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

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 Wednesday 16 January 2013.

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

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 Kings Park Hospital.

Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 20):

Quality Theme 1 – Quality of care and support: 4 - 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: 4 - Good

During this inspection, evidence was gathered from various sources. This included:

- patient care records
- policies and procedures
- participation strategy
- minutes of meetings
- audits, and
- complaints records.

We spoke with a variety of people including:

- the executive director
- the clinical services manager
- the ward sister
- administration staff
- radiographer
- infection control link person, and
- people who use the service.
Overall, we found evidence that:

- people who use the service are encouraged to give their views on the quality of the service in a variety of ways
- systems are in place to manage infection control practices within the service, and
- there is a multidisciplinary approach to care within the service.

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

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

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

What the provider has done to meet the requirements we made at our last inspection on 13 October 2011

Requirement 1
The provider must ensure that all written policies and procedures are in date at all times.

Action taken
This requirement is reported under Quality Statement 1.2 and has been met.

Requirement 2
The provider must ensure that all patients’ healthcare records are fully completed without exception.

Action taken
This requirement has been replaced by the requirement reported under Quality Statement 1.5.

Requirement 3
The provider must ensure that all areas of the service users’ care environment are maintained in a satisfactory condition.

Action taken
We saw that the service has a continual programme of works in place to maintain the environment. During the inspection, we looked around the environment and found it to be satisfactory. This requirement has been met.

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

Action taken
This requirement is reported under Quality Statement 2.4 and has been met.

Requirement 5
The provider 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.

Action taken
This requirement is reported under Quality Statement 3.2 and has been met.
What the service has done to meet the recommendations we made at our last inspection on 13 October 2011

Recommendation a
The service 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.

Action taken
This recommendation is reported under Quality Statement 1.1 and has been met.

Recommendation b
The service 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.

Action taken
This recommendation is reported under Quality Statement 1.2 and has been met.

Recommendation c
The service 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.

Action taken
The service no longer uses chemicals in the X-ray department, therefore this recommendation has been met.

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

Action taken
This recommendation is reported under Quality Statement 2.4 and has been met.

Recommendation e
The service should ensure that all clinical staff are compliant with BMI Healthcare Limited infection control and hand hygiene policies in relation to wearing jewellery.

Action taken
This recommendation is reported under Quality Statement 2.4 and has been met.
4 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: 5 - very good

We looked at how the provider created opportunities for a range of people with an interest in the service to express their views. This enables people to influence the way the service is provided and developed in the future.

The National Care Standards set a clear expectation that patients will be given information in a way that is easy for them to understand and are involved in decisions about their care.

Following the previous inspection in October 2011, we recommended that, Kings Park Hospital develops a formal participation strategy to confirm how the service involves people in having a say about their treatment, care and development of the service.

During this inspection, we noted that the provider had developed a participation strategy. This outlines the aims of the service to encourage participation and feedback from people who use the service, relatives, staff and stakeholders. The strategy identified ways in which the views and opinions of people, involved in the service, were sought and used to influence the way the service was provided and developed. These included:

- regular monthly surveys
- patient focus groups
- information provided through the hospital website and information packs, and
- team and department meetings.

We saw evidence that patients, and their families, were able to comment on and influence the service through the use of surveys and two focus groups which were held in 2012. We were given an example of how some of this participation work had influenced and improved the quality of the service. The survey results had been collated and analysed by external consultancy. While the majority of the responses had been positive, the hospital had identified that some patients had concerns about the catering. For example, some patients stated that there was not always enough choice and food had been cold when served. Staff and management have taken steps to improve this and were monitoring patient satisfaction by using cards which are placed on each meal tray. The cards ask for feedback and comments on the meals. We were told that completed cards were given to the catering manager so that comments or complaints could be responded to quickly. The cards were then used to monitor the overall patient satisfaction with the quality of the meals provided.

During the inspection, we spoke with two patients and both of them told us that they:

- are involved in decisions about their care,
- are kept informed about their care and treatment, and
- found the verbal and written information they had been given was useful.
In some parts of the care records, patients had signed to say that they had received information they required.

An information pack is provided to all patients. This includes information on how to prepare for a visit to the hospital, what to bring with them and what to expect during their stay. It also gives information about pain management, how to seek advice following discharge and describes the payment options available to patients.

We saw the results of surveys displayed on the notice boards for patients, visitors and staff to see. Making this kind of information available encourages people to contribute comments or suggestions.

