Unannounced Inspection Report: Independent Healthcare
Shawfair Park Hospital
Spire Healthcare Ltd, Edinburgh
19–20 January 2017
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First published March 2017

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1 A summary of our inspection

About the service we inspected

Shawfair Park Hospital is a private hospital 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 hospitals aim is 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 19-20 January 2017.

The inspection team was made up of two inspectors and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011 and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

Based on the findings of this inspection, this service has been awarded the following grades:

**Quality Theme 0 – Quality of information: (aggregated score) 5 - Very good**
- Quality Statement 0.2 – service information: 5 - Very good
- Quality Statement 0.3 – consent to care and treatment: 5 - Very good

**Quality Theme 1 – Quality of care and support: (aggregated score) 5 - Very good**
- Quality Statement 1.1 – participation 5 - Very good
- Quality Statement 1.5 – care records: 5 - Very good

**Quality Theme 2 – Quality of environment: (aggregated score) 5 - Very good**
- Quality Statement 2.2 – layout and facilities: 6 - Excellent
- Quality Statement 2.4 – infection prevention and control: 4 - Good

Quality Theme 3 – Quality of staffing: (aggregated score) 5 - Very good
Quality Statement 3.2 – recruitment and induction: 5 - Very good
Quality Statement 3.3 – workforce: 5 - Very good

Quality Theme 4 – Quality of management and leadership: (aggregated score) 5 - Very good
Quality Statement 4.3 – leadership values: 5 - Very good
Quality Statement 4.4 – quality assurance: 5 - Very good

The grading history for Shawfair Park Hospital and more information about grading can be found on our website.

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.

What the service did well
The service had excellent purpose built facilities and the endoscopy service is the only service in Scotland to have full external accreditation. We found a strong customer care and patient focus in the service. We found good quality assurance systems in place and patients rated the care very highly.

What the service could do better
The provider must review the protocol for decontaminating nasendoscopes. It must also review the services infection prevention and control arrangements, to make sure they are in line with Scottish guidance. The service must also improve the process and assurance around equipment cleaning and mattress checking in the theatre department.

This inspection resulted in four requirements and one recommendation. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

Spire Healthcare Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

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 had done to meet the recommendations we made at our last inspection on 29–30 April 2015

Recommendation

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

Action taken

During this inspection we saw that consent forms were being filled out fully stating the risks and benefits. This recommendation is reported under Quality Statement 0.3. This recommendation is met.

Recommendation

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.

Action taken

During this inspection we saw that the service had developed appendixes to their policies which contained reference to Scottish Legislation. This recommendation is met.

Recommendation

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

Action taken

This recommendation is reported under Quality Statement 2.4. This recommendation is not met (see requirement 1).

Recommendation

We recommend that the service should review the method for checking mattresses so staff can confidently identify if a mattress is contaminated.

Action taken

The procedure for checking mattresses had been improved by introducing monthly checks on the integrity of mattress covers. This recommendation is met.
Recommendation

We recommend that the service should have more frequent minuted infection control link nurse meetings.

Action taken

Link nurses had increased the frequency of their meetings to monthly. They also attended infection control committee meetings at Murrayfield Hospital, held every 3 months. This recommendation is met.

Recommendation

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

Action taken

We reviewed the recruitment files of five employees. The files had been standardised and each file contained appropriate information relating to their recruitment, in a consistent format. This included proof of checks with professional bodies, references and checks with Disclosure Scotland. This recommendation is met.
3  What we found during this inspection

**Quality Statement 0.2**

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

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

The service had very recently launched a new website providing comprehensive information about the hospital, its consultants and services provided. The website had links to other micro sites where some consultants had more detail on services they provided.

A variety of leaflets were available in the waiting areas and wards providing information about the hospital's services. Information was also available about the cost of procedures and ways to pay.

Staff at the hospital had access to interpretation services and leaflets were available in different languages and formats.

We saw examples of patient newsletters distributed every 3 months to past patients. These included information about new and existing services and free open events. The provider, Spire Healthcare Ltd, is a member of the private hospitals information network, which provides a comparison service for patients.

**Area for improvement**

Staff told us that patients were sent local hospital information before their admission. This information was being reviewed and updated along with patient discharge information to make it more user-friendly. We will follow this up at future inspections.

- No requirements.
- No recommendations.

