Unannounced Inspection Report: Independent Healthcare

Service: Shawfair Park Hospital, Edinburgh
Service Provider: Spire Healthcare Ltd

2–3 November 2021
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 his.contactpublicinvolvement@nhs.scot
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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 20 November 2018

Requirement
The provider must ensure that all patient information is recorded in a single patient care record in a timely manner.

Action taken
We reviewed five patient care records saw that all patient information was recorded in a single patient care record in a timely manner. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 20 November 2018

Recommendation
We recommend that the service should update its complaints policy and feedback leaflet to clarify that patients can complain directly to Healthcare Improvement Scotland at any time.

Action taken
We saw that a leaflet called ‘Please talk to us’ was given to patients who wished to make a complaint. The contact details for Healthcare Improvement Scotland were included highlighting that a patient could complain to Healthcare Improvement Scotland at any time.

Recommendation
We recommend that the service should ensure that the trolley used for clean linen storage must be designated for this purpose and be completely covered with an impervious covering to withstand decontamination.

Action taken
We saw a trolley for clean linen storage was provided in the ward area. This trolley’s impervious cover is pulled down to completely cover linen and can withstand decontamination.
Recommendation

*We recommend that the service should ensure that all sterile instrument trays, instruments and packs are managed in line with Health Facilities Scotland’s Management of reusable surgical instruments during transportation, storage and after clinical use.*

Action taken

We saw sterile instrument trays in metal containers, on shelving in a dedicated store. These containers were piled two high and each one had a digital label. When a tray is used, the digital label is scanned into the patient care record and then returned in a locked trolley for cleaning and sterilisation.

Recommendation

*We recommend that the service should make sure that patient consent forms are fully completed, including the date of patient consent.*

Action taken

Patient consent forms were fully and accurately completed, including date of patient consent in the patient care records we reviewed.
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 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 Shawfair Park Hospital on Tuesday 2 November 2021 and Wednesday 3 November 2021. We spoke with a number of staff during the inspection.

The inspection team was made up of three inspectors.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For Shawfair Park Hospital, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

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

| 5.2 - Assessment and management of people experiencing care | Patient care records were comprehensive and contained all relevant information, including pre-assessment information with evidence of treatment risks and benefits discussed with patients. Consent forms were in place along with discharge letters. |

#### Domain 7 – Workforce management and support

| 7.1 - Staff recruitment, training and development | Systems and processes were in place to help make sure staff recruitment was safe and effective. Induction and appraisal programmes were in place. Staff were clear about the reporting structures in the service. |

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Spire Healthcare Ltd to take after our inspection

This inspection resulted in no requirements or recommendations.

We would like to thank all staff at Shawfair Park Hospital 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

Patients could access information on the service’s website or through leaflets in the clinical areas. Patients were also provided with information specific to their procedure. Patient feedback was gathered and along with complaints was reviewed and action plans developed if required.

The service had a comprehensive website where patients could access information about the procedures offered. Information on the website about the consultants working in the service included their qualifications. Guides about the cost of procedures and finance options were also available.

Face-to-face consultations followed patients’ initial telephone consultations where required. We saw copies of initial consultation letters in patient records we reviewed. We were told that patients received a copy of their initial consultation letter. We saw an example of the type of information that patients received when they booked their procedure and it included information about:

- admission and discharge
- COVID-19 isolation and surgery
- general anaesthetic
- the patient’s procedure, and
- staying well before surgery.

In one area we inspected, patient information leaflets were not displayed and another had only single, laminated copies of the leaflets. The inpatient and outpatient areas we inspected would provide the information leaflets if required and in one of the areas we were told that electronic versions could be accessed using a QR code.
Patient feedback was gathered in a number of ways, including feedback slips and electronic links sent in emails. On the service’s website, 82% of respondents to the surveys completed through email links rated their experience of the service as very good, with a further 13% rating the service as good. Patient testimonials on the website were generally positive and patient feedback was also displayed in the inpatient area. We were told that the feedback received from the electronic link was reviewed regularly and shared with staff. From minutes we reviewed, we saw that feedback and complaints were discussed at the heads of department, clinical governance and quality meetings. We were told that action plans were developed to address any issues raised.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. Staff learnt about duty of candour as part of their mandatory training.

The service had a complaints policy and patients were given information about how to make a complaint if this could not be resolved after a face-to-face or telephone conversation. The service’s website also allowed patients to access information on how to make a complaint and had a link to Healthcare Improvement Scotland’s website. We saw information about how to make a complaint was displayed in different languages. The service was also a member of the Independent Sector Complaints Adjudication Service (ISCAS), an external body that can review patient complaints. We were told that the service had a complaints manager, and that the hospital director reviewed the complaints.

- 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**

Safe systems were in place to manage medication and we saw staff complying with the medication policy in place. Staff we spoke with were aware of their responsibilities in delivering safe care and had appropriate training.

Equipment we saw was well maintained and clean.

Systems were in place to help prevent and control infection in the hospital. For example, a green sticker was dated and applied to equipment after it had been cleaned so that staff knew it was ready for use again. Equipment was in good order.

Staff we spoke with told us that mandatory infection prevention and control training was completed every year. Heads of departments could access an online system that tracked staff compliance with education in their department. Staff told us that senior managers supported them in continuing education and development to improve knowledge and skills.

We saw staff had completed audits, including for hand hygiene, hospital cleanliness and care bundles for catheter insertion. Recent changes in staffing had meant the way audits were carried out had changed. Each department was made responsible for carrying out audits and these completed audits were reported to the infection prevention and control team. Results from the audits were displayed on noticeboards in the hospital and discussed at governance meetings.

