Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

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This report was prepared and published by Healthcare Improvement Scotland.

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’), 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 these standards, the Act gives us 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 the person who uses the services 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. You can, however, 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

Nuffield Hospital Glasgow is registered with Healthcare Improvement Scotland as an independent hospital providing care and treatment to children and adults in acute surgery and medical management. There are 33 inpatient beds. An extensive range of in-patient procedures, clinics and outpatient services are provided.

The hospital is part of the UK-wide independent healthcare group Nuffield Health.

The hospital has one ward. All bedrooms are single and have en-suite facilities. Two high dependency beds are available.

The hospital information states that: “The objective of the service is to provide financially viable private facilities and services for the diagnosis and treatment of acute ill health and health promotion. It aims to provide an excellent service that meets the expectations of people who use the service through continuous re-investment in facilities, treatments and staff training”.

We carried out an unannounced inspection to Nuffield Hospital Glasgow on Tuesday 23 October 2012.

We assessed the service against five Quality Themes related to the National Care Standards and inspected the following areas:

- bedrooms
- reception area
- corridors
- office space
- staff dining room, and
- clinical areas.

The inspection team was made up of two inspectors. A project officer accompanied the inspectors to observe the process. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting Nuffield Hospital Glasgow can be found in Appendix 4.

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

- Quality Theme 0 – Quality of information: 5 - Very good
- Quality Theme 1 – Quality of care and support: 5 - Very good
- Quality Theme 2 – Quality of environment: 4 - Good
- Quality Theme 3 – Quality of staffing: 5 - Very good
- Quality Theme 4 – Quality of management and leadership: 5 - Very good

Overall, we found evidence at Nuffield Hospital Glasgow that:

- people who use the service are provided with individual care tailored to meet their needs
- people are being encouraged to comment on the service and consulted about the development of the service
• the hospital recognises the importance of listening and responding to comments of people who use the service
• there was a well-trained, committed staff group who worked well as a team, and
• the hospital is committed to ongoing staff training and development and good systems are in place to help staff undertake this.

We found that improvement is required in some areas. This includes:

• addressing inconsistency in information to the patients on the time period that the treatment agreement covers
• general refurbishment of the patient environment, and
• updating of the complaints brochure and reviewing the complaints policy.

This inspection resulted in no requirements and five recommendations. A full list of the recommendations can be found in Appendix 1.

The provider, Nuffield Health, must address the requirements and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Nuffield Hospital Glasgow for their assistance during the inspection.
3 Key findings

Quality Theme 0

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

Grade awarded for this statement: 5 - Very good
We have discussed how people participate in assessing and improving all aspects of the service in Quality theme 1, Statement 1 of this report. This is relevant to this statement.

■ No requirements.
■ No recommendations.

Quality Statement 0.2
We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 5 - Very good
The hospital has many ways of providing information to people to decide whether the service can meet their individual needs.

There is a designated website with easy to follow links to information which can be downloaded. Information is given on what to expect in the service, prices of the procedures, and list of consultants and their areas of expertise. Contact information about the service is easy to find on the website. It is also easy for people to find information to decide what options are available to them.

A variety of leaflets and booklets are available which give clear and useful information to help individuals make a decision about the treatment they would receive. We looked at seven brochures for a range of different treatments and procedures carried out in the hospital. These all gave explanations and information about:

• the specific condition
• what would happen if the person who wished to use the service did not wish to go ahead with surgery
• alternatives to surgery
• possible complications after surgery, and
• how to find other suitable reading material.

People who use the service told us they found this information useful and that staff had given further explanations when requested. People who use the service felt that they had made informed choices about their care.

There are good links with GP practices and a newsletter ‘Newsflash’ is issued every 3 months. This keeps GPs fully informed about the available services to help them
advise people who wished to use the service. A GP educational programme in the newsletter gives information on dates and events.

People who use the service told us they were provided with written information about their pre-admission assessment and clinic appointment. Before admission to the hospital, information was sent to them about:

- the dates and times of admission and operation
- fasting instructions
- directions to the hospital plus parking availability, and
- details of what to bring to hospital on the day of the operation.

Samples of letters sent in July and August 2012 showed that people who used the service were given clear details of the cost of treatment and additional costs. These stated that the initial consultation fee was billed separately and gave examples of personal charges such as phone calls and visitors meals. The terms and conditions reinforced this information.

The patient satisfaction survey issued by the service to all inpatients and day-case patients continued to show people were satisfied with the information available and provided.

Areas for improvement
The terms and conditions information (compiled in October 2010) and the letter sent to the patient with details of costs differed. Terms and conditions stated that the quotation for treatment was valid for 60 days, while the letter sent to patients stated that this was for a period of 90 days. This could potentially cause confusion to people who wished to use the service (see recommendation a).

