Healthcare Improvement Scotland is committed to equality and diversity. We have assessed the inspection function for likely impact on the nine equality protected characteristics as stated in the Equality Act 2010 and defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. For this impact assessment, please see our website (www.healthcareimprovementscotland.org). The full report in electronic or paper form is available on request from the Healthcare Improvement Scotland Equality and Diversity Officer.

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First published November 2011

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This report was prepared and published by Healthcare Improvement Scotland.

On 1 April 2011, Healthcare Improvement Scotland took over the responsibilities of NHS Quality 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 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, you should contact the service directly in the first instance. If you remain unhappy following their response, please contact Healthcare Improvement Scotland.
Our contact details are:

**Healthcare Improvement Scotland**
Elliott House
8–10 Hillside Crescent
Edinburgh
EH7 5EA

**Telephone:** 0131 623 4300

**Textphone:** 0131 623 4383

**Email:** safeandclean.his@nhs.net
2 Summary of inspection

Kings Park Hospital offers inpatient and outpatient services and provides a range of private medical and surgical treatments.

The hospital has 21 beds in single rooms all with private en-suite facilities. Each room has a nurse-call system. Accommodation is available for patients’ relatives who may wish to stay overnight. The hospital also has four outpatient consulting rooms, two surgical operating theatres, an imaging department and a physiotherapy department.

The hospital is part of BMI Healthcare Limited and is situated in a residential part of Stirling close to local amenities. Onsite car parking is available.

We carried out an unannounced inspection to Kings Park Hospital on Thursday 13 October 2011.

The inspection team was made up of two inspectors. 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 Kings Park Hospital can be found in Appendix 4.

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

Quality Theme 1 - Quality of care and support: 2 - Weak

Quality Theme 2 - Quality of environment: 3 - Adequate

Quality Theme 3 - Quality of staffing: 3 - Adequate

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed that a service may need a more intense inspection.

In this inspection, evidence was gathered from various sources. This included the relevant sections of policies, procedures, records and other documents including:

- patients’ healthcare records
- staff records
- hospital policies and procedures
- medicines administration records
- patient satisfaction surveys
- information leaflets
- staff surveys, and
- records of staff meetings.

We had discussions with a variety of people including:

- the hospital sister
• the outpatient sister
• registered nurses
• administration staff
• domestic staff
• maintenance staff, and
• one person who used the service.

During the inspection we observed how staff cared for service users. We also reviewed the hospital environment and equipment.

We took into account The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011. We assessed the service against three Quality Themes related to the National Care Standards and inspected the following areas of the hospital:

• outpatient consulting rooms
• patient en-suite rooms
• operating theatres
• physiotherapy department
• X-ray department
• communal corridor areas
• storage areas, and
• administration offices.

The inspectors spoke informally to one service user who spoke positively about their care and support, the environment and the catering provided in the hospital.

Overall, we found evidence at Kings Park Hospital that:

• service users are treated as individuals within a structured model of treatment, care and support
• a multidisciplinary approach to treatment and care is in place, and
• regular patient satisfaction surveys are being carried out.

We did find that improvement is required in some areas which include:

• the development of a participation strategy which remains an outstanding issue from a previous inspection
• a number of policies and procedures which require to be updated
• the quality of record-keeping within patients’ health records which requires to be improved
• a review of clinical waste disposal and storage arrangements to comply with current regulations
• a number of environmental areas within the hospital which are in need of repair and attention, and
• staff personnel files which require to contain all required pre-employment information.

This inspection resulted in five requirements and five recommendations. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. A full list of the requirements and recommendations can be found in Appendix 1.

Kings Park Hospital must address the requirements and make the necessary improvements, as a matter of priority.

We would like to thank all staff at Kings Park Hospital for their assistance during the unannounced inspection.
3  Key findings

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: 4 - Good
There was evidence that service users at Kings Park Hospital are offered the opportunity to give their views and opinions of different aspects of the service provided. Service users are encouraged to complete a satisfaction questionnaire. The inspectors acknowledge that many service users visit the hospital for a short stay period. Staff spoken to during the inspection were able to describe how service users are consulted about how satisfied they are with the treatment and care they have received.

