Unannounced Inspection Report: Independent Healthcare

Albyn Hospital | BMI Healthcare Limited | Aberdeen
25–26 May 2016
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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, which include 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 Wednesday 25 and Thursday 26 May 2016

The inspection team was made up of three inspectors – Winifred McLure (lead inspector), Sharon Malcolm and Allison Wilson, and a public partner, Marguerite Robertson. 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 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 Theme 1 – Quality of care and support: 5 - Very good
Quality Theme 2 – Quality of environment: 5 - Very good
Quality Theme 3 – Quality of staffing: 5 - Very good
Quality Theme 4 – Quality of management and leadership: 4 - Good

The grading history for Albyn Hospital can be found on our website.

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

- We saw that current and prospective patients were offered a variety of information about the service and treatments before and during consultations and treatments.
- Patients were given written information to support verbal discussions, which had taken place before procedures. The staff followed best practice in relation to the sharing of information and consent. Patient we spoke to confirmed that they were fully involved in the decisions about their treatment and care.
- The service had very good systems to manage medication within the service with good quality assurance systems in place to minimise risks to patients

What the service could do better

- The service should develop its participation policy and feedback strategy to ensure patients have more opportunities to evaluate and promote any developments in the hospital.
- The website should be reviewed regularly to ensure current and prospective patients are kept well informed about consultant specialities, possible duration of treatments and patient views.
- Although the service has done a lot of work in relation to laser protection, we noted that some of in the information in the laser protection local rules were not in line with the best practice guidance.
- The service should continue to explore different methods to ensure staff feel valued and recognised for the work they do

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

BMI Healthcare Limited, the provider, must address the requirements and the necessary improvements made, 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 6 and 7 November 2014

Requirement

The provider must ensure that all staff accurately complete the patient care record following every consultation or examination to include:

a) the outcome of the examination or consultation
b) details of every treatment provided to the service user
c) the date and time, and
d) the name of the person responsible for providing the treatment.

Action taken

We reviewed five patient care records and all were completed correctly. Staff we spoke with were clear about the importance of completing the patient care record correctly. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 6 and 7 November 2014

Recommendation

We recommend that the service should regularly review the consultant biographies on the hospital website. This will ensure that the details held are correct and there is sufficient information to allow patients to make a choice about using their services.

Action taken

This is reported under Quality statement 0.2. This recommendation is not met (see recommendation a).

Recommendation

We recommend that the service should develop and implement a policy clearly outlining the medicines reconciliation process; including roles and responsibilities of key professions in medicines reconciliation. The policy should state that two or more sources of information, one of which should be the patient and carer and their own medicines supply, are to be used on admission to obtain an up to date and accurate medication list for each patient. This should be recorded in the patient care record.

Action taken

The service now has a medicine reconciliation policy in place, with specific documentation available for the purpose of medicine reconciliation in the patient care record. Staff we spoke with were able to explain how and when this was used. This recommendation is met.
Recommendation

We recommend that the service should develop a formal patient and relative’s participation policy.

Action taken
This is reported under Quality statement 1.1. This recommendation is not met (see recommendation c).
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

The service provided an array of information for current and prospective patients. The staff at the hospital were happy to discuss the facilities and direct patients to appropriate professionals and resources before and during consultations. The staff and communications team had developed some of the written information given to patients. Leaflets had been rebranded, which made it easier to identify what subject they covered. The service had a good supply of leaflets throughout the hospital, with summaries of each procedure and associated healthcare. The website offered an overview of BMI Healthcare Limited, the provider, and treatments available at the hospital.

We observed staff practice at the outpatient clinic. All patients who attended were treated respectfully. The surgeon explained procedures to the patient in detail and helped patients understand their own role in recovery. Patients who attended their first appointment could discuss their condition thoroughly with the surgeon. Link professionals and other staff helped patients who had non-surgical or surgical procedures. Written guidance was given out along with verbal pre-admission and discharge information. This allowed patients to take more time to read through supporting material.

Patients we spoke with rated the quality of information as very good or excellent. Comments included:

- ‘There is lots of information on the website.’
- ‘You are given plenty of information.’

Areas for improvement

Although information about consultants’ qualifications was available, some information about each consultant’s specialty was not up to date. This meant patients could be misinformed about which consultants were able to perform which type of care or surgery. More hospital-specific patient testimonials could have been included in the information, so previous patients could share their views. Testimonials can also help support prospective parents to make an informed discussion about possible treatments they may be considering. While the service offered a variety of surgical and non-surgical treatments, it could consider providing information about the potential duration of treatments from initial consultation (see recommendation a).

