Unannounced Inspection Report: Independent Healthcare

Kings Park Hospital | BMI Healthcare Ltd | Stirling
5–6 April 2016
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1 A summary of our inspection

About the service we inspected

Kings Park Hospital is situated near Stirling in a quiet residential area close to local amenities. The hospital is part of BMI Healthcare Limited. It is a purpose built single storey building and offers inpatient and outpatient services and provides a range of private medical and surgical treatments. Onsite car parking is available

About our inspection

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

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

We carried out an unannounced inspection to Kings Park Hospital on Tuesday 5 and Wednesday 6 April 2016.

The inspection team was made up of three inspectors and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them. For a full list of inspection team members on this inspection, see Appendix 6.

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: 4 - Good**
**Quality Theme 3 – Quality of staffing: 5 - Very good**
**Quality Theme 4 – Quality of management and leadership: 4 - Good**

The grading history for Kings 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. 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

- A very good range of information was available for patients which allowed them to be well informed about a procedure or treatment before they gave consent. The hospital had effective systems in place to ensure that all patients had given consent before undergoing a treatment or procedure.
- The service was continuing to develop to expand the range of methods used to obtain patient feedback and as a result were able to respond quickly to address any concerns.
• Patients told us, and we saw, evidence that there were motivated staff who provided a high quality of care

**What the service could do better**

• The service must implement a system of regular medications audits to monitor medication management and ensure safe practice.

• All staff doing regulated work must be checked through Disclosure Scotland and enrolled in the Protecting Vulnerable Groups (PVG) Scheme.

• The service must ensure that all policies and procedures contain reference to Scottish legislation as appropriate.

This inspection resulted in five requirements and 12 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 Ltd, the provider, must address the requirements and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Kings Park 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 24 and 25 November 2014

Requirement

The provider must identify who has overall responsibility for medicines management within the hospital

Action taken

This requirement is discussed under Quality Statement 1.4 This requirement is met.

Requirement

The provider must implement a system for the overall monitoring of medications management which includes a programme of regular audit.

Action taken

This requirement is discussed under Quality Statement 1.4 This requirement is not met (see requirement 1).

What the service had done to meet the recommendations we made at our last inspection on 24 and 25 November 2014

Recommendation

We recommend that the service should update their website to be clear about how to make a complaint about each BMI Healthcare service in Scotland.

Action taken

The service has updated the website to include information on how to make a complaint about BMI Healthcare services in Scotland. This recommendation is met.

Recommendation

We recommend that the service should update the patient information brochure to include Healthcare Improvement Scotland in the complaints information. This will ensure that people who use the service, who wish to make a complaint, are aware of how they can contact Healthcare Improvement Scotland.

Action taken

The service has inserted an appendix into the patient information brochure which highlights the contact details for Healthcare Improvement Scotland if patients wish to make a complaint. This recommendation is met.

Recommendation

We recommend that the service should restart regular meetings of the medicines management subgroup.
Action taken
This recommendation is reported under Quality Statement 1.4. **This recommendation is met.**

**Recommendation**

We recommend that the service should develop and implement a policy clearly outlining the medicines reconciliation process, including roles and responsibilities of key professionals 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. This should be recorded in the patient care record.

Action taken
This recommendation is reported under Quality Statement 1.4 **This recommendation is met.**

**Recommendation**

We recommend that the service should ensure that staff are aware of Scottish guidelines in relation to venous thromboembolism (VTE) and associated risk assessment.

Action taken
The hospital VTE Champion has ensured that staff have access to Scottish guidelines in relation to VTE and provides regular updates to staff. **This recommendation is met.**

**Recommendation**

We recommend that the service should deliver additional training on adult support and protection to ensure staff are aware of their roles and responsibility in relation to adult protection policies and procedures.

Action taken
All staff have completed adult support and protection training on BMI learn and the Scottish adult support and protection corporate policy has been disseminated to all staff to read and sign as understood. **This recommendation is met.**

**Recommendation**

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

Action taken
During this inspection, we saw daily check record books for each anaesthetic machine. Checks and serial numbers of circuits were now recorded for each anaesthetic machine. **This recommendation is met.**
Recommendation

We recommend that the service should produce a formal patient participation policy to improve opportunities to engage with patients and relatives, and gather feedback for service development.

Action taken

BMI had produced a Participation Strategy 2015 – 2017 for the Scottish BMI hospitals. There was also an associated Service Users Involvement Policy. This is reported on under 1.1. This recommendation is met.

Recommendation

We recommend that the service should complete the review of all infection control policies and procedures to reflect Scottish guidance and legislation.

Action taken

We report further on this under section 2.4 of this report. This recommendation is not met.

Recommendation

We recommend that the service should undertake a risk assessment of clinical hand wash basins that are not compliant with current standards and identify priority for replacement as part of the ongoing programme.