Satisfaction surveys are carried out regularly by the hospital. The results are analysed and fed back to the hospital manager every month for action. The hospital carried out a service user satisfaction survey in August 2011 and the results were available to view during the inspection. The results of the survey suggested high levels of satisfaction with the service. However, there was no evidence to confirm improvements having been made as a result of the survey results.

There is no structured participation strategy in place. Such a strategy document would support service users to have a say in how the service at Kings Park Hospital is provided. This remains an outstanding issue from the previous inspection carried out in November 2009.

Area for improvement
A structured participation strategy should be developed.

- No requirements.

Recommendation a
- Kings Park Hospital should develop a formal participation strategy to confirm how the service involves people in having a say about their treatment, care and the development of the service.

Quality Statement 1.2
We ensure that the care, support and treatment received by service users across all aspects of our service provision, is supported by evidence-based practice and up-to-date policies and procedures. These reflect current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 2 - Weak
Policies and procedures were available in paper and electronic format. Several policies were viewed during the inspection. The hospital has two policy reference systems in place. Electronic copies of policies are available for staff to access on the hospital Intranet. Paper copies of policies are stored in folders within the hospital. Several paper and electronic copies of policies were observed to be out of date. Some policy review dates had expired and there was no evidence that these policies
had been reviewed further. Other policies were in date. In addition, there was some evidence that paper copies of policies were out of date but the corresponding electronic version of the same policy was in date. Examples of policies which were observed to be out of date included:

- paediatric resuscitation policy (electronic version in date; paper version out of date)
- environmental policy (no policy review date in place)
- wound management policy (out of date)
- safeguarding children policy (out of date)
- human resources policies (electronic versions in date; paper versions out of date), and
- registered medical officer (RMO) support policy (out of date).

It was not clear to inspectors how hospital staff received information on which policies had been updated. One member of staff stated they would receive an email informing them of this, another stated they would find out by searching the hospital intranet. Not all staff have email addresses and there is limited access to computer equipment for clinical staff. A requirement is made (see requirement 1).

**Requirement 1 – Timescale: by 31 December 2011**

- Kings Park Hospital must ensure that all written policies and procedures are in date at all times.

  This is to ensure that hospital staff are able to access the most up-to-date policy reference information, best practice guidance and expert opinion relating to all aspects of providing the hospital service.

**Recommendation b**

- Kings Park Hospital should review the current system of providing two versions of policies and procedures so that staff have a consistent and reliable source of up-to-date reference information.

**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: 3 - Adequate**

Four patients' healthcare records were viewed during the inspection. The healthcare records were set out in a manner that described how a person's treatment and care were provided and what support was required. The majority of the different sections of the records were completed satisfactorily by clinical staff. There was evidence of service users being involved in the completion of their health records where appropriate. However, some areas within the patients’ healthcare records were observed to be incomplete in terms of some written entries:

- not timed
- not dated, and
- not signed.
- some areas of documentation left blank, and
• one consent to treatment form not containing written risks and benefits of the treatment to be carried out.

A requirement is made (see requirement 2).

**Requirement 2 – Timescale: immediate - by 13 October 2011**

- Kings Park Hospital must ensure that all patients’ healthcare records are fully completed without exception.

  This is to ensure that patients’ healthcare records contain up-to-date information about all aspects of every treatment provided by all healthcare professionals involved.

- No recommendations.

**Quality Statement 1.7**

We are confident that the quality of service users’ care will benefit from regular review of clinical practice within the service.

**Grade awarded for this statement: 4 - Good**

There was evidence that a staff survey had been carried out in August 2011. As a result, a staff forum had been held in the hospital during October 2011 to discuss the findings. There was evidence of areas highlighted for improvement which included:

- communication issues between consultant doctors and patients
- menu choices, and
- encouraging more feedback from patients.