- No requirements.

Recommendation a

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.
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 implemented best practice around of consent to care and treatment. A number of professionals were authorised to obtain consent before carrying out a procedure at the hospital. Consultants and anaesthetists explained procedures to patients verbally before surgery, they also shared x-ray images, which had been taken before, and after the patient's surgery, which helped patients to understand the procedure and any possible side effects. Registered nurses and other associated staff also explained procedures and reiterated information the medical team had already discussed. Medical staff also documented the procedure on the consent form before obtaining written consent from the patient.

Surgical consent forms were bright yellow and easy to identify in the patient’s notes. Checks were completed and discussed before a procedure. A list of best practice principles associated with sharing information was laminated and displayed in each patient’s cabinet. The five patient care records we looked at contained patient-signed consent forms and details of the procedure.

Physiotherapists obtained consent before certain treatments. Each consent form explained the procedure the patient was consenting to. The physiotherapist lead told us how the team had developed written information given to patients before and during therapy. We were satisfied that patients were given adequate information before consenting to procedures. One patient commented that ‘Every stage has been discussed and explained.’

Area for improvement
The service’s policy for consent in Scotland was still under review and needed to be ratified. The service should continue to promote and develop its systems and processes to reflect Scottish legislation and best practice around patient consent (see recommendation a).

■ No requirements.

Recommendation b
■ 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.

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: 4 - Good
The service had developed a number of strategies to engage patients and carers in evaluating the service and promoting improvements. Although the participation policy was not finalised, we saw evidence of how the service had progressed, for example:
The staff recognised it was essential to have a participation group, which had a good mix of independent support to help develop active participation in the service and community. A number of hospital staff as well as patients who had accessed care in the hospital were invited to be part of the participation group. One member of the participation group had received care at the service and had written a thank you card to advise staff about how pleased she was with the care she received and how she was looking forward to joining the participation group. The director of nursing told us the role of the group would involve sharing feedback with staff, patients and stakeholders, and speaking to patients about their experiences.

An action plan had been developed to address this.

Patients were able to share their views with staff in confidence by completing the ‘How well did we do?’ and ‘We’d like to hear from you’ questionnaires. Comments from patients were evaluated and shared with others on the ‘you said, we did’ board in the ward reception area. We saw positive comments about the quality of care and support parents received and the quality of the environment. Some patients also said they had some concerns about the accommodation and communication in the hospital. Comments included:

- ‘Excellent care and friendly staff with good information and treatment findings.’
- ‘Although very pleasant and attentive, a few members of staff did not introduce themselves.’

During our inspection, we saw staff engaged with parents and relatives. Procedures were explained in great detail and staff were friendly, which had a positive influence in the ward and outpatient clinic.

Areas for improvement

At our previous inspection in November 2014, we recommended that the service develop a participation policy, which provides information about the ways patients, and carers can get involved in assessing and improving the service. We also advised the service that that the website could also be developed further to provide a framework for sharing information about the service.

While the service had a patient information board, it could have been made bigger and in a more visible area. Patient survey results could have been assessed in more detail and an appropriate action plan developed. Creative participation methods such as ‘participation trees’ can also be an appropriate way of capturing feedback from patients and staff. Participation trees display comments received on a drawing or painting of a tree, and the comments are written on leaf-shaped paper. The service agreed to consider ways to develop its participation and feedback strategy (see recommendation c).

- No requirements.

Recommendation c

- 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.
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
A clinical pharmacist managed an on-site pharmacy at the service. The lead pharmacist chaired a medicines management governance group which met every 2 months. We spoke with the lead pharmacist and saw evidence of medication policies, medication error reporting systems and a rolling programme of audits. Any areas for improvement identified in the audit generated an action plan. Action plans were discussed by the medicines management governance group. The group signed off the action plan when it was satisfied the necessary improvements had been made.

The pharmacists had an overview of prescribing and checked prescriptions to ensure medicines were appropriate. The four prescription and recording charts we looked at were completed correctly. The pharmacists, or a trained member of the nursing team, spoke to patients about how to manage their medication when they were discharged.

All registered nurses had completed medication training as part of their induction. The service also ran a yearly face-to-face medication training day.

