consent policy to refer to appropriate Scottish legislation and guidance. This policy should reference the Adults with Incapacity (Scotland) Act 2000 and the Good Practice Guide on Consent for Health Professionals in NHSScotland (Health Department Letter [HDL] (2006) 34).

Quality Statement 0.4

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

Grade awarded for this statement: 6 - Excellent

All staff completed the provider’s online information security module and were fully aware of the need to protect and manage patient confidentiality. Administration staff were careful to protect patient confidentiality when making telephone calls. A Caldicott guardian was appointed for the hospital. They are responsible for protecting the confidentiality of patient and service user information and enabling appropriate information sharing.

The registration form that patients completed before treatment included information about how confidentiality was managed. Patients were made aware that information would be shared with their GP. Information was only shared with family members if the patient gave their written consent. Patients were told about situations when information might be shared with others, such as if staff were concerned about the patient’s wellbeing.

Information about patient care was stored electronically and in written form. Electronic records were password-protected and only relevant staff could access them. When patients were admitted, their patient care record was kept in a locked cabinet outside their room. Areas holding information about patients were kept locked and digital entry codes were regularly changed to maintain security. A protocol was in place to make sure only authorised staff had access to these areas.

The information security officer based at BMI Healthcare Limited’s central office regularly assessed the information recording system. This helped make sure patient data was secure and systems were fit for purpose. The director of clinical services and the operations manager completed ‘managing confidentiality’ accreditation and regularly evaluated how the service managed confidentiality.

- No requirements.
- No recommendations.
Quality Theme 1 – Quality of care and support

Quality Statement 1.1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 5 - Very good

The service’s participation strategy was being developed and some actions had improved ways in which feedback was obtained and shared. A participation group had started to look at areas of patient care and satisfaction, such as how satisfied patients who received ophthalmology services were. The director of clinical services led the participation group.

Patients were asked about the quality of care received during each step of their care. This helped measure each department’s performance and identify changes that could improve patient care. Feedback was gathered from three patients and one relative during ophthalmology treatments. All patients said they received appropriate information before admission and three of the four participants said the information they received before admission was excellent. Patients also said:

- ‘The hospital was welcoming and the atmosphere was calm.’
- ‘The staff are excellent, they can’t do enough for you.’

A support group for women who had, or were receiving, treatment for breast cancer met every month. The oncology nurse who led the group answered questions and women were able to talk to others. Friendships between these women were formed from building relationships and attending organised social events.

Staff supported various charities and organised coffee mornings for Macmillan Cancer Support and World Radiography Day. The service worked in partnership with local schools and universities to help pupils in the community to progress with careers in healthcare. Pupils could learn more about the treatments the service offered and were included in fundraising events supporting local and national charities.

The provider, BMI Healthcare Ltd, had recently introduced an electronic resource to gather patient feedback in its hospitals. Recent analysis of online feedback showed participation rates had reduced. The senior management team raised concerns about this with the central office and was considering alternative approaches to gather feedback. A new system to allow patients to share feedback through email had been set up. The lead for quality and risk management tried to act on feedback and respond quickly to patient concerns. The service planned to purchase a hand-held tablet to allow staff to capture real time feedback from patients and families. Information and feedback was shared with patients through the provider’s website, the social media page and noticeboards in the hospital. Posters also let patients know about events in and out of the service.

Areas for improvement

The provider’s online method of obtaining feedback was not effective and the service had recognised this. Whilst an interim method for gathering feedback through email was in place, the provider could look to develop a sustainable approach to make sure patients can share feedback confidentially.
All patients we spoke with told us they felt the care they received was good. However, some told us their care could be more person-centred after their procedure. For example, some patients told us they could not reach their buzzer. During feedback, we advised the senior management team that staff should make sure patient needs are met promptly, particularly when patients are less mobile.

- No requirements.
- 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: 4 - Good**

We checked five patient care records during our inspection and found good standards of record-keeping.

A records management policy was in place. The service carried out monthly patient care record documentation audits. We saw evidence that audits were discussed at clinical governance meetings and actions plans developed to address areas for improvement.

### Areas for improvement

None of the five patient care records we checked had patient risk assessments completed before surgery. Ward staff we spoke with thought these were completed at the pre-assessment stage. To make sure a pre-operative baseline of the patient’s condition is identified, patient risk assessments must be completed before surgical procedures take place (see requirement 1).

