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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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

Spire Murrayfield Hospital is registered with Healthcare Improvement Scotland as an independent hospital to provide medical and surgical inpatient and outpatient services to adults and children.

The hospital is part of Spire Healthcare Ltd, the UK-wide independent healthcare group. Healthcare services provided include a range of medical and surgical services including treatments for cancer.

The hospital has 70 inpatient beds divided into two wards. The ground floor ward is used for patients who need more complex surgery. The first floor ward is used for day care and short-stay treatments. Patients’ bedrooms are single occupancy with en-suite facilities. A two-bedded high dependency unit (HDU) is also available for patients who need a higher level of care.

Spire Murrayfield Hospital is situated in the Murrayfield area of Edinburgh close to public transport services. The hospital is set in pleasant grounds and car parking is available.

We carried out an unannounced inspection to Spire Murrayfield Hospital on Wednesday 23 October 2013.

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 Spire Murrayfield Hospital.

We assessed the service against four quality themes related to the National Care Standards.

Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 21):

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

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

- patient leaflets
- information folders
- minutes from meetings
- newsletters
- audits
- training plan
- training records
- assessment paperwork, and
- risk assessments.
We had discussions with a variety of people employed at Spire Murrayfield Hospital including:

- the clinical services manager
- charge nurses
- registered nurses, and
- housekeeping staff.

We also spoke with people who use the service. The following are some of the comments they gave us:

- ‘Excellent service’
- ‘Catering was the best ever experienced’
- ‘Impressed with the service of care’, and
- ‘Friendly and caring.’

During the inspection, we observed how staff cared for and worked with people who use the service. We took into account The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011.

Overall, we found evidence in the Spire Murrayfield Hospital that:

- people who use this service have access to information about the service provided
- systems are in place to manage risks, and
- systems are in place to monitor the quality of the service.

We did find that improvements are required in some areas, which include:

- monitoring domestic cleanliness, and
- staff compliance with standard infection control precautions.

This inspection resulted in no requirements and seven recommendations. See Appendix 1 for a full list of the recommendations.

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

We would like to thank all staff at Spire Murrayfield Hospital for their assistance during the inspection.
3 Progress since last inspection

What the service has done to meet the recommendations we made at our last inspection on 15 December 2011

Recommendation

Spire Murrayfield Hospital should improve the written recording of complaint investigations to provide clear evidence about the way the investigation has been carried out.

Action taken

We saw a new system in place which records how the investigation is conducted. This recommendation is met.

Recommendation

Spire Murrayfield Hospital should review and develop the medicines management policy in relation to the action to be taken following a medication error.

Action taken

All medication errors are now recorded on the incident reporting system. This recommendation is met.

Recommendation

Spire Murrayfield Hospital should implement a system to ensure that controlled drug stock levels are correct at the changeover of shifts.

Action taken

Two nurses now check the stock levels at the changeover of shifts. This recommendation is met.

Recommendation

Spire Murrayfield Hospital should ensure that when medication is given, which is prescribed for as required purposes, the reasons why it was given and if it was effective are also recorded.

Action taken

The majority of as required medication is given as pain relief. The service carries out audits to make sure that there is effective pain assessment following the use of pain relief. This recommendation is met.
Recommendation

Spire Murrayfield Hospital should consider reviewing its healthcare documentation audit tool to include a section to audit the quality of the information recorded.

Action taken

The service has now included an area for staff to comment on the quality of the notes when they carry out an audit. Any areas for improvement are identified for the head of clinical services to address. This recommendation is met.
4 Key findings

Quality Theme 0

Quality Statement 0.2

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

Grade awarded for this statement: 5 - Very good

The service has a website which has information about the hospital. The information includes:

- the services provided
- biographies of the consultants who work in the hospital
- fees for particular procedures
- how to make an appointment with a consultant, and
- how to find the service.

