Unannounced Inspection Report: Independent Healthcare

Service: The Edinburgh Clinic, Edinburgh
Service Provider: Aspen Healthcare Limited

15–16 January 2019
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 Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 26–27 April 2017

Requirement
The provider must develop standard operating procedures for the safe management of medicines in The Edinburgh Clinic.

Action taken
Standard operating procedures had been implemented and an audit programme monitored compliance. This requirement is met.

Requirement
The provider must make sure that a drug storage area is identified and that it complies with all relevant legislation.

Action taken
New drug storage areas had been built in the day ward area. This requirement is met.

Requirement
The provider must review its decontamination protocol for cystoscopes and nasendoscopes to make sure they are reprocessed in an automatic washer disinfecter between each use. As an interim measure for nasendoscopes only, it is acceptable to continue using a high-level disinfection method between each use followed by daily reprocessing in an automated washer disinfector.

Action taken
The hospital had discontinued its flexible cystoscopes and nasendoscopes service. This requirement is met.

Requirement
The provider must develop and implement a system that ensures each person employed in the service receives regular performance reviews and appraisals.

Action taken
All members of staff had received a yearly appraisal or were scheduled to have one. Staff members’ performance reviews formed part of this process. This requirement is met.
What the service had done to meet the recommendations we made at our last inspection on 26–27 April 2017

**Recommendation**

*We recommend that the service should make sure that consent to share information is recorded consistently.*

**Action taken**

A new informed consent process had been developed and an audit programme helped to monitor compliance. **This recommendation is met.**

**Recommendation**

*We recommend that the service should improve methods of sharing feedback throughout the clinic. This will ensure all patients are aware of service development and ways in which they can contribute to the assessment and evaluation of care.*

**Action taken**

Patient forum meetings, weekly manager updates and scheduled team meetings had been introduced. **This recommendation is met.**

**Recommendation**

*We recommend that the service should make sure staff have medicines training and competency updates in line with their policy to ensure continued expertise.*

**Action taken**

Competencies were included as part of nursing induction training and was available on the provider’s intranet. The chief pharmacist organised new training and was also developing an online medicine management training module to help support these. **This recommendation is met.**

**Recommendation**

*We recommend that the service should make sure that patient care records are completed in line with Aspen Healthcare Limited’s policy.*

**Action taken**

The service carried out an audit of the patient care record to make sure it was in line with the policy. **This recommendation is met.**
**Recommendation**

We recommend that the service should hold regular quality governance committee meetings in line with Aspen Healthcare Limited’s quality governance framework.

**Action taken**

We saw minutes of regular quality governance committee meetings. **This recommendation is met.**

**Recommendation**

We recommend that the service should ensure the traceability system identifies every patient and what surgical instrument set has been used to ensure that the systems, processes and procedures for the decontamination of equipment are appropriate.

**Action taken**

A new policy and procedure had been developed and audits monitored compliance. **This recommendation is met.**
2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an unannounced inspection to The Edinburgh Clinic on Tuesday 15 and Wednesday 16 January 2019. We spoke with a number of staff and patients.

The inspection team was made up of three inspectors and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

What we found and inspection grades awarded

For The Edinburgh Clinic, the following grades have been applied to three key quality indicators.

### Key quality indicators inspected

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Patient views were evaluated in a variety of ways, feedback was monitored and acted on quickly. The patients spoke positively about their experience at the service.</td>
<td>✓ ✓ Good</td>
<td></td>
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| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | 5.1 - Safe delivery of care | Appropriate systems helped manage a safe and supportive environment. Staff were aware of their roles and responsibilities to deliver safe care and suitable training was in place. The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance and ensure all incidents including near misses are recorded on | ✓ Satisfactory |
### Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | Staff told us that leadership was visible and approachable within the hospital. Good systems monitored quality in the service and a quality improvement action plan was in place. Formal quality improvement training for senior staff could improve knowledge of quality improvement methodologies to help drive change and improvement. | ✔️ Good |

The following additional quality indicators were inspected against during this inspection.