**Area for improvement**

Staff surveys should be incorporated into a structured participation strategy.

- No requirements.
- No recommendations.

**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: 3 - Adequate**

All accommodation and facilities are on ground floor level. The hospital has 21 beds in single rooms all with private en-suite facilities. Each room has a nurse-call system. Accommodation is available for patients’ relatives who may wish to stay overnight. The hospital also has four outpatient consulting rooms, two surgical operating theatres, an imaging department and a physiotherapy department.

The accommodation was found to be fresh smelling and clean. One service user spoken to was happy with the environment.
Areas for improvement
Some parts of the hospital environment were observed to be tired in appearance and in need of some re-decoration. For example, there were signs of wear and tear to some surfaces including edgings and walls.

Repairs had been carried out to a small number of wall areas, but some stained areas were visible. There was evidence of water damage on ceilings and walls in some rooms including the clean sluice area, the assisted bathroom and the fluid store room. Although the inspection team was informed the cause of the leaks had been resolved, significant water staining was visible on ceilings, walls and floors in some areas. A requirement is made (see requirement 3).

Chemicals were observed being stored in an unsecured area within the X-ray department.

Requirement 3 – Timescale: by 31 January 2012
■ Kings Park Hospital must ensure that all areas of the service users’ care environment are maintained in a satisfactory condition.

This is to ensure that the services users’ healthcare environment is kept in a good state of repair both externally and internally.

Recommendation c
■ Kings Park Hospital should review the storage of chemicals within the X-ray department to ensure they are stored securely to minimise any potential risks to staff and service users.

Quality Statement 2.4
We ensure that our infection prevention and control policy and practices, including decontamination are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 3 - Adequate
It was noted during the inspection that clinical waste bins in use throughout the hospital did not comply with BMI Healthcare Limited policy. All clinical waste bins should be rigid sided, washable and foot operated. There is a contract in place with an external waste contractor to collect all waste from Kings Park Hospital twice each week. Two lockable wheeled waste bins are available at the hospital to secure waste in line with legislation. At the time of inspection and from records viewed, it appears that the hospital generates more waste than can be safely stored in these two bins.

In the operating theatres, yellow clinical waste bags are routinely used for all clinical waste. The Special Waste Amendment (Scotland) Regulations 2004 define yellow waste streams as high risk clinical waste (including recognisable human body parts) and orange waste as low risk clinical waste (including dressings, gloves and aprons). It was not clear why this local policy for using yellow waste had arisen. A requirement is made (see requirement 4).

It was noted during inspection that some staff were wearing jewellery including rings and watches during clinical activity. The wearing of jewellery is not permitted by BMI Healthcare Limited infection control and hand hygiene policies.
Requirement 4 – Timescale: by 30 November 2011

- Kings Park Hospital must review the current practice for disposal of clinical waste. This includes the use of colour coded waste bags.

This is to ensure that Kings Park Hospital is fully compliant with The Special Waste Amendment (Scotland) Regulations 2004.

Recommendation d:

- Kings Park Hospital should review the frequency and storage arrangements for clinical waste to ensure that all waste can be safely and securely stored in the two lockable wheeled waste bins provided.

Recommendation e:

- Kings Park Hospital should ensure that all clinical staff are compliant with BMI Healthcare Limited infection control and hand hygiene policies in relation to wearing jewellery.

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: 3 - Adequate
The hospital has a recruitment policy and procedure in place. Four staff personnel files were assessed during the inspection. There was evidence within each staff file inspected that items of pre-employment information were not in place to confirm that the recruitment policy and procedure had been fully adhered to. Items of information which were not in place included:

- no employment references obtained in one staff file
- one reference only in one staff file
- no evidence of a criminal record check having been carried out in two staff files, and
- no formal photo identification obtained in three out of four staff files.

Area for improvement
The staff recruitment policy should be fully adhered to for all members of staff recruited to the hospital. A requirement is made (see requirement 5).