- No requirements.

- **Recommendation a**: We recommend Nuffield Hospital Glasgow should give consistent information to people who plan to use the service about the period of time covered in quotations for the cost of treatment.
Quality Theme 1

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

Grade awarded for this statement: 5 - Very good
The hospital has systems in place to involve people who use the service. Staff spoke about the importance of involving people in making decisions about their care. We saw that people were involved in discussing their care.

Daily visit logs showed that the management team spoke with people who use the service every day. These showed that when issues were raised, actions were taken to remedy anything that was negative. For example, one person had commented that the meal portions were too big. The hostess visited the patient and actions were taken to improve this.

One person who used the service stated that the visit from the Head of Clinical Services had made them feel “really special”.

Staff were described as being approachable and going out of their way to make people feel welcome and involved. People who use the service commented that there was staff who worked in the service daily and that they knew the key nursing staff involved in their care.

We were told that handover reports were carried out at the patient’s bedside to ensure people who use the service are involved in planning and assessing their care. People who use the service told us that their consultant visited them every day to discuss their care.

The service undertakes continuous patient satisfaction surveys for inpatients and day-case patients. Processes were in place to review and analyse these and feed back the results to staff. Survey results were available in the service and were included in newsletters such as ‘Newsflash’.

The service has a formal complaints policy. People we spoke with told us that they had no complaints about the service and said that they would feel comfortable if they wished to raise a complaint. There was a system to record complaints or concerns. We saw four examples of complaint investigation files.

The management team stated that they tried to acknowledge complaints or concerns within 2 hours. Investigation and responses were completed within the 20-day timescale set out in the complaints policy. The service encouraged people who raised complaints to meet face to face to discuss issues.

Areas for improvement
Although complaint information leaflets were available in public areas of the service, these did not make reference to the current regulatory body. The leaflet was included in patient information files in each of the bedrooms. This would have reinforced the hospital’s commitment to listen to concerns and complaints from people who use the service (see recommendation b).
The concern and complaints resolution policy we saw was to be reviewed in June 2012. This has not been carried out (see recommendation c).

- No requirements.

- **Recommendation b:** We recommend that Nuffield Hospital Glasgow should review its complaint information to include details of the regulatory body. This should be made easily accessible to all people who use the service.

- **Recommendation c:** We recommend that Nuffield Hospital Glasgow should review the complaints policy and procedures.

**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: 6 - Excellent**

During this inspection, we focussed on admission assessments. We checked that the hospital gathered key information, such as next of kin details and allergies, treatment details and whether consent was completed.

People using the service are shown to their room when admitted to the hospital. Staff sign a checklist to confirm that they have told people about how to use the call bells and how to keep valuables safe.

We looked at four sets of patient care records during the inspection. We found that Nuffield Hospital Glasgow uses a care pathway system to record the care it gives to people who use the service. The system consists of a list of healthcare assessments which record any action taken. All the patient care records we looked at had these assessments completed and the action taken recorded satisfactorily.

For example, we saw that individual needs and preferences, including religious, dietary needs and social aspects were recorded. Admission information also took into account language and communication needs, emergency contact details and whether the person using the service had given permission to discuss treatment with their next of kin. A healthcare questionnaire is completed at the pre-admission assessment clinic. This information is used to inform the care record. Health assessment checklists were fully completed. Signatures of all staff members who would be involved in care were noted.

Pre-operative checklists were fully completed and signed before operations to show that all steps had been completed, such as sites identifying where drips were to be placed and consent was received from the patient.

Daily entries in the records showed that preventative measures were in place. This included the use of pressure reducing equipment and anti-embolism stockings. (These are used to prevent blood clots which can be a complication of surgery.)
Records showed that arrangements were in place for people returning home, including support arrangements when further care or visits were needed.

- No requirements.
- No recommendations.

**Quality Theme 2**

**Quality Statement 2.1**

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

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

We have discussed how people participate in assessing and improving all aspects of the service in Quality Theme 1, Statement 1 of this report. This is relevant to this statement.

- No requirements.
- No recommendations.

**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**

The entry to the hospital has automatic doors, access for wheelchair users and low counters at the reception area. A small private area is available at reception for people who wish privacy to give their details.

All areas we saw in the hospital were uncluttered. Bedrooms were single with en-suite facilities and telephones. This gave people who used the service privacy. Audits are carried out to monitor the cleaning of the service. A system was in place to make sure that rooms were prepared before people are admitted. A sign was placed on the door to inform staff that the room had been prepared for a new admission. Staff were aware that they should not remove items from these rooms.

There are policies and procedures in relation to the environment to guide and direct staff in the safe and effective delivery of care and treatment. These are regularly reviewed and updated. Staff signed to say that they had read and understood them.