### Domain 3 – Impact on staff

| 3.1 - The involvement of staff in the work of the organisation | A well-motivated and enthusiastic staff group reported a very positive culture in the clinic. |

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

| 5.2 - Assessment and management of people experiencing care | Patient care records included pre-assessment, risk assessments and care pathways. The service must make sure that the initial medical consultation is recorded in the patient care record and should review its documentation to make sure it’s clear if a telephone or face to face pre-assessment is carried out. |

### Domain 7 – Workforce management and support

| 7.2 - Workforce planning, monitoring and deployment | The service monitored staffing levels daily to make sure it is safe. The operating theatre used best practice guidelines and complied with its audits. Using a recognised staffing tool would show compliance with guidelines. |

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.
More information about grading can be found on our website at: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

**What action we expect Aspen Healthcare Limited to take after our inspection**

This inspection resulted in two requirements and five recommendations. The requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Aspen Healthcare Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Edinburgh Clinic for their assistance during the inspection.
3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families
High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patient views were evaluated in a variety of ways, feedback was monitored and acted on quickly. The patients spoke positively about their experience at the service.

The service gathered feedback from patients in a variety of ways, including questionnaires and online services where patients could rate and comment on the service. An independent company carried out these patient satisfaction surveys and we saw evidence that the service collected and analysed the results.

A red-amber-green system was used to categorise comments received. The senior management team decided whether actions were required for comments that caused concern (red or amber). The head of the relevant department was responsible for completing improvement actions and we saw initiatives had been implemented after feedback from patients. For example, aftercare advice was given to patients before treatment since treatments can leave patients with blurry vision. Aftercare advice is also offered in written form.

We saw minutes of meetings with ex-patients who had been invited back to give their views on the service. Secret shopper and ‘sit and see’ initiatives had been developed from these meetings, where the patient observed what went on in the service.

We saw that staff treated patients with warmth, dignity and respect and staff told us that translation services were available. All staff had completed an accredited customer service training programme and some staff had been trained as trainers.
The service’s complaint policy complied with Scottish legislation. We saw that the policy had been followed and a satisfactory outcome had been reached for the patient in three patient concerns we reviewed.

The service had policies in place for whistleblowing, duty of candour, dignity and respect and bullying. All staff we spoke with knew how to access the policies and understood the principles behind them.

Patients we spoke with were positive about the way the service looked after them. Comments included:

- ‘Everything explained. Put totally at ease’.
- ‘Doctor very nice. Explained everything’.
- ‘Ambience is relaxed’.

What needs to improve
In its self-evaluation document, the service referred to The Public Services Ombudsman as part of its complaints procedure. While this information was not present in public-facing complaints documents, this is not correct and gaining a better understanding of the Ombudsman could benefit the service.

- No requirements.
- No recommendations.

Domain 3 – Impact on staff
High performing healthcare organisations value their people and create a culture and an environment that supports them to deliver high quality care.

Our findings

Quality indicator 3.1 - The involvement of staff in the work of the organisation

A well-motivated and enthusiastic staff group reported a very positive culture in the clinic.

We saw that staff treated patients with compassion and took time to speak with patients.
The 12 members of staff we spoke with were all very complimentary about their working relationships, the working environment and service’s culture. Some staff we spoke with who had recently joined the service reported that they had received a good, thorough induction period and that they felt well supported in their roles. They had training opportunities and knew how they could contribute to the running of the service.

Staff who had worked in the service for longer told us that they felt the new manager had contributed to an improvement in the service. They told us the service had focused on better team-working, they felt valued as a team member and that communication had improved.

The manager reported that the service usually carried out a staff survey every 2 years. However, the service carried out a 2017 survey to evaluate actions taken to address issues highlighted through poor staff feedback in the 2016 survey and found improvements. The survey showed that there had been significant improvements made. There will be a staff survey carried out again this year.

Staff members had yearly appraisals and a personal development plan. Every department in the service had team meetings which were minuted and action plans created.

- No requirements.
- No recommendations.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Appropriate systems helped manage a safe and supportive environment. Staff were aware of their roles and responsibilities to deliver safe care and suitable training was in place. The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance and ensure all incidents including near misses are recorded on the electronic risk management system.

Appropriate risk management systems covered the care, support and treatment delivered in the service. Staff had been trained in health and safety, and the service’s policies and procedures were followed to help deliver care safely. The service used a risk register and electronic risk management system to record incidents.

