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Independent Healthcare Inspection Report (Shawfair Park Hospital, Spire Healthcare Limited) – 1–2 July 2014
1 A summary of our inspection

About the service we inspected

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

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

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 Shawfair Park Hospital on Tuesday 1 – Wednesday 2 July 2014.

The inspection team was made up of two inspectors: Sarah Gill and Kevin Freeman-Ferguson, and a public partner, Ken Barker. 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: 4 - Good
Quality Theme 2 – Quality of environment: 5 - Very good
Quality Theme 3 – Quality of staffing: 5 - Very good
Quality Theme 4 – Quality of management and leadership: 5 - Very good

The grading history for Shawfair Park Hospital can be found in Appendix 2 and more information about grading can be found in Appendix 4.

Before the inspection, we reviewed information about the service. We considered:

- the service self-assessment
- the service annual return
- the notifications the service has made to us, and
- the findings of the last inspection.
During the inspection, we gathered information from a variety of sources. This included:

- organisational and hospital policies and procedures
- minutes of the medical advisory committee meetings
- minutes of the clinical governance committee meetings
- information leaflets
- the documentation associated with endoscopy decontamination
- satisfaction questionnaires, and
- patient care records.

We spoke with a number of people during the inspection, including:

- the hospital director
- the business manager
- the lead nurse for the hospital
- the infection control lead nurse
- the infection control link nurse
- the team leader (administration)
- the in vitro fertilisation (IVF) business co-ordinator
- the clinical lead for anaesthetics/recovery
- the theatre manager
- staff nurses, and
- four patients.

We inspected the following areas:

- the outpatients department
- the inpatient ward
- the theatre suite, and
- the diagnostic imaging department.

**What the service does well**

We noted areas where the service was performing well.

- Shawfair Park Hospital provides a safe, clean and modern healthcare environment.
- Shawfair Park Hospital supports development of staff, so they can keep up to date with improvements in healthcare practice.
- The management team at Shawfair Park Hospital listen to and seek feedback and comments from patients and use this to inform the development and improvement of the service.
What the service could do better

We did find that improvement is needed. The service should:

- ensure that the information provided for patients is comprehensive and up to date, so patients can make fully informed choices
- review policies and procedures and making sure that they reflect the needs of Shawfair Park Hospital and take account of Scottish legislation and guidance, and
- improve the audit and monitoring of infection control practice.

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

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

What the service has done to meet the recommendations we made at our last inspection on 3 July 2013

Recommendation

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

Action taken

The service has reviewed the information published on the website about some of their consultants. This recommendation is met. However, some biographies still did not contain enough information to help inform patient choice. The service does not provide guidance on the amount of information the consultants should include. Therefore, we have looked at this again in Quality Statement 0.2 and made a further recommendation (see recommendation a).

Recommendation

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

Action taken

The service has used self-adhesive labels to update the contact details for Healthcare Improvement Scotland on its information leaflet. However, we found leaflets that still had out-of-date information. This recommendation is not met. We have looked at this again in Quality Statement 0.2 and made a further recommendation (see recommendation b).

Recommendation

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

Action taken

As Spire Healthcare Limited is unable to get specific feedback on Shawfair Park Hospital from the annual patient survey, it has revised the way it obtains feedback from patients immediately after their admission. This information is now available specifically for Shawfair Park Hospital. This recommendation is met.

Recommendation

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

Action taken

The service has introduced an audit on prescribing practices for discharge medication. This is carried out regularly. This recommendation is met.
Recommendation

*We recommend that Shawfair Park Hospital should ensure that the draft policy for transferring critically ill patients is finalised and all staff are aware of the process for transferring critically ill patients.*

Action taken

The service had produced a transfer policy. However, this was not specific to Shawfair Park Hospital. This recommendation is not met. We have looked at this again in Quality Statement 1.2 and made a further recommendation (see recommendation d).
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.1
We ensure that service users and carers participate in assessing and improving the quality of information provided by the service.

Grade awarded for this statement: 5 - Very good

Patients can participate in the development of information provided by Shawfair Park Hospital in a number of ways, including:

- the ‘Please talk to us’ leaflets
- comments left in the suggestions box
- the patient forum, and
- social media.