Kings Park Hospital has a complaints policy and procedure which sets out how the service should address any complaints. It also sets out staff responsibilities and timescales for a response. A leaflet is available for patients that explained how they could make a complaint and what they could expect to happen next. The leaflet also informed patients that they could make a complaint at any time to Healthcare Improvement Scotland, the organisation that is responsible for making sure that the hospital meets the requirements of the law and the national care standards. The organisation that operates the hospital must make this information available. We looked at complaints records and reviewed four complaints in detail. All of the complaints we looked at had been responded to within the timescale set out in the provider’s policy. Three of the complaints were resolved locally without any further action. The other complaint was resolved by the doctor involved at an outpatient appointment with the complainant.

The service has a procedure in place for accessing a translation service for patients who do not speak English.

We saw minutes of meetings which showed that staff and visiting consultants are involved in discussions about the quality of the service. Meetings are held regularly and staff are able to comment and contribute suggestions.

The service has gone through a recent restructure of roles. Some responsibilities have been given to staff members. For example, one member of staff has taken on the lead role in infection control. The change in responsibilities gives staff greater opportunities to influence the way the service is provided and developed in the future.

Following this inspection, we contacted agencies that have an interest in the service. We spoke with two representatives from local NHS boards who commissioned care and treatment from the service. The representatives of NHS boards told us that they were satisfied with the quality of service received by the patients they referred to Kings Park Hospital. We were told that the level of communication they received from the hospital was very good and the service was described as being ‘excellent’. Regular meetings are held with the management of the service. The representatives said they felt able to discuss their needs, raise issues and suggest improvements to the service during these meetings. The representatives told us that the service was receptive to suggestions and concerns, and they were satisfied with the quality of care their patients had received.

Overall, we found that the service is very good at involving patients, their families, staff and those with an interest in the service. We noted that the service encouraged comment and feedback and involved people in decisions. We could see that this had brought about improvements in the service.
Area for improvement
We recognise that the nature of the service means that patients generally have a short period of contact with the service. This made it more difficult to involve people in assessing and improving quality. We recommend that the service regularly reviews its strategy for involving people. This will ensure that it remains relevant and effective, particularly if the client group or nature of the service changes (see recommendation a).

- No requirements.

Recommendation a
We recommend that Kings Park Hospital should regularly review its participation strategy to ensure that it remains relevant and effective. The hospital should continue to develop ways to seek the views of people who use its services, their families, staff, visiting consultants, and other people with a professional interest in the service, and use those views to influence how the service is provided.

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: 4 - Good
During this inspection, we focused mainly on the actions the provider and service had taken in response to the requirement and recommendation made at the last inspection. Following the previous inspection, a requirement was made to ensure that all written policies and procedures are in date at all times. We also recommended that the service 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.

We reviewed both the paper copies and online copies of the policies and procedures. We saw that the service has a system in place to review the policies and procedures every month. While some policies were still noted to be past their review date, the service had a system in place to manage this. The policy had a front sheet attached that recognised that the policy was under review, but that it remained relevant and staff should continue to follow it. We spoke with the clinical services manager and we were told that if any policies needed to be reviewed quickly, these could be escalated to the corporate clinical governance group. For example, if there was a change to legislation. We were told that amendments to policies could be made using local standard operating procedures. We looked at the minutes of the quality assurance group. The purpose of the group was to ensure that policies and procedures were in date and remained relevant. We saw evidence of local standard operating procedures being reviewed by the group.

We checked seven paper copies of policies in the service and found that these matched the policies which were held online. The service had a system in place with a designated member of staff who ensures that all online updates are added to the folders that hold the paper copies. Staff spoken with were aware of how to access the policies and procedures.

We saw that there were competency frameworks for staff in the service. These covered a variety of topic areas for posts held by members of staff. We looked at an example of a
competency framework for a ward nurse and a theatre nurse. All staff within the service were currently working to complete these.

**Area for improvement**

We saw there was an online learning system in place within the service. Staff spoken with were aware of this and knew what training they were expected to complete. However, we saw that the service did not have a system in place to assess the effectiveness of the e-learning system and ensure that staff are able to apply their learning to their practice (see recommendation b).

Although there was an appraisal system in place, staff told us that they did not have access to regular supervision (see recommendation c).

- No requirements.

**Recommendation b**

- We recommend that Kings Park Hospital should ensure that it has a system in place to evaluate the effectiveness of the e-learning system in use within the service, and to demonstrate that staff can evidence how the learning they undertake has informed their practice.

**Recommendation c**

- We recommend that Kings Park Hospital should develop a system of clinical supervision to allow staff to regularly review their practice and identify any areas of good practice and any areas for development.

**Quality Statement 1.5**

We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users' physical, psychological, emotional, social and spiritual needs at all times.

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

During this inspection, we focused mainly on the actions the provider had taken in response to the requirement made at the last inspection. This requirement was that all care records must be fully completed.

We looked at three care records during this visit. We saw that care was recorded in care pathways which were specific to the patient’s procedure or treatment. We found that the format of the documentation allowed detailed recording of the care and treatment that the patient needed and what was delivered.

