Unannounced Inspection Report: Independent Healthcare

Spire Murrayfield Hospital
Spire Healthcare Limited, Edinburgh

10–11 May 2017
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1 A summary of our inspection

About the service we inspected

Spire Murrayfield Hospital is registered with Healthcare Improvement Scotland as an independent hospital to provide medical and surgical inpatient and outpatient services to adults and children. The hospital is part of Spire Healthcare Limited, the UK-wide independent healthcare group. The service provides a range of medical and surgical services, including treatments for cancer.

The hospital has 65 inpatient beds divided into two wards. The adjacent Beechwood House contains additional outpatient consulting rooms, a laser treatment room and physiotherapy service. A single storey modern building houses the wellness centre where general health check-ups are provided.

Spire Murrayfield Hospital is situated in the Murrayfield area of Edinburgh close to public transport services. The hospital is set in pleasant grounds and car parking is available.

About our inspection

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

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

We carried out an unannounced inspection to Spire Murrayfield Hospital on 10 and 11 May 2017.

The inspection team was made up of two inspectors and a public partner. A key part of the role of the public partner is to talk to patients and family members 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: 5 – Very good**
- Quality Statement 0.2 – service information: 5 – Very good
- Quality Statement 0.3 – consent to care and treatment: 5 – Very good

**Quality Theme 1 – Quality of care and support: 5 – Very good**
- Quality Statement 1.1 – participation: 5 – Very good
- Quality Statement 1.4 – medicines management: 5 – Very good
- Quality Statement 1.5 – care records: 4 – Good

**Quality Theme 2 – Quality of environment: 5 – Very good**
- Quality Statement 2.4 – infection prevention and control: 5 – Very good
Quality Theme 3 – Quality of staffing: 5 – Very good
Quality Statement 3.2 – recruitment and induction: 5 – Very good
Quality Statement 3.4 – ethos of respect: 6 – Excellent

Quality Theme 4 – Quality of management and leadership: 5 – Very good
Quality Statement 4.3 – leadership values: 5 – Very good
Quality Statement 4.4 – quality assurance: 5 – Very good

The grading history for Spire Murrayfield 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
Spire Murrayfield Hospital have a very good approach to obtaining the views of patients and their families and they have used this information to improve the quality of service. The service also provided good information to prospective patients and their families. The service had robust systems in place for the management of medicines and demonstrated an excellent ethos of respect for staff and patients.

What the service could do better
Spire Murrayfield Hospital must update its complaints leaflet to ensure it is in line with hospital policy. The service should make sure that patient care records are completed in line with the hospital’s policy. Storage of items within the theatre department should be improved and they must also ensure that all consultants who have practicing privileges at the hospital are enrolled in the Protection of Vulnerable Groups Scheme.

This inspection resulted in two requirements and seven 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.

Spire 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 Spire Murrayfield Hospital for their assistance during the inspection.
2 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 12 and 13 August 2015

Recommendation

The service should build on the marketing department’s outline work plan and develop a formal document that sets out planned participation activity, the expected outcomes and a measure for effectiveness.

Action taken

The service has developed a patient participation policy. We saw this and the action plans which were generated by the results. This recommendation is met.

Recommendation

The service should develop a simple system of monitoring and feedback to ensure that the records of patient equipment cleaning undertaken by nurses and healthcare assistants are kept up to date.

Action taken

Cleaning schedules have been standardised and contain a weekly sign off sheet for the senior nursing team to check for evidence of completion. This recommendation is met.

Recommendation

The service should standardise staff files to ensure that all recruitment checks have been carried out to an agreed standard.

Action taken

We examined six staff files which were kept in the same order and all the recruitment checks had been carried out. This recommendation is met.

Recommendation

The service should follow Spire Healthcare Limited’s recruitment and selection policy to ensure a consistent approach.

Action taken

We saw that all recruitment processes were carried out in a consistent way. All of the forms had been complete and procedures had been carried out. This recommendation is met.
What the service had done to meet the recommendations we made at our Systematic Anti-Cancer Treatments (SACT) inspection on 10 November 2016

Recommendation

The service should ensure regular SACT meetings are held, which include all oncology staff. These meetings should be minuted.

Action taken

The first full SACT meeting took place 16 January 2017 and minutes from the meeting have been distributed. Further meetings planned for 2017. This recommendation is met.

Recommendation

The service should ensure its online chemotherapy prescribing system is developed and used for all cancer tumours types.

