



Healthcare  
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Scotland

Inspections  
and reviews  
To drive improvement

# Unannounced Inspection Report: Independent Healthcare

**Hospital:** Nuffield Health Hospital - Glasgow

**Hospital Provider:** Nuffield Health

8–9 August 2023

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## **1 Progress since our last inspection**

### **What the hospital had done to meet the recommendations we made at our last inspection on 1 October 2020**

#### **Recommendation**

*The service should use a clinical environment when carrying out face-to-face pre-assessment appointments that minimises the risk of cross-infection to patients and staff.*

#### **Action taken**

Face-to-face pre-assessment appointments were carried out in consulting rooms in the hospital.

#### **Recommendation**

*The service should follow guidance in Health Protection Scotland's National Infection Prevention and Control Manual for the recommended product to use for cleaning sanitary fittings.*

#### **Action taken**

The hospital cleaned sanitary fittings in line with Health Protection Scotland's National Infection Prevention and Control Manual.

#### **Recommendation**

*The service should ensure that all control measures in place for the management of COVID 19 are reflected in the service's risk assessment documentation.*

#### **Action taken**

Risk assessments were up to date and reviewed regularly.

## 2 A summary of our inspection

### Background

Healthcare Improvement Scotland is the regulator of independent healthcare hospitals in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare hospitals.

### Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

### About our inspection

We carried out an unannounced inspection to Nuffield Health Hospital - Glasgow on Tuesday 8 August and Wednesday 9 August 2023. We spoke with a number of staff and patients during the inspection.

Based in Glasgow, Nuffield Health Hospital - Glasgow is an independent hospital providing a wide range of medical and surgical procedures.

The inspection team was made up of four inspectors, one of whom observed on day one.

### What we found and inspection grades awarded

For Nuffield Health Hospital - Glasgow, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
<b>Summary findings</b>	<b>Grade awarded</b>
The provider had a clear vision and purpose supported by a comprehensive strategy, defined key performance indicators and shared values. Governance structures were well-defined. The staff group was well established and long-serving.	✓✓ Good

<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<b>Summary findings</b>	<b>Grade awarded</b>
<p>Patient experience was regularly assessed and used to continually improve how the service was delivered. Comprehensive policies and procedures supported staff to deliver safe, compassionate, person-centred care. Comprehensive risk management and quality assurance processes and a quality improvement plan helped staff to continuously improve service delivery.</p> <p>The effectiveness of improvements made as a result of patient feedback should be evaluated. The provider's website should accurately reflect Healthcare Improvement Scotland's name and grading system. The provider must make sure that HIS is notified of certain matters as noted in the notification guidance.</p>	✓✓ Good
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The care environment and patient equipment were mostly clean, equipment was fit for purpose and regularly maintained. Staff described the provider as a good employer and the hospital as a good place to work. Patients were very satisfied with their care and treatment.	✓✓ Good

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)

Further information about the Quality Assurance Framework can also be found on our website at: [https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## What action we expect Nuffield Health to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare hospital 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 Hospitals (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.
- **Recommendation:** A recommendation is a statement which sets out what a hospital should do in order to align with relevant standards and guidance.

This inspection resulted in one requirement and three recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should publicise speak up champions contact information to make it easy for staff to raise any concerns or queries (see page 12).  Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20

Implementation and delivery	
Requirement	
1	The provider must notify HIS of certain matters as noted in the notification guidance (see page 18).  Timescale – immediate  <i>Regulation 5(1)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>

## Implementation and delivery (continued)

### Recommendations

- b** The service should monitor and evaluate improvements made as a result of patient feedback, to determine whether actions taken have led to the improvement anticipated (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

- c** The service should work with the provider to amend its website to accurately represent the name of the Scottish healthcare regulator as Healthcare Improvement Scotland. Any grading published on its website following publication of our inspection reports should also accurately reflect the grading given in the inspection report (see page 15).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Nuffield Health, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Nuffield Health Hospital - Glasgow for their assistance during the inspection.



### 3 What we found during our inspection

#### Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

#### Our findings

**The provider had a clear vision and purpose supported by a comprehensive strategy, defined key performance indicators and shared values. Governance structures were well-defined. The staff group was well established and long-serving.**

#### *Clear vision and purpose*

The provider's purpose 'to build a healthier nation' was clearly set out in its strategic plan and yearly report. These documents detailed the provider's CARE (connected, aspirational, responsive, ethical) values. The documents also stated its strategic vision and aims, set out its key performance indicators for the following year and direction over the next 5 years. Both documents were comprehensive and set out clear and measurable indicators. We saw that the senior management team and the provider's senior leadership team regularly evaluated the indicators.