Action taken

The provider has undertaken a risk assessment relating to the clinical hand wash basins that are not compliant with current standards of Scottish Health Technical Memorandum (SHTM) 64 – Sanitary Assemblies. Clinical hand wash basins will be replaced as part of an ongoing programme of refurbishment. This recommendation is met.

Recommendation

We recommend that the service should ensure that all staff have an annual appraisal in line with BMI policy. The service should also develop a system of clinical supervision to allow staff to regularly review their practice and identify any areas of good practice and any areas for development.

Action taken

During this inspection we saw that staff had up to date annual appraisals in place and that regular supervision has been aligned to the appraisal process in line with BMI policy. This recommendation is met.

Recommendation

We recommend that the service should make sure that all staff undertaking the role of anaesthetic assistant have achieved the NES ‘Core Competencies for Anaesthetic’s Assistants’.
**Action taken**

We saw evidence that anaesthetic assistants are working towards the NHS Education Scotland (NES) Core Competencies for Anaesthetics Assistants’. We were told that all newly recruited Anaesthetic Assistant staff will be required to undertake the NES Competencies for Anaesthetics Assistants’ within 6 months of recruitment. **This recommendation is met.**

**Recommendation**

_We recommend that the service’s policies and procedures should reflect Scottish best practice guidelines and standards._

**Action taken**

We saw that some policies did not reflect Scottish best practice guidelines and standards. This is further reported on in 0.3 and 2.4. **This recommendation is not met.**
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.2

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

Grade awarded for this statement: 5 - Very good

Kings Park Hospital told people about the services provided in a variety of ways. This included a range of information leaflets. Information about clinical and surgical procedures the service carried out, and associated risks and benefits was provided. The reception area had a well-stocked leaflet display.

Designated staff booked patient’s appointments and spoke with patients about their admission. Staff told us this gave patients the opportunity to ask questions. Customer care was monitored through questionnaires, surveys and complaints activity.

Patients coming in for procedures were sent a booking confirmation pack and an admission letter that informed them about pre-operative procedures and confirmed costs. A ‘Preparing for your stay’ leaflet provided information about:

- accommodation and visitors
- consent
- paying for their treatment, and
- what patients should bring into hospital.

An information folder called ‘A guide to your stay’ was in each patient’s room. This included details about meals, pain management, confidentiality and how to make a complaint.

The BMI Healthcare website had information about the service, including a helpline number. Information for prospective patients included how to get to the service, procedures and treatments offered, prices and how to enquire about treatment.

We saw that the website had information about making a complaint. Healthcare Improvement Scotland was mentioned as the regulator and could be contacted at any time in the event of a complaint.

Staff told us that information about the service could be translated into other languages. If requested, a Braille version of the information could also be provided.

We saw a consultant directory with information about specialties and contact details for all consultants. GPs were given the directory to help them when making referrals or advising patients.
The six patients we spoke with told us they were satisfied with the information the service gave them. Most patients we spoke with during the inspection, rated the service’s information as ‘very good’ or ‘excellent’ and we received the following comments:

- ‘All of my questions have been answered.’
- ‘They are very forthcoming. You are not left in the dark.’
- ‘They have explained everything, and put me at my ease.’

**Areas for improvement**

While we saw a range of information leaflets, the print size was smaller than the nationally recommended size 12 font. The service could consider increasing the font size in line with best practice when information leaflets are next reviewed and updated. Accessibility to leaflets could also be improved if these could be downloaded from the website. We will follow this up at future inspections.

Three patient information folders we looked at were missing the appendix that contained information about Healthcare Improvement Scotland and complaints. Staff could check these to ensure all information is relevant and up to date.

The information on the website about how to make a complaint was not easy to find, as ‘making an enquiry’ had to be clicked first. This could be made clearer.

- No requirements.
- No recommendations.

**Quality Statement 0.3**

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

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

A process was in place to make sure consent was obtained from patients before any surgical procedures were performed. The patient information folders in patient rooms also contained consent information.

We looked at nine patient care records and saw that all consent forms had been signed by the patients. Five of these forms were completed through an external organisation who carried out pre-assessments for certain procedures and four were completed by the service. A pre-operative checklist was used to check whether consent forms were completed before the patient’s surgery. Monthly patient care record audits showed consent paperwork was consistently well completed. The consent forms recorded the procedure, benefits and risks of the surgery with a section to confirm this had been explained. Patients could be offered their own copy and they could be translated if required.

A separate form was used for patients to consent to the use of photographs for monitoring, teaching or publication purposes.
Areas for improvement
We saw the service had a policy for consent (Scotland) issued by BMI Healthcare Ltd. The policy included details on:

- definitions of consent
- guidance on capacity to make decisions
- the importance of giving patients time to make an informed decision about their care, and
- the procedure for obtaining consent.