The areas we inspected in the hospital were clean. An infection prevention lead nurse carried out audits and patients we spoke with also stated they felt it was very clean. The infection prevention and control nurse also carried out surgical-site infection surveillance and supported staff. Overall, we saw that staff complied with the infection prevention and control policies and procedures, such as organising and appropriately stocking surgical instruments and other equipment. Theatre equipment and ventilation was also in line with national guidelines and appropriately maintained.

We tracked a patient’s journey through theatre. We saw that staff followed World Health Organization guidelines. For example, staff took a ‘surgical pause’ before they started surgery to check they had the correct patient and equipment. We also observed staff following safe procedures for managing swabs and instruments, including tracking and tracing instruments used. We saw that close monitoring of patients took place when a patient was
anaesthetised, during the operation and in the recovery room. We saw effective multidisciplinary working with informative staff handovers and good communication.

Staff could access safety guidelines which were laminated in folders in the theatre and clinical areas, including guidelines and a kit for treating anaphylactic shock. The expiry dates of items in the kit were documented on the back of the folder to help staff keep track of them. Records showed that the resuscitation equipment on the ward and in theatre was checked daily. Staff explained how to respond to signs of a deteriorating patient and what to do in a medical emergency.

Patients told us they felt they had adequate information about their procedure. The service’s consent policy states that risks and benefits of treatment should be discussed with the patient before their procedure and documented on the consent to treatment form. We reviewed four patient care records and saw that a surgeon had fully completed consent-to-treatment forms in all of them.

The operations manager explained how daily maintenance was managed, as well as maintenance and servicing of the service’s non-clinical equipment. We saw evidence that departments used an external company, such as the equipment manufacturer to maintain the clinical equipment. We also saw evidence of environmental risk assessments, including fire and water assessments.

**What needs to improve**
The service had not notified HIS about some incidents that should have been reported (requirement 1).

We saw one incident which had not been recorded on the electronic risk management system (recommendation a).

Not all daily maintenance jobs were formally recorded (recommendation b).

Medicines management policies and procedures had not been updated to reflect changes in how the service ordered its medicines and the member of staff responsible (recommendation c).

**Requirement 1 – Timescale: immediate**
- The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.
Recommendation a

- We recommend that the service should ensure all incidents, including near misses are recorded on the electronic risk management system.

Recommendation b

- We recommend that the service should ensure that all local maintenance reported is recorded and actions taken are documented.

Recommendation c

- We recommend that the service should ensure that changes in practice are reflected in its medicine management policies and procedures.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records included pre-assessment, risk assessments and care pathways. The service must make sure that the initial medical consultation is recorded in the patient care record and should review its documentation to make sure it’s clear if a telephone or face to face pre-assessment is carried out.

The service only treated day case patients. We reviewed four patient care records and saw that the all the nursing assessments included the patient risk assessments and care pathways.

Nurses sent a health questionnaire for patients to complete before their pre-admission assessment. The nurse reviewed the completed questionnaires and decided whether patients needed a telephone or face-to-face assessment appointment. A registered nurse completed the assessment with all surgical patients where they considered the planned procedure and any risks to their wellbeing.

We saw that staff completed risk assessments, such as venous thromboembolism (a blood clot that can form and lodge in the lungs) during the pre-assessment appointment. On admission, these were reviewed again and the anesthetist reviewed the patient’s care record if any issues were noted at pre-assessment.
We saw that staff recorded the patient’s pre-admission assessment, as well as results of tests and investigations in the patient care record. The patient’s operative procedure and recovery were clearly recorded and all patients received a follow-up phone call the day after their surgery.

**What needs to improve**

All patients required a medical consultation note or letter to show they had received an initial consultation from the surgeon. We only saw this in patient care records for patients attending for eye surgery. Two patient care records we looked at did not include evidence of a medical consultation (requirement 2).

Some patient care records we reviewed did not document whether the patient’s pre-assessment had been face-to-face or over the telephone. Baseline observations were recorded in the admission area of the face-to-face consultation documentation as there was no area for this in the pre-admission documentation. The nurse responsible for the assessments had not signed or dated the telephone pre-assessments (recommendation d).