The service had recently introduced an updated venous thromboembolism (VTE) risk assessment where consultants’ treatment decisions were recorded. This helped make sure that staff involved in patient care and treatment had access to appropriate information. Of the four patient care records which needed this risk assessment, only one had it completed. Some patient care record documents, such as the side verification (used to verify which side of the patient’s body an operation is to take place on) and consent to share information, were not filled out. Others were duplicated, such as two World Healthcare Organisation checklists and both a combined patient risk assessment document and separate patient individual risk assessments for the same things (see recommendation c).

While three patient care records we checked had a letter to the patient’s GP after the consultation, only one included a medical consultation note. It is good practice to keep all patient care records together, including medical consultation notes so staff involved in a patient’s care can then easily view relevant information. We were told that consultants should record a consultation note. We will follow this up at the next inspection.
Requirement 1 – immediately on receipt of this report

- The provider must ensure that all appropriate patient risk assessments are carried out before any surgical procedures are carried out.

Recommendation c

- We recommend that the service should ensure that patient care records are fully completed or unused parts are removed or marked as not applicable.

Quality Theme 2 – Quality of environment

Quality Statement 2.3

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

Grade awarded for this statement: 6 - Excellent

We found that the service had excellent systems to manage servicing and maintenance of clinical and non-clinical equipment. The hospital had a system for asset tagging. This tagged equipment to allow easy identification and tracking for maintenance and repair.

The operations manager and senior engineer showed us how the electronic maintenance management system worked. This system generated work orders and maintenance requests. We were able to track a reported maintenance issue from start to completion. This system also provided a work procedure to help maintenance staff complete the specific task, including all safety equipment required and the procedure to follow.

We saw that clinical departments now had their own asset registers for clinical equipment. The theatre manager explained how they managed this to make sure equipment in the theatre area was serviced and maintained.

We carried out spot checks on a sample of equipment, including:

- a generator
- patient-lifting equipment, and
- an anaesthetic machine.

We viewed the service records and the routine checks carried out. We saw that equipment was serviced and maintained, and portable appliance testing was carried out by the engineer.

A health and safety advisor carried out audits, attended meetings and advised staff. Minutes from recent health, safety and environment meetings and clinical governance committee meetings recorded the issues discussed and tracked the progress of actions taken.

We saw evidence of fire and water risk assessments taking place with actions plans and timescales for any recommendations identified.
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

We saw a range of infection prevention and control policies and procedures in line with Scottish guidance available. We spoke with the infection prevention and control lead based at the service. They explained that each department had at least one link person meaning there was now eight infection prevention and control links as well as the lead working in the service.

We saw a range of infection prevention and control meetings were held at service and provider level. Infection prevention and control was a standing item on the clinical governance committee and the health, safety and environment meetings. We saw evidence that infection prevention and control audits were completed and reported through the governance structure. Action plans were developed to address any issues identified.

Staff completed mandatory training in infection prevention and control relevant to their role. This included online modules, face-to-face sessions and practice sessions for hand hygiene and aseptic technique organised by the infection prevention and control lead. Aseptic technique is a healthcare procedure designed to minimise the risk of infection to patients during certain care procedures. The infection prevention and control lead was educated to degree level in infection prevention and control.

Domestic cleaning was very good in the areas we inspected. Housekeeping staff explained how cleaning was carried out every day and showed us completed cleaning schedules. We discussed with nursing staff how clinical equipment was cleaned and looked at cleaning schedules.

When asked about the standard of cleanliness, all patients we spoke with rated the cleanliness of the hospital as 'very good or excellent'. Patients also said:

- ‘Although there is no sink in the room staff always use the gel.’
- ‘The place is lovely and clean.’

Area for improvement

Both housekeeping and clinical staff have plans to further develop the domestic and patient equipment cleaning schedules. This will include making sure they are checked and signed off by senior staff on a weekly basis. We will follow this up at future inspections.

