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www.healthcareimprovementscotland.org
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1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

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 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’)
- 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.

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act. 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. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of 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 independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public in a range of formats on request, and
- listen to your concerns and use them to inform our inspections.

Complaints

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

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

**Telephone:** 0131 623 4300

**Email:** hcis.chiefinspector@nhs.net
2 Summary of inspection

The Edinburgh Clinic is part of Aspen Healthcare Limited. The Edinburgh Clinic is a private day-case hospital based in Edinburgh.

The hospital offers outpatient consultation, on-site diagnostic imaging and day-case surgical treatment.

We carried out an unannounced inspection to The Edinburgh Clinic on Thursday 11 July 2013.

We assessed the service against four quality themes related to the National Care Standards and inspected the following areas:

- the reception waiting area
- operating theatre
- consultant rooms
- the recovery area, and
- the discharge lounge.

The inspection team was made up of two inspectors. One inspector led the team and was responsible for guiding them and making sure the team members agreed the findings reached. See Appendix 4 for membership of the inspection team visiting The Edinburgh Clinic.

Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 18):

**Quality Theme 1 – Quality of care and support: 4 - Good**
**Quality Theme 2 – Quality of environment: 4 - Good**
**Quality Theme 3 – Quality of staffing: 4 - Good**
**Quality Theme 4 – Quality of management and leadership: 4 - Good**

We reviewed the provider’s annual return and self-assessment. These are documents that all independent healthcare providers must submit to Healthcare Improvement Scotland on an annual basis. These tell us about the service and how well the service believes it is performing against the National Care Standards.

We spoke with a variety of people employed at The Edinburgh Clinic including:

- the registered manager
- the lead nurse for the hospital
- the lead nurse for theatres
- the Infection control lead
- a nurse from the outpatient department, and
- a theatre staff nurse.
We spoke with three people who were using the service, all of whom expressed satisfaction with the standard of care they had received. The following are some of the comments they gave us:

- ‘It has been excellent staff can’t do enough.’
- ‘Staff have been very good.’

Overall, we found evidence at The Edinburgh Clinic that:

- staff have been recruited in a safe and robust manner
- there is a good system for checking clinical and non clinical equipment, and
- there are clear clinical governance structures in place.

We found that improvement is required in some areas, which include:

- a review of the hand washing sinks in clinical areas, and
- a review and update of all the complaints material available to staff and people who use the service to make sure the correct regulator is referenced.

This inspection resulted in two requirements and six 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.

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

We would like to thank all staff at The Edinburgh Clinic for their assistance during the inspection.
3 Key findings

Quality Theme 1

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 hospital receives a pharmacy service from a local pharmacy. A chief pharmacist who works for Aspen Healthcare visits the service regularly. The service mainly uses medications for anaesthetic purposes and pain relief.

The service also uses antibiotics during surgery. There is a formulary in place which sets out which antibiotics should be used. If the prescribing doctor wants to prescribe out with the formulary, then this is reviewed by the chief pharmacist.

We saw that the service discusses medication management at its clinical governance meetings. Any incidents involving medications are discussed and areas for learning are identified.

The service provides people who use the service with information about medication. We looked at the leaflet about anaesthetic medication. This included information on:

- how to prepare for getting an anaesthetic
- what will happen when the anaesthetic is given
- the risks of taking anaesthetics, and
- possible side effects and complications.

There is a policy in place for the use of controlled drugs. We saw that the controlled drugs in the service were stored securely and the controlled drugs book was filled in correctly.

Staff we spoke with during the inspection could describe the process they would follow if there was a medication error made in the service.

We looked at two prescription sheets during the inspection and found that these were completed correctly.

Area for improvement

We saw that there is no routine pharmacy overview of prescribing practices. It is important that there is a system in place to ensure that prescribing practices are safe (see recommendation a).

- No requirements.
Recommendation a

- We recommend that The Edinburgh Clinic should ensure that a pharmacist regularly audits prescribing practices in the hospital to ensure that prescribing practices are safe.

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: 4 - Good

During the inspection, we looked at four care records. We saw that the service completes different records depending on the procedure the person is having.

We saw examples of:

- pre-admission questionnaires
- pre-operation checklists
- surgical safety checklists
- the surgeon's comments on the procedure
- the anaesthetist's comments on anaesthetic,
- recovery plans after anaesthesia, and
- the consent forms.

The care records we looked at were mostly well completed with appropriate levels of detail.

Areas for improvement

We looked at some of the pre-operation checklists and found that not all the boxes had been ticked. It is important that the whole checklist is completed to show that the process has been followed correctly. When part of the checklist does not apply to a specific person, this should be recorded on the checklist and not left blank (see recommendation b).

During the inspection, one of the inspectors was in an office on their own. The computer screen was switched on and there was information on the screen that had personal details about a person using the service (see recommendation c).

- No requirements.

