Unannounced Inspection Report: Independent Healthcare

Service: Kings Park Hospital, Stirling
Service Provider: BMI Healthcare Limited

7–8 November 2018
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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 1–2 February 2017

Requirement
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.

Action taken
The BMI policy for decontamination of nasendoscopes had been reviewed and implemented. Nasendoscopes were being reprocessed every day in the automatic washer disinfector. An additional nasendoscope had also been purchased. This requirement is met.

Requirement
The provider must ensure that clean and dirty equipment is stored appropriately in the theatre department to reduce the risk of cross-infection.

Action taken
Theatre storage was reviewed and a risk assessment had been completed. The procedure for the delivery and storage of clean equipment, and the removal of dirty equipment was updated. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 1–2 February 2017

Recommendation
We recommend that the service should ensure all consent forms are completed in line with the service’s policy, including benefits and risks of treatment.

Action taken
This recommendation is reported under Quality Indicator 2.1. This recommendation is not met. A new recommendation has been made.
Recommendation
We recommend that the service should review the arrangements in place for discussing confidential information and arrangements at the reception desk.

Action taken
No confidential conversations were observed taking place in the reception area. We were told that any discussions about confidential information take place in a separate private room. This recommendation is met.

Recommendation
We recommend that the service should revise the complaints policy to include a section that Healthcare Improvement Scotland can accept complaints at any time in the complaints process.

Action taken
We saw that the service’s complaints policy and patient leaflets now included information that Healthcare Improvement Scotland can be contacted at any time in the complaints process. This recommendation is met.

Recommendation
We recommend that the service should ensure that patient care records are fully completed.

Action taken
This recommendation is reported under Quality Indicator 5.2. This recommendation is not met. A new recommendation has been made.

Recommendation
We recommend that the service should ensure that waste that is awaiting uplift is stored safely in the theatre department.

Action taken
The service had reviewed its waste storage procedures and facilities. During this inspection, we saw that all waste was stored safely. This recommendation is met.
**Recommendation**

*We recommend that the service should ensure that all staff recruitment files contain two references, in line with Scottish guidance.*

**Action taken**

We were told that changes to the recruitment process had been made. The recruitment policy now states that two references should be obtained. The recruitment file we reviewed confirmed this. **This recommendation is met.**

**Recommendation**

*We recommend that the service should carry out quality assurance audits of its recruitment and induction procedures to make sure it is in line with Scottish Executive’s Safer recruitment through better recruitment (2007).*

**Action taken**

The service was unable to provide any evidence of quality assurance audits being carried out on its recruitment and induction procedures. **This recommendation is not met.** A new recommendation has been made.

**Recommendation**

*We recommend that the service should request that BMI Healthcare Limited reviews the policy for consent (Scotland) to ensure it is up to date and has the appropriate references to Scottish legislation and guidance.*

**Action taken**

The BMI policy for consent (Scotland) had been revised and implemented. The policy now contains the appropriate references to Scottish legislation and guidance. **This recommendation is met.**

**Recommendation**

*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.*

**Action taken**

The process for obtaining patient consent to share information with relevant others had been formalised as part of the patient registration process. This was contained in the registration form signed for every patient. The service is looking to remove areas of duplication in the patient care records. **This recommendation is met.**
**Recommendation**

*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.*

**Action taken**

The BMI participation strategy had been agreed and distributed to all services. This was then customised to be relevant for Kings Park Hospital. **This recommendation is met.**

**Recommendation**

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

**Action taken**

Peer audits of ward staff administering medication are carried out each month. **This recommendation is met.**

**Recommendation**

*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.*

**Action taken**

The service was able to show us both a corporate and a local audit plan. **This recommendation is met.**
2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an unannounced inspection to Kings Park Hospital on Wednesday 7 and Thursday 8 November 2018. We spoke with a number of staff, patients and carers during the inspection.

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.

What we found and inspection grades awarded

For Kings Park Hospital, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
</tbody>
</table>
**Domain 9 – Quality improvement-focused leadership**

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Staff told us that leadership was very visible in the hospital. A number of different quality improvement projects had been carried out. Staff were supported to identify opportunities for improvement, take ownership of specific projects and seek out good practice and new ways of working. This culture needed to be embedded further into the service. A quality improvement plan should be developed.</td>
<td>✓ Satisfactory</td>
</tr>
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</table>

The following additional quality indicators were inspected against during this inspection.