In addition, the team that develops the information about the hospital and its services takes new designs and ideas to patients who are currently using the service to seek their views and comments. The designs and content can then be modified based on the feedback received.

The hospital's management team also review the information gathered as a part of the complaints process and feed this into the development and revision of patient information. Particularly if a complaint expresses views that a patient was not fully informed or that there was something they wish they had known before admission.

During the inspection, we were able to see three examples of information that had been changed as a result of patient feedback.

Feedback from patients highlighted that the food diary, used for weight loss surgery, was 'boring' and it wasn’t clear how this diary should be completed. As a result, the diary was updated and the design was changed to encourage patients to complete it.

Patients also fed back that, due to the limited diet patients can take after weight loss surgery, it was inappropriate for the full hospital menu to be available in patient bedrooms. Following this, a special menu card was developed which described the specific diet that these patients should follow.

A small investigation was carried out about the low uptake of counselling leaflets. Feedback revealed that patients did not realise there were a number of different leaflets available, as they were all of the same colour and design. The leaflets were redesigned in different colours and with clear headings. This meant that patients could easily see that there was a range of leaflets available about counselling options.

- No requirements.
- No recommendations.
Quality Statement 0.2

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

Grade awarded for this statement: 5 - Very good

Staff told us that information is sent out to patients at the time of booking appointments. This includes:

- information about the specialty service they were to attend
- a map of how to get to the hospital, and
- a letter confirming the appointment date, time, location and consultant.

A leaflet is available for each specialty which sets out a guide to costs and charges. However, these have to be confirmed with the consultant before any procedure or treatment takes place. The patient is then billed either using the hospital billing system or a separate invoice from the consultant.

In addition, patients attending for day case procedures are sent a booklet called ‘Admissions and discharge information for day case patients’. This booklet contains comprehensive information about the hospital and services it provides, as well as a list of useful contact numbers. This booklet had improved since our last inspection.

During the inspection, we saw a variety of information available to patients. The information was well written and easy to read. Staff told us the information could be made available in large print, if requested, and there was access to interpreter services for patients whose first language was not English. Verbal information was also provided to patients who telephoned the hospital.

The website contains comprehensive information about the specialties the hospital provides and the consultants who practice within the hospital. Consultant biographies on the hospital website had also been updated.

We saw that changes have been made to the information sent to patients. This aims to reduce the problem of patients going to the wrong Spire Healthcare Limited hospital for their appointment. Staff said that this change had helped to some extent. However, some patients still misread the information. On these occasions, arrangements are made to transfer the patient to the correct hospital.

Areas for improvement

We looked at the hospital website to see if consultant biographies were detailed enough to help patients in making a choice about using their services. We found that two biographies had very little information about the consultant. We discussed this with hospital managers and it was agreed that further development should take place to agree the level of information displayed on the website (see recommendation a).

The ‘Please talk to us’ leaflet outlines how a patient could raise a concern or complaint. The flow chart at the back of the leaflet stated that patients could contact Healthcare Improvement Scotland. However, there were still some leaflets in circulation which had out of date regulator details. Some leaflets had a label attached to them with the correct details, but this was not always the case. This should be reviewed and rectified to ensure patients have the correct information (see recommendation b).
No requirements.

**Recommendation a**

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

**Recommendation b**

- We recommend that the service should review its ‘Please talk to us’ information leaflet. This will guide patients to Healthcare Improvement Scotland if they want to make a complaint.

**Quality Theme 1 – Quality of care and support**

**Quality Statement 1.2**

We ensure that the care, support and treatment received by service users across all aspects of our service provision, is supported by evidence-based practice and up-to-date policies and procedures. These reflect current legislation (where appropriate Scottish legislation).

**Grade awarded for this statement: 4 - Good**

During the inspection, we examined three patient care records and found that most of the details were completed well by staff. A registration form was used to record essential patient details such as name, address, date of birth and next of kin.

A form entitled ‘Assessing you for admission’ is used to record other important patient details. The form was signed by the patient, and admitting nurse, and includes information on:

- past medical history
- current medications
- allergies
- height and weight, and
- the possibility of pregnancy.