Action taken

IQEMO, the service’s online prescribing system, is now available for all tumour types with the exception of haematology (part of the service that deals with the treatment of blood). Haematology will be developed by the end of 2017. This recommendation is met.

Recommendation

The service should ensure that deaths within 30 days of SACT are reviewed with consultants in a timely manner and results fed back to all oncology staff.

Action taken

All consultants will be involved in root cause analysis process with multidisciplinary teams in order to ensure robust investigation and clear learning identified. This recommendation is met.

Recommendation

The service should be able to demonstrate that shared learning from SACT incidents is fed back to medical team members.

Action taken

Learnings and actions are shared with SACT team members and review of actions will be undertaken at clinical review inspections, clinical governance and medical advisory committee meetings. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.2

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

Grade awarded for this statement: 5 – Very Good

We saw a lot of patient information leaflets in the waiting areas. They contained advice to patients about procedures and the different conditions that the hospital deals with. The service produced a hospital newsletter that contained information about new treatments that were available and some information about the consultants who worked there.

We saw notice boards throughout the hospital that showed photographs of the staff. They also contained information about the National Care Standards. ‘You said, we did’ information notices contained information about how the hospital had responded to patients’ suggestions.

Information packs were available in each patient room. They contain information about how to access Wi-Fi, room service menu information about the hospital and advice to patients, and their visitors, about hand hygiene.

A member of staff explained how the hospital provided information to prospective service users such as costs, data protection and directions to the hospital. The service uses a range of standard letters including referral, consultation, outpatient, inpatient and discharge. Patients also had the opportunity to inform the hospital about any special medical conditions or other needs that they had.

A system was in place that allowed the hospital to contact patients by text. A security protocol was in place to protect the contact information.

Patients told us that they had adequate information about the hospital, all the facilities, the procedures and costs.

Areas for improvement

The staff and patients we spoke with felt that patients could be given too much information prior to admission. The service, while acknowledging it was a problem, told us that it was challenging to get the right balance while meeting their legal obligations. They will continue to work to resolve this.

The hospital has a ‘please talk to us, your views matter’ leaflet. In it, the provider gives advice on making a complaint. Although it does state that patients can give Healthcare Improvement Scotland their experiences, it gives the impression that Healthcare Improvement Scotland should be contacted only if the services own procedure has been exhausted. The service is aware of this issue and have produced an appendix to the complaints policy to reflect this guidance. However, the policy is not a patient facing document and the service will amend the leaflet (see requirement 1).
Requirement 1 – Timescale: by 21 December 2017

□ The provider must make is clear on all public facing documentation that Healthcare Improvement Scotland are the regulator for independent healthcare services in Scotland and can accept complaints at any time. This should also include our full name, address, telephone number and email address on documentation and website.

□ No recommendations.

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: 5 – Very Good
The service had a corporate consent policy in place with a separate appendix that referenced Scottish guidance.

We reviewed eight patient care records. All consent to treatment forms had been completed and seven records included the risks and benefits of proposed treatment. The service carried out a quarterly audit to assess compliance of the completion of consent forms and results were fed into the medical advisory committee. Patients told us that staff always discussed and sought consent for any proposed care or treatment and that they were given the opportunity to ask questions.

Areas for improvement
Consent to share information with the patient’s GP was recorded on the registration form, but consent to share information with other healthcare practitioners or family members was not recorded. Although staff would check with patients prior to sharing information, the service should consider how this is recorded (see recommendation a).

The provider is reviewing its current consent forms and producing a number of procedure specific consent forms that will ensure consistency and accuracy of risk across certain specialities. We will follow this up at future inspections.

□ No requirements.

Recommendation a
□ We recommend that the service should ensure that patient consent to share information with appropriate parties is recorded.

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 had a patient participation policy and told us that they gained the views of past and present patients through a variety of ways including social media, newsletters and focus groups. We saw that each public area contained patient survey forms with a pre-paid envelope. These were also available in each patient’s room.

The service asks patients and their families for their comments when they produce a new piece of literature.

The hospital runs regular focus groups and has invited patients who have received care from Spire Murrayfield Hospital to give their views on their experience. This allowed past patients to discuss the information received prior to admission, their experiences about when they were staying in the hospital and allowed them to comment about when they were discharged. We saw the results of the last 3 months of 2016. The minutes showed that former patients had commented on the service and that their views were being taken forward by the hospital management team.