However, the policy review date was July 2013. Although the policy had the word ‘Scotland’ in its heading, it referred to the Mental Capacity Act (2005), the law for England and Wales. This should be changed to the Adults with Incapacity (Scotland) Act 2000. The policy should also include a reference to the Good Practice Guide on Consent for Healthcare Professionals in Scotland (Health Department Letter) (see recommendation a).

Medical staff’s handwriting on consent forms was difficult to read. The patient care records audit could include a check of the legibility of medical staff handwriting on the consent form. This would help make medical staff complete these forms consistently and clearly. Patients would then be able refer back to the type of procedure, its risks and benefits (see recommendation b).

The service had no system in place to record patient consent to sharing information (see recommendation c).

- No requirements.

Recommendation a
- 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.

Recommendation b
- We recommend that the service should ensure that all doctors’ handwriting on consent forms is legible.

Recommendation c
- We recommend that the service should formalise the process for obtaining patient consent to share information with relevant others for example next of kin or other services such as physiotherapy.

Quality Theme 1 – Quality of care and support

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

Grade awarded for this statement: 5 - Very good

The service made consistent efforts to gather patient feedback. We saw a very good range of information about how important patient and visitor feedback was to the service. For
example, a large banner in reception, highly visible posters in ward areas and leaflets on information stands and in rooms all encouraged feedback.

The provider, BMI Healthcare Ltd, provided the service with two questionnaires which asked for feedback on a range of areas, including:

- accommodation
- catering
- general questions such as whether they were involved in decisions
- going home
- other hospital departments, and
- nursing care.

Care assistants were asked to encourage patients to complete either questionnaire. Patients were also reminded before leaving the service and a comment box was kept in reception.

BMI Healthcare Ltd contracted an independent market research agency to analyse questionnaire results from all its services across Scotland. Patient satisfaction audits were carried out monthly. We saw that in February 2016, Kings Park Hospital ranked second out of 55 BMI hospitals. From January to December 2015, satisfaction rates in the service were:

- accommodation - 94.6%
- consultants - 98.8%
- overall nursing care - 98.7%, and
- physiotherapy - 100%.

The number of returned questionnaires over 2015 was 210, which averaged four returns each week. The service recognised this number was quite low, and was exploring additional methods of gathering patient feedback. We saw examples of two short questionnaires that asked patients about their experience and the doctor who looked after them, and were being trialled. Since these allowed immediate feedback, we saw that staff were able to address issues quickly. For example, after one patient told the service its information about opening hours was poor, it amended the information letter given to patients immediately.

The patients we spoke with felt involved in their care. All rated the quality of care and treatment as excellent or very good. Comments included:

- ‘Top class!’
- ‘They go above and beyond.’
- ‘They put the customer first.’

Areas for improvement

A patient information board in the ward had a ‘you said, we did’ section for patient feedback. However, this section was being used to display staff information (see recommendation d).

Following a recommendation at the last inspection, the provider, BMI Healthcare Ltd, produced a participation strategy 2015-2017 and a service users’ involvement policy. This was a generic document for the provider’s Scottish hospitals. The policy referred to Ross
Hall. Kings Park Hospital should customise this to reflect its plans for participation and develop its own strategy (see recommendation e).

Recommendation d

- We recommend that the service should inform patients and visitors on what they have done as a result of their feedback. This could be presented in a ‘you said, we did’ format using the existing information boards.

Recommendation e

- We recommend that the service should develop and customise the BMI participation strategy or develop an associated policy or plan that reflects what the strategy for participation is for Kings Park Hospital.

Quality Statement 1.4

We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 4 - Good

The lead clinical pharmacist from Ross Hall Hospital now had control of pharmacy provision in the service. A pharmacist visited the hospital at least twice a week and a pharmacy technician was on site 4 days a week.

The lead pharmacist chaired a medicines management governance group which met every 2 months at Ross Hall Hospital. We saw the service had policies in place to manage medication. Medication incidents were reported to the service’s clinical governance meeting.

The pharmacists had an overview of the prescribing practices and checked prescriptions to make sure medicines had been prescribed appropriately. We looked at four prescription sheets during the inspection and found all the prescriptions had:

- the person’s name and date of birth clearly written
- been signed by the prescriber
- the name of the medicine to be given written legibly, and
- the route identified, for example to be given by mouth or injection.

We also saw that the corresponding prescription recording sheets had been fully completed.

All registered nurses had completed medication training, including competencies and a period of supervised practice as part of the induction process. Staff completed a medicine management update training day every 2 years.