We also saw that a range of leaflets were available in different areas of the hospital. The leaflets detailed the different services available in the hospital, for example physiotherapy and weight loss surgery. The leaflets included information on:

- the different procedures available in each specialty and what to expect from the hospital
- the fees for particular procedures or services
- how to make an appointment at the hospital, and
- aftercare arrangements.

We also saw that the service holds open evenings and nurse clinics. People who may want to use the service can come along to these and find out more information about the service.

The service produces a quarterly newsletter. The newsletter included information on:

- new services being provided
- an upcoming open day
- support groups run in the service, and
- how to contact someone to get more information.

Area for improvement

We saw that the information leaflet given to patients using the service to guide them on how to give feedback or complain did not have the correct contact details for Healthcare Improvement Scotland. It is important that people are able to complain to Healthcare Improvement Scotland if they have any concerns about the standard of care they received (see recommendation a).
No requirements.

Recommendation a

We recommend that Spire Murrayfield Hospital should ensure that all information given to patients using the service has the correct contact details for Healthcare Improvement Scotland. This will allow people to make complaints to Healthcare Improvement Scotland if they want to.

Quality Statement 0.4

We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Grade awarded for this statement: 5 - Very good

We saw that staff have information governance training every year. Information governance is how an organisation manages information, such as patient identifiable information. By the time of the inspection, 96% of staff had completed this training. There was a comprehensive policy in place guiding staff on how to manage information within the service.

An audit system was in place which looks at both the information held in the service and how this is managed.

Clear protocols were in place for sharing data with other people, for example a patient’s GP.

During the inspection, we saw that patient care records were held in a room that was kept locked at all times. We did not see any information that could identify people in inappropriate areas.

No requirements.

No recommendations.

Quality Theme 1

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: 5 - Very good

We saw that a range of policies and procedures were in place in the service. The policies we looked at were all in date. All the policies were available online to staff. Only one hard copy was kept in the service. This means that staff can always look at the most up-to-date policy as the online version is always the most recent.

We saw that policies related to Scottish legislation where appropriate. For example, the service has a policy on protecting vulnerable adults which makes reference to the appropriate Scottish legislation.
Doctors who work in the service are given practising privileges to be able to do so. This means they are not directly employed by the provider. We spoke with the clinical service manager about how the service makes sure that doctors keep up to date with their practice. All the doctors provide a copy of their annual appraisal to the service. The doctor’s annual appraisal is carried out by another doctor who looks at their clinical practice and the professional development they have undertaken. Senior staff in the service look at these appraisals and if there are any concerns they will look into these further. If there are any significant concerns raised about a doctor’s practice, they can have their practising privileges suspended or withdrawn.

We looked at the training plan for 2013. The training plan sets out the training available and which groups of staff are expected to attend. Training on offer includes:

- acute illness management
- immediate life support
- infection control
- fire safety, and
- health and safety.

We also saw that the service has created a training record which allows them to keep track of the training staff have undertaken. The training record sets out how often staff are expected to complete training. For example, fire safety and infection control must be completed yearly. Equality and diversity is only completed once.

- No requirements.
- No recommendations.

**Quality Statement 1.6**

*We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of service users and staff.*

Grade awarded for this statement: 4 - Good

We saw that every patient using the service must have a clinical risk assessment before having surgery in the hospital. The hospital will not give patients an admission date without first receiving a completed questionnaire that details their medical history.

We looked at the risk assessments for different departments including:

- theatre
- oncology
- decontamination unit, and
- pathology.

The risk assessments for each department followed a red, amber, green (RAG) system which was easy to follow. Each area had a detailed risk assessment plan. We spoke with the theatre and decontamination unit managers who told us that they attend a yearly risk assessment training course.
We also looked at examples of risk assessments covering slips, trips and falls, the moving and handling of patients, and the use of controlled drugs. Controlled drugs are medications that require to be controlled more strictly, such as some types of painkillers.

When services use substances that are potentially hazardous, they must follow control of substances hazardous to health (COSHH) legislation. COSHH legislation sets out the processes and procedures that must be followed to make sure that potentially hazardous substances are used safely. We saw risk assessments were in place for using these substances. We also saw safety information was available for staff.