While the nursing admission documentation detailed the patients’ procedure, two patient care records did not record the surgical site and side of the patient’s surgery (recommendation e).

**Requirement 2 – Timescale: by 12 June 2019**

- The provider must ensure that all patient information, including medical consultation is recorded in a single patient care record.

**Recommendation d**

- We recommend that the service should review its documentation to make sure it is clear whether a telephone or face-to-face pre-assessment is carried out.

**Recommendation e**

- We recommend that the service should ensure the surgical site and side of the patient’s surgery is recorded on the nursing admission.
Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.2 - Workforce planning, monitoring and deployment

The service monitored staffing levels daily to make sure it is safe. The operating theatre used best practice guidelines and complied with its audits. Using a recognised staffing tool would show compliance with guidelines.

The service was a member of AfPP (Association of Perioperative practice), an organisation which provides guidelines on staffing levels and skills. The AfPP audited The Edinburgh Clinic’s compliance with its guidelines.

We were told the service’s normal opening hours of Monday to Friday 7am–8pm could be extended if needed. Patient care needs were assessed before admission and informed staff rotas. While rotas were made up 4 weeks in advance, they were reviewed regularly to make sure enough staff were on duty if an extra patient was admitted.

Staffing levels were reviewed daily. A standard operating procedure gave guidance on safe staffing levels and this was also part of ‘walk-rounds’ carried out three times a day to monitor patient care. We saw evidence that patients would have access to appropriate consultant care after their operation.

Staff we spoke with felt that the service had adequate staffing levels to deliver safe patient care. They told us that skilled and highly trained care assistants usually supported two trained nurses on duty. The nurse manager told us that if staffing levels had to be increased, the nurse bank staff were very flexible and worked shifts at short notice.

Patients we spoke with about staffing levels commented that they felt enough staff were on duty. Some comments about the quality of staff included:

- ‘Very friendly. Explain any difficulties. Nurses are very kind.’
- ‘You can tell they’re there for the patients.’
- ‘Friendly and professional.’
What needs to improve
The service did not have a recognised safe staffing tool in operation. The service was asked to look at the Health and Care (Staffing) (Scotland) Bill which was introduced in May 2018.

- No requirements.
- No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Staff told us that leadership was visible and approachable within the hospital. Good systems monitored quality in the service and a quality improvement action plan was in place. Formal quality improvement training for senior staff could improve knowledge of quality improvement methodologies to help drive change and improvement.

Staff we spoke with told us the leadership in the service was visible and approachable. The senior management team carried out operational walkrounds three times a day, and asked staff opinions before any changes were.

A governance quality framework was used to measure key performance indicators in the service. This information was used to compare the service’s performance with the provider’s other services and highlight areas for improvement.

The service had a quality improvement action plan in place. We saw from minutes that senior management meetings discussed performance, areas for improvement and lessons learned. Quality governance groups were responsible for the improvement actions following from these discussions. A range of methods used to measure the quality of the service included:

- audits
- complaints
- incidents
- near misses, and
- questionnaires.
What needs to improve

We discussed with the service that formal quality improvement training for senior staff would enhance its leadership of improvement and change.

- 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 National Health Services (Scotland) Act 1978, 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.

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirements</th>
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| 1 | The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance (see page 14).  
Timescale – immediate  
*Regulation 10(j)(5)*  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |
| 2 | The provider must ensure that all patient information, including medical consultation is recorded in a single patient care record (see page 16).  
Timescale – by 12 June 2019  
*Regulation 2(a)(b)*  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |
Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

**Recommendations**

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<tr>
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<tbody>
<tr>
<td>a</td>
<td>We recommend that the service should ensure all incidents, including near misses are recorded on the electronic risk management system (see page 15).</td>
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<tr>
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<td>b</td>
<td>We recommend that the service should ensure that all local maintenance reported is recorded and actions taken are documented (see page 15).</td>
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<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17</td>
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<td>c</td>
<td>We recommend that the service should ensure that changes in practice are reflected in its medicine management policies and procedures (see page 15).</td>
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Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

**Before inspections**

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

**During inspections**

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

**After inspections**

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: comments.his@nhs.net
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

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