The service had a medicine reconciliation policy and process in place and had introduced a patient medication recording sheet which two sources had to sign and confirm.
Areas for improvement

Although the service’s medicine management had been much improved, audits were not carried out. It is essential the service starts an audit programme as soon as possible as this will provide a system for the monitoring of medications management (see requirement 1).

While staff completed comprehensive medication training during their induction and medicine management training updates every 2 years, staff practice when administering medication was not observed. It is good practice to periodically observe staff practice when administering medication to make sure they are doing so safely (see recommendation f).

Staff told us that a surgical prophylaxis policy for Kings Park Hospital was in development. We will follow this up at our next inspection.

Requirement 1 – Timescale: by 31 August 2016

- The provider must implement a system of regular medications audits to ensure safe practice.

Recommendation f

- We recommend that the service should undertake periodic observations of staff when administering medication to ensure they are continuing to do so safely.

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 saw the service had clear, comprehensive policies and procedures in place for managing risks. Staff guidance on how to identify and categorize risk was easy to follow. All policies were up to date and a clear review process was in place.

Staff described the procedures they followed to report and investigate accidents, incidents and near-misses and the service’s records demonstrated this. We reviewed the health and safety risk management system and saw that a risk register was in place.

A health and safety advisor was responsible for the service. This person was based at Ross Hall Hospital and regularly visited Kings Park Hospital to carry out health and safety audits, attend meetings and advise staff. We saw minutes from recent health and safety committee meetings and clinical governance meetings. These minutes recorded the types of issues discussed at the meetings and tracked the progress of ongoing actions to improve.

The radiology department had up-to-date policies and ‘local rules’ which included procedures for access to controlled areas and responsibility for radiation protection. There is also a named radiation protection supervisor.
During the inspection, we checked four patient care records. We saw that individual risk assessments were recorded in the patient care record. These included:

- falls
- malnutrition
- moving and handling
- pressure ulcer, and
- use of bedrails.

We also saw:

- patient risk assessments specifically covering infection prevention and control and viral haemorrhagic fever
- risk assessments for venous thromboembolism (blood clot related) incidents, and
- the World Health Organization (WHO) safety checklist.

All the risk assessments we reviewed were completed, signed and dated.

**Area for improvement**

A new radiation protection supervisor (RPS) was in place and the service was having annual physics inspections. However, the last visit by the radiation protection advisor was in 2012. The new radiation protection supervisor was unsure who the radiation protection advisor was and had no contact with them. All radiology departments must have access to an external, named radiation protection advisor, who should regularly visit the service to provide support and advice (see requirement 2).

**Requirement 2 – Timescale: by 31 May 2016**

- The provider must ensure a named radiation protection advisor is in place.
- 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

Kings Park Hospital had:

- a diagnostic imaging suite
- an endoscope decontamination room
- three general consulting rooms
- one inpatient ward with 21 patient rooms
- two operating theatres
- a physiotherapy department, and
- treatment rooms for minor procedures.
The hospital's design supported safe care and was clean, tidy and in good repair. All patient bedrooms were ensuite and had a television, telephone and nurse call button. If a patient was unable to use the bath, rooms with floor-level showers were available. Four of the 21 patient bedrooms were used for other purposes such as treatment rooms or storage.

The hospital was equipped to support patients and visitors with disabilities. Car parking was on-site and spaces near the entrance were reserved for ‘blue badge holders’.

The two theatres and associated anaesthetic room were small but functional, and a logical work flow had been developed.

The majority of equipment checked was in good repair and the service had electronic systems in place to manage clinical and non-clinical equipment.

The site engineer showed us records for servicing and maintaining clinical and non-clinical equipment. We also saw various agreements with external contractors to service and maintain other equipment and systems in the service. We found the management systems in place were robust and well organised and staff were very knowledgeable about their duties and responsibilities.

Processes for reporting repairs or faults with equipment were in place and progress was easy to track through the records kept. A planned programme of maintenance was also in place which demonstrated a proactive approach to managing the various aspects of facilities management.

Comprehensive systems to manage some of the complex areas of the service, such as water safety and fire safety were in place. External specialist companies provided input for regular site inspections and assessments and the site engineer was very knowledgeable about what was involved and why.

Areas for improvement

The majority of equipment in theatres was in good condition and staff described the process they use for cleaning. However, we found several badly worn, damaged and contaminated table accessories, with some having been inappropriately repaired with plastic wrapping. Staff removed this equipment from use and the service manager told us that new equipment would be ordered. The service should have a system to replace damaged equipment (see recommendation g).

Storage space for equipment in the theatre department was limited. This meant large items of equipment were stored behind a curtain in the recovery area, which made cleaning this area difficult. While a weekly and monthly cleaning schedule was in place for cleaning the equipment, more appropriate storage should be considered. The housekeepers’ cleaning trolley was also kept in this area. This trolley should be stored in a housekeeping area, not in the open recovery area (see recommendation h).