Recommendation b

- We recommend that The Edinburgh Clinic should ensure that all checklists are fully completed. This should include recording when a part of the checklist does not apply to that person.
Recommendation c

■ We recommend that The Edinburgh Clinic should ensure that information identifying people who use the service is handled properly. This is to ensure it is only viewed by people who require to do so.

Quality Theme 2

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: 4 - Good

We saw that the service was provided in pleasantly decorated and comfortable surroundings. The building includes:

- a reception waiting area
- a scanning area
- an ophthalmology examination room
- a physiotherapy room
- consulting rooms
- one operating theatre, and
- patient recovery areas.

There are no patient bedrooms in the service. After a procedure people who use the service remain in the theatre recovery area until they are able to be moved to the “Haven”. The Haven is the discharge lounge in the service. The service recognises in its self-assessment that this area is not ideal, but is necessary, due to the limitations of the existing building. We saw that the service manage the type of procedures that happen at different times to make best use of the area. The service try to maintain the privacy and dignity of people in this area. For example, if people are using the area after a procedure then people who have not been to theatre yet wait in a different area. When people need to see a doctor either before or after a procedure, they are taken to one of the consulting rooms to have their consultation in private.

We saw that there are risk assessments and a risk register in place for the building. The service also completes environmental audits including infection control.

We saw that there are maintenance contracts in place for oxygen, piped gases and vacuum systems.

We also saw records from March 2011 until the time of inspection detailing weekly checks of all these systems.

Areas for improvement

During the inspection, we saw that one of the changing areas for people who use this service was quite small. The service informed us that this has been identified and is on a programme of planned works to re-configure the area.
The service is provided from a refurbished mansion house. This places some limitations on the environment. During the inspection, we saw that there was a lack of storage in the theatre and recovery area. We saw the recovery area was particularly cluttered (see recommendation d).

We saw that sinks in the consulting rooms in the service were quite small and were not ideal for hand washing purposes. One of the sinks in the physiotherapy room was not compliant with current guidelines on hand washing sinks in a clinical area. A requirement is made (see requirement 1).

Requirement 1 – Timescale: Immediately on receipt of this report

- The provider must review the provision of hand washing sinks in the clinical areas. Any sinks which are not compliant with current guidelines on hand washing sinks in clinical areas must be replaced immediately.

Recommendation d

- We recommend that The Edinburgh Clinic should review the storage arrangements in the theatre and recovery area. This is to ensure that these areas are free from clutter and storage of unnecessary equipment.

Quality Statement 2.3

We ensure that all our clinical and non-clinical equipment within our service is regularly checked and maintained.

Grade awarded for this statement: 5 - Very good

We saw that there are systems in place to ensure that equipment is regularly checked and serviced.

We checked a variety of equipment in different areas of the hospital and found that it had all been serviced within the appropriate timeframes. For example, we saw evidence of servicing on:

- MRI scanners
- X-ray machine
- ultrasound machine
- examination tables, and
- ophthalmology equipment.

We saw evidence that routine electrical safety checks had been carried out within appropriate timeframes.

- No requirements.
- No recommendations.
Quality Theme 3

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

We looked at three staff recruitment files. These were in good order and the necessary information was easy to find. We saw that all the files included:

- role descriptions
- health declaration
- previous convictions declaration
- protecting vulnerable groups (PVG) checks
- details of experience and skills, and
- two references.

We saw the induction that staff have to complete when they start working in the service. This includes health and safety, mandatory training and employee reviews. The reviews take place after 1 day, 2 days, 1 week and 1 month. There is a final review at the end of the 3 month probationary period to ensure the person has completed their induction satisfactorily.

New legislation has been put in place to ensure that doctors are regularly appraised in order to revalidate their licence to practise. They need to do this with their main employer. We saw that the service has a system in place to ensure that doctors provide evidence that their appraisals have been carried out by their main employer.

Area for improvement

When we looked at the recruitment files, we saw that the service had kept copies of the PVG forms for some time. Best practice would be to record the details of the PVG membership number and that it has been seen, and then destroy the form.

- 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: 4 - Good

We saw that the hospital computer system ensures that staff are kept up to date with any changes to policies. When staff open their computer, it is flagged up if there are any new or updated policies. Staff are given a set amount of time to read the policy. If they do not read the policy within the timeframe provided, they will be unable to access their computer until they have read it.

We saw examples of staff appraisal documentation which showed discussion about performance and set objectives for the coming year.
The service has a mandatory training programme in place. This shows the topics covered, how often staff should attend the training and whether it is classroom based or completed online. Topics covered include:

- fire safety
- care of vulnerable adults
- infection control
- basic life support, and
- information governance and security.

We saw evidence of the mandatory training completed by staff. We also saw that staff had been supported to attend additional training. Topics included:

- management of medical gases
- medical ultrasound
- operating department practice, and
- infection control.