- No requirements.
- No recommendations.
Quality Theme 3 – Quality of staffing

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

Grade awarded for this statement: 6 - Excellent
BMI Healthcare Limited has an online learning framework which supports staff to complete mandatory training. The provider strives for 90% rate of staff completion. An audit tool is in place to monitor this. A recent audit showed that 84.3% of staff had completed all their mandatory training. The senior management team recognised some staff experienced challenges in finding time to complete mandatory training. For these reasons, all staff were given a day of protected learning time to complete necessary training. An external training resource allows opportunities for staff to broaden their skills and complete training outwith the BMI learning programme. For example, the provider has an online learning library with an array of resources to support national legislation and best practice. The service has also developed its own learning library which holds up-to-date information about local standard operating procedures and policies. This helps to make sure staff are aware of current best practice and any changes in hospital policy. A clinical staff rotation programme was in place to support staff maintain their knowledge and skills of treatments and care in the hospital.

Clinical staff had opportunities to develop their skills by attending training sessions delivered by medical staff. Teaching sessions around areas of interest and expertise included pain management, laser safety and managing symptoms of irritable bowel syndrome. The service was also working in partnership with GPs to improve communication and provide staff with opportunities to attend training sessions.

Staff were assisted to participate in further education. Financial support and study leave was available to help staff attain modules and qualifications. Two nurses were extending their knowledge of chemotherapy facilitated by the local university. Other staff enhanced their knowledge of advanced life support and planned to provide a rolling training programme for other staff in the hospital.

We spoke with a number of staff working in the hospital. All of them told us they were supported with their learning and development. Staff who were new to the service said they had a good induction which helped them to carry out their roles with greater confidence. A system was in place to make sure medical and nursing staff completed their revalidation to ensure they maintained their professional registration with appropriate governing bodies.

■ No requirements.
■ No recommendations.
Quality Statement 3.4

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

Grade awarded for this statement: 6 - Excellent

Staff were encouraged to read and familiarise themselves with hospital policies which provided information about respecting others and promoting equal opportunities in the workplace. All staff were required to complete online equality and diversity training as part of the mandatory training programme.

We spoke with a number of staff working in the hospital. All of them said they felt respected and included, stating they are listened to if they have suggestions. They told us they are encouraged to be part of change and improvement in the service.

One manager told us they felt valued knowing that staff could approach them with ease and that they were able to afford time to spend with staff discussing ideas for improvement or matters of concern. Other members of staff said:

- ‘All of the staff get on well and understand each other’s roles and responsibilities. We are also given appropriate responsibilities which helps to make us feel appreciated and capable.’
- ‘This is a really friendly place to work and everyone welcomes you.’
- ‘I really enjoy working here, I have changed roles and I feel really supported in my new role.’

While we were asking a patient about their care, a nurse asked if they could tend to the patient. Both the patient and nurse were happy for us to be present. The nurse had never met the patient before. We saw that they introduced themselves to the patient and explained the possible cause of the patient’s concern. The patient was reassured and told us all staff had been extremely helpful and friendly.

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

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

Grade awarded for this statement: 6 - Excellent
Staff are involved in service development and improvement. Heads of departments attended a daily 'huddle' to share information with other leads about any concerns, risks or achievements. Leads then shared the information with their teams to make sure everyone was kept informed of relevant information. A written bulletin was displayed on the staff noticeboard.

Staff said they were regularly praised by their managers. This made them feel appreciated. The chief executive expressed gratitude to staff and supported staff engagement by providing snacks for special calendar events. During the annual charity fundraising event, staff could mix with other teams and learn about further opportunities for career progression in the hospital. Staff were recognised for their continued service at the event and given pins to mark special years of service. The next annual event has been organised by the marketing lead. This had helped to develop their leadership skills and to be part of the hospital participation strategy. The marketing lead told us they wanted the annual event to include all external staff as well as internal staff to make sure everyone felt valued. Proceeds from the event will be given to a local charity.

We found many ways to demonstrate staff could progress with their career in the hospital. Staff were encouraged to apply for promotion. If they were successful, they were fully supported in their roles. The nurse who led infection prevention and control in the hospital had recently competed a project which aimed to reduce the spread of infection in the hospital. Completing the work with staff, and sharing findings with staff and patients, helped to develop the lead’s leadership skills and autonomy while minimising risks in the hospital. Similar opportunities were available for all staff. We heard how theatre staff completed mentorship programmes and advanced surgical practice training.