Information from the surveys and focus groups are collated and fed back to the hospital matron who then informs the heads of departments and team leaders. Staff have the opportunity to receive this feedback at staff forums held every 3 months.

Past patient surveys had identified concerns with the discharge process. This resulted in the morning staff meeting concentrating more on people who were to be discharged. The staff we spoke with reported that this had improved the discharge process.

**Area for improvement**

The provider has two services in Edinburgh, Spire Shawfair Park Hospital and Spire Murrayfield Hospital. Each service is reviewed independently of each other. Any information supplied from each hospital is allocated an identification number. We were told about an error with the allocation of these identification numbers resulting in information being mixed up between the two hospitals. We were unable to access the most up-to-date information received from the patient participation survey. The hospital was in the process of remedying this situation.

- No requirements.
- No recommendations.

### 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: 5 – Very good**

The pharmacy department provides services to Spire Murrayfield Hospital and Spire Shawfair Park Hospital. We spoke with the pharmacy manager who had been recently appointed. We were told that pharmacy staff visit the wards every day to check medicines and prescriptions. Staff ensure that all prescriptions are completed correctly and also check that different medications, which have been prescribed, can
be used safely together. This reduces the risk of different medications reacting with each other and causing adverse symptoms for patients.

We looked at eight prescription sheets and found that all were completed correctly. We saw that all medication, administered routinely, was signed as being given by a member of nursing staff. All medication that was prescribed, such as pain relief, had been signed correctly. The pharmacy manager also carries out a monthly drug chart audit to ensure compliance.

We spoke to the pharmacy manager about the management of controlled drugs. These are specific medicines that need to be recorded and signed for by two members of ward staff. Pharmacy staff check that the controlled drug register has been completed by carrying out regular audits. Staff also keep a running balance of controlled medicines within the hospital. In the wards, a daily balance of the controlled medication is done at the change of each shift. The service had recently had a successful visit by the Home Office and retained its licence for controlled drugs.

The hospital provides systematic anti-cancer treatments (SACT) for patients and had a positive inspection by Healthcare Improvement Scotland in November 2016. All recommendations have now been actioned.

Patients we spoke with said they had plenty of information and explanation about their medication treatment and side-effects

**Areas for improvement**

The service provided informal medicine management updates for staff it would be good practice to formalise that for staff and carryout peer-to-peer observed practice (see recommendation b).

The service carried out drug reconciliation for all patients on admission. Drug reconciliation is a formal process to ensure a service has a complete and accurate list of a patient’s current medications. This process is not currently audited. The pharmacy manager told us that she wanted to add this to the monthly drug chart audit to ensure compliance. We will follow this up at a future inspections.

- No requirements.

**Recommendation b**

- We recommend that the service should make sure staff have medicines training and competencies updates in line with their policy.

**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 eight patient care records and found good standards of record-keeping. All aspects of the patients’ care were included and the records reflected the treatment that the patient had received. We saw documented nursing assessments and patient risk assessments that were completed with involvement from patients.

The service had a medical records policy in place and carried out quarterly documentation audits. We saw evidence that audits were discussed at clinical effectiveness and clinical governance meetings and actions plans were developed to address any areas for improvement.

Patients we spoke with rated the care as excellent one said ‘the staff here are fantastic; they care, they are supportive and they're genuine.’

**Areas for improvement**

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

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

It was difficult to identify the treatment plan and the person responsible for deciding the treatment within the venous thromboembolism (VTE) risk assessment. The service told us they were reviewing this.

- No requirements.

**Recommendation c**

- We recommend that the service should make sure that patient care records are completed consistently in line with the hospitals policy.

**Quality Theme 2 – Quality of environment**

**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 focused on compliance with infection prevention and control policies and procedures in the theatre department. We saw that staff were complying with the majority of standard infection control precautions SICPs, including the management of sharps and waste. Cupboards had been introduced to store procedure trollies to minimise dust. We saw evidence of regular deep cleans being carried out by an external company and ventilation maintenance was also being carried out.
We saw evidence that staff completed regular infection control training updates. The infection control leads attended theatre staff meetings and staff from the theatre area who were infection control champions.

All patients we spoke with felt that the hospital was particularly clean and well maintained.

**Areas for improvement**

We observed a lack of storage facilities in the theatre department for large items in particular. This could make it difficult to maintain a dust free environment. The service was looking to identify other areas that could be used for storage (see recommendation d).