We were told that care pathway documentation was used, depending on the procedure being carried out. The layout of this documentation was compiled nationally by Spire Healthcare Limited. Staff initialled points of care and interventions as they occurred throughout the day of the procedure. This provided a record of patient care and treatment.

A surgical safety checklist was also in use. This is based on World Health Organization (WHO) guidelines.

We saw policies and procedures available for staff on the hospital intranet site. These were produced centrally and were checked by the Spire Healthcare Limited central clinical governance team.
During the inspection, we spoke with four patients. We received the following positive comments:

- ‘[I am] treated with dignity and respect throughout.’
- ‘[I am] very happy with the level of care and treatment.’
- ‘treatment could not have been better.’
- ‘[I am] fully involved in treatment and care options.’

**Areas for improvement**

During the inspection, we examined two patient consent forms. One for a patient undergoing a bronchoscopy (investigation into the lungs) and one for a patient undergoing a colonoscopy (investigation into the bowel). We found that neither consent form outlined the risks to the patient. This is not good practice. We examined the policy on consent and found that there is an expectation that the consent form would be completed with more information about benefits and risks. We also noted that, in one patient care record, the consent form was left within the file and had not been given to the patient (see recommendation c).

In an emergency, a patient may have to be transferred to a local NHS hospital for treatment. However, we found that the transfer policy had not been made detailed enough to specify where and what emergency equipment should be available to support such a transfer. There was also no emergency bag available at the time of the inspection. This was raised with hospital managers and it was agreed that this would be rectified as soon as possible. Although a separate transfer guide had been compiled for a specific health procedure, the policy made no reference to this situation. It would be beneficial for staff to develop and update this policy (see recommendation d).

We looked at the policies on consent and adult support and protection. We found that the policies used a lot of terminology which is applicable to English legislation, but not to Scottish legislation. Although a local policy on adult support and protection had been compiled, this was not sufficiently detailed for staff to make a referral using a single point of contact. Reviews of policies and procedures are needed to ensure they are reflective of Scottish legislation and published guidelines, such as those produced by the Scottish Intercollegiate Guidelines Network (SIGN) (see recommendation e).

The registration form, used to record essential patient details, needs to be updated as it made reference to the previous regulator.

In the self-assessment, the service recognised that some of the competency frameworks, used to ensure staff were practising safely, needed to be updated due to advances in care treatments. It was also recognised that policy management and ensuring staff had read current policies needed managed and that consistency was needed across departments to ensure this happened. This will be followed up at future inspections.

- No requirements.

**Recommendation c**

- We recommend that the service should ensure consent forms and patient care records, if relevant, sufficiently detail the discussion of benefits and risks associated with the procedure being carried out.
Recommendation d

- We recommend that the service should ensure that the policy for transferring critically ill patients is developed to specify where and what emergency equipment should be made available. The service should also ensure staff are aware of the process for transferring critically ill patients from general and cardiac departments.

Recommendation e

- We recommend that the service should ensure all relevant policies and procedures are supported by Scottish legislation, with particular reference to the adult support and protection policy and the consent policy.

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

During the inspection, we examined the system in place for medication being ordered, stored, administered and returned to the central pharmacy at Spire Murrayfield Hospital.

We found clear systems were in place for medications and good records were kept. The storage areas were all clean and tidy, and staff were aware of how to order additional stock of medications. We were told that these were delivered to the hospital within 24 hours. We were also told that the drivers, who go between Spire Murrayfield Hospital and Shawfair Park Hospital, regularly pick up the pharmacy box.

A recent audit had found that medication storage areas needed to have the temperature of the room monitored. As a result, thermometers had been put in place.

A small stock of medications was kept for patients to be sent home with. We found that this was mainly eye drops and simple pain control medications.

An audit of prescriptions for discharge medication had been introduced by the pharmacist. This demonstrated that monitoring is being carried out and improvements are being made in ensuring correct labels, dates and signatures were in place to record the medications supplied. This was an improvement since the last inspection.

Area for improvement

On occasion, a patient may bring medication into the hospital that is needed during the day. The medication record details the type of medication and numbers brought in by the patient. However, there was no further recording of the medication to check its suitability. For example, checking the packaging and labelling is clear and correct.