Medication fridges and room temperatures were regularly checked and recorded to help make sure medication was safely stored.

Area for improvement
The service was developing a new medicines and diagnostic agents policy for use in the radiology department. The service was also reviewing its thrombophylaxis (prevention of blood clots) policy against the Scottish intercollegiate guidelines network (SIGN) guidelines. We will follow these up at future inspections. We spoke with the director of nursing about the progress of preparing the service for the systemic anti-cancer therapy audit. We will remain in contact with the hospital throughout this process.

■ No requirements.
■ No recommendations.

Quality Statement 1.6
We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of service users and staff.

Grade awarded for this statement: 5 - Very good
We reviewed the policies and procedures in place for radiation and laser protection. Staff showed us the equipment used and described the precautions that should be taken.

Staff described the procedures in place for decontaminating endoscopes. We saw evidence of tracking and traceability of the endoscopes and the monthly quality assurance audits that were completed.
We reviewed five patient records and saw individual patient risk assessments were in place. We followed a patient journey from the ward to theatre and saw that all safety checks and briefings were carried out in line with the World Health Organisation’s guidelines for safer surgery.

The service had a health and safety advisor who carried out audits, attended meetings and advised staff. Minutes from recent health and safety committee meetings and clinical governance meetings recorded the issues discussed at the meetings and tracked the progress of actions to improve.

A planned programme of refurbishment was in progress, such as upgraded clinical hand wash basins and carpets replaced in clinical areas.

Area for improvement
We discussed the laser protection rules in place with the laser protection supervisor. We saw that some of the information in the rules could be made clearer for staff. For example, the precautions that should be taken when each laser was in use in each operating theatre, the use of personal protective equipment (PPE) and the emergency procedures. The local rules should be in line with the guidance contained in MHRA Lasers, intense light source systems and LEDs - guidance for safe use in medical, surgical, dental and aesthetic practices (September 2015) (see requirement 1).

Requirement 1 – Timescale: by 30 September 2016

■ 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).

■ No recommendations.

Quality Theme 2 – Quality of environment

Quality Statement 2.2
We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 5 - Very good
The service’s design supported safe care and was clean, tidy and in a reasonable state of repair. The majority of bedrooms had an adjacent bathroom, and a television, telephone and nurse call button. If a patient could not use the bath, rooms with floor-level showers were available. The hospital was equipped to support patients and visitors with disabilities. On-site car parking was available with spaces reserved for ‘blue badge holders’ near the entrance. Lift access was also available.

We saw evidence of servicing and maintenance contracts in place, such as water safety, fire safety and theatre ventilation systems. We saw that action was taken where deficiencies were noted in servicing reports.

Staff were able to describe the procedures to follow for maintenance and estates work and how jobs are prioritised and actioned.
Areas for improvement
We found it difficult to find our way to the main reception of the hospital. Signage from the car park was not clear (see recommendation d).

Routes of access for patients and visitors with disabilities to the main reception should also be reviewed. The surface of a pathway between buildings was uneven and presented a trip hazard (see recommendation e).

One patient told us that ‘Signs in car park are not clear especially difficult if it was your first time at the hospital.’

Staff told us that following our comments, they had started to review the hospital signage and pathways to the main reception.

- No requirements.

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

Recommendation e
- 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.

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 generally good compliance with standard infection control precautions.

An infection prevention and control lead was based at the service. We saw evidence that infection prevention and control matters are discussed at governance meetings. We saw evidence of completed infection prevention and control audits that are completed.

We saw evidence of infection prevention and control training taking place.

When asked about the standard of cleanliness, all patients we spoke with rated the cleanliness of the hospital as ‘excellent’ and commented:

- ‘Staff always wash their hands.’
- ‘There’s never a speck of dirt.’

Areas for improvement
Although we saw evidence of infection prevention and control training taking place, this did not include all elements of standard infection control precautions (see requirement 2). Porters decontaminated consultant’s theatre footwear every week. The cleaning schedule advised the use of water and wipes to clean theatre footwear. The cleaning schedule did not
detail the procedure to follow for decontaminating blood and body fluids (see recommendation f).

The infection prevention and control audits did not assess compliance with all elements of standard infection control precautions, as outlined in Health Protection Scotland’s National infection prevention and control manual 2015. We required the provider to do this at our recent inspection of King’s Park Hospital on 5 and 6 April 2016. We will follow this up at future inspections.