During the inspection, we went to a ‘huddle’ on one of the wards. ‘Huddles’ are used by staff as a quick way of getting together and discussing any safety issues in the ward. There were 10 nurses and a doctor at the ‘huddle’. The nursing services manager leads the huddle on the ward every day at 2.00pm. The huddle included discussion on:

- individual patient care and any issues the team had to be aware of
- infection control
- risk assessment for use of equipment on the ward, and
- equipment checks of patient equipment in bedrooms.

We went with a patient from the ward as they were taken to theatre for surgery. We looked at the process staff followed when transferring the patient from the ward to the theatre.

We saw that a document goes with the patient that details:

- their name
- date of birth
- who will perform their operation
- who will give them their anaesthetic, and
- which theatre they will be going to.

We saw that a full handover takes place from ward staff to the anaesthetic staff. The patient’s name, date of birth, known allergies and consent to treatment form were checked before they were given an anaesthetic. We stayed with the patient while they were in theatre and then when they went to the recovery area. The recovery area is where patients go after they have had surgery before going back to the ward. In the recovery area, they are kept under close supervision until they have recovered from their anaesthetic. We saw a full handover from theatre staff to the staff in the recovery area, detailing what happened during the surgery.

We saw that any clinical incidents within the service are reviewed, such as medication errors. We looked at examples of these reviews and saw action plans to detail how any changes would be made.

**Areas for improvement**

The World Health Organization (WHO) has issued guidelines called safe surgery saves lives. This details best practice for performing surgery in a safe way. One of the recommendations is for staff in the theatre to have a ‘surgical pause’ before they start the surgery. A surgical pause is when staff make a final check that they have the correct patient, the correct equipment and are about to perform the correct procedure before starting the surgery. We saw that no designated staff member was identified to lead the surgical pause and that not all staff were fully involved in carrying it out (see recommendation b).
During surgery, staff in the theatre should count all the swabs, needles and instruments that are used. This means that they can then count them at the end of the surgery to make sure nothing has been left in the patient. While we saw that the staff did count at the end of the surgery, they had not kept a running total of what was used during the surgery. There was a whiteboard in the theatre for this purpose, but staff did not use it. While this was not an issue during the surgery we observed, it is important that staff follow the correct procedures as the staff who are there at the start of the surgery may not be the staff who are there at the end (see recommendation c).

When surgery is carried out, a sterile tray is taken into theatre which contains all the equipment that will be used, for example scalpels or scissors. This includes a list of all the equipment that is in the tray. This should be checked before and after the surgery to ensure no equipment is left in the patient who is having surgery. Staff did not use this list during the surgery we observed. They counted the equipment before and after, but did not make a record of this. If the staff had to change during surgery, the staff counting at the end would not know if the list was correct and if the equipment they had was correct (see recommendation d).

- No requirements.

**Recommendation b**

- We recommend that Spire Murrayfield Hospital should ensure that, when theatre staff are doing the surgical pause, there is clear leadership and all relevant staff are involved.

**Recommendation c**

- We recommend that Spire Murrayfield Hospital should ensure that during every operation staff write the patient’s name, date of birth, allergies and the initial swab, blade and needle count on the theatre whiteboard. This will allow staff to make an accurate count of what equipment should be left at the end of the surgery.

**Recommendation d**

- We recommend that Spire Murrayfield should ensure that all staff check the list of equipment when they are counting equipment before and after surgery.
Quality Theme 2

Quality Statement 2.4

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

Grade awarded for this statement: 4 - Good

We saw a range of infection protection and control policies were in place at the hospital. These give staff guidance on various aspects of infection prevention and control.

We saw minutes from infection control meetings held within the service. These minutes showed that issues were discussed, such as:

- decontamination reports
- surgical site surveillance
- hand hygiene audits
- meticillin resistant *Staphylococcus aureus* (MRSA), and
- mandatory infection control training.