Where the documentation had been completed, we found that records were signed, dated and, where necessary, timed by the staff providing care. This was in line with good practice guidance on record-keeping. However, we noted that there were areas in the records which had not been completed. This was brought to the attention of the clinical nurse manager. We were told that in one case, the service had decided not to use the documentation but to record the information in another way. We advised that any areas of the documentation,
which were not to be used should be removed to avoid doubt or confusion about whether the
care or treatment had been given. The clinical nurse manager told us which areas of the
records would need to be completed. However, we noted that these areas had been left
blank. These areas recorded some of the checks that had been carried out before the patient
was taken into theatre for their operation, during their operation, and after they came out of
theatre. We discussed with the manager and clinical nurse manager the need for records to
accurately reflect the care and treatment that was given.

Area for improvement
There were some aspects of record-keeping that need further improvement. Overall, the
information in care records about patients’ needs and how they were being met was good
and sufficient progress has been made to ensure that the requirement had been met.
However, the provider needs to put systems in place to ensure that the quality of record-
keeping is of a consistently high standard. A requirement is made (see requirement 1).

Requirement 1 – Timescale: by immediate or on receipt of this report

■ The provider must put in place effective systems to audit and monitor the quality
of record-keeping in the service, specifically but not exclusively in relation to care
records, to ensure in line with all relevant current legislation and best practice
guidance.

■ No recommendations.

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
During this inspection, we focused mainly on the actions the provider and service had taken
in response to the requirement and recommendations made at the last inspection. We made
a requirement that the provider must review the current practice for disposal of clinical waste.
This includes the use of colour coded waste bags. We recommended that the service 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. We also
recommended that the service should ensure that all clinical staff are compliant with BMI
Healthcare Limited infection control and hand hygiene policies in relation to wearing
jewellery.

During this inspection, we reviewed the waste management procedures and found that:

• only high risk clinical waste is put into yellow bags
• all other clinical waste is put in orange bags, and
• all clinical waste bins in the service have rigid sides, are washable and foot operated.

We looked at the area where clinical waste is stored and found that this was secure. The
bins were empty at the time of inspection. We spoke with staff who told us that their current
collection frequency was sufficient. This ensures that clinical waste could be secured safely. If the service produced an unexpected amount of waste it was able to increase the frequency of collection to manage this.

All the staff we saw or spoke with during the inspection were complying with the BMI policy in relation to staff wearing jewellery. We spoke with the service’s infection control link person and were told that hand hygiene audits had been carried out which included compliance with the jewellery policy.

We saw minutes from both the regional and local infection control meetings. The group discussed various subjects in relation to infection control within the service. We saw that surveillance data are regularly reviewed and any outbreaks were discussed.

We reviewed paperwork from a recent external report on the theatres department. We saw that both theatres met current standards for air changes. All recommendations made within the previous external report had been actioned. We also noted that an external company had carried out a deep clean in the theatre in August 2012. There was a plan for this to be carried out on an annual basis in the future.

**Area for improvement**

While we saw that there were cleaning schedules in place for domestic staff and the hospital appeared clean, there was no system in place to check the quality of the work carried out (see recommendation d).

- No requirements.

**Recommendation d**

- We recommend that Kings Park Hospital should develop a system to check the quality of domestic cleaning.

**Quality Theme 3**

<table>
<thead>
<tr>
<th>Quality Statement 3.2</th>
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<tbody>
<tr>
<td>We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.</td>
</tr>
</tbody>
</table>

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

Following the previous inspection, we made a requirement that the provider must have all of the necessary information about a person before deciding to employ them in the service. At this visit, we looked at five staff recruitment files to see what checks the provider had carried out before employment. We could see that the provider had improved the quality of the information gathered.

We saw evidence that those staff who had been employed more recently had provided two references, including one from their most recent employer. We also saw evidence that criminal record checks had been carried out.

We could see that, where the person was required to be registered with a professional body, the provider had checked the current status of their registration.
In all of the files, there was evidence that the provider had seen photo identification, such as a passport, to verify the identity of the applicant. We also saw that the provider had taken appropriate steps to satisfy themselves that the person was physically and mentally fit to work in a registered service.

All of these checks were in line with current legal requirements, the National Care Standards for Independent Hospitals and good practice guidance on safe recruitment.

We were satisfied that the requirement from the previous inspection had been met.

**Area for improvement**

We found copies of reports of criminal record checks in individual staff files. Guidance from Disclosure Scotland states that these should not be retained any longer than is relevant to the employer’s needs. Only information which allows tracking of the record should be kept once the decision has been made about whether or not to employ the person, for example date and reference number. We discussed this with the manager and clinical nurse manager for the service and a recommendation has been made (see recommendation e).

