Unannounced Inspection Report: Independent Healthcare

The Edinburgh Clinic
Aspen Healthcare Limited, Edinburgh

26–27 April 2017
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First published June 2017

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Contents

1 A summary of our inspection 4

2 Progress since our last inspection 6

3 What we found during this inspection 8

Appendix 1 – Requirements and recommendations 17
Appendix 2 – Who we are and what we do 21
1 A summary of our inspection

About the service we inspected

The Edinburgh Clinic, part of Aspen Healthcare Limited, is a private day-case hospital based in Edinburgh. The building is a converted villa situated within easy reach of the city centre and offers free on-site parking, which makes the service accessible.

The hospital offers outpatient consultation, on-site diagnostic imaging and day-case surgical treatment. Its aim is: ‘to provide first-class independent healthcare for the local community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families’.

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 The Edinburgh Clinic on Wednesday 26 and Thursday 27 April 2017.

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: 5 – Very good**
- Quality Statement 0.2 – service information: 6 – Excellent
- 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: 4 – Good
- Quality Statement 1.5 – care records: 5 – Very 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: 6 – Excellent**
- Quality Statement 3.2 – recruitment and induction: 6 – Excellent
- 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 The Edinburgh Clinic 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

The service provided excellent information for patients and staff involved them in assessing and improving the service. Recruitment and staff induction processes were robust and the staff respected each other and the patients who used the service. The management team demonstrated good leadership skills, which had a positive impact in relation to the culture within the clinic.

What the service could do better

The Edinburgh Clinic could improve methods of sharing feedback throughout the clinic. The service must improve systems and process in relation to medicines management and review its decontamination protocol for cystoscopes and nasendoscopes.

This inspection resulted in four requirements and five 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.

Aspen 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 The Edinburgh Clinic 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 6 and 7 May 2015

Requirement
The provider must implement a system for monitoring and controlling the temperature of water outlets to ensure safety of patients and visitors.

Action taken
Thermostatic mixer valves have been installed to all water outlets across the site. Water temperature checks are documented weekly to ensure constant safe temperatures. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 6 and 7 May 2017

Recommendation
We recommend that the service should develop more methods of gaining specific feedback from patients on the quality of information supplied.

Action taken
The service developed a number of strategies, which promoted additional feedback from patients. Patient information leaflets have been developed to provide more information about specific treatments. The ‘Trust Pilot’ feedback system has already proved to be effective and has enabled patients to share information about their experiences. The clinic webpage has also been developed to make sure more information is available to the patients, and prospective patients, about the staff and the types of treatments available at the service. This recommendation is met.

Recommendation
We recommend that the service should keep detailed records of the reactive maintenance requests along with the actions taken, dates and signatures.

Action taken
Maintenance requests are recorded in a log book and actioned daily. This recommendation is met.

Recommendation
We recommend that the service should keep detailed records of all the checks and maintenance of the anaesthetic machines along with the serial numbers of circuits as they are replaced.

Action taken
All anaesthetic machine checks were completed as required, including the replacement of circuits and filters. These checks were documented. This recommendation is met.
Recommendation

We recommend that the service should ensure that pharmacy items are stored in a secure area.

Action taken

The service implemented a system to make sure that when pharmacy items are delivered, reception staff inform clinic staff to immediately uplift from the reception area. This ensures that pharmacy items are stored securely. **This recommendation is met.**

Recommendation

We recommend that the service should document any environmental walkabout checks are carried out, including findings and actions taken.

Action taken

We saw evidence of quarterly environmental and clinical practice audits taking place. **This recommendation is met.**

Recommendation

We recommend that the service should ensure the traceability system identifies every patient and what surgical instrument set has been used to ensure that the systems, processes and procedures for the decontamination of equipment are appropriate.

Action taken

The service was unable to provide evidence of this on the day of inspection. **This recommendation is not met** and will be carried over.
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: 6 – Excellent

Prospective patients are invited to contact an advisor at the clinic, who will provide information about the types of treatments available. The clinic staff appreciate that it is important to engage with callers as quickly as possible and are in the process of recruiting additional staff to manage calls. Once the type of treatment the patient requires has been discussed, written information is sent to the patient by post. An appointment time may also be sent with this information.

The clinic website is constantly reviewed to make sure information is up to date. The website includes specific sections about the staff and their roles, specific treatments available and patient experiences, all of which helps prospective patients decide if the service can meet their needs.

Prices for each treatment are detailed on the clinic website. Prices are benchmarked against other services to make sure realistic prices are set for each treatment. Staff have developed a pricing form which given to patients after the initial consultation when more than one treatment is required.