We saw that the receptacles used for discarding clinical waste, including sharps waste, did not meet the requirements of Scottish legislation. The service was aware of this issue and working to resolve it with the provider.

Requirement 2 – Timescale: by 30 September 2016
- 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).

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

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
All staff attended a new hospital induction training day and completed other induction training in line with their job description. We saw evidence of this training being completed in a number of departments including radiology and the theatre department.

We saw good procedures were in place to recruit consultants with practicing privileges at the hospital. We were told that the majority of consultants had a PVG scheme record in place.

Area for improvement
We reviewed four staff files. We found that two out of the four staff files did not have two references. Although the service is adhering to the BMI recruitment policy and BMI reference policy, these policies were not in line with the higher level of best practice guidance published in the Scottish Executive’s Safer recruitment through better recruitment (2007). (See recommendation g).

- No requirements.

Recommendation g
- We recommend that the service should ensure all staff recruitment files contain two references, and that the recruitment and reference policy reflects Scottish guidance
**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: 5 - Very good**

All staff and patients spoken with during the inspection told us they felt they were treated with respect. Interactions we observed between staff and patients and between colleagues appeared to be respectful. We found a strong customer care and patient focus in the service.

We saw that the service carried out regular surveys asking patients to comment on the quality of the service they received. From the recent survey, 97% of patients stated that they were treated with dignity and respect.

Staff had completed dignity and respect training, with procedures in place for staff to raise any concerns they had. These included a whistleblowing policy and a bullying and harassment policy. Each department had regular staff meetings and all staff we spoke with said they were able to raise any concerns.

We spoke with patients to discuss their impressions of the service's staff and how they were treated. All were very complimentary of the staff. Patients told us:

- ‘Nurses are very gentle with me.’
- ‘At all times nurses are caring and compassionate.’

**Area for improvement**

The recent staff survey had highlighted that staff felt that communication between departments could be improved. Management had taken steps to encourage better engagement with staff through the introduction of the clinical effectiveness group and the clinical forum. We spoke about methods to evaluate the effectiveness of these interventions using staff surveys.

- 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: 4 - Good**

All staff had up-to-date appraisals with a personal development plan and objectives in place. Clinical staff took on the responsibility of a link nurse or champion for different areas. The Radiology Manager was completing the BMI leadership management training and it was planned that further staff would undertake this training.

Staff we spoke with were positive about changes in ward and theatre manager level-staff that had taken place. A new role of senior staff nurse had been created to further develop and motivate staff.
From clinical governance and senior management team meetings, we saw that senior staff had clear areas of responsibility for actions. A number of senior staff were also on corporate committees. Key staff attended a morning communication huddle at 10am. The morning communication huddle discussed the 24 hours before and after, highlighting any areas of concern. This information was then fed back to other departments.

The executive director held open forums to disseminate information, including the aims and objectives of the provider and service. The director of nursing had recently started a clinical forum to encourage good communication and promote best practice.

Areas for improvement
The recent staff survey had highlighted that only 49% of staff had felt valued. When we spoke with staff, most felt that this had improved since the survey had taken place. The service was aware of this and was taking steps to develop ways to show staff that their work was appreciated. We spoke about how staff could be encouraged to shadow senior staff or staff in other departments to improve understanding of the different roles in the hospital.

We saw some nominations for a corporate recognition scheme, which had taken place some time ago. Management could be encouraged to highlight staff achievements and nominate their staff for the award scheme. The service told us it will continue to explore different methods to ensure staff feel valued and recognised for the work they do. This will be followed up at future inspections.

- 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 by the service each year and provides a measure of how the service has assessed themselves against the quality themes and national care standards. We found good quality information that we were able to verify during our inspection.

We saw that the service had good quality assurance systems in place which included senior management meetings, the medical advisory committee and the clinical governance group. The clinical governance group minutes showed that this group oversaw reports from various subgroups including medicines management, 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.

The service had recently introduced a clinical effectiveness group to try to help improve outcomes for patients through evidence-based practice. The group’s aim was to empower clinical staff to make changes to practice to make sure they do right thing at the right time for the right patient. The service hoped this would drive improvements in quality and care.

The service was using a new corporate online audit planner and tracker. The provider had set a rolling programme of audit activity, which included auditing medication records, risk
assessments for blood clots and infection control. The results of these were discussed at the clinical governance group and action plans agreed.