We spoke with an employee of an external specialist company who carry out checks on some of the equipment in the hospital, such as lasers, operating chairs and tables, flow meters and syringe drivers (a battery operated device which holds a syringe with medication to be given under the skin). There was an inventory of all items. The equipment used by this company to check equipment in the hospital is calibrated yearly.

We saw items of equipment throughout the hospital such as blood pressure monitoring devices and weighing scales which had been checked and were in date. Each had a sticker applied to show when the next check was due. Maintenance
issues can be reported by telephone or request form. Records showed that when issues for maintenance were identified, these were addressed within an agreed timescale. Delays are recorded, for example the need to send for parts. Monthly audits showed how well maintenance issues were addressed. There was 100% compliance.

Health and safety audits are carried out every 3 months. There are systems in place to rectify any issues that arose as a result of these.

We were informed that monthly infection control audits are carried out. Questions in the audits specifically relate to the design and layout of the building. Infection prevention and control is included in the hospital’s clinical governance framework and in the staff training plan.

Improvements had been made to the equipment available in the hospital. The endoscopy suite had been upgraded. We were told this met current good practice guidelines.

Area for improvement
We saw that there were areas of the hospital that were beginning to look a bit tired. There were tracking marks from the trolleys and beds being moved on the carpets and they looked worn. There were areas where there was scuffed paint work and some pull cords were stained and difficult to clean. Downie covers were faded and did not enhance the overall appearance of the accommodation. Records of daily face to face contact with people who used the service included the following comments:

- “tired looking”
- “the chair in the room had a few tears on the arm….”, and
- “the heating was noisy”.

We acknowledge that the focus of the service had been on updating equipment. We were informed that there were plans to replace the floor coverings in the future.

Comments from people who used the service and our observations of the environment have impacted on the grade awarded (see recommendation d).

- No requirements.

- Recommendation d: We recommend that Nuffield Hospital Glasgow should review the accommodation and produce an action plan with a view to improving the overall quality of the accommodation.
Quality Theme 3

Quality Statement 3.1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Grade awarded for this statement: 5 - Very good
We have discussed how people participate in assessing and improving all aspects of the service in Quality theme 1, Statement 1 of this report. This is relevant to this statement.

- No requirements.
- No recommendations.

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: 6 - Excellent
Nuffield Hospital Glasgow has a staff recruitment policy and procedure in place. We assessed four staff personnel files during the inspection. There was good evidence contained within each staff file that the correct recruitment processes are being adhered to in line with policy and current legislation. A system was in place to track and/or follow up fitness checks to make sure these are carried out properly. We found all required pre-employment information is being obtained before a new member of staff commences work. The service is aware of the relicensing and revalidation programme for medical practitioners. There were systems in place to check and monitor that all appropriate staff are on their respective professional registers. We saw documentation which showed there was a comprehensive staff induction programme. Staff spoken with during the inspection programme confirmed that they had received formal induction when starting work and that this had been beneficial. A new member of staff spoke positively about the induction they had undertaken and the support and training they had been given. We found the service was recruiting staff in a safe manner.

- 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
Staff told us that they could access best practice information on the intranet. Patient care records showed that staff used best practice information when assessing and treating patients. This included using the Malnutrition Universal Screening Tool (MUST) and Braden Scale to assess the risk of developing pressure ulcers. All staff groups have annual training in protection of adults and children. Notifications made to
us about events in the service showed that there was an understanding of how to implement adult protection guidelines.

There was a range of training events that staff had attended. There was a drive by the provider to engage with staff to set the culture and values of the service. Events were held away from the work environment and staff told us about their involvement. The aim was to transfer the learning from the values and culture session into how staff delivered care in the service.

We observed one person being admitted and escorted to their room. The staff member was welcoming and pleasant.

One person was being moved between departments and staff made sure that they were covered to protect their dignity.

People who used the service and individuals who commented directly to the management gave their views on the staff. Examples included:

- “staff are excellent”
- “could not be better – very well looked after”
- “staff are all fantastic. They have been so kind”
- “theatre staff and xxxx (consultant) and anaesthetist were also wonderful”, and
- “xxxx is an exceptional nurse – very competent and a marvellous bedside manner”.

All of the staff we spoke with appeared motivated and wished to do a good job.

We also found when reviewing Quality theme 1, Statement 5 of this report that staff had a high standard of record-keeping.

**Areas for improvement**
While staff told us that they could contribute and give comments or raise issues to make improvements in the service there was no individual time for this. Annual appraisals are carried out. We discussed with the management team the benefits of introducing a system of personal supervision which could give each staff member protected time for discussions that were important to them. This could also be an opportunity for staff to discuss learning from training events (see recommendation e).

- No requirements.