The medication policy made reference to ensuring that medications brought in by patients were suitable. However, it also suggests a local procedure should be put in place to ensure this process occurs. There should also be a procedure to ensure that medication brought into the hospital is currently prescribed for that patient. This check should be carried out using two sources to verify the prescription. Development of the medication policy and procedures should take place to ensure this is carried out (see recommendation f).
 Recommendation f

■ We recommend that the service should develop the medication policy and procedures to record that patients’ own medication, brought into the hospital for use during the day is current, prescribed for that patient and suitable for use.

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: 6 - Excellent

During the inspection, we looked at the general layout of Shawfair Park Hospital. It has:

• a reception area
• an outpatients department (with consulting rooms)
• a diagnostic imaging department
• a physiotherapy department (with consulting rooms and gym)
• a theatre suite (with three operating theatres and an endoscopy decontamination facility)
• an inpatient ward (with 10 patient bays and three single rooms)
• a lounge area, and
• an IVF clinic (with consulting room and ultrasound suite).

The hospital only carries out day case procedures and the ward areas have been designed for this purpose.

The inpatient ward is located on the first floor of the hospital and can be accessed by a lift. There are 10 patient bays, known as pods. Each pod has a trolley bed, locker, table and nurse call button. There is a lounge area for patients to use which has refreshments, comfortable seating and televisions. In addition, there are three en-suite single rooms which are allocated based on clinical need, although patient preference is accommodated where possible. The single rooms have a television, telephone, shower room and air conditioning.

One patient we spoke with told us they felt that the hospital was ‘very hotel like’. Another told us the hospital was ‘very clean’ and they ‘enjoyed the space and privacy’.

The hospital has ample car parking and spaces reserved for ‘blue badge holders’. These are located near to the entrance of the hospital. Inside, the hospital is well equipped to support patients and visitors with disabilities.

The theatre suite is located on the first floor opposite the ward area. The suite is large and has space for patients to move around the area easily and to be accompanied by staff, if required. There is a one-way flow system for patients who are undergoing procedures and for equipment and staff. All of the operating theatres have validated laminar flow ventilation. This makes sure that the air flows in a particular direction to ensure cleanliness.
All of the equipment in use is new and in good condition. We saw that the fabric of the building needed some repairs. However, a system was in place to manage repairs and maintenance. Arrangements are in place to repair the areas of the building we found to be damaged.

We were told that paediatric procedures are carried out on one Saturday every month. On these days, the appropriately qualified staff are on-site and, where possible, equipment is used that has been designed for use on children. Some of the furniture is also removed from the ward lounge area and this is converted into a play area.

**Area for improvement**

In the linen store, we saw that the ducting and roof structure are exposed. As these are at a very high level, it would be very difficult to keep these areas clean. A suspended ceiling could be fitted to the linen store.

- No requirements.
- No recommendations.

**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**

In the areas of the hospital we inspected, the standard of cleaning was very good. We saw that a documented system is in place, which identifies the cleaning required and records the cleaning tasks carried out. There are also departmental cleaning schedules in place which outline the particular needs of each area. We saw the cleaning documentation for the outpatients department and noted that this is currently under review.

A lead nurse for infection control has responsibility for Shawfair Park Hospital and Spire Murrayfield Hospital. The lead nurse has 3 days each week allocated to infection duties across both hospitals. This includes supporting staff, carrying out audit activity and surgical site infection surveillance. We were told that more time is available for this role, if required.

The lead nurse is about to begin an online infection control qualification, with support from the hospital. The lead nurse attends:

- the quarterly infection control committee meeting which covers both hospitals
- the clinical effectiveness committee for Shawfair Park Hospital
- the annual Infection Prevention Society annual conference, and
- the annual Health Protection Scotland healthcare associated infection (HAI) conference.