The main patient waiting area had a designated space for sharing information with patients. This ensured patients and staff were able to review and evaluate all the information which was gathered in one specific place.

Area for improvement

The service should continue to implement opportunities to share information with patients about the service.

■ No requirements.
■ 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 reference to Scottish guidance.

We reviewed eight patient care records. Consent to treatment forms had been completed for all patients and 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 nursing staff had training on consent every 3 years. Patients told us that staff always discussed and sought consent for any proposed care or treatment and were given the opportunity to ask questions.

Areas for improvement
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 consent policy sets out a two stage process of obtaining consent for surgical procedures and the form used is specific for that. A patient should be seen at an initial consultation and given information about their options. A decision is then made and the consent form is signed. The patient takes a copy of the consent form home which allows them time to reflect. The patient then returns for the proposed operation, meets with the consultant and then confirms that he or she is happy to go ahead with the operation and signs the form again. None of the forms we saw used this approach. All forms are being signed on the day of surgery, although we saw some evidence of discussions taking place at the initial consultation, we did not see forms signed at that stage. The service have identified this through audit and are developing a strategy to evidence that information is shared and discussion is taking place at the initial consultation. We will follow this up at future inspections.

■ No requirements.

Recommendation a
■ We recommend that the service should make sure that consent to share information is recorded consistently.

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 developed their patient feedback methods since our last inspection two years ago. A selection of patients treated in the service were invited to share their views about treatment and care they received. The patients’ views were used to produce a variety of information booklets about specific treatments carried out at the clinic. Staff we spoke with said the patients who took part in this process enjoyed the experience and welcomed the opportunity to develop and improve feedback methods. These booklets were given to patients before their treatment begins.

The clinic implemented ‘Trust Pilot’, an online tool that allows people to share their views and read the views of others who have used the service. Since Trust Pilot became available in February 2017, the clinic received 17 testimonials at the time of our inspection in April 2017. All of the reviews demonstrated that patients were very satisfied with the care they received.
Patients were asked to complete a questionnaire following their treatment. Feedback from questionnaires was analysed every 3 months. The most recent feedback highlighted that most people felt they received an excellent service. The staff recognised that some improvement was needed to enhance the telephone appointments system and have taken suitable action. Patients who received treatment as part of their National Health Service (NHS) care were also able to share their views. The most recent NHS patient audit demonstrated all of the patients were happy with the quality of care.

‘Giving Feedback’ leaflets were displayed at the main reception. The leaflet contained information for patients about how to raise a concern or complaint. The service were able to tell us about any complaints they had received and how they had been managed. We were satisfied that complaints were managed well.

We spoke to eight patients during our visit. All of the patients told us they were very happy with the service and the care they received:

- ‘You establish a good rapport with the staff; they often crack jokes which puts my mind at rest.’
- ‘The new layout is better.’
- ‘The building is lovely; it has character which makes it feel less clinical.’

Areas for improvement
The service were not consistent in their approach to displaying information and feedback throughout the clinic (see recommendation b).

- No requirements.

Recommendation b

- We recommend that the service should improve methods of sharing feedback throughout the clinic. This will ensure all patients are aware of service development and ways in which they can contribute to the assessment and evaluation of care.

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

The service had a corporate medicine management policy in place and the identified lead was the director of nursing with support from the chief pharmacist.

We spoke with the nursing staff who were able to explain the systems and process for ordering, storing and destroying of drugs. The service’s director of nursing had overall responsibility for the management of medicines within the service.
We looked at eight prescription sheets during the inspection and found that all the prescriptions had met the standards for good practice in relation to prescribing medication.

We also looked at the prescription recording sheets that corresponded to these prescriptions. These had all been fully completed.

The clinic had recently been visited by the Home Office for renewal of their controlled drug licence and this had been approved.

**Areas for improvement**

The corporate medicine management policy was not specific enough to address what was actually happening within a small place like The Edinburgh Clinic. The service must develop standard operating procedures for the safe management of medicines within the clinic. This should include the process for ordering, storing, prescribing and destruction of drugs (see requirement 1).

The service has no pharmacy on site and the central storage facility used was not suitable due the cupboard overheating. This resulted in drugs being stored in several different areas some of which were not suitable. The service must ensure that a storage area is identified and that it complies with all relevant legislation (see requirement 2).

Staff should complete regular medicines training and competency updates in line with the service’s policy. This was not taking place (see recommendation c).

**Requirement 1 – Timescale: by 7 September 2017**

- The provider must develop standard operating procedures for the safe management of medicines within The Edinburgh Clinic.

**Requirement 2 – Timescale: by 7 September 2017**

- The provider must make sure that a drug storage area is identified and that it complies with all relevant legislation.