We spoke with five staff during the inspection. They appeared motivated to do their job and to make improvements to the way they work.

**Areas for improvement**

While we saw that there was a mandatory training programme in place, we saw that not all staff had completed this within the timeframes set out by the service (see recommendation e).

- No requirements.

**Recommendation e**

- We recommend that The Edinburgh Clinic should ensure that all staff attend mandatory training within the timescales set out in the mandatory training plan.
Quality Theme 4

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 organisation who runs the Edinburgh Clinic has a clear clinical governance structure in place. There is a quarterly clinical governance meeting held. This meeting relates to the whole organisation. Topics discussed include:

- shared learning from serious incidents
- audit programmes
- training needs, and
- patients experience.

In the service, the governance structure includes an operational meeting which includes a section on quality governance. There are three quality governance sub-groups which cover:

- infection control
- health and safety, and
- haematology.

There is an audit programme in place which covers a different topic each month. The audits cover areas such as:

- venous thromboembolism
- patient consent
- care records
- surgical safety checklist, and
- controlled drugs.

We saw evidence of the quarterly report that is sent to the organisation’s clinical governance group reporting the findings of these audits.

Areas for improvement

During the inspection, we were told that the service plans to separate the quality governance meeting from the operations meeting.

We looked at the complaints information that was available in the service. Not all of the information that was available made reference to people being able to complain to Healthcare Improvement Scotland as the regulator of the service. A requirement is made (see requirement 2).

We looked at minutes of meetings held within the service. The minutes from the infection control meetings showed clear actions, the person responsible and the timeframe for completion. However, other meeting’s minutes we look at did not include this information (see recommendation f).
Requirement 2 – Timescale: by 30 September 2013

- The provider must review and update all complaints material available to staff and people who use the service to make sure the correct regulator is referenced. This will ensure that people who use the service are aware that they can make any complaints about the service to Healthcare Improvement Scotland.

Recommendation f

- We recommend that The Edinburgh Clinic should ensure that the minutes from meetings show clear actions, who is responsible for completing the actions and the timescale for completion.
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 1.4

**Requirements**

None

**Recommendation**

We recommend that **The Edinburgh Clinic** should:

a. ensure that a pharmacist regularly audits prescribing practices in the hospital to ensure that prescribing practices are safe (see page 9).

### Quality Statement 1.5

**Requirements**

None

**Recommendations**

We recommend that **The Edinburgh Clinic** should:

b. ensure that all checklists are fully completed. This should include recording when a part of the checklist does not apply to that person (see page 9).

c. ensure that information identifying people who use the service is handled properly. This is to ensure it is only viewed by people who require to do so (see page 10).

### Quality Statement 2.2

**Requirement**

The provider must:

1. review the provision of hand washing sinks in the clinical areas. Any sinks which are not compliant with current guidelines on hand washing sinks in clinical areas must be replaced immediately (see page 11).

**Timescale** – Immediately on receipt of the report.
### Quality Statement 3.3

#### Requirements

None

#### Recommendations

**We recommend that The Edinburgh Clinic should:**

1. **ensure that all staff attend mandatory training within the timescales set out in the mandatory training plan (see page 13).**

### Quality Statement 4.4

#### Requirement

**The provider must:**

2. **review and update all complaints material available to staff and people who use the service to make sure the correct regulator is referenced. This will ensure that people who use the service are aware that they can make any complaints about the service to Healthcare Improvement Scotland (see page 15).**

**Timescale** – 30 September 2013

### Regulation 15(6)(a)

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

#### Recommendation

**We recommend that The Edinburgh Clinic should:**

- **review the storage arrangements in the theatre and recovery areas to ensure that these areas are free from clutter and storage of unnecessary equipment (see page 11).**

- **ensure that all staff attend mandatory training within the timescales set out in the mandatory training plan (see page 13).**

- **that the minutes from meetings show clear actions, who is responsible for completing the actions and the timescale for completion (see page 15).**
Appendix 2 – Inspection process

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 the flow chart in Appendix 3.

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:

```
6  5  4  3  2  1
excellent  very good  good  adequate  weak  unsatisfactory
```

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 service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by 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 an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

Appendix 3 – Inspection process flow chart

Before inspection visit

Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland

Self-assessment submission is reviewed to help inform and prepare for on-site inspections

During inspection visit

Arrive at service

Inspections of areas

Discussions with senior staff and/or operational staff, people who use the service and their carers

Feedback with service

Further inspection of service areas of significant concern identified

After inspection visit(s)

Draft report produced and sent to service to check for factual accuracy

Report published

Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to The Edinburgh Clinic was conducted on Thursday 11 July 2013.

The inspection team consisted of the following members:

**Gareth Marr**  
Senior Inspector

**Susan Brimelow**  
Chief Inspector

Observed by:

**Claire Blackwood**  
Inspector
Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk
We can also provide this information:

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