Two infection control link nurses are also based permanently at Shawfair Park Hospital. The link nurses promote and guide infection control practice at Shawfair Park Hospital on a day to day basis. Infection control activity is carried out along with their regular duties. We were told that more time is available, if required.
We saw that flexible endoscopes are used by doctors. These are small cameras which are used to look inside patients. Flexible endoscopes need to be properly cleaned before and after each use. The decontamination of flexible endoscopes is carried out in a suite designed for this purpose. The following facilities are provided for decontamination:

- a set-down area for contaminated endoscopes
- a leak test unit
- a sink for leak testing and manual cleaning of endoscopes
- a sink for rinsing endoscopes
- a set-down area for rinsed endoscopes
- a pass-through endoscope washer disinfector (leading to a clean endoscope store room)
- a clinical hand wash basin, and
- a clinical waste bin.

There is a high efficiency particulate air (HEPA) endoscope storage cabinet in the clean endoscope store room. This provides up to 72 hours of storage for clean and disinfected endoscopes.

It is important that a system is in place to track endoscopes to ensure that they have been through the correct decontamination process. Both the endoscope washer disinfector and the storage cabinet are linked to an electronic tracking and monitoring system. This records all stages of use, including decontamination and storage, and lists all patients that each endoscope has been used for.

The system also prints out a small certificate confirming that each endoscope has been through the correct cleaning process. The certificate is then attached to the patient care record. Records show that the endoscope washer disinfector has been installed correctly and was operating correctly at the time of installation, along with records of periodic checks.

All other surgical instruments are decontaminated and sterilised at a facility located at Spire Murrayfield Hospital.

During the inspection, we saw the management of clean and dirty linen was good. The management of sharps waste was also found to be compliant.

**Area for improvement**

A number of infection control initiatives and audits are in place at Spire Murrayfield Hospital. However, these have not been implemented at Shawfair Park Hospital. For example:

- care bundles for the insertion and maintenance of peripheral venous catheters
- monitoring of alcohol hand rub consumption as an alternative for hand hygiene, and
- audits to monitor linen and sharps management.

We spoke with one patient who told us that staff had not used alcohol hand rub when entering and leaving their room. This is an area the service could look at further.

Where possible, the infection control systems and monitoring activities in place at Spire Murrayfield Hospital should be implemented at Shawfair Park Hospital (see recommendation g).
**Recommendation g**

- We recommend that the service should implement infection control systems and monitoring activities that reflect best practice guidance in Scotland.

---

**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**

During the inspection, we looked at four staff files and two consultant files. We saw that all of the relevant recruitment checks had been carried out. Each file contained:

- a copy of application form with signed declarations
- two references, and
- an occupational health clearance.

A separate electronic record was kept with details of the checks carried out with Disclosure Scotland.

We saw that other records are kept which outline staff who are registered with a professional body, such as the Nursing and Midwifery Council (NMC) or General Medical Council (GMC).

Consultants also undergo a process of checking before practising privileges being granted. This allows them to work at the hospital. This involves:

- acceptance of a consultant handbook
- nomination of a deputy who can stand in, if required, and
- a copy of indemnity insurance.

The service has an induction process for all staff groups. The staff training files we looked at, had copies of induction information which were signed off to demonstrate that the subject areas had been discussed or demonstrated.

Each department was responsible for recruiting of their own staff and storing staff files. The layout of the files differed between the theatre and nursing departments. The nursing files were well organised with dividers and had a sticker with the disclosure number. A pre-employment checklist was used which gave a helpful summary of the checking process.

The nursing files also had a statement of understanding which was signed by new staff to show that they were aware of key policies.

**Areas for improvement**

An agreed standard layout for all staff files would be beneficial to allow ease of audit. The summary information of disclosure checks, which gives the date, type of disclosure and recruitment decision, could also be stored in the file for ease of reference.
Although checks were made with the NMC and other professional regulatory bodies, no record was taken at the point of recruitment to provide proof of the check being carried out. We saw that one staff file did not have the person’s most recent employer as their reference. We also saw that one reference was taken from over 5 years ago. Efforts should be made to ensure that references are obtained from the person’s most recent employer (see recommendation h).

- No requirements.

**Recommendation h**

- We recommend that the service should standardise staff files to ensure it is clear that all recruitment checks have been carried out to an agreed quality. This should include proof of checks with professional bodies and references from the most recent employer.