The service had a lead for risk assessments, which were written and shared across the provider’s hospital sites. Staff could access copies of the risk assessments in the wards and other departments, such as housekeeping. Staff
we spoke with told us that some risk assessments were under review. A risk register was in place and regularly reviewed.

The environment was clean and tidy and we were told that departments had to complete a COVID-19-check walkabout form every day. The completed form was shared with the infection prevention and control team so that compliance could be monitored. Cleaning schedules were in place in all areas, including individual consulting rooms and we saw that these were completed. Clinical waste was managed effectively in all areas.

Procedures for medication management were in place in the hospital. Staff in ward areas had locked cupboards and fridges for the medications used. The service had appropriate processes in place for safe handling and management of the medicines.

We saw that staff carried radios for emergencies and were told the service carried out a daily drill for this. Theatre and radiography had maintenance contracts in place for their equipment.

Comments from patients we spoke with included:

- ‘The waiting area was clean and tidy.’
- ‘Consulting rooms were spacious.’
- ‘Everywhere was clean.’

■ No requirements.
■ No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were comprehensive and contained all relevant information, including pre-assessment information with evidence of treatment risks and benefits discussed with patients. Consent forms were in place along with discharge letters.

We reviewed five patient care records. Before admission, the patients had a consultation where the consultant decided whether patients required a telephone consultation with the pre-assessment nurse or a face-to-face assessment before admission. Every patient also had to complete an
assessment form and mail it back to the service. Pre-assessment information was noted in all patient care records we inspected.

All patient care records we saw had evidence of consultation and assessment with consent-to-treatment forms that the patient and consultant had both signed on the same day. All had the results of COVID-19 testing recorded in the patient care record. Safety checklists and surgical pauses we saw were fully and accurately completed. Patients had a falls-risk assessment carried out where appropriate and repeated. All patients had a patient care pathway document in place, which was fully and accurately completed.

All patient care records were stored securely and entries were legible, signed and dated.

All patient care records had a discharge letter filed, which detailed aftercare given. We were told that some patients were also given a follow-up with a telephone call the day after discharge.

- No requirements.
- No recommendations.

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 7.1 - Staff recruitment, training and development

Systems and processes were in place to help make sure staff recruitment was safe and effective. Induction and appraisal programmes were in place. Staff were clear about the reporting structures in the service.

We saw that the service had a recruitment policy in place, as well as a practicing privileges policy. The service carried out the appropriate pre-employment checks and had a written agreement with staff who worked under practicing privileges.
The six electronic staff files we reviewed were well organised. We saw evidence
of effective recruitment in all staff files and any gaps in the staff files were
highlighted at the time of our inspection. Recruitment checks included:

- obtaining references
- checking the protecting vulnerable groups (PVG) status of the applicant, and,
- checking where appropriate the staff members’ professional registration and
  qualifications.

Staff files had a checklist to help make sure that appropriate recruitment checks
had been carried out.

All employed staff had completed an induction, which included:

- an introduction to key members of staff in the service
- mandatory and statutory training, and
- role-specific training.

The staff member kept the document so they could update it with their
progress. We were told that new staff were allocated a mentor and the length
of the mentorship depended on the skills, knowledge and experience of the new
member of staff.

We saw that appraisals had been carried out for all inpatient staff for the
previous year, with new objectives set for 2021 and that planning for 2021
appraisal sign-off had started.

Staff we spoke with were clear about their roles and the reporting structures in
the service.

- 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

The service had robust governance and quality assurance systems in place. Senior management was visible and supported staff development. The service had identified areas for improvement and had a document that outlined these areas. This document was regularly reviewed by the Senior Management Team.

The service had clear governance structures in place. While a relatively new senior management team was in place, staff we spoke with were complimentary about senior management and how they were approachable and visible. Staff told us the senior management team supported them in their development and continuous education. One member of staff told us they were being supported to complete training, which would lead to a midwifery qualification. A recently-appointed manager had taken the time to meet with staff individually, and those we spoke with were complimentary about this approach.

In the staff areas we saw notice boards that contained information, including:

- results from audits
- infection control revalidation, and
- Healthcare Improvement Scotland.

We saw that the service had an ‘inspiring people’ initiative, where people could be nominated for a range of reasons. We heard how a nurse had been nominated for managing a particularly challenging clinical situation. Staff nominated were rewarded with vouchers that could be in various retail outlets. The service also had a ‘freedom to speak up’ initiative where staff could approach named colleagues in confidence to raise any work-related concerns. We were told that this initiative was used, especially during times of change.
Robust quality assurance systems in place included an audit programme and a system for recording and monitoring accidents and incidents. We saw minutes from various meetings where clinical incidents, patient feedback and audit results were discussed and actions identified.

We were told that the service was reviewing its activity and patient flow to support the NHS with urgent cancer diagnosis cases at the time of our inspection.

We saw a strategy document outlining the provider’s approach to continuous quality improvement. We were told that heads of department had to identify an area for improvement every 3 months and progress in this was discussed at the senior management team meeting every 2 months. If sufficient progress was not made, the area for improvement continued on to the next 3 months. We were told that the service had a ‘senior management team priorities’ document, used to monitor quality improvement initiatives in the service. We saw a presentation version of the document and saw that it contained areas for improvement, such as:

- staff induction
- audit, and
- theatre-utilisation.

Each area had an ‘owner’ and had information to show progress with the improvement. We were told that the senior management team reviewed this document regularly.

- 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.

This inspection resulted in no requirements and no recommendations.
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:** his.ihcregulation@nhs.scot