We noted that the service has a shared preparation room. Current guidance does not recommend the use of shared preparation rooms. The service should carry out a risk assessment to identify any risks associated with this (see recommendation e).

- No requirements.

**Recommendation d**

- We recommend that the service should improve the storage of items in the theatre department.

**Recommendation e**

- We recommend that the service should carry out a risk assessment to identify any risks associated with a shared theatre preparation rooms.

**Quality Theme 3 – Quality of staffing**

**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**

Spire Murrayfield Hospital have very good systems in place for staff recruitment and induction. Any available posts are advertised through the internet or advertised locally.

We examined six staff files of people who had recently been recruited. The files were well organised and easy to follow. Each interviewee had submitted an application form, had an occupational health check and had a Protecting Vulnerable Groups (PVG) Disclosure Scotland registration number. All the prospective employees who belonged to a professional organisation had their registrations checked prior to being employed.

Applicants are interviewed by two senior members of staff who recorded the questions asked and the responses given. The responses were graded and the scores amalgamated at the end of the interview.
We saw an employee induction pack that contained information that was specific to their role, the expectations of the hospital and an employee handbook. Staff told us that their induction periods had been a positive experience. They had the opportunity to observe all of the different departments in the hospital to gain an overview and understanding of how they worked together. Each new member of staff was allocated a mentor and staff had to complete a checklist of tasks before the induction period was signed off. One staff member told us that they had been a student at the hospital. Upon completion of their training they chose Spire Murrayfield Hospital as they felt that they would be well supported.

**Areas for improvement**

We noted that some consultants who had practicing privileges at the hospital who, while having had Disclosure Scotland checks, were not a member of the Protecting Vulnerable Groups (PVG) Scheme. The service must ensure that all staff undertaking regulated work in Scotland are enrolled in the PVG Scheme (see requirement 2).

We observed that the staff handbook for nurses and healthcare workers contained information that was out of date (see recommendation f).

**Requirement 2 – Timescale: by 21 December 2017**

- The provider must ensure that all staff carrying out regulated work are enrolled in the Protecting Vulnerable Groups (PVG) Scheme.

**Recommendation f**

- We recommend that the service should ensure the staff handbook for nurses and healthcare workers are kept up to date.

**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**

The hospital had policies in place that support the ethos of respect. Equality and diversity training is included as mandatory in the staff induction training programme. The service had a whistle blowing and bullying and harassment policy. We observed a strong emphasis on customer care training for all members of staff.

We saw staff interacting with patients in the reception, waiting and ward areas and saw patients being treated with respect and that staff took time to answer any questions.

Staff we spoke with were positive in their view on the management of the hospital. They felt supported and that they could take any concerns to their line manager. Some of the comments they made included:

- ‘Fantastic team who embraced me’
- ‘A very open culture, all the departments are helpful’.
Some members of staff made reference to a serious incident that had a profound effect on the hospital. They praised the hospital management team for the thoughtful and compassionate way that they dealt with the situation.

All patients we spoke with felt that they were treated with extreme respect and dignity. An oncology patient indicated that the staff had gone out of their way to make the worst possible experience as comfortable as they possibly could. Others commented:

- ‘Everyone here is helpful including the staff, receptionist, the consultants, and the cleaners’
- ‘I could not have asked for a better experience. I feel everyone wants me to be healthy and get better soon’.

No requirements.

No recommendations.

Quality Theme 4 – Quality of management and leadership

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

Grade awarded for this statement: 5 – Very good
The hospital promotes leadership values in a variety of ways. It provides leadership training for new team leaders in the management fundamentals information programme. More experienced managers can attend a leadership essentials programme. We saw that staff members were encouraged to take responsibility in the form of ‘champions’. This is where a staff member takes on the responsibility of promoting best practice in areas such as cleanliness and pain control.

Staff reported that they receive regular supervision and yearly appraisals. They reported that supervision was a two way process and that they could put forward their point of view. They also told us that management team were supportive and approachable.

There are quarterly meetings at a venue out with the hospital where all of the team leaders meet to discuss clinical and management issues. There are regular team meetings at ward and hospital level. Staff are also involved at a corporate level attending national meetings relevant to their field.

Areas for improvement
Staff reported that they appreciated the help and guidance offered by senior staff while working on the wards. Some members of staff felt that it would be beneficial if more time could be allocated to this role where a senior member of the team could perform a ‘nurse tutor’ type role.