**Quality Statement 0.3**

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

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

The service had an updated consent to treatment policy in place, which included an appendix which reflected Scottish law. All consent to treatment forms had been correctly completed in the eight patient consent forms we inspected. Benefits of treatments were listed in the consent forms we saw and only one form had not listed associated risks. Consent form audits were carried out every 2 months. These audits had shown improvement over the previous 12 months.

Patients we spoke with confirmed that staff always discussed all care or treatment with them before starting and gave them the opportunity to ask questions. One
patient told us that: 'I have had full discussions with the consultant and all staff before they do anything.'

- No requirements.
- No recommendations.

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
Patients could feed back about the quality of the service through a variety of methods, including:

- ‘please talk to us’ leaflet
- ‘contact us’ section of the website
- telephone, and
- focus groups.

Patients and their families could also interact with the service through Facebook and Twitter.

Each department had patient questionnaires and the service had a general patient satisfaction survey. The service had also recently developed an outpatient questionnaire. All questionnaires were comprehensive and asked for feedback on a wide range of issues.

Patient satisfaction survey results for 2016 showed high levels of satisfaction across most areas. Improvements had been made where results were lower than expected. The service’s ‘You said, we did’ board on the ward showed some examples of these improvements, including:

- ‘You said – there was a lack of privacy during discussions with clinical staff. We did – set aside a private room for any confidential conversations.’
- ‘You said – our customer service did not meet with your expectations. We did – develop a new customer service training programme for our reception team.’
- ‘You said – you found our billing process complicated. We did – update the information we send to you so this process is easier to understand.’

Area for improvement
Senior managers told us they were considering how to involve patients in the self-assessment and grading process. We will follow this up at future inspections.

- No requirements.
- No recommendations.
Quality Statement 1.5

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

Grade awarded for this statement: 5 - Very good

The five patient care records we inspected during our inspection were correctly completed. The records contained information about:

- consultation
- documented assessment with risk assessments
- ongoing care information, and
- treatment care plans.

The service had a medical records policy in place and carried out regular documentation audits. We saw evidence that audits were discussed at clinical effectiveness and clinical governance meetings and actions plans were developed to address areas of concern. Patients we spoke with told us the care was excellent and one commented that: ‘staff couldn’t do enough for you’.

Area for improvement

While extra risk assessments could be added, patient care pathways we saw were procedure-driven, rather than patient-focused. Senior staff told us that the provider planned to review patient care pathways to help them become more patient-focused. We will follow this up at future inspections.

- No requirements.
- 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: 6 - Excellent

Shawfair Park Hospital was purpose-built in 2010 and set out over two floors. The ground floor had a reception area and departments for outpatients, X-ray and physiotherapy. The first floor had two theatres, a laser eye surgery suite, a cardiac catheter laboratory and one ward. Other facilities included:

- discharge lounge
- gymnasium, and
- endoscopy suite.
All areas we inspected were clean, well maintained and fit for purpose. Corridors were wide and wheelchair-accessible. Well-lit parking facilities were available next to the building and a security system was in place.

The hospital’s endoscopy suite has been accredited by the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy. The JAG accreditation scheme is a patient-centred scheme based on the principle of independent assessment against recognised standards. Shawfair Park Hospital is the only hospital in Scotland to have a JAG-accredited endoscopy suite. We saw records that showed the endoscopy suite had been revalidated for 2017.

Patients we spoke with rated the facilities as excellent with most commenting that the environment was spacious and bright.

- 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: 4 - Good**  
The service had four link nurses who had responsibility for infection control along with their regular duties. An infection control lead, based at Murrayfield Hospital, also managed infection control in Shawfair Park Hospital.

The hotel services manager showed us the procedures followed to clean the hospital. We also saw the records kept to demonstrate that cleaning had been completed.

Procedures were in place for routine cleaning, curtain changes and mattress checks.

All staff completed online infection control training as part of their induction. Since our last inspection, the service had introduced a new induction day to complement staff handbooks. We looked at the training package for this induction day and the infection control part of the training was comprehensive. Face-to-face training had also been introduced, such as taking a ‘glow box’ to staff meetings so staff could practice their hand hygiene technique.

The service had already identified a training need for link nurses. The infection control lead was organising cleanliness champion training for link nurses, porters and housekeeping staff.

All patients we spoke with rated the cleanliness of the environment as ‘excellent and very clean’. They also observed good practice from staff in washing their hands.