We saw a surgical site infection quarterly summary report. This is a report which shows the number of procedures carried out and the number of infections as a result of these procedures. If a patient needs to be readmitted or returned to theatre as a result of getting an infection, a root cause analysis is carried out. A root cause analysis looks at how the patient has been treated and that all necessary procedures have been followed correctly.

We saw that the service has a system in place to monitor the use of peripheral venous catheters (PVCs). A peripheral venous catheter bundle is used to reduce the risk of device-related blood stream infections. This includes a record to document the safe management of the inserted catheter. The bundle includes daily monitoring checks carried out over a 3-day period. These checks make sure that the area of skin around the catheter is free from any signs of inflammation and whether the catheter still requires to be in place. We saw that staff were completing the necessary documentation appropriately.

We saw that the service completes audits on various aspects of infection prevention and control. Audits include:

- hand hygiene
- use of peripheral venous catheters
- mattresses, and
- use of sharps.

During the inspection, we saw that all staff were compliant with the national dress code policy. This policy describes how staff should dress to reduce the risk of spreading infections. This includes being bare below the elbow and not wearing jewellery. This allows staff to decontaminate (wash) their hands more effectively.

We spoke with the infection control nurse. They work 3 days each week in this role and 2 days each week in another part of the hospital. The infection control nurse told us that part of her role is to be involved in the audits carried out in the service. We were also told that
part of the role is to weigh the hand sanitising gel in the service every week. The gel is weighed to make sure that it is being used as much as would be expected. This can help to indicate whether staff are complying with hand hygiene guidelines.

We looked at paperwork about the decontamination unit in the theatre department. The decontamination unit sterilises the equipment that will be used in theatre. We saw a recent report and audit certificates from an external organisation which assessed and certified the unit’s compliance with current national standards. We spoke with the theatre manager who told us that internal audits for the decontamination unit are carried out four times a year. Five staff from different areas of the hospital have been on an external training course and can conduct these internal audits. We saw the 6-monthly reports from the external servicing of the decontamination unit and theatre ventilation system.

We saw that the theatre had a deep cleaning system in place. We looked at the deep cleaning rota which identified which area was to be cleaned each month. The theatre manager told us that a designated senior trained member of staff was identified to carry out audits of the deep cleaning system. Action plans were created to address any faults found.

**Areas for improvement**

We saw several examples where staff in the service were not following standard infection control precautions. Standard infection control precautions are the precautions staff should take when caring for patients to prevent the spread of infection. Examples include:

- a waste bin in theatre was unlocked and the lid was open
- linen was being stored on top of the linen trolley
- temporary closing mechanism on sharps bins were left open
- clinical waste bags were left untied on the floor, and
- dirty linen bags were left on the floor (see recommendation e).

We looked in two patient bedrooms during the inspection. We found that although they were mostly clean there could have been more attention to detail. We saw there was dust on:

- bed frames
- light fittings
- paper towel dispensers, and
- vents in the bathroom.

We also saw that the shower curtains were stained.

We spoke with staff who told us that the housekeeping staff clean the room including the mattresses. While we saw that cleaning schedules were in place, there was no system in place to check the quality of work carried out (see recommendation f).

While we found that the theatre areas were clean, no specified cleaning schedules were in place. Cleaning schedules help to guide staff and make sure that each area is cleaned often enough (see recommendation g).

We saw that the ward area had cleaning schedules in place for patient equipment. When the equipment was cleaned, a label was applied to confirm this. However, on some pieces of equipment we found dust on the lower stands.
No requirements.

**Recommendation e**

We recommend that Spire Murrayfield Hospital should ensure that all staff are aware of, and comply with, standard infection control precautions.

**Recommendation f**

We recommend that Spire Murrayfield Hospital should ensure that a system is in place to check the quality of domestic cleanliness.

**Recommendation g**

We recommend that Spire Murrayfield Hospital should develop cleaning schedules to guide staff who are cleaning the theatre areas.