**Additional quality indicators inspected (ungraded)**

**Domain 3 – Impact on staff**

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 - The involvement of staff in the work of the organisation</td>
<td>Staff told us they felt supported to do their job and spoke positively about communication in the hospital.</td>
</tr>
</tbody>
</table>

**Domain 5 – Delivery of safe, effective, compassionate and person-centred care**

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records were generally well completed and included consultation notes, pre-treatment assessment, risk assessments and care pathways. The service should review its documentation to make sure it is suitable to meet the needs of patients.</td>
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</tbody>
</table>

**Domain 7 – Workforce management and support**

<table>
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<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>We saw good compliance with mandatory training and recruitment of staff. Learning opportunities are encouraged in the service. Consultants connected with the service should evidence completion of mandatory training.</td>
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</tbody>
</table>
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.

More information about grading can be found on our website at: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

**What action we expect BMI Healthcare Ltd to take after our inspection**

This inspection resulted in three requirements and eight recommendations. The requirements are linked to compliance with the National Health Services (Scotland) Act 1978 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.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

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

We would like to thank all staff and patients at Kings Park Hospital for their assistance during the inspection.
3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients we spoke with felt the care they received was of high quality, that they were treated with dignity and had received good information before admission to hospital.

A comprehensive admission and discharge information booklet included a guide to hospital facilities, information about health and safety and how to make a complaint.

The service had a service user participation policy outlining various ways that patient feedback could be gathered. The main form of feedback was from a questionnaire given to the patient on discharge which the patient posted back. Results of this are sent to the senior management team every month. We saw that patient feedback and actions taken in response were displayed in the clinical areas. The most recent improvements involved working closely with bookings and pre-admissions to focus on the pre-admission process and making sure patients had an individualised admission pack detailing their specific procedure.

Some patient comments from the service’s feedback questionnaire included:

- ‘Excellent service by all departments.’
- ‘Received good clear honest advice.’

We spoke with five patients and one family member during our inspection. Patients felt the care they received was of high quality, the pain management was excellent and they had received good information before being admitted to hospital.
Patients felt staff were knowledgeable, friendly, caring and attentive. They felt they were treated with dignity and did not have to wait long after they had pressed the nurse call bell for support.

The service had a complaints policy. The complaints process was detailed in the patient guide and on ‘Please tell us’ leaflets. However, no patients we spoke with during the inspection had needed to use the complaints process. We tracked a complaint in the electronic reporting system. We saw this had been responded to in the required timeline with responses and actions recorded on the system.

**What needs to improve**
Patients told us they felt they had adequate information about their procedure. The service’s consent policy states that risks and benefits of treatment should be discussed with the patient before their procedure, and documented on the consent to treatment form. We reviewed six patient care records and saw that all had consent to treatment forms completed by the surgeon. However, only two patient care records had the risks and benefits of the procedure documented on the form. Some were contained in the consultation note or letter. One patient care record had no mention of risks and benefits (recommendation a).

- No requirements.

**Recommendation a**
- We recommend that the service should ensure all consent to treatment forms are completed in line with the service’s consent policy, including documenting risks and benefits of treatment.
Domain 3 – Impact on staff
High performing healthcare organisations value their people and create a culture and an environment that supports them to deliver high quality care.

Our findings

Quality indicator 3.1 - The involvement of staff in the work of the organisation

Staff told us they felt supported to do their job and spoke positively about communication in the hospital.

The most recent staff survey was completed in September 2017. Positive responses were received about the job role being interesting and fulfilling, making good use of skills and staff feeling trusted to do their job.

Some areas for improvement identified were about change management and recognising achievement. These were followed up with a presentation to staff about actions to be taken in response to the survey. Senior managers felt the staff survey was beneficial as they were able to speak with smaller groups of staff. They told us they felt this built better communication and rapport.

Staff we spoke with told us they felt supported to do their job.

The provider circulates staff newsletters on a regular basis. We saw information included recognition of local achievements, updates on new policies and procedures, and celebrating success.

Staff were aware of these forms of communications and spoke positively about communication in the hospital, such as staff meetings. Minutes of these meetings are circulated to all staff.

We saw evidence of completed staff appraisals on the online appraisal system. Staff recognised that these conversations assisted with their career goals, and helped them to feel valued.

At the time of our inspection, the provider’s staff recognition system was being revised. Senior managers give staff ‘Above and beyond’ thank you notes, for example thanking staff for taking on extra duties and academic achievements. We saw information noticeboards produced for International Nurses Day in May 2018. These included individual nurse pledges to get staff involved to capture what the nursing profession meant to them.
Staff told us:

- ‘Good place to work, nice people and good variety of work.’
- ‘There is a good rapport with the staff in theatre and on the ward.’
- ‘Management are very approachable and I feel listened to and they will help you.’