- **Recommendation e**: We recommend that the provider should introduce a system for staff supervision.

**Quality Theme 4**

**Quality Statement 4.1**
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.
Grade awarded for this statement: 5 - Very good
We have discussed how people participate in assessing and improving all aspects of the service in Quality Theme 1, Statement 1 of this report. This is relevant to this statement.

■ 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
Patient satisfaction surveys and consultant satisfaction surveys are used to assess the quality of the service. The clinical governance framework looks at participation feedback and audit results to review and improve the service delivery. Issues are identified, and actions planned and taken as a result.

All accidents and incidents and complaints are discussed at the clinical governance meeting. These are used to analyse trends and put in place corrective actions. Individual departments have specific quality assurance systems in place, for example the pathology department.

There was very good evidence that there is a high level of commitment to delivering high quality care within a safe service delivered by skilled and effective staff. Methods to help achieve this are set out in a strategic development plan.

The management team valued staff and invested in encouraging their development and contribution to the service. The management team had developed comprehensive customer care standards and training for staff to help them implement these. An employee reward scheme has recently been introduced to build on the culture and values events. This allowed the management to instantly recognise and reward staff that do “beyond what is normally required”.

We did not hear from staff about the impact of the introduction of the staff reward scheme at this inspection. We will monitor this at future inspections.

Areas for improvement
We identified in Quality Theme 1, Statement 1 of this report that actions needed to be taken to improve the complaint information in the service. In Quality Theme 0, Statement 2, we also recommended that the hospital should give consistent information about the period of time covered in quotations.

The service is in the process of fully implementing a new quality assurance manual and seeking outside accreditation. This was identified in the service strategic development plan. This should be taken forward. We will monitor progress at future inspections.

■ No requirements.

■ No recommendations.
Appendix 1 – Requirements and recommendations

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

- **Requirement**: A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act or a condition of registration. Where there are breaches of the regulations, orders 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.

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<td>Recommendations</td>
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<td>We recommend that Nuffield Hospital Glasgow should:</td>
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<tr>
<td>a give consistent information about the period of time covered in quotations for the cost of treatment.</td>
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<td>National Care Standards, Standard 3 [Before you come into hospital]</td>
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<td>Requirements</td>
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<td>Recommendations</td>
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<tr>
<td>We recommend that Nuffield Hospital Glasgow should:</td>
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<tr>
<td>b update complaint information to include any details of the regulatory body. This should be made easily accessible to all people who use the service.</td>
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<td>c review the concern and complaints resolution policy.</td>
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### Quality Statement 1.5

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<td>We recommend that Nuffield Hospital Glasgow should:</td>
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<td>- review the accommodation and produce an action plan with a view to improving the overall quality of the accommodation.</td>
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National Care Standards, Independent hospitals, Standard 15.1 [Your Environment]
### Quality Statement 3.1

**Requirements**
None

**Recommendations**
None

### Quality Statement 3.2

**Requirements**
None

**Recommendations**
None

### Quality Statement 3.3

**Requirements**
None

**Recommendations**

We recommend that the provider should:
- Introduce a system for staff supervision

National Care Standards, Independent hospitals, Standard 12 [Clinical effectiveness]

### Quality Statement 4.1

**Requirements**
None

**Recommendations**
None
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Appendix 2 – Inspection process

Inspection is a process which starts with self-assessment, includes at least one inspection to a service and ends with the publication of the inspection report and improvement action plan.

First, 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.
- **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 both by considering the self-assessment data and inspecting 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 the person who uses the services. We will publish a written report 6 weeks after the inspection.

- **Announced inspection**: the service provider will be given at least 4 weeks’ notice of the inspection by letter or email.
- **Unannounced inspection**: the service provider will not be given any advance warning of the inspection.

**Grading**

We grade each service under Quality Themes and Quality Statements. We may not assess all Quality Themes and Quality Statements.

We grade each heading as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>6</td>
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<tr>
<td>1</td>
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We do not give one overall grade for an inspection.
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 the person who uses the service 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

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

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

During inspection visit
- Arrive at service
- Inspections of areas
- Discussions with senior staff and/or operational staff and patients
- Feedback with service

Further inspection of service areas of significant concern identified

After inspection visit(s)
- Draft report produced and sent to service

Report published

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

The inspection to Nuffield Hospital Glasgow was conducted on Tuesday 23 October 2012.

The inspection team consisted of the following members:

Janet Smith
Lead Inspector

Beryl Hogg
Associate Inspector

Sara Jones
Project Officer (observing)
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

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge
Edinburgh
EH1 1YS

Telephone: 0131 662 8283
Email: Edinburgh@blackwells.co.uk
We can also provide this information:

- by email
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- in Braille (English only), and
- in community languages.

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www.healthcareimprovementscotland.org

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