The service had an infection prevention and control manual in place. The manual contained several policies and procedures to guide staff on various aspects of infection prevention and control.
Areas for improvement

The provider’s infection prevention and control manual and annual plan was based on English legislation and guidance and referred to the English healthcare regulator. The service had not reviewed itself against the Healthcare Improvement Scotland Healthcare Associated Infection (HAI) Standards 2015. All healthcare services in Scotland must comply with these standards. The standards include carrying out regular audits of compliance with the standard infection control precautions (see requirement 1).

We also spoke with the infection control lead and senior managers about the benefits of reviewing the service against the recommendations made in the Vale of Leven enquiry report. This would help identify any learning that may apply to the service.

In theatre 1 and the adjoining anaesthetic room, we found the trolley bed mattress and positioning pieces were dirty and stained.

Although found eventually, staff were unsure where the cleaning schedule and records for theatre 1 were kept. The records had not been completed for the day before our inspection when the equipment was used. The cleaning schedule’s list of equipment to be cleaned as part of the ‘close down process’ did not include the trolley bed and positioning pieces (see requirement 2).

The trolley bed mattress in the anaesthetic room was also damaged and had holes in it. The service did not have a formalised system in place to check the integrity of trolley bed mattresses in the theatre department (see requirement 3).

Nasendoscopes are small cameras used to look inside a patient’s nose. Used nasendoscopes were decontaminated weekly in an automated washer disinfector and manually cleaned between each use, using a method of high-level disinfection. High-level disinfection can be used temporarily. However, an automated process in line with the decontamination of other scopes must be introduced (see requirement 4).

Requirement 1 – Timescale: by 1 June 2017

- The provider must review the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 and implement any improvements identified from the review. This must include a review of the current standard infection control precautions auditing programme, to ensure it meets the above standards.

Requirement 2 – Timescale: Immediately on receipt of this report

- The provider must ensure that all equipment in the theatre department is appropriately cleaned between each use and that effective systems are in place to demonstrate this.

Requirement 3 – Timescale: by 31 March 2017

- The provider must implement a formalised system of mattress checking in the theatre department, that includes regular checks on the integrity of mattress covers.
Requirement 4 – Timescale: 31 July 2017

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

■ No recommendations.

Quality Theme 3 – Quality of staffing

Quality Statement 3.2
We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 5 - Very good
The service had a recruitment and retention policy in place. All applicants submitted an application form and were interviewed before a formal offer of employment was made.

We looked at five other staff files to see the induction training they had received. Each file contained a comprehensive staff handbook tailored for the staff member’s role. Each handbook contained a checklist which the new employee and their mentor had signed to demonstrate each element of induction training had taken place. Since our last inspection, the service had developed an induction day training programme for all new staff. Issues covered in the induction day included infection control, patient confidentiality, and health and safety.

Area for improvement
At our last inspection, the service’s anaesthetic staff were completing their NHS Education for Scotland’s Core Competencies for Anaesthetic Assistants. While progress had been made, this training had not been completed. We will follow this up at future inspections.

■ No requirements.
■ No recommendations.

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. This was called the ‘enabling excellence’ programme and is based on a set of core values and behaviours which all staff are expected to follow.

All staff had their own log in details for an online training programme. This system was monitored to make sure staff completed it over the year. The heads of departments monitored each staff member’s individual training and performance...
goals. This system helped staff and line managers meet regularly to make sure training and support needs were being met.

Staff told us that they felt well supported and were aware of key policies such as ‘whistle-blowing’ and the protection of vulnerable adults.

In preparation for nursing revalidation, the service had developed a nursing portfolio. This included records of:

- clinical supervision
- reflective practice, and
- training and education.

We saw that staff received very good information about the service, developments and clinical practice through noticeboards, meetings, forums and email.

Of the five patients we spoke with, all five stated that staff were extremely helpful, very courteous and attentive and rated them as excellent. One patient said ‘they couldn’t do enough for you’.

■ No requirements.
■ No recommendations.

Quality Theme 4 – Quality of management and leadership

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

Grade awarded for this statement: 5 - Very good
The service promoted the values of Spire Healthcare Ltd, the provider, which include:

- caring is our passion
- succeeding together
- driving excellence
- doing the right thing
- delivering on our promises, and
- keeping it simple.