**What needs to improve**

Staff told us that an audit in the theatre department was looking at the late starts of procedures. Staff are offered time back in lieu in the service, if required. Staff felt that late finishing was becoming a more regular occurrence. We suggested to senior managers this could also be audited to assess the situation.

A safe staffing tool was used throughout the provider network. This helps to decide on safe nurse staffing levels for acute wards based on patients’ level of sickness and dependency. Staff told us they felt the ward needed more staff than the tool stated. Senior managers told us they felt staff needed re-educating on how to use and interpret the tool. They told us they would take this forward.

- No requirements.
- No recommendations.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care
High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The service had systems to manage a safe and supportive environment. Staff were aware of their roles and responsibilities to deliver safe care and suitable training was in place. Infection prevention and control systems must be reviewed to make sure they reflect best practice.

The service had a governance structure to help deliver safe care. This included an executive director, a clinical governance committee, senior management team meetings and a medical advisory committee. The service also had a dedicated quality and risk manager.

We saw the service had clear, comprehensive policies and procedures for managing risks. Staff guidance on how to identify and categorise 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. The service’s records showed evidence of this taking place. We saw that a risk register was in place and this was reviewed regularly.

Servicing and maintenance contracts were in place for all clinical and non-clinical equipment, such as anesthetic machines and the generator. We saw servicing reports, and repair and maintenance actions taken. Staff could describe the procedure to report maintenance issues to the facilities team.

In the areas of the hospital we inspected, the standard of cleanliness was good. Systems were in place to identify the cleaning required and record the work carried out. An on-site infection prevention and control lead practitioner had a recognised qualification in infection prevention and control. We were told they were supported by the infection prevention and control lead nurse based at one
of the provider’s larger hospitals. An infection prevention and control training programme was in place for staff to complete.

We saw a new infection prevention and control staff update letter. This provided detailed information for staff on the policies they should be following, and local infection prevention and control events taking place. This was a good example of communication with staff.

Patients we spoke with said they observed good hand hygiene practice by staff.

The pharmacy department described to us the systems to support safe use of medications. Staff were trained on medications management and regular medication management audits were carried out. Results were fed back through the governance structure where incidents, alerts and updates were also discussed.

We tracked a patient’s journey through theatre. We saw that staff followed World Health Organization guidelines. For example, staff took a ‘surgical pause’ before they started surgery to check they had the correct patient and equipment. We also observed staff following safe procedures for managing swabs and instruments, including tracking and tracing instruments used. We saw that close monitoring of patients took place when a patient was anaesthetised, during the operation and in the recovery room. We saw effective multidisciplinary working with informative staff handovers and good communication.

What needs to improve
In the theatre department, we saw some staff did not comply with hand hygiene guidance as detailed in Health Protection Scotland’s National Infection Prevention and Control Manual. We also saw low compliance with aseptic technique both in the preparation of intravenous (IV) drugs and the insertion of peripheral vascular catheters (a small, flexible tube placed into a vein to administer medication or fluids). Aseptic technique is a healthcare procedure designed to minimise the risk of infection to patients during certain care procedures such as when inserting a peripheral vascular catheter (requirements 1 and 2).

The service has an ongoing refurbishment plan. Some items had been outstanding whilst awaiting capital funding. This had now been granted. We discussed with the executive director our areas of concern. This included flooring, patient furniture and the lack of clinical wash hand basins in the bedrooms (requirement 3).
We saw that sterile sets of surgical instruments were not being stored correctly. Storing instrument trays on top of each other means that the tray outer covers are at risk of being torn, causing possible contamination or damage to the sterile instruments (recommendation b).

We saw the service had protocols to deal with emergency situations. However, some of these were initially difficult to find and were not readily accessible for staff. We discussed with the theatre manager the importance of making sure all protocols are visible and easily accessed by staff in emergency situations (recommendation c).

The service had recently introduced departmental safety briefs and was beginning to use Situation, Background, Assessment, and Recommendation (SBAR) tools to improve communication. We will follow up how the service continues to implement this new safety culture at future inspections.

**Requirement 1 – Timescale: immediately on publication**
- The provider must ensure all staff perform hand hygiene in line with Health Protection Scotland’s *National Infection Prevention and Control Manual*.

**Requirement 2 – Timescale: immediately on publication**
- The provider must ensure all staff comply with aseptic technique guidance from Health Protection Scotland on preventing infections when inserting and maintaining a peripheral vascular catheter.

**Requirement 3 – Timescale: by 17 April 2019**
- The provider must ensure that the fabric of the building and the patient equipment are in line with Healthcare Improvement Scotland’s *Healthcare Associated Infection (HAI) Standards* (February 2015). Infection prevention and control approval is required to ensure compliance with guidance before purchases or refurbishment plans are made.

