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’), 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, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. You can, however,
complaint directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

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

**Telephone:** 0131 623 4300

**Email:** safeandclean.his@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 the UK wide independent healthcare group Spire Healthcare Ltd. 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 service users who need more complex surgery. The first floor ward is used for day care and short-stay treatments. Service users' bedrooms are single occupancy with en-suite facilities. There is also a two-bedded high dependency unit (HDU) available for service users 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 announced inspection to Spire Murrayfield Hospital on Thursday 15 December 2011.

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

The inspection team was made up of two inspectors. One inspector led the team and was responsible for guiding them and ensuring team members were in agreement about the findings reached. Membership of the inspection team visiting Spire Murrayfield Hospital can be found in Appendix 4.

We assessed Spire Murrayfield Hospital against two Quality Themes related to the national care standards. Based on the findings of this inspection, this service has been awarded the following grades:

Quality Theme 1 – Quality of care and support: - 5 Very good

Quality Theme 3 – Quality of staffing: - 5 Very good

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

- the relevant sections of policies and procedures
- self-assessment documentation
- the hospital’s certificate of registration
- insurance liability certificate
- service user healthcare records
- staff recruitment records
- staff induction and training records
- medicines administration
- complaints
- audits
• satisfaction surveys
• minutes of staff meetings, and
• the staff newsletter.

We had discussions with a variety of people, including:

• the hospital matron
• the theatre manager
• registered nurses
• a pharmacist
• the patient liaison co-ordinator
• the marketing manager, and
• people who use the service.

A brief tour of the hospital was given by the manager at the beginning of the inspection to help the inspectors find their way around.

During the inspection, we observed how the hospital staff cared for service users. We took into account The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011.

The inspectors spoke to six service users and three of their relatives who were present during the inspection. All service users and their relatives spoke positively about their care and treatment, the environment and the catering provided in the hospital.

The following are some of the comments offered by service users;

• ‘They are excellent staff. They go out of their way to help you.’
• ‘All seem well trained. I feel confident in the staff. They are always attentive to detail. The hospital is clean.’
• ‘I have been treated as an individual. Everything is explained in minute detail. The food is good.’
• ‘Fantastic care. Genuine nurses who actually care. Information is in layman’s terms.’
• ‘They have something here that can’t be taught.’
• ‘Staff recognise individual needs.’

Overall we found evidence in Spire Murrayfield Hospital that:

• service users rated highly the care and treatment provided
• the hospital recognises the importance of listening and responding to comments of people who use the service
• service users were being treated as individuals
• there was a well-trained, committed staff group who worked well as a team, and
• there is a commitment by the hospital to ongoing staff training and development, and good systems are in place to help staff undertake this.
We did find improvement are needed in some areas, which include:

- improvement in the recording of complaints investigations
- further development of procedures in the way some of the medicines are managed
- further development of the care documentation audit tool, and
- re-organisation of the staff recruitment and training files.

This inspection resulted in no requirements and five recommendations.

When requirements are made they 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 recommendations can be found in Appendix 1.

We would like to thank all staff at Spire Murrayfield Hospital for their assistance during the 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: 5 - Very good
A survey of patients is carried out following discharge from the hospital. The survey questionnaire asks people to rate their experiences about the quality of their care during their stay in the hospital. We saw that the results of the survey were positive. We were informed that information given to people on admission had been changed as a result of comments made by patients that some information could be made clearer. We were also informed that any specific comments made on the questionnaires are passed to relevant managers for a response.

We saw the results of consultant satisfaction surveys carried out by an independent organisation. These surveys produced very positive results.

We saw evidence in the care documentation that service users were involved in the pre-assessment of their healthcare needs. Service users spoken with talked positively about feeling involved in the planning of their care and of being given good information about their treatment. Staff were described as being approachable and going out of their way to make people feel welcome and involved.

We found good information on the hospital website about the healthcare services provided. Information on healthcare standards was available. These inform people about the standard of care they should expect. There is also a section on the website about healthcare news from the UK and abroad relating to articles about health, for example cholesterol, hospital bugs, alcohol consumption and healthy eating.

We spoke to the patient liaison co-ordinator about how the hospital responded to complaints. The patient liaison co-ordinator had been in post for 6 months. This role was created to improve the point of contact between service users and the hospital’s management of complaints. We viewed complaints documentation and four complaints were sampled. We found complaints were acknowledged, investigations completed and the results of the investigations given to the complainants within the timescales of the complaints procedure. Where areas for improvement were identified, we saw that action had been taken. For example, we saw that care procedures had been changed as a result of one complaint.