■ No requirements.

Recommendation g

■ We recommend that the provider should implement a programme of checks in the theatre department that ensures equipment is always fit for purpose.

Recommendation h

■ We recommend that the provider should find alternative appropriate storage for equipment and the housekeeping trolley.
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: 4 - Good

In the areas of the hospital we inspected, the standard of cleanliness was very good. Systems were in place to identify the cleaning required and record the work carried out. We saw housekeeping checklists were being used when cleaning patient bedrooms and regular audits were being carried out of the work undertaken by housekeeping staff. We also saw that clinical staff had a system of cleaning clinical equipment on a daily, weekly and monthly basis.

We saw good access to alcohol gel for visitors and staff to decontaminate their hands. When asked about the standard of cleanliness, four of the six patients we spoke to thought the standard of cleanliness was ‘excellent’, and two ‘very good’. One patient commented that: ‘Everything is clean and comfortable.’

Kings Park Hospital had an infection prevention and control lead nurse on-site, who was working toward a degree qualification in infection control. The lead nurse seeks advice, when needed, from another infection prevention and control lead nurse based at Ross Hall Hospital.

There was a further group of infection prevention and control link practitioners made up from staff groups across the service. Link nurse practitioners met with the infection prevention and control lead nurse every 3 months and shared information with their own staff groups. There were also three cleanliness champions and management staff told us about plans to encourage more staff to complete the cleanliness champions training programme.

The service had an infection control committee, made up of key staff. Infection prevention and control was a standing agenda item at clinical governance meetings and we saw evidence that infection prevention and control issues were being discussed and progressed.

The majority of staff had completed their yearly mandatory online infection prevention and control training module. A process for identifying staff who had not yet completed their training was in place along with a training tracker to easily identify training gaps.

Regular audits, including hand hygiene compliance, housekeeping (cleanliness), and inpatient and outpatient areas were carried out. We looked at examples of recent audits and found they were thorough. It was easy to track progress in actions taken to improve standards as a result of audit.

We saw that the service had an infection prevention and control annual work programme for 2015/16. This annual programme set out the infection prevention and control work that the service will carry out during the year. The hospital recently reviewed its service against the recommendations made in the Vale of Leven Report, to identify any relevant learning. We saw the outcomes of this review and a record of the actions taken as a result.

Areas for improvement

The provider, BMI Healthcare Ltd, had an overarching infection prevention and control assurance framework. It detailed how infection prevention and control was managed and supported corporately and locally. This policy, as with all other BMI Healthcare Ltd policies,
referred to English legislation only. The infection prevention and control link nurse described how standard operating procedures were developed where Scottish legislation differed from English legislation in the policies.

Staff described how they accessed policies through the staff intranet. However, we were told that staff found it confusing to identify whether to follow corporate policies or standard operating procedures. None of the corporate infection prevention and control policies or annual work plan we saw made any reference to Scottish legislation or guidance (see requirement 3).

We found that the service was not carrying out standard infection prevention and control audits. The service had not formally reviewed itself against the Healthcare Improvement Scotland Healthcare Associated Infection Standards (2015) to ensure compliance with the standards (see requirement 4).

During our inspection, we saw yellow and red boxes of disposable wipes used for cleaning duties. The yellow boxes contained general purpose detergent wipes and the red boxes contained disinfectant wipes, used to remove physical contamination from equipment before carrying out a high level disinfection process. The infection prevention and control link nurse told us that during a recent audit, staff had been confused about the correct wipe to use for cleaning tasks. Some staff only used wipes from the red box as they thought they provided a higher level of cleaning (see recommendation i).

We saw that recent hand hygiene audits carried out at the service had resulted in low compliance rates for some staff. We saw evidence that the service was taking steps to improve. However, doctor, consultant and ancillary staff compliance was still unsatisfactory (see recommendation j).

Patient bedrooms were carpeted, which is not best practice in infection prevention and control. The service had carried out a risk assessment for this and added information to the hospital’s risk register. The service was seeking quotes from companies to replace the carpet with hardwood flooring in one bedroom. This would allow the service to place patients with an infection in this room and make the floor easier to deep clean. In the meantime, the control measures in place at the service included complete removal of the carpet if it became heavily contaminated.

Patient bedrooms did not have clinical hand wash basins for staff to wash their hands before and after the delivery of care. The service had carried out a risk assessment and considered its options to address this. It concluded that a lack of space meant clinical hand wash basins could not be installed. However, the service was considering other options. Until then, the service intended, where possible, to take patients to treatment rooms to have their wounds dressed and dressings changed. This will minimise the amount of clinical care required at the patient bedside, while alternatives are considered. We will follow this up at future inspections.