Requirement 5 – Timescale: immediate - by 13 October 2011

- Kings Park Hospital must ensure that all required pre-employment information is obtained for new members of staff prior to each member of staff starting employment and held on file for reference.

This is to ensure that all new members of staff are assessed as fit to be employed and written confirmation is in place that recruitment processes have been fully adhered to.

- 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 service 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 the Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service provider 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 1.1

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**Recommendation**

We recommend that Kings Park Hospital:

a develops a formal participation strategy to confirm how the service involves people in having a say about their treatment, care and the development of the service.

### Quality Statement 1.2

**Requirement**

Kings Park Hospital must:

1 ensure that all written policies and procedures are in date at all times.

This is to ensure that hospital staff are able to access the most up-to-date policy reference information, best practice guidance and expert opinion relating to all aspects of providing the hospital service.

**Timescale – by 31 December 2011**

*National Care Standard 12 – Clinical effectiveness (Independent Hospitals)*

*Regulation 13 (1) – Quality of independent health care*

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

**Recommendation**

We recommend that Kings Park Hospital:
reviews the current system of providing two versions of policies and procedures so that staff have a consistent and reliable source of up-to-date reference information.

### Quality Statement 1.5

**Requirement**

Kings Park Hospital must:

2. ensure that all patients' healthcare records are fully completed without exception.

This is to ensure that patients' healthcare records contain up-to-date information about all aspects of every treatment provided by all healthcare professionals involved.

Timescale – immediate by 13 October 2011

*National Care Standard 14.5 - Information held about you (Independent Hospitals)*

*Regulation 4 (2) – Patient care record*

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

**Recommendations**

None

### Quality Statement 1.7

**Requirements**

None

**Recommendations**

None

### Quality Statement 2.2

**Requirement**

Kings Park Hospital must:

3. ensure that all areas of the service users' care environment are maintained in a satisfactory condition.

This is to ensure that the services users' healthcare environment is kept in a
good state of repair both externally and internally.

Timescale – by 31 January 2012

*National Care Standard 15 - Your environment (Independent Hospitals)*

*Regulation 10 (2) (b) - Fitness of premises*

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

**Recommendation**

*We recommend that Kings Park Hospital:*

c reviews the storage of chemicals within the X-ray department to ensure they are stored securely to minimise any potential risks to staff and service users.

---

**Quality Statement 2.4**

**Requirement**

*Kings Park Hospital must:*

4 review the current practice for disposal of clinical waste. This includes the use of colour coded waste bags.

This is to ensure that Kings Park Hospital is fully compliant with *The Special Waste Amendment (Scotland) Regulations 2004.*

Timescale – by 30 November 2011

*National Care Standard 13 (2) – Prevention of infection (Independent Hospitals)*

*Regulation 13 (2) (a) – Quality of independent health care*

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

**Recommendations**

*We recommend that Kings Park Hospital:*

d reviews the frequency and storage arrangements for clinical waste to ensure that all waste can be safely and securely stored in the two lockable wheeled waste bins provided.

e ensures that all clinical staff are compliant with BMI Healthcare Limited infection control and hand hygiene policies in relation to wearing jewellery.
### Quality Statement 3.2

**Requirement**

Kings Park Hospital must:

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<th>ensure that all required pre-employment information is obtained on new members of staff prior to each member of staff starting employment and held on file for reference.</th>
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<tr>
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<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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**Recommendations**

- None
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:

1. **Quality of care and support**: how the service meets the needs of each individual in its care.
2. **Quality of environment**: the environment within the service.
3. **Quality of staffing**: the quality of the care staff, including their qualifications and training.
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.
5. **Quality of information**: this is how the service looks after information and manages record keeping safely.

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 patients. 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:

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

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 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

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 Kings Park Hospital was conducted on Thursday 13 October 2011.

The inspection team consisted of the following members:

Gerry Kennedy
Lead Inspector

Lindsay Guthrie
Associate 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

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

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