**Quality Statement 3.3**

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

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

We saw comprehensive systems in place to support staff with training and development. Spire Murrayfield Hospital has developed an Enabling Excellence programme. This incorporates a set of core values and behaviours which all staff are expected to adhere to.

We saw that each staff member had carried out a one to one with their line manager to agree their personal development plan. This was then reviewed at various intervals throughout the year. Depending on job role, there were competency workbooks in place which were completed and signed off by a line manager or mentor.

Training files were held for each staff member. A copy of the agreed objectives from the Enabling Excellence programme is included and mid-year reviews are carried out. Copies of certificates were present to demonstrate attendance at, or completion of, training modules.

Staff told us that they felt well supported and they had sufficient access to training to help them stay up to date. We were told that staff complete mandatory training modules online and completion rates were monitored throughout the year.

Face to face training is also offered on subjects, such as moving and handling and resuscitation, in order for staff to practice procedures and become familiar with the use of equipment. Staff spoken with were also aware of the whistle blowing and protection of vulnerable adults procedures.

We were told that paediatric procedures are carried out on one Saturday every month. On these days, a registered sick children’s nurse was in attendance.

We saw that all of the senior staff had been provided with a copy of the National Care Standards for Independent Hospitals. This helped to improve awareness of these standards. Each head of department was also responsible for ensuring that their area was complying with these standards.
Patients spoken with gave very positive comments about the hospital staff, including:

- ‘The staff are always polite and respectful.’
- ‘The staff are very professional and attentive.’
- ‘Very professional staff, always polite and courteous.’

Areas for improvement
The layout of the training files differed between departments. A more standardised approach would be helpful for ease of reference.

Some of the competency workbooks were due for review. This would assist staff to be more up to date in their practice. This will be followed up at future inspections.

- No requirements.
- No recommendations.

Quality Theme 4 – Quality of management and leadership

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<td>We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.</td>
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Grade awarded for this statement: 5 - Very good

We found that Shawfair Park Hospital uses the patient survey and complaints data to inform improvements to the quality of management within the hospital.

Although there are no questions in the patient survey which directly relate to management, the results of the survey inform the annual hospital plan and, subsequently, management and staff objectives.

The views of the doctors and consultants who work for the hospital are also surveyed. The management team recognised that the views of this group of stakeholders are valuable and responding to them in a proactive manner will lead to improvements for patients. The results of the doctor and consultant surveys are fed in to the hospital plan in the same way as the patient survey.

Each senior manager has an objective to visit a set number of patients each month. Managers are expected to spend time with patients and talk about their experience. This purpose of this is to receive direct feedback from patients and act to make rapid improvements.

- 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
We found that the service had quality assurance systems in place. The quality assurance structure is made up of the following groups:

- the medical advisory committee
- the clinical governance committee
- the IVF management meeting
- the health and safety committee
- the clinical effectiveness committee
- the infection control committee
- the blood transfusion committee
- accountable officers local information network (controlled drugs), and
- the management review team (serialisation and decontamination).

The medical advisory group has overall accountability for clinical governance at Shawfair Park Hospital. It is made up of representatives, including doctors and consultants, who work at Shawfair Park Hospital.

As a result of an external review of Spire Healthcare Limited’s clinical governance arrangements, a clinical governance committee has been created. This committee has responsibility for governance on a day to day basis. The chair of the medical advisory group is also a member of the clinical governance committee.

We looked at a selection of minutes from the meetings which make up the governance structure. In particular, we reviewed the clinical effectiveness committee minutes and saw that the group discusses:

- complaints
- inspections and reviews of the service
- the clinical scorecard
- infection prevention and control
- paediatrics
- cardiology
- IVF, and
- policy updating.

The minutes reviewed clearly identified any necessary actions, who was responsible and when the actions should be completed by. We saw that actions from previous meetings had also been discussed.
The service has a clinical scorecard which has been developed by the corporate clinical governance group. The scorecard is used to monitor a number of key indicators to ensure that the service delivers good care. It also highlights where there are areas for improvement. The scorecard covers indicators such as:

- pain management
- risk and number of venous thromboembolism (blood clot related) incidents
- infection control and surgical site infection surveillance
- patient falls
- complaints, and
- the number of acquired pressure ulcers.