**Recommendation c**

- We recommend that the service should make sure staff have medicines training and competency updates in line with their policy to ensure continued expertise.

**Quality Statement 1.5**

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

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

We checked eight patient care records during our inspection and found good standards of record-keeping. All aspects of the patients' care were included and the records and reflected the treatment that the patient received. We saw documented
nursing assessments and patient risk assessments completed with patient involvement as well as operation notes and ongoing care.

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 and commented:

- ‘I have been kept well informed about my treatment. I preferred to receive emails which the service have acknowledged.’
- ‘My treatment has been very good. I have been offered refreshments and I have been seen quickly, this means I can go home sooner which is important to me. I would be happy to use this service again.’

**Areas for improvement**

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

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 care 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.

- No requirements.

**Recommendation d**

- We recommend that the service should make sure that patient care records are completed in line with Aspen Healthcare Limited’s 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**

During this inspection, we focussed on infection prevention and control in the theatre department.

Compliance with standard infection prevention and control precautions was generally good.
We saw that the theatre department environment was well maintained and clean. Theatre ventilation maintenance and cleaning was taking place. Operating theatre air flow exchanges were in line with current guidance.

We saw evidence of infection prevention and control audits and safety checks taking place. A gap analysis had been completed against the Healthcare Improvement Scotland Standards 2015 and the provider’s infection prevention and control policies.

**Area for improvement**

Nasendoscopes are small cameras used to look inside a patient's nose. Cystoscopes are used to look into a patient’s bladder. The provider had a policy in place for the decontamination of nasendoscopes and cystoscopes. Both policies described a process of manually cleaning the scopes between each use using a method of high level disinfection. However, cystoscopes must be reprocessed in an automated washer disinfector immediately after each use. An automated process, in line with the decontamination of other scopes, must be introduced for nasendoscopes. Staff told us that nasendoscopes and cystoscopes were cleaned using a method of high level disinfection only. As an interim measure for nasendoscopes only, it is acceptable to continue using a high-level disinfection method between each use followed by daily reprocessing in an automated washer disinfector (see requirement 3).

**Requirement 3 – Timescale: Immediate**

- The provider must review its decontamination protocol for cystoscopes and nasendoscopes to make sure they are reprocessed in an automatic washer disinfector between each use. As an interim measure for nasendoscopes only, it is acceptable to continue using a high-level disinfection method between each use followed by daily reprocessing in an automated washer disinfector.

- No recommendations.

**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: 6 – Excellent

We saw that the service had excellent systems in place to make sure staff were recruited safely. The human resources team were able to locate staff files with ease as a result of the robust quality assurance processes for recruitment.

We reviewed six staff records, all of which demonstrated all the necessary checks were carried out prior to commencing work at the clinic. Protecting Vulnerable Groups (PVG) and Disclosure Checks were completed for staff, which helped to promote public safety.

The human resources team followed a robust practicing privileges policy, which ensured staff who required specific privileges to practice were recruited safely. Records also showed that staff required to register with the General Medical Council or the Nursing and Midwifery Council were registered.
All of the staff had the necessary skills for their roles and participated in appropriate induction programmes.

**Area for improvement**

Revalidation dates for all nursing staff could be added to the staff employee files. This will help to monitor and evaluate satisfactory registration of nurses.

- 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**

We spoke to a number of staff working in various departments who all said they enjoyed working in the clinic. They felt valued, respected and supported by colleagues and the senior management team. Staff were based either in the administration building or clinical area and all made an effort to meet regularly in the staff room which promoted good working relationships as well as friendships. The staff welcomed our inspection and findings and were keen to make any changes to improve the quality of care at the clinic.

We listened to staff greeting patients and sharing information with them about treatments and aftercare. They made sure all of the patients were treated with dignity and respect. The patients we spoke to also told us that the staff were courteous.

**Area for improvement**

Staff should continue to value and respect each other and the patients who use the service.

- 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**

Staff we spoke with told us the leadership in the service was good and the senior management team sought staff opinions prior to any changes. Staff worked well as a team, valuing each other’s skills and experience. They were dedicated to improving the service and explained some of the new strategies they had implemented in the clinic.
The provider had recently changed the staff learning and development plan. All of the training promoted good opportunities for staff to develop their knowledge and skills. Several members of staff told us about projects they were involved in and how the challenges helped to enhance their leadership skills. There were opportunities for staff to meet with their line manager to discuss their roles and performance.

**Area for improvement**

The director of nursing told us that the nursing staff had not received an annual appraisal, this was due to staff changes and leadership. We advised the director of nursing and senior management team that all staff must receive regular supervision and an annual approval (see requirement 4).