Requirement 3 – Timescale: by 31 August 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).

Requirement 4 – Timescale: by 31 August 2016

- The provider must undertake a formal review of the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards (2015) and ensure appropriate actions are taken to ensure compliance with the standards.
Recommendation i

- We recommend that the provider should consider removing the red boxes of wipes from the service to prevent confusion amongst staff and ensure that equipment is being cleaned appropriately.

Recommendation j

- We recommend that the provider should take steps to improve compliance with hand hygiene opportunities among doctors, consultants and ancillary staff.

Quality Theme 3 – Quality of staffing

Quality Statement 3.3

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

Grade awarded for this statement: 5 - Very good

The service’s management and staffing structure had changed over the last year. A new hospital manager had been appointed and services were being aligned within the Scottish cluster to provide support and a more streamlined service.

The service had access to the corporate BMI Healthcare computer-based training system, BMI Learn. This system sets out all the mandatory training for employees based on their role in the hospital. Mandatory training included:

- adult basic life support
- equality and diversity
- fire safety
- infection prevention and control, and
- moving and handling.

The system monitors when a module was last completed and reminds staff and managers when refresher training is due. BMI Learn also supported staff development. As well as the mandatory modules, staff could apply through their line manager to have any module in the system added to their profile. They could then complete it as part of their continuing professional development or in preparation for applying for a new or more senior role in the organisation. The service also recorded any comprehensive professional development training completed without the BMI Learn system. This gave the service comprehensive development records for each employee. Yearly staff appraisals which monitored performance were now being carried out. Staff were assigned responsibilities for specific areas, such as blood transfusion. The responsible staff then provided support and advice for staff, and organised and provided practical training sessions.

The electronic system gave management staff an overview of the training completed in each year, and training due for completion. This was a useful tool to help make sure all staff completed the training required in the correct timeframes. This was monitored at both a corporate and local level and all training was up to date. Staff we spoke with said: 'We get a lot of training here.'
We saw an induction package in place with a period of probation for new staff. A system was in place to check professions’ registrations for:

- allied health professionals
- doctors, and
- nurses.

These checks were recorded using online verification systems and a system was in place to check these yearly.

We spoke with staff to find out their views of working in the hospital. Staff told us that Kings Park Hospital was a good place to work with a strong teamwork ethos. They reported good working relationships across the multidisciplinary team. All staff we spoke with felt empowered to challenge a colleague’s behaviour or practice if they felt it would put a patient at risk.

Areas for improvement

All non-medical staff that needed to be enrolled in the PVG scheme had been. However, the service still had to make sure all its consultants were enrolled in the scheme for their service. We also noted the responsible medical officers (RMOs) were recruited through an agency and had no record of PVG Scheme membership. As the agency was based in England, the doctors’ backgrounds had been checked using the English arrangements. The service should ensure all medical staff are enrolled in the PVG scheme (see requirement 5).

While most staff groups had annual appraisals, some such as housekeeping, had not yet started. We will follow this up at the next inspection.

Requirement 5 – Timescale: 30 November 2016

- The provider must ensure that all staff undertaking regulated work are enrolled in the Protecting Vulnerable Groups (PVG) Scheme.
- No recommendations.

Quality Statement 3.4

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

Grade awarded for this statement: 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. One question asked patients whether they were treated with dignity and respect. In the most recent survey, 98% responded that they were.

Staff had dignity and respect training, and processes were in place if staff felt they were not treated with dignity and respect. These included a whistleblowing policy and a bullying and harassment policy. During the inspection, we spoke with patients to discuss their impressions of the service’s staff. We received the following comments:
• ‘Everyone has been really friendly.’
• ‘They are really friendly and caring.’
• 'They are very people-orientated. They talk with you (rather that at you), and don’t talk down to you.’

Areas for improvement
When we spoke with staff, communication was highlighted as one area which could be improved. Staff meetings were not held regularly and staff sometimes did not feel informed about new developments in the service until after they had happened. Staff also told us they were unsure of new processes or systems. The new manager was aware of the importance of ensuring staff are fully informed of changes and planned to implement regular staff meetings.

No staff from Kings Park Hospital had been nominated for the provider’s award scheme which recognises staff's good. Management could be encouraged to highlight staff achievements and nominate their staff for the award scheme.

■ 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

We saw lots of information about the service’s mission, strategy and values on staff information boards. For example, extensive information about the reform programme which is about the changing market of BMI services. The displayed results of the staff survey showed more work was needed to make sure staff knew the future direction and values of the service. For example, only 35% of staff surveyed felt they had enough information to make changes in their workplace.

We could not find evidence of staff completing any training about the values of the service or leadership training in staff training records. The service manager told us that promoting leadership values was now a priority and that one member of the nursing team had just started the BMI leadership programme with another to follow.