We spoke with the marketing manager. We were informed that service user focus groups had been introduced by the marketing team. The meetings were held every 2 years and looked at specific topics, for example catering. Two meetings had been held.

Areas for improvement
We were informed that service user attendance at the focus groups had been poor and they may not be continued. We discussed this with the marketing manager and suggested that the hospital looks at ways to improve attendance.
On review of the complaint investigation documentation, we found that interviews of staff in relation to the investigation were not always recorded or signed.

The service should continue supporting people to be as involved as possible in having a say in all aspects of how the hospital service is provided.

- No requirements.

**Recommendation a**

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

**Quality Statement 1.4**

We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

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

During the inspection we looked at six prescription sheets. We found that they were all completed correctly. The prescriptions included the service user’s name, date of birth and allergies. All prescriptions were legible and had been signed and dated by the prescribing doctor. The prescriptions also identified the dose of the medicine, the frequency it should be taken and the method it should be administered, for example by mouth or injection. We saw that all medication that should have been administered routinely was signed as being given by a member of nursing staff. All medication which was prescribed to be given as required, for example pain relief, had been signed correctly.

We spoke to the pharmacy manager. We were told that pharmacy staff visit the wards every day to check medicines and prescriptions. They make sure all prescriptions are completed correctly and also check that different medications, which have been prescribed, can be used safely together. This reduces the risk of different medications reacting with each other and causing adverse symptoms for service users.

Pharmacy staff also check any medications which service users have brought with them to Spire Murrayfield Hospital. They also make sure that medication which service users take home on discharge have been properly prescribed. We spoke to the pharmacy manager about the management of controlled drugs. These are specific medicines that need to be recorded and signed for by two members of ward staff. Pharmacy staff check the way staff on the ward fill in the controlled drug register to ensure this is being completed properly. They also keep a running balance of controlled medicines within the hospital. In the wards, a daily balance of the controlled medication is performed by the night staff.

Spire Murrayfield Hospital provides treatment for people with cancer. We spoke with the pharmacy manager about how medication is managed for this service user group. Each service user who is receiving chemotherapy medication has a pharmacy care plan. The pharmacy staff also use a checklist for each prescription to ensure it
has been completed correctly and that all necessary tests, for example blood tests, and drug calculations have been carried out before the medication is dispensed.

The hospital now has a dedicated area for dispensing chemotherapy medication. This allows pharmacy staff to check all the medication in a quieter environment with fewer interruptions. This also helps to reduce the potential risk of medication errors happening. All chemotherapy prescriptions are checked by two members of pharmacy staff before the medication is dispensed. The medication is then checked by two nurses in the ward before being given to a service user.

Areas for improvement
In discussion with staff, we found there was no formal process to follow should medication error happen. Staff were able to tell us that they would complete an electronic incident form, but were unable to describe any further process they would follow as a result of the error. The pharmacy manager told us that medication errors are not common within the hospital. However, Spire Murrayfield Hospital should develop a process to follow should an error happen. This will help improve medication safety.

We found that while controlled drug stock levels are checked by the night staff, there is no process in place to check that stock levels are correct at the changeover of shifts, except in the operating theatres. If there is a discrepancy when the checks are made at night, the hospital would be unable to determine which shift this happened on. Spire Murrayfield Hospital should consider how controlled drug stock levels are checked between shifts.

We saw that medication prescribed for 'as required' purposes, such as pain relief was correctly recorded within the service user's prescription sheet. However, in the six service users' prescriptions sheets we looked at, there was no corresponding written entry in the service users' healthcare records confirming the medication given, why it was given and if it worked.

- No requirements.

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

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

Recommendation d
- 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.

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: 5 - Very good**

We looked at six sets of service users’ healthcare records during the inspection. We found that Spire Murrayfield Hospital uses a care pathway system to record the care they give to service users. This is in the form of a list of healthcare assessments and interventions that should be carried out. Staff complete the assessments and record any action taken. All the healthcare records we looked at had these assessments completed and the action taken recorded satisfactorily.

We saw evidence that healthcare assessments had changed during some service users’ stay in hospital, as their healthcare needs changed. We also saw that when an assessment indicated that further care should be put in place, this happened. We saw an example of when a service user required care outwith the prescribed care pathway due to their healthcare needs changing after surgery. This was recorded appropriately within the healthcare record and there was evidence of discussions with the medical staff on the care to be given.

All the healthcare records we looked at had a daily note written by the consultant doctor responsible for the service user’s care, noting the current condition of the person and any further care required.