Heads of departments were clearly visible in the hospital and frequently took part in clinical roles. This allowed them to evaluate leadership at all levels.

The director of clinical services was instrumental in developing the strategic aims and objectives of the service. Changes in the management structure and leadership were also having a positive influence on how complaints were managed as well as staff and patient satisfaction.

Senior managers at the hospital shared their leadership skills with staff in NHS Grampian. They were in the early stages of jointly supporting a new local delivery plan for dealing with major incidents.

- No requirements.
- No recommendations.
Quality Statement 4.4

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

Grade awarded for this statement: 5 - Very good

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

We saw the service had good quality assurance systems including:

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

Minutes from the clinical governance committee showed that this group oversaw reports from various subgroups, including medicines management, and infection prevention and control. Other issues discussed at the meeting included accidents and incidents, complaints and staff training. All information was analysed for trends and actions were agreed and planned. A representative from every department in the service attended a daily huddle. These meetings reviewed issues that had occurred the previous day and identified any new ones to address for the next day.

The service used a corporate system to manage risk and align itself with other hospitals in the BMI Healthcare Limited group. This included a risk register and risk reporting system which was regularly reviewed at the heads of department committee meeting. Accidents and incidents were reported on the system, including all actions and outcomes. A red-amber-green system was used to identify how likely a risk was to happen. The service had a part-time quality and risk manager.

We were able to track a complaint and saw that it was dealt with competently. We saw evidence that lessons learned were identified and actions taken to help prevent it happening again. We saw good communication with complainants to make sure complaints were dealt with quickly and resolved locally.

We saw that the service was engaging its stakeholders by producing a GP newsletter and having monthly education events, as well as facilitating in-house education at GP practices. The service was looking to develop similar engagement with optometrists.

Areas for improvement

Some incidents on the new risk reporting system that should have been reported to Healthcare Improvement Scotland had not been reported (see requirement 2).
We discussed with the service the benefits of using external bodies such as Healthy Working Lives or Macmillan Cancer Awards to help with quality accreditation.

**Requirement 2 – Timescale: immediately on receipt of this report**

- The provider must notify Healthcare Improvement Scotland of specific events that occur in their premises as noted in Healthcare Improvement Scotland’s notification guidance.
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.

<table>
<thead>
<tr>
<th>Quality Statement 0.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendations</td>
</tr>
</tbody>
</table>

**We recommend that the service should:**

**a** use a wide range of patient care records for the patient care record documentation and consent audits and all aspects of the patient consent form should be scrutinised as part of this audit (see page 9).

National Care Standards – Independent Hospitals (Standard 12.2 – Clinical effectiveness)

**b** amend its consent policy to refer to appropriate Scottish legislation and guidance. This policy should reference the Adults with Incapacity (Scotland) Act 2000 and the Good Practice Guide on Consent for Health Professionals in NHSScotland (Health Department Letter [HDL] (2006) 34) (see page 10).

National Care Standards – Independent Hospitals (Standard 5.6 – Planning your care)

This was previously identified as a recommendation in the May 2016 inspection report for Albyn Hospital.
### Quality Statement 1.5

**Requirement**

The provider must:

1. ensure that all appropriate patient risk assessments are carried out before any surgical procedures are carried out (see page 13).

   - **Timescale** – immediately on receipt of this report

   - *Regulation 13(2)(a)*
   - *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   - *National Care Standards – Independent Hospitals (Standard 12.4 – Clinical effectiveness)*

**Recommendation**

*We recommend that the service should:*

- **c** ensure that patient care records are fully completed or unused parts are removed or marked as not applicable (see page 13).

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

### Quality Statement 4.4

**Requirement**

The provider must:

2. notify Healthcare Improvement Scotland of specific events that occur in their premises as noted in Healthcare Improvement Scotland’s notification guidance (see page 19).

   - **Timescale** – immediately on receipt of this report

   - *Regulation s10J(5)*
   - *The National Health Services (Scotland) Act 1978 The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

**Recommendations**

*None*
Appendix 2 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

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

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

Our contact details are:

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

**Telephone:** 0131 623 4300

**Email:** [comments.his@nhs.net](mailto:comments.his@nhs.net)
We can also provide this information:

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

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Phone: 0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
Phone: 0141 225 6999

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC) are part of our organisation.