The manager also told us about work being done to involve senior staff in quality and risk management in the service. For example, senior staff were now trained to use the electronic quality and risk management system and had recently attended a study day on this. One of the senior staff had also been tasked with developing a service newsletter.

We saw good examples of staff leading in clinical areas. The service had link nurses leading on infection control and blood transfusion and had cleanliness champions. Nursing staff were also able to tell us of recent opportunities to lead shifts on the ward.
The service used an electronic appraisal system to store staff records. We saw that the system:

- recorded goals, needs and personal objectives
- showed where staff could build skills
- showed how the manager would support growing staff skills and competence in their role, and
- tied into the provider’s aims and objectives.

We also saw a specific example of where leadership skills were being developed.

The staff forum had restarted and now held a morning communications meeting with all heads of department. This meeting looked at hospital activity, and staffing levels, and was an opportunity to give staff key updates.

**Area for improvement**

The service had a caring behaviours framework called the 6Cs. This had the following six areas of action:

- building and strengthening leadership
- delivering increased quality of care and measuring the impact
- ensuring we have the right staff, with the right skills, in the right place
- helping people to stay independent, maximising wellbeing and improving health outcomes
- supporting positive staff experience, and
- working with people to provide positive experience of care.

We did not see reference to these behaviours, the mission or service values in meeting minutes and mandatory training. The service should explore how best to address this whether it be by specific training sessions or as part of discussions in staff forums and departmental meetings (see recommendation k).

- No requirements.

**Recommendation k**

- We recommend that the service should ensure staff are informed and reminded of the caring behaviours and values and mission of the service.

**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: 4 - 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 itself against the quality themes and National Care
Standards. We found good quality information that we were able to verify during our inspection.

The service had a governance structure in place. Heads of department reported on audit plans and results were communicated to the following governance meetings:

- clinical governance committee
- management team, and
- medical advisory committee.

The service also held ‘lessons learned’ meetings to discuss significant events and was in the process of holding ‘Close the Loop’ meetings which would ensure various areas of work were properly resolved and closed off.

An online audit planner was used with a rolling audit programme set by BMI Healthcare Ltd, with associated action plans. We were told that audit duty was rotated among staff rather than being assigned to one person for each department, to refresh the process. We saw the audit calendar for January 2016 included:

- falls
- infection prevention and control
- hand hygiene, and
- patient care records.

Audit results were generally very good. For example, the monthly audit of patient health records showed 98% completed in February 2016. We saw audits were discussed in minutes of the clinical governance committee, and we saw action plans in the online system. The clinical governance committee minutes also showed that complaints, and accidents and incidents logged on the electronic quality and risk management system, were analysed and resolved.

**Areas for Improvement**

Since our last inspection, some audits hadn’t taken place and meetings had been disbanded or hadn’t happened because of staffing issues and changes in the service. For example, the medical advisory committee had only recently restarted and staff meetings, where audit results and actions could be discussed, had not yet restarted.

It was not easy to see the frequency of audits in the yearly audit calendar which was set by the provider. However, we were told the service could add audits if required. It was not clear who was responsible for carrying out the audit from the calendar (see recommendation I).

- No requirements.

**Recommendation I**

- We recommend that the service should produce clearer details of the audit programme for Kings Park hospital. This should include the level of risk associated with the audit topic to determine the audit frequency and should integrate additional local audits.
Appendix 1 – Requirements and recommendations

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

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

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

<table>
<thead>
<tr>
<th>Quality Statement 0.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendations</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Statement 0.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendations</td>
</tr>
<tr>
<td>We recommend that the service should:</td>
</tr>
<tr>
<td>a 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 12).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 5.6 – Planning your care)</td>
</tr>
<tr>
<td>b ensure that all doctors’ handwriting on consent forms is legible (see page 12).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 11.4 – Deciding on your treatment)</td>
</tr>
<tr>
<td>c formalise the process for obtaining patient consent to share information with relevant others for example next of kin or other services such as physiotherapy (see page 12).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 5.4 – Planning your care)</td>
</tr>
</tbody>
</table>
### Quality Statement 1.1

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>We recommend that the service should:</strong></td>
</tr>
<tr>
<td><strong>d</strong> inform patients and visitors on what they have done as a result of their feedback. This could be presented in a ‘You said/we did’ format using the existing information boards (see page 14).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 9.3 – Expressing your views)</td>
</tr>
<tr>
<td><strong>e</strong> develop and customise the BMI Participation Strategy or develop an associated policy or plan that reflects what the strategy for participation is for Kings Park Hospital (see page 14).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 9.3 – Expressing your views)</td>
</tr>
</tbody>
</table>