**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: 5 - Very good**

We looked at two serious adverse events reviews. Serious adverse event reviews are carried out when something happens in the service which has a detrimental outcome. The reviews looked in-depth at what had happened and identified any lessons to be learned. We saw that one of the reviews had led to a change of practice in the service.

We looked at the clinical scorecard that is collated in the service. This scorecard shows how the service is performing in relation to a number of areas including:

- unplanned returns to theatre
- critical care transfers
- inpatient falls
- incidence of pressure ulcers, and
- incidence of venous thromboembolism during or following surgical procedures.

The clinical scorecard uses a red, amber and green system to grade the performance. Any amber or red result will require an action plan to show how improvements will be made. The scorecard also shows how the service performs in relation to other services within the organisation.

The service undertakes a series of audits to look at the quality of the service being delivered. We saw examples of audits looking at topics such as:

- record-keeping
- patient satisfaction
- pain scoring, and
- surgical safety.
We looked at the audits of the medical records. We saw that the results from previous audits were carried forward to look for improvements that had been made and areas of continued non-compliance. Action plans were in place to address any areas of non-compliance. The action plan detailed:

- actions to be taken
- who is responsible for the action
- timescale for completion, and
- progress made.

We looked at the minutes from the clinical effectiveness group held in August 2013. The minutes showed that people at the meeting were discussing:

- complaints
- policies and procedures
- audit
- patient pathways, and
- efficient discharge.

Any areas for action were identified in the minutes and carried forward if not actioned to future meetings. We looked at the minutes from the medical advisory committee in the service. The medical advisory committee is a group made up of senior staff and doctors who practise in the service. We saw that issues were discussed, such as:

- consultant education
- complaints, and
- clinical incidents.

Action points were clearly identified, with the person responsible for completing the action identified.

Any incidents that are recorded in the service are reviewed. We saw the review of incidents that had happened between July and September 2013. The review included how serious the incident was, action taken and lessons learned.

We saw that the service had undergone external accreditation on several areas. External accreditation is when someone comes into the service and makes sure that it is meeting all necessary standards. Areas that have been accredited include:

- human tissue
- clinical pathology
- blood bank compliance, and
- use and sterilisation of theatre trays.

■ 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, 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 0.2

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**Recommendation**

We recommend that Spire Murrayfield Hospital should:

- **a** ensure that all information given to patients using the service has the correct contact details for Healthcare Improvement Scotland. This will allow people to make complaints to Healthcare Improvement Scotland if they want to (see page 11).

  National Care Standard 9 - Expressing Your Views [Independent Hospitals]

### Quality Statement 1.6

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**Recommendations**

We recommend that Spire Murrayfield Hospital should:

- **b** ensure that, when theatre staff are doing the surgical pause, there is clear leadership and all relevant staff are involved (see page 14).

  National Care Standard 6 – Your Operation, Investigation or Treatment [Independent Hospitals]

- **c** ensure that during every operation staff write the patient’s name, date of birth, allergies and the initial swab, blade and needle count on the theatre whiteboard. This will allow staff to make an accurate count of what equipment should be left at the end of the surgery (see page 14).

  National Care Standard 6 – Your Operation, Investigation or Treatment [Independent Hospitals]
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<td><strong>Recommendation</strong></td>
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<td>National Care Standard 6 – Your Operation, Investigation or Treatment [Independent Hospitals]</td>
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<td>National Care Standard 13 – Prevention of Infection [Independent Hospitals]</td>
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<td>National Care Standard 13 – Prevention of Infection [Independent Hospitals]</td>
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<td>g develop cleaning schedules to guide staff who are cleaning the theatre areas (see page 17).</td>
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<td>National Care Standard 13 – Prevention of Infection [Independent Hospitals]</td>
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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:

- 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

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 Spire Murrayfield Hospital was conducted on Wednesday 23 October 2013.

The inspection team consisted of the following members:

Gareth Marr
Senior Inspector

Elizabeth MacLeod
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.