The hospital matron told us that the annual staff satisfaction survey was in the process of being reviewed. This meant there had been no staff survey for over 18 months at the time of inspection with no date planned. It is good practice to carryout
out regular staff surveys to gauge staff satisfaction and perception of the management and leadership (see recommendation g).

- No requirements.

**Recommendation g**

- We recommend that the service should continue to carry out regular staff surveys.

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

The service had very good, robust quality assurance systems.

The medical advisory committee held overall responsibility for clinical governance at the hospital. Membership included the hospital director, head of clinical services and consultants.

The hospital used a range of methods to measure the quality of the service. These included audits, complaints, clinical scorecard, accidents and incidents and surveys and questionnaires.

We looked at minutes from the clinical effectiveness committee. We saw that these included discussion on a wide range of issues with actions allocated and results fed back to the team.

Spire Healthcare Limited's corporate clinical governance group used a clinical scorecard system. The scorecard comprised a number of key indicators used to measure service delivery, such as falls, complaints, pressure ulcers and infections. Reports were submitted to head office and services were benchmarked against each other to measure performance.

An internal and corporate-led audit programme was in place that covered all aspects of service delivery. We saw that results of audits were reported through the clinical governance structure. Action plans were developed in response to any gaps identified.

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

**Areas for improvement**
The service should continue to take forward its plans to involve its staff from all levels in clinical governance processes and in promoting a culture of continuous improvement.

- No requirements.
- No recommendations.
Appendix 1 – Requirements and recommendations

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

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

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

## Quality Statement 0.2

### Requirements

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<th>The provider must:</th>
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<tr>
<td>1. make it clear on all public facing documentation that Healthcare Improvement Scotland are the regulator for independent healthcare services in Scotland and can accept complaints at any time. This should also include our full name, address, telephone number and email address on documentation and website (see page 8).</td>
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**Timescale** – by 21 December 2017

*Regulation 15(6)(a)*

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

### Recommendations

None

## Quality Statement 0.3

### Requirements

None

### Recommendations

**We recommend that the service should:**

a. ensure that consent to share information is recorded (see page 9).

*National Care Standards – Independent Hospitals (Standard 14.3 – Information held about you)*
### Quality Statement 1.4

**Requirements**

None

**Recommendations**

**We recommend that the service should:**

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<td><strong>b</strong></td>
<td>make sure staff have medicines training and competencies updates in line with their policy (see page 11).</td>
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<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 20.1 – Medicines Management)</td>
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### Quality Statement 1.5

**Requirements**

None

**Recommendations**

**We recommend that the service should:**

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<tr>
<td><strong>c</strong></td>
<td>make sure that patient care records are completed consistently in line with the hospitals policy (see page 12).</td>
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<td>National Care Standards – Independent Hospitals (Standard 14.5 – Information held about you)</td>
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### Quality Statement 2.4

**Requirements**

None

**Recommendations**

**We recommend that the service should:**

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<tr>
<td><strong>d</strong></td>
<td>improve the storage of items in the theatre department (see page 13).</td>
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<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 13.1 – Prevention of infection)</td>
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<tr>
<td><strong>e</strong></td>
<td>carry out a risk assessment to identify any risks associated with a shared theatre preparation rooms (see page 13).</td>
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<td></td>
<td>National Care Standards – Independent Hospitals (Standard 13.2 – Prevention of infection)</td>
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### Quality Statement 3.2

**Requirements**

The provider must:

2. ensure that all staff carrying out regulated work are enrolled in the Protecting Vulnerable Groups (PVG) Scheme (see page 14).

- **Timescale** – by 21 December 2017

*Regulation 9(1)(2)*  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- National Care Standards – Independent Hospitals (Standard 10.4-Staff)

**Recommendations**

We recommend that the service should:

- ensure the staff handbook for nurses and healthcare workers are kept up to date workers (see page 14).

- National Care Standards – Independent Hospitals (Standard 10.7-Staff)

### Quality Statement 4.3

**Requirements**

None

**Recommendations**

We recommend that the service should:

- carry out regular staff surveys (see page 16).

- National Care Standards – Independent Hospitals (Standard 12.3-Clinical effectiveness)
Appendix 2 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints
If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.
Our contact details are:

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

Telephone: 0131 623 4300
Email: comments.his@nhs.net
We can also provide this information:

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

www.healthcareimprovementscotland.org