### Quality Statement 1.4

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td><strong>The provider must:</strong></td>
</tr>
<tr>
<td><strong>1</strong> The provider must implement a system of regular medications audits to ensure safe practice (see page 15).</td>
</tr>
</tbody>
</table>

**Timescale** – by 3 months from publication

*Regulation 3 (d) (iv)*

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

National Care Standards – Independent Hospitals (Standard 12.1 - Clinical effectiveness)

<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td><strong>We recommend that the service should:</strong></td>
</tr>
<tr>
<td><strong>f</strong> undertake periodic observations of staff when administering medication to ensure they are continuing to do so safely (see page 15).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 10.10 – Staff)</td>
</tr>
</tbody>
</table>
### Quality Statement 1.6

**Requirement**

**The provider must:**

2. The provider must ensure there is a named radiation protection advisor in place (page 16).

**Timescale** – by 31 May 2016

*Regulation 3(d)*

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

National Care Standards – Independent Hospitals (Standard 18.8 – Radiology)

**Recommendations**

None

### Quality Statement 2.2

**Requirements**

None

**Recommendations**

**We recommend that the service should:**

| g | implement a programme of checks in the theatre department that ensures equipment is always fit for purpose (see page 17). |
| h | should find alternative appropriate storage for equipment and the housekeeping trolley (see page 17). |

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

National Care Standards – Independent Hospitals (Standard 15.3 – Your environment)
**Quality Statement 2.4**

**Requirements**

**The provider must:**

<p>| | |</p>
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</table>
| 3 | ensure that its infection prevention and control policies and practices are in line with current legislation and best practice (where appropriate Scottish legislation (see page 19)).  
Timescale – by 31 August 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) |
| 4 | must undertake a formal review of the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards (2015) and ensure appropriate actions are taken to ensure compliance with the standards.  
Timescale – by 31 August 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) |

**Recommendations**

**We recommend that the service should:**

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</table>
| i | consider removing the red boxes of wipes from the service to prevent confusion amongst staff and ensure that equipment is being cleaned appropriately (see page 20).  
National Care Standards – Independent Hospitals (Standard 13.8 – Prevention of infection) |
| j | take steps to improve compliance with hand hygiene opportunities among doctors, consultants and ancillary staff (see page 20).  
National Care Standards – Independent Hospitals (Standard 13.8 – Prevention of infection) |
### Quality Statement 3.3

**Requirements**

**The provider must:**

<p>| | |</p>
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<tbody>
<tr>
<td>5</td>
<td>ensure that all staff undertaking regulated work are enrolled in the Protecting Vulnerable Groups (PVG) Scheme (see page 21).</td>
</tr>
</tbody>
</table>

**Timescale** – by 30 November 2016

**Regulation 9**

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

National Care Standards – Independent Hospitals (Standard 10.3 – Staff)

**Recommendations**

None

### Quality Statement 3.4

**Requirements**

None

**Recommendations**

None

### Quality Statement 4.3

None

**Recommendations**

We recommend that the service should:

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>k</td>
<td>The service should ensure staff are informed and reminded of the caring behaviours and values and mission of the service (see page 23).</td>
</tr>
</tbody>
</table>

National Care Standards – Independent Hospitals (Standard 10 – Staff)

### Quality Statement 4.4

**Requirements**

None
Quality Statement 4.4 (continued)

**Recommendations**

We recommend that the service should:

<table>
<thead>
<tr>
<th></th>
<th>The service should produce clearer details of the audit programme for Kings Park hospital. This should include the level of risk associated with the audit topic to determine the audit frequency and should integrate additional local audits (see page 25).</th>
</tr>
</thead>
</table>

National Care Standards – Independent Hospitals (Standard 12 – Clinical effectiveness)
## 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>13/10/2011</td>
<td>Not assessed</td>
<td>2 - Weak</td>
<td>3 - Adequate</td>
<td>3 - Adequate</td>
<td>Not assessed</td>
</tr>
<tr>
<td>16/01/2013</td>
<td>Not assessed</td>
<td>4 - Good</td>
<td>4 - Good</td>
<td>5 - Very good</td>
<td>4 - Good</td>
</tr>
<tr>
<td>24-25/11/2014</td>
<td>5 - Very good</td>
<td>3 - Adequate</td>
<td>4 - Good</td>
<td>4 - Good</td>
<td>4 - 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](http://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 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>
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<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 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

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 – Details of inspection

The inspection to Kings Park Hospital, BMI Healthcare Ltd was conducted on Wednesday 5 and Thursday 6 April 2016.

The inspection team was made up of the following members:

Winifred McLure
Lead Inspector

Julie Miller
Inspector

Anna Martin
Inspector

Fraser Tweedie
Public Partner
Appendix 7 – Terms we use in this report

**Terms and explanation**

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>provider</strong></td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<tr>
<td><strong>service</strong></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.