These were incorporated into the enabling excellence appraisal system.

Clinical staff took on the responsibility of a link nurse or ‘champion’ for different areas. Staff we spoke with were clear about their roles and responsibilities. Staff also told us that leadership was very visible in the hospital, senior staff completed regular walkrounds and were very approachable.

From clinical governance and senior management team meetings, we saw that senior staff had clear areas of responsibility for actions. A number of senior staff also attended provider meetings and committees. All senior staff completed a 4-day
‘management fundamentals’ programme once they had started. Senior staff also had opportunities to complete a ‘leadership essentials’ accredited course.

The provider had an ‘inspiring people’ award to recognise exceptional staff effort. This recognised efforts from small, local ward level to a much bigger, national level.

**Areas for improvement**

The service last had a staff survey in October 2015. Results were not as good as expected, with areas of improvement required around:

- leadership’s appreciation of people’s work
- staffing, and
- team-working.

To try to address these issues, management staff had put action plans in place, held meetings with staff in different staff groups and larger forums. The next staff survey will have a new format be completed in April 2017. We will follow this up at future inspections.

The service could consider developing modules to supplement their online mandatory training courses, such as team-working and communication skills. These modules could be open to all staff groups.

- No requirements.
- No recommendations.

**Quality Statement 4.4**

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 - Very good

The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. The service completes this self-assessment each year and it gives a measure of how it has assessed itself against the quality themes and national care standards. We found very good quality information that we were to verify during our inspection.

The service had very good, robust quality assurance systems. The governance structure was made up of the following committees:

- clinical effectiveness
- clinical governance
- medical advisory, and
- senior management team.

A range of other groups also reported into the clinical governance structure. These included health and safety, infection control and team meetings.
The medical advisory group had overall accountability for governance at the service. It was made up of representatives, including doctors and consultants, who work at Shawfair Park Hospital. The clinical governance committee and senior management team had responsibility for governance day to day.

The service used a clinical scoreboard. The scoreboard used a number of key indicators to measure service delivery, such as:

- complaints
- falls
- infections, and
- pressure ulcers.

Reports were submitted to head office and services were benchmarked against each other to measure performance.

The provider carried out a clinical review of the service in May 2016. From the report, we saw it was a good review and an action plan had been developed to address the recommendations identified.

The Joint Advisory Group (JAG) had accredited Shawfair Park Hospital’s endoscopy service. At the time of our inspection, this was the only endoscopy unit in Scotland to have JAG Accreditation.

Areas for improvement

Although most action plans were followed through to completion, we noted some gaps. The service was aware that some action plans needed to be finalised more quickly. These action plans had slipped because of staff changes and absences. We will follow this up at future inspections.

The service had a complaints policy in place which mentioned Healthcare Improvement Scotland as the regulator. However, it did not state that that anyone, including patients, can complain directly to Healthcare Improvement Scotland at any time and we can investigate the complaint. The service should add this to its policy.

Recommendation a:

- The service should make sure its complaints policy contains information that Healthcare Improvement Scotland as the regulator in Scotland can investigate complaints at any time.
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 2.4

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1. review the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 and implement any improvements identified from the review. This must include a review of the current standard infection control precautions auditing programme, to ensure it meets the above standards (see page 12).

   **Timescale – by 1 June 2017**

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

   National Care Standards – Independent Hospitals (Standard 6 – Infection Control)

   This was previously identified as a recommendation in the 29–30 April 2015 inspection report for Shawfair Park Hospital.

2. ensure that all equipment in the theatre department is appropriately cleaned between each use and that effective systems are in place to demonstrate this (see page 12).

   **Timescale – immediately on receipt of this report**

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

   National Care Standards – Independent Hospitals (Standard 6 – Infection Control)
## Quality Statement 2.4 (continued)

### Requirements

The provider must:

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| 3           | Implement a formalised system of mattress checking in the theatre department, that includes regular checks on the integrity of mattress covers (see page 12).<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>:19–20 January 2017

## Quality Statement 4.4

### Requirements

None

### Recommendation

**We recommend that the service should:**

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| a              | Make sure its complaints policy contains information that Healthcare Improvement Scotland as the regulator in Scotland can investigate complaints at any time (see page 16).<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>:19–20 January 2017

| National Care Standards – Independent Hospitals (Standard 9.2 – Expressing your views) |
Appendix 2 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

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

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

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