The service used a complaints log to record details of complaints received. The complaints log showed

- the outcome of the complaint, and
- whether it was resolved satisfactorily for the complainant

**Areas for improvement**

The use of the new online audit planner and tracker was still being embedded in the service. As well as managing audits, the system was also able to produce action plans. The risk register was also changing to a new format. We will follow up the progress of these new electronic systems and processes at future inspections.

As discussed previously some policies still referred to English legislation. Policies and procedures being used should be reviewed against Scottish best practice guidelines and refer to Scottish legislation. The service was aware of this and discussed with the provider, to make sure all relevant policies refer to Scottish legislation. We will follow this up at future inspections.

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

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

- **Requirement**: A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the 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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**Recommendation**
We recommend that the service should:

a) 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 (see page 8).

National Care Standards – Independent Hospitals (Standard 1.2 - Before you come for your outpatient appointments, and Standard 3.1 – Before you come into hospital)

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**Recommendation**
We recommend that the service should:

b) 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 (see page 9).

National Care Standards – Independent Hospitals (Standard 5.6 – Planning your care)
Quality Statement 1.1

Requirements

None

Recommendation

We recommend that the service should:

c. make patient feedback and service actions plans more visible throughout the hospital. This will promote an open and transparent relationship with between staff and patients and will demonstrate what action the service has taken to improve the service (see page 10).

National Care Standards – Independent Hospitals (Standard 1.2 - Before you come for your outpatient appointments, and Standard 9.3 - Expressing your views)

Quality Statement 1.6

Requirement

The provider must:

1. 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) (see page 12).

Timescale – by 30 September 2016

Regulation 3 (d) (v)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

National Care Standards – Independent Hospitals (Standard 15.5 – Your environment)

Recommendations

None

Quality Statement 2.2

Requirements

None

Recommendations

We recommend that the service should:

d. review the signage to the main entrance of the hospital (see page 13).

National Care Standards – Independent Hospitals (Standard 15.3 – Your environment)
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e  review the condition of the pathway from the main entrance to the reception to reduce the trip hazard for patients, visitors and staff (see page 13).  

National Care Standards – Independent Hospitals (Standard 15.3 – Your environment)

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| 2  that its infection prevention and control policies and practices are in line with current legislation and best practice (where appropriate Scottish legislation) (see page 14).  

Timescale – by 30 September 2016  

*Regulation 3 (d) (i)*  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011  

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

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| f  develop a standard operating procedure for staff for the decontamination of theatre footwear (see page 14).  

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

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| g  ensure all staff recruitment files contain two references, and that the recruitment and reference policy reflects Scottish guidance (see page 14).  

National Care Standards – Independent Hospitals (Standard 10.1 – Staff)
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
Appendix 3 – How our inspection process works

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information**: this is how the service looks after information and manages record-keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support**: how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment**: the environment within the service.
- **Quality Theme 3 – Quality of staffing**: the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership**: how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in Appendix 5.

**Types of inspections**

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 8 weeks after the inspection.

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

**Grading**

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

We grade each heading as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>excellent</td>
</tr>
<tr>
<td>5</td>
<td>very good</td>
</tr>
<tr>
<td>4</td>
<td>good</td>
</tr>
<tr>
<td>3</td>
<td>adequate</td>
</tr>
<tr>
<td>2</td>
<td>weak</td>
</tr>
<tr>
<td>1</td>
<td>unsatisfactory</td>
</tr>
</tbody>
</table>

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

**Quality Theme 1 – Quality of care and support: 4 - Good**

Quality Statement 1.1 – 3 - Adequate
Quality Statement 1.2 – 5 - Very good
Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/video conference)
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:
Appendix 4 – Inspection process flow chart

We follow a number of stages in our inspection process.

**Before inspection**

The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.

We review the self-assessment submission to help inform and prepare for on-site inspections.

**During inspection**

We arrive at the service and undertake physical inspection.

We have discussions with senior staff and/or operational staff, people who use the service and their carers.

We give feedback to the service's senior staff.

We undertake further inspection of services if significant concern is identified.

**After inspection**

We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.
Appendix 5 – Terms we use in this report

Terms and explanation

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>provider</td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<tr>
<td>service</td>
<td>A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.</td>
</tr>
</tbody>
</table>
We can also provide this information:

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