**Recommendation b**
- We recommend that the service should ensure that all sterile instrument trays, instruments and packs are managed in line with Health Facilities Scotland’s *Management of reusable surgical instruments during transportation, storage and after clinical use* (2014).
**Recommendation c**

- We recommend that the service should ensure that all emergency protocols are visible and easily accessed by staff.

**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

Patient care records were generally well completed and included consultation notes, pre-treatment assessment, risk assessments and care pathways. The service should review its documentation to make sure it is suitable to meet the needs of patients.

We reviewed six patient care records. We found most had a consultation note or letter to show they had received an initial consultation. All patients coming for surgery had a pre-admission assessment with a registered nurse, either face to face or by telephone. This took into account the planned procedure and any risks to their wellbeing. During the pre-assessment appointment, we saw that staff completed risk assessments such as moving and handling and venous thromboembolism (a blood clot that can form and lodge in the lungs). These were all reviewed again on admission.

We saw that staff recorded the patient’s pre-admission assessment, and the results of tests and investigations, in the patient care record. The patient’s operative procedure and recovery were also clearly recorded. We saw that patients were reviewed and reassessed on a daily basis, or more frequently as required, to ensure proactive identification of any issues.

**What needs to improve**

Some risk assessments, such as moving and handling, did not seem appropriate to the patient or the planned procedure. We also noted these assessments were scored differently in the main care pathway used in the ward and the mini pathway used for pre-assessment. Senior managers told us that the care pathways were under review. Clinical risk assessments should be reviewed as part of this process to make sure they are suitable to meet the needs of patients (recommendation d).

Of those relevant patient care records that we reviewed, the surgical site verification had only been completed in one instance. This was an example of the gaps we found in the patient care records. This highlighted that some forms contained in the patient care record were not used and others were duplicated.
Care records should be fully completed and unused parts should be removed or marked as not applicable (recommendation e).

- No requirements.

**Recommendation d**
- We recommend that the service should review the clinical risk assessments used in the service to make sure they are suitable to meet the needs of patients.

**Recommendation e**
- We recommend that the service should ensure that patient care records are fully completed.
Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

We saw good compliance with mandatory training and recruitment of staff. Learning opportunities are encouraged in the service. Consultants connected with the service should evidence completion of mandatory training.

Staff training takes place through online training and education modules and face-to-face sessions. During a 12-week probationary training period, new staff are required to complete an induction pack and are assigned a mentor. We saw a 98% staff completion rate for mandatory training. This included infection prevention and control, safeguarding, and health and safety. Online training is role-specific and relevant modules are assigned to individual staff members through a questionnaire that staff complete. Staff we spoke with confirmed that mandatory online training had taken place.

Staff and managers told us about recent training and education that had taken place. This included the prevention of venous thromboembolism, courses to promote role progression, such as a clinical pre-assessment course, and an operating department practice qualification.

The service had a recruitment policy. We reviewed five staff recruitment files including two consultants with practicing privileges (staff not employed directly by the provider but given permission to work in the service). All files we checked had appropriate documentation in place and all necessary checks had been carried out. This included background checks and professional registration checks.

What needs to improve
We saw evidence of staff training completed on the online learning system. However, the service did not capture this information for consultants. The service has a mandatory training matrix for consultants connected to the service. This details what training and education they are expected to complete. However, the service did not ask for assurance that this is current and up to date (recommendation f).
We discussed with service the need to carry out quality assurance audits to ensure that its recruitment and induction procedures are in line with Scottish Executive’s *Safer recruitment through better recruitment* (2016). A similar recommendation had been given at the last inspection in February 2017. However, we saw no evidence that this had been done (recommendation g).

- No requirements.

**Recommendation f**

- We recommend that the service should demonstrate that consultants connected with the service have completed mandatory training in line with the provider’s mandatory training policy.

**Recommendation g**

- We recommend that the service should carry out quality assurance audits of its recruitment and induction procedures to make sure it is in line with Scottish Executive's *Safer recruitment through better recruitment* (2016).
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Staff told us that leadership was very visible in the hospital. A number of different quality improvement projects had been carried out. Staff were supported to identify opportunities for improvement, take ownership of specific projects and seek out good practice and new ways of working. This culture needed to be embedded further into the service. A quality improvement plan should be developed.

Clinical staff took on link nurse or ‘champion’ roles for different areas, such as cleanliness and pain management. They were encouraged to take responsibility for promoting best practice and improvements in these areas.

Staff we spoke with told us that leadership was very visible in the hospital and senior staff were very approachable and completed regular walkrounds. From minutes of 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.