We saw evidence that service users had input into their care plans. The healthcare records showed that information had been gathered from service users’ pre-admission assessment.

A quarterly audit is carried out by Spire Healthcare Ltd of service users’ healthcare records within Spire Murrayfield Hospital. We were told that Spire Healthcare Ltd. head office will randomly select five sets of healthcare records from service users who had been in the hospital in the previous month. Spire Murrayfield Hospital will then choose five sets of healthcare records from service users who are in the hospital at the time. These healthcare records are then audited to confirm that they are being completed correctly. If there are any concerns regarding the completion of service users’ records, head office will produce action plans to address these.

In addition to the audits carried out by head office, we were told that Spire Murrayfield Hospital carry out monthly audits of 10 sets of healthcare records. The results of these audits are then reported to the clinical effectiveness group who consider how to address any areas of concern. Action is taken to correct any areas of concern and the healthcare documentation is then re-audited to ensure there has been an improvement.

We were told that there have not been any adverse incidents investigated where the cause was linked back to poor record-keeping.

**Area for improvement**

While we saw that there is an audit system in place to ensure that healthcare records are correctly completed, the audit will only show whether a health assessment has been completed. We were told that the audit does not look at the quality of the information, although if there are concerns regarding this it will be informally given to the sister in the ward area. Spire Murrayfield Hospital should consider how to assess
the quality of the information within service users’ healthcare records and ensure this is fed back to staff on the ward to help address any concerns.

■ No requirements.

Recommendation e

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

Quality Theme 3

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

Grade awarded for this statement: 5 - Very good
Statements at quality statement 1.1 are also relevant.

Service users we spoke to spoke highly of the staff. All service users felt comfortable to raise concerns. Service user satisfaction questionnaires ask about the quality of care provided by individual staff groups. Service users are also invited to comment on any one member of staff who provided outstanding care or service during their stay in the hospital.

Area for improvement
Service users who use the service and their relatives or carers should continue to be involved in taking this quality statement forward.

■ No requirements.

■ No recommendations.

Quality Statement 3.2
We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 5 - Very good
Spire Murrayfield Hospital has a staff recruitment policy and procedure in place. Six staff personnel files were assessed during the inspection. There was good evidence contained within each staff file that the correct recruitment processes are being adhered to in line with policy and current legislation.

We found all required pre-employment information is being obtained before a new member of staff commences work.

We saw documentation which showed there was a comprehensive staff induction programme in place. Staff spoken to during the inspection confirmed that they had received formal induction when starting work and that this had been beneficial. A new
member of staff spoke positively about the induction they had undertaken and the
support and training they had been given.

Area for improvement
Although all of the information required to audit the staff files was available, the files
could be improved by being more organised. For example, it would be helpful if the
information in each file was presented in the same way. This was discussed with the
hospital matron who agreed to look at this.

■ 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 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.

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<th>Requirements</th>
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<td>None</td>
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<td>a improves the written recording of complaint investigations to provide clear evidence about the way the investigation has been carried out.</td>
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<td>reviews and develops the medicines management policy in relation to the action to be taken following a medication error.</td>
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<td>c</td>
<td>implement a system to ensure that controlled drug stock levels are correct at the changeover of shifts.</td>
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<td>d</td>
<td>ensures 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.</td>
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### Quality Statement 1.5

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### Quality Statement 3.1

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Appendix 2 – Inspection process

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

First, each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five Quality Themes:

- **Quality Theme 0 – Quality of information**: this is how the service looks after information and manages record keeping safely.
- **Quality Theme 1 – Quality of care and support**: how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment**: the environment within the service.
- **Quality Theme 3 – Quality of staffing**: the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership**: how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance both by considering the self-assessment data and inspecting the service to validate this information and discuss related issues.

The complete inspection process is described in the flow chart in Appendix 3.

**Types of inspections**

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and 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:

\[
\begin{array}{cccccccc}
6 & 5 & 4 & 3 & 2 & 1 \\
\text{excellent} & \text{very good} & \text{good} & \text{adequate} & \text{weak} & \text{unsatisfactory}
\end{array}
\]

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 Spire Murrayfield Hospital was conducted on Thursday 15 December 2011.

The inspection team consisted of the following members:

**Beryl Hogg**  
Lead Inspector

**Gareth Marr**  
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.

Edinburgh Office
Elliott House
8-10 Hillside Crescent
Edinburgh EH7 5EA
Phone: 0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow G1 2NP
Phone: 0141 225 6999

www.healthcareimprovementscotland.org

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