**Requirement 4 – Timescale: by 31 August 2017**

- The provider must develop and implement a system that ensures each person employed in the service receives regular performance reviews and appraisals.
- 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 basic 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 some good information that we were to verify during our inspection.

The executive director and the medical advisory committee had overall accountability for governance at the service. The medical advisory committee was made up of representatives who work at the clinic, including doctors and consultants.

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

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

The service had a clear procedure for patients to make complaints. A spreadsheet was used to log complaints and the outcomes. These were then reported through the governance structure. 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.

The theatre service had recently had a very good review again by the Association of Perioperative Practitioners (AfPP) which gave external assurance that the service was up to date and compliant.
Areas for improvement

The quality governance framework that Aspen Healthcare Limited used recommended that each facility had a quality governance committee or forum. Although the senior management team meetings were fulfilling some of this role, the service should make sure that the provider’s quality governance framework is followed to (see recommendation e).

We discussed with the service the importance of the self-assessment process and suggested that they expand on the information provided.

- No requirements

Recommendation e

- We recommend that the service should hold regular quality governance committee meetings in line with Aspen Healthcare Limited’s quality governance framework.
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.

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<th>Quality Statement 0.3</th>
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<tr>
<td><strong>Requirements</strong></td>
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<td>None</td>
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<td><strong>Recommendations</strong></td>
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<tr>
<td>We recommend that the service should:</td>
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<tr>
<td>a make sure that consent to share information is recorded consistently (see page 9).</td>
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<td>National Care Standards – Independent Hospitals Standard 5.4 – Planning your care)</td>
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<th>Quality Statement 1.1</th>
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<td><strong>Requirements</strong></td>
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<td><strong>Recommendations</strong></td>
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<td>We recommend that the service should:</td>
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<tr>
<td>b improve methods of sharing feedback throughout the clinic. This will ensure all patients are aware of service development and ways in which they can contribute to the assessment and evaluation of care (see page 10).</td>
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<td>National Care Standards – Independent Hospitals (Standard 9.3 – Expressing your views)</td>
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<th>Quality Statement 1.4</th>
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<td><strong>Requirements</strong></td>
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<td>The provider must:</td>
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<tr>
<td>1 develop standard operating procedures for the safe management of medicines within The Edinburgh Clinic (see page 11).</td>
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Timescale – by 7 September 2017

Regulation SS1 2011 No. 182 Regulation 3 (d)(iv)

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

National Care Standards – Independent Hospitals (Standard 20.1 – Medicines management)

2 make sure that a drug storage area is identified and that it complies with all relevant legislation (see page 11).

Timescale – by 7 September 2017

Regulation SS1 2011 No. 182 Regulation 3 (d)(iv)

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

National Care Standards – Independent Hospitals (Standard 20.1 – Medicines management)

Recommendations
We recommend that the service should:

c make sure staff have medicines training and competency updates in line with their policy to ensure continued expertise (see page 11).

National Care Standards – Independent Hospitals (Standard 20.1 – Medicines management)

Quality Statement 1.5

Requirements
None

Recommendations
We recommend that the service should:

d make sure that patient care records are completed in line with Aspen Healthcare Limited’s policy (see page 12).

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

Quality Statement 2.4

Requirements
The provider must:
3 review its decontamination protocol for cystoscopes and nasendoscopes to make sure they are reprocessed in an automatic washer disinfector between each use. As an interim measure for nasendoscopes only, it is acceptable to continue using a high-level disinfection method between each use followed by daily reprocessing in an automated washer disinfector (see page 13).

Timescale – Immediate

*Regulation SS1 2011 No. 182 Regulation 3 (d)(ii)*

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

National Care Standards – Independent Hospitals (Standard 13.2 – Prevention of infection)

**Recommendations**

None

### Quality Statement 4.3

**Requirements**

**The provider must:**

4 develop and implement a system that ensures each person employed in the service receives regular performance reviews and appraisals (see page 15).

Timescale – by 31 August 2017

*Regulation SS1 2011 No. 182 Regulation 12 (c)(i)*

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

**Recommendations**

None

### Quality Statement 4.4

**Requirements**

None

**Recommendations**

**We recommend that the service should:**

e hold regular quality governance committee meetings in line with Aspen Healthcare Limited’s quality governance framework (see page 16).

National Care Standards – Independent Hospitals (Standard 12.1 – Clinical Effectiveness)
## Recommendation carried forward from our 6 and 7 May 2015 inspection

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National Care Standards – Independent Hospitals (Standard 13.2 – Prevention of infection)
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.