The provider used a clinical scorecard system to measure key service delivery indicators such as falls, infections and pressure ulcers. Each of the provider’s services submitted their clinical scorecards and were benchmarked against each other to measure performance and highlight areas for improvement.

Staff were encouraged to become involved in the continuous quality improvement culture being developed in the service, with regular staff meetings and forums held. The previous director of clinical services had been using a number of different quality improvement models, notably for medicines management improvement work carried out in the service. The service also used this quality improvement methodology for the theme of ‘Safetember’. This was introduced to ensure nursing and consultant staff compliance in completion.
of the venous thromboembolism risk assessment and prescribing treatment. This had resulted in a 12% increase in compliance from the audit period August to November 2018.

We tracked an adverse event incident and saw that lessons learned were followed up and actioned. A new procedure was being put in place and follow-up checks carried out to ensure compliance. The provider produces a safety bulletin to help highlight any issues identified across the organisation and to promote best practice and improvements to patient safety.

What needs to improve
A new director of clinical services had recently been appointed. The previous director had a knowledge of driving change and improvement. They had been leading on a number of quality improvement projects as well as supporting staff to be innovative and improve services. We would encourage the service to continue to embed this culture of continuous quality improvement in the service.

Although we saw evidence of a number of quality improvement initiatives taking place, we saw no evidence of a quality improvement plan. This would help to structure and record the service’s improvement processes and outcomes. The service would then be able to demonstrate a continuous improvement cycle and measure the impact of any changes implemented (recommendation h).

- No requirements.

Recommendation h
- We recommend that the service should develop a quality improvement plan.
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 National Health Services (Scotland) Act 1978, 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.

## Domain 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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**Recommendation**

- We recommend that the service should ensure all consent to treatment forms are completed in line with the service's consent policy, including documenting risks and benefits of treatment (see page 12).

  Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.18

  This was previously identified as a recommendation in the February 2017 inspection report for Kings Park Hospital.
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

<table>
<thead>
<tr>
<th></th>
<th>The provider must ensure all staff perform hand hygiene in line with Health Protection Scotland’s <em>National Infection Prevention and Control Manual</em> (see page 17).</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Timescale – immediately on publication</td>
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</table>
|   | *Regulation 3(d)i*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*                                                                                     |
|   | The provider must ensure all staff comply with aseptic technique guidance from Health Protection Scotland on preventing infections when inserting and maintaining a peripheral vascular catheter (see page 17). |
| 2 | Timescale – immediately on publication                                                                                                                                                                           |
|   | *Regulation 3(d)i*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*                                                                                     |
|   | The provider must ensure that the fabric of the building and the patient equipment are in line with Healthcare Improvement Scotland’s *Healthcare Associated Infection (HAI) Standards* (February 2015). Infection prevention and control approval is required to ensure compliance with guidance before purchases or refurbishment plans are made (see page 17). |
| 3 | Timescale – by 17 April 2019                                                                                                                                                                                      |
|   | *Regulation 3(d)i*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*                                                                                     |
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

<table>
<thead>
<tr>
<th></th>
<th>Recommendations</th>
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| **b** | We recommend that the service should ensure that all sterile instrument trays, instruments and packs are managed in line with Health Facilities Scotland’s *Management of reusable surgical instruments during transportation, storage and after clinical use* (2014) (see page 17).  
**Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11** |
| **c** | We recommend that the service should ensure that all emergency protocols are visible and easily accessed by staff (see page 18).  
**Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14** |
| **d** | We recommend that the service should review the clinical risk assessments used in the service to make sure they are suitable to meet the needs of patients (see page 19).  
**Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11** |
| **e** | We recommend that the service should ensure that patient care records are fully completed (see page 19).  
**Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.18**  
*This was previously identified as a recommendation in the February 2017 inspection report for Kings Park Hospital.* |
## Domain 7 – Workforce management and support

### Requirements

None

### Recommendations

**f** We recommend that the service should demonstrate that consultants connected with the service have completed mandatory training in line with the provider’s mandatory training policy (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

**g** We recommend that the service should carry out quality assurance audits of its recruitment and induction procedures to make sure it is in line with Scottish Executive's *Safer recruitment through better recruitment* (2016) (see page 21).

Health and Social Care Standards: My support, my life I have confidence in the organisation providing my care and support. Statement 4.19

This was previously identified as a recommendation in the February 2017 inspection report for Kings Park Hospital.

## Domain 9 – Quality improvement-focused leadership

### Requirements

None

### Recommendation

**h** We recommend that the service should develop a quality improvement plan (see page 23).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

**Before inspections**

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

**During inspections**

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

**After inspections**

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare 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.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

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