- No requirements.

**Recommendation e**

- We recommend that Kings Park Hospital should put systems in place to ensure that information received following criminal record checks is stored and disposed of in line with guidance from Disclosure Scotland.

**Quality Theme 4**

**Quality Statement 4.4**

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

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

We saw that there is a system of audits undertaken within the service. This includes audits of areas such as infection control and medical records.

The service holds a clinical governance meeting and a medical advisory committee meeting every 3 months. We saw from the minutes of these meetings that any clinical incidents within the service were discussed and any areas for action were agreed.

We saw evidence of external audits. An audit was carried out in June 2012 about the use of radiation, such as from X-rays. This resulted in one recommendation which is to be checked at the next routine service. The audit showed that the equipment was in good condition.

The service uses a computer system to record both clinical and non-clinical incidents. The quality and risk team analyses the information in the system to look for any trends in the incidents that were occurring.

We made a range of requirements and recommendations at the previous inspection. Following the previous inspection, the service provided Healthcare Improvement Scotland with an action plan detailing how they would meet these. We saw during this inspection that
the provider and the service had met the majority of these in line with the action plan they had provided.

**Area for improvement**

The service has had two visits from staff who work in different parts of the organisation to assess the quality of the service. The service had not received written feedback from these visits (see recommendation f).

While we saw that there were audits in place within the service, it was not always clear how these had informed action plans and led to improvements in the service. Having action plans in place would allow the service to use the information gathered to detail and evidence how the service will improve.

- No requirements.

**Recommendation f**

- We recommend that Kings Park Hospital should ensure it receives written feedback from any visits made to assess quality within the service.
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.

<table>
<thead>
<tr>
<th>Quality Statement 1.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendation</td>
</tr>
<tr>
<td><strong>We recommend that Kings Park Hospital should:</strong></td>
</tr>
<tr>
<td>a regularly review its participation strategy, to ensure that it remains relevant and effective. The hospital should continue to develop ways to seek the views of people who use its services, their families, staff, visiting consultants, and other people with a professional interest in the service, and use those views to influence how the service is provided.</td>
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</table>

<table>
<thead>
<tr>
<th>Quality Statement 1.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendations</td>
</tr>
<tr>
<td><strong>We recommend that Kings Park Hospital should:</strong></td>
</tr>
<tr>
<td>b ensure that it has a system in place to evaluate the effectiveness of the e-learning system in use within the service, and to demonstrate that staff can evidence how the learning they undertake has informed their practice.</td>
</tr>
<tr>
<td>c develop a system of clinical supervision to allow staff to regularly review their practice and identify any areas of good practice and any areas for development.</td>
</tr>
</tbody>
</table>
### Quality Statement 1.5

**Requirement**

The provider must:

1. put in place effective systems to audit and monitor the quality of record keeping in the service, specifically but not exclusively in relation to care records, to ensure it is in line with all relevant current legislation and best practice guidance.

**Timescale** - immediate on receipt of this report

**Regulation 4(2)**

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

**Recommendations**

None

### Quality Statement 2.4

**Requirements**

None

**Recommendation**

*We recommend that Kings Park Hospital should:*

*d* develop a system to check the quality of domestic cleaning.

### Quality Statement 3.2

**Requirements**

None

**Recommendation**

*We recommend that Kings Park Hospital should:*

*e* put systems in place to ensure that information received following criminal record checks is stored and disposed of in line with guidance from Disclosure Scotland.

### Quality Statement 4.4

**Requirements**

None

**Recommendation**

*We recommend that Kings Park Hospital should:*

*f* ensure it receives written feedback from any visits made to assess quality within the service.
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 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>
</tr>
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<tbody>
<tr>
<td>6</td>
<td>excellent</td>
</tr>
<tr>
<td>5</td>
<td>very good</td>
</tr>
<tr>
<td>4</td>
<td>good</td>
</tr>
<tr>
<td>3</td>
<td>adequate</td>
</tr>
<tr>
<td>2</td>
<td>weak</td>
</tr>
<tr>
<td>1</td>
<td>unsatisfactory</td>
</tr>
</tbody>
</table>

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.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 3 – Inspection process flow chart

Before inspection visit
- Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland
- Self-assessment submission is reviewed to help inform and prepare for on-site inspections

During inspection visit
- Arrive at service
- Inspections of areas
- Discussions with senior staff and/or operational staff, people who use the service and their carers
- Feedback with service

Further inspection of service areas of significant concern identified

After inspection visit(s)
- Draft report produced and sent to service to check for factual accuracy
- Report published
- Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to Kings Park Hospital was conducted on Wednesday 16 January 2013.

The inspection team consisted of the following members:

Gareth Marr
Lead Inspector

Katie Wood
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](http://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.

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.