The service has a complaints log which details all the complaints received from patients. The complaints log shows:

- the details of the complaint
- the outcome of the complaint, and
- whether it was resolved satisfactorily.

Complaints about the service are a standing item on the agenda of the heads of department group. The group is looking to establish if there are any trends to the complaints which can be actioned. The service also logs if there are complaints about particular employees or the doctors and consultants who work at the hospital. If there are any issues with the practice of a particular member of staff, these are discussed at the clinical governance and medical advisory committees.

**Area for improvement**

A number of governance issues have already been highlighted in this report. These are outlined in the staffing, infection control, information and care sections. Taking action in respect of these areas will act to improve overall governance and quality assurance.

- 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

None

#### Recommendations

**We recommend that the service should:**

**a** review the consultant biographies on the hospital website regularly. This will ensure that the details held are correct and there is sufficient information to enable patients to make a choice about using their services (see page 11).

National Care Standards – Independent Hospitals (Standard 1.2 – Before you come for your outpatient appointment)

**b** review its ‘Please talk to us’ information leaflet. This will guide patients to Healthcare Improvement Scotland if they want to make a complaint (see page 11).

National Care Standards – Independent Hospitals (Standard 9.4 – Expressing your views)

### Quality Statement 1.2

#### Requirements

None

#### Recommendations

**We recommend that the service should:**

**c** ensure consent forms and patient care records, if relevant, sufficiently detail the discussion of benefits and risks associated with the procedure being carried out (see page 12).

National Care Standards – Independent Hospitals (Standard 5.6 – Expressing your views and Standards 11.4 and 11.5 – Deciding on your treatment)
d  ensure that the policy for transferring critically ill patients is developed to specify where
and what emergency equipment should be made available. The service should also
ensure staff are aware of the process for transferring critically ill patients from general
and cardiac departments (see page 13).

National Care Standards – Independent Hospitals (Standards 22.6 and 22.7 – Intensive
care)

e  ensure all relevant policies and procedures are supported by Scottish legislation, with
particular reference to the adult support and protection policy and the consent policy
(see page 13).

National Care Standards – Independent Hospitals (Standards 12.1 and 12.4 – Clinical
effectiveness)

<table>
<thead>
<tr>
<th>Quality Statement 1.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendation</td>
</tr>
<tr>
<td>We recommend that the service should:</td>
</tr>
</tbody>
</table>
| f  develop the medication policy and procedures to record that patients’ own medication,
brought into the hospital for use during the day, is current, prescribed for that patient and
suitable for use (see page 14). |

National Care Standards – Independent Hospitals (Standards 20.2 – Medicines
management)

<table>
<thead>
<tr>
<th>Quality Statement 2.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendation</td>
</tr>
<tr>
<td>We recommend that the service should:</td>
</tr>
</tbody>
</table>
| g  implement infection control systems and monitoring activities that reflect best practice
guidance in Scotland (see page 17). |

National Care Standards – Independent Hospitals (Standard 15 – Prevention of
infection)
<table>
<thead>
<tr>
<th>Quality Statement 3.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendation</td>
</tr>
<tr>
<td><strong>We recommend that the service should:</strong></td>
</tr>
<tr>
<td>h standardise staff files to ensure it is clear that all recruitment checks have been carried out to an agreed quality. This should include proof of checks with professional bodies and references from the most recent employer (see page 18).</td>
</tr>
</tbody>
</table>

National Care Standards – Independent Hospitals (Standard 10 – Staff)
## Appendix 2 – Grading history

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Quality of information</th>
<th>Quality of care and support</th>
<th>Quality of environment</th>
<th>Quality of staffing</th>
<th>Quality of management and leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/07/2013</td>
<td>4 - Good</td>
<td>4 - Good</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
</tr>
</tbody>
</table>
Appendix 3 – 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: hcis.chiefinspector@nhs.net
Appendix 4 – 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 5 – Inspection process

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 6 – Terms we use in this report

## Terms and explanation

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>IVF</td>
<td>in vitro fertilisation</td>
</tr>
<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>
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</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.

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

www.healthcareimprovementscotland.org

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