We saw a holistic approach to healthcare that helped to prevent physical and mental illness in the future and had programmes in place to help it achieve this. The service offered free 'flagship programmes' to help address national unmet health and wellbeing needs in the local community, widen access to its services and give more people the tools to live a healthy life. Examples of the local flagship programmes offered included:

- delivering education and training to local primary school children on infection prevention and control
- helping young people understand and improve their own health
- helping people living with joint pain, and
- helping rehabilitate people experiencing the long-term effects from COVID-19.

The hospital carried out charity work in line with the provider's vision and purpose, as a registered charity. For example, it had planned an open event at Glasgow's Nuffield Wellbeing Centre for 23 September 2023. Attendees could

get expert advice on how to manage hip and knee pain from one of the service's consultant surgeons for free. The provider also offered a joint pain programme to all its patients who wanted to self-manage their chronic joint pain and lead a more independent life. In line with the provider's charitable work, the service offered this programme for free for 6 months. The service also supported staff to volunteer with local charities, including food bank collections and donated the proceeds of a secret Santa collection to a staff-nominated charity.

### ***Leadership and culture***

The hospital is part of Nuffield Health, a UK-wide healthcare charity. Since our last inspection in 2020, the registered hospital manager had changed and some staff had been promoted into leadership team positions. The provider (Nuffield Health) had also changed its organisational structure into health systems instead of regions. This meant that all Nuffield hospitals in Scotland (hospitals, fitness and wellbeing centres, medical centres and workplace wellbeing centres) are now classified as one 'health system' as part of the provider's joined-up approach to healthcare.

A board of governors managed the provider. The board was responsible for setting strategy and making sure provider had the necessary financial, human and physical resources in place to meet its strategic aims.

The provider's board of governors was also responsible for monitoring performance and overseeing risk management. Responsibility for day-to-day oversight had been delegated to the group chief executive. Unpaid non-executive board members also held the board to account at annual general meetings.

The hospital had an effective leadership structure in place through its senior management team (SMT), which consisted of:

- the hospital director
- head of clinical services, and
- heads of departments

The SMT had well-defined roles, responsibilities and support arrangements. This helped to provide assurance of safe and consistent patient care and treatment. The hospital's governance framework detailed all the committees, which included:

- medical advisor committee (MAC)
- clinical governance committee
- quality forum and,
- heads of department meeting.

The governance structure also set out how often the groups met (monthly, every 3 months, every 6 months). We saw a hospital meeting schedule spreadsheet which showed all the internal groups and how often they met (monthly and every 3 months). We looked at recent agendas and minutes for all these meetings and saw a good representation from all staff groups.

The hospital provided a leadership programme to encourage staff empowerment. This included online- and classroom-based training and had recently started up again after COVID-19 restrictions had been lifted. At the time of our inspection, two nurses were completing the leadership course. Another nurse had been recently promoted to senior staff nurse as a result of the programme. A healthcare assistant was currently completing an access-to-nursing course, which the hospital had funded. We also saw that a staff member of the hospital for 13 years worked their way from staff nurse to senior staff nurse, junior ward manager and then quality manager. The hospital also funded professional memberships where appropriate, such as for Infection Prevention Society membership for infection control champions.

A 'freedom to speak up' system had been introduced, where staff could speak with a nominated freedom-to-speak-up 'guardian' in confidence if they had any concerns. Clinical staff also had access to link nurses in nominated 'champion' roles, such as cleanliness or pain management. Clinical staff were encouraged to take responsibility for promoting best practice and improvements in these areas. Staff we spoke with were clear about their roles and responsibilities and how to raise concerns if they had any.

### **What needs to improve**

Although two speak-up champions were in place and staff knew who they were, the service should publicise speak up champions' contact information to make it easy for staff to raise any concerns or queries if necessary (recommendation a).

- No requirements.

### **Recommendation a**

- The service should publicise speak up champions contact information to make it easy for staff to raise any concerns or queries.

## Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

### Our findings

**Patient experience was regularly assessed and used to continually improve how the service was delivered. Comprehensive policies and procedures supported staff to deliver safe, compassionate, person-centred care. Comprehensive risk management and quality assurance processes and a quality improvement plan helped staff to continuously improve service delivery.**

**The effectiveness of improvements made as a result of patient feedback should be evaluated. The provider's website should accurately reflect Healthcare Improvement Scotland's name and grading system. The provider must make sure that HIS is notified of certain matters as noted in the notification guidance.**

#### *Co-design, co-production (patients, staff and stakeholder engagement)*

The hospital actively sought feedback from patients about their experience of treatment and care and used this information to continually improve the way the service was delivered. Patients were given a feedback survey when they were discharged and a suggestion box was available at the outpatient department desk for anonymous comments. Feedback was analysed every month and results were shared at staff meetings. We looked at results from the May and June 2023 surveys, which showed high levels of patient satisfaction, especially in patient care and individual staff members.

The hospital also sought feedback from its stakeholders. For example, it had recently asked its catering provider for its objective view on patient information leaflets. As a result of this, the hospital had recently developed a new patient information booklet on hip joints.

The provider benchmarked patient satisfaction outcomes across all its health systems UK-wide and this was reviewed at both service and provider leadership meetings. The outcomes of this benchmarking fed into the service's quality improvement plan. 'You said, we did' boards were displayed in the outpatients department and on the ward, detailing examples of improvements made as a result of feedback. For example:

- ‘You Said: The length of stay was exceptionally long pre-operatively.’
- ‘We Did: Admission times reviewed with consultants and booking teams.’

An all-staff survey was carried out four times a year, seeking answers to a comprehensive set of questions. Results from the most recent survey showed a high level of satisfaction. Minutes of monthly staff meetings and daily team briefs showed us that staff could express their views freely. Staff we spoke with also confirmed this.

Staff received emails and monthly newsletters to keep them updated with any operational changes. The hospital director sent their own newsletter to staff every 3 months as part of their leadership approach. Staff told us they received information and training on new initiatives and policy updates and could attend leadership meetings and forums if they wished. This made sure staff felt part of the hospital and could discuss suggestions for improvement.

The hospital recognised its staff in a variety of ways. This included cards that acknowledged positive feedback received from patients and celebrating staff birthdays. The hospital also had a ‘Values Recognition Scheme’ in place, where staff could nominate colleagues for demonstrating the provider’s CARE values. A central team reviewed the nominations at the provider’s head office and recipients were given a gift voucher and greeting card containing messages from colleagues. A ‘long service award’ was also given to staff that had worked in the hospital for 10 years or more. Recipients were given a certificate of recognition and a voucher to spend. Further awards were given with every extra 5 years of service. A benefits programme was in place for staff, which included private healthcare, free gym access, access to savings schemes and wellbeing support.

### **What needs to improve**

We saw evidence to demonstrate the service listened to feedback and acted on any issues raised as a result, as summarised in the ‘you said, we did’ boards. However, this information did not include an evaluation of how effective the improvements had been (recommendation b).

The ‘Hospitals’ section of the provider’s website presented information about the different organisations responsible for regulating its hospitals throughout the UK. This information incorrectly represents the Scottish healthcare regulator as Health Inspectorate Scotland, which is confusing for patients. In addition, the ‘hospital ratings’ section of the website represented inspection grading for Scottish hospitals as an aggregate score. This did not provide an accurate representation of Healthcare Improvement Scotland grading (recommendation c).

### Recommendation b

- The service should monitor and evaluate improvements made as a result of patient feedback, to determine whether actions taken have led to the improvement anticipated.

### Recommendation c

- The service should work with the provider to amend its website to accurately represent the name of the Scottish healthcare regulator as Healthcare Improvement Scotland. Any grading published on its website following publication of our inspection reports should also accurately reflect the grading given in the inspection report.

### Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of service.

Comprehensive policies and procedures set out the way the service was delivered and supported staff to deliver safe, compassionate, person-centred care. A process was in place for writing all policies, submitting them to appropriate advisory groups and approving them through the medical advisory committee. Policies and procedures were updated every 2 years or in response to changes in legislation, national and international guidance and best practice. To support effective version control and accessibility, policies were available electronically on the hospital's staff intranet.

The hospital's infection prevention and control policies and procedures were in line with Health Protection Scotland's *National Infection Prevention and Control Manual*. Procedures were in place to help prevent and control infection. Cleaning schedules were in place for all clinical areas.

Incidents were recorded and managed through an electronic incident management system. Each one was reviewed and reported in the:

- departmental team meetings
- heads of department forum
- medical advisory committee meetings, and
- quality forum.

The outcomes of the discussions from these meetings were fed back through regular staff meetings. Any incidents that an individual member of staff had been involved in were also discussed at their appraisals. Any trends identified

were escalated for review to the hospital director, to explore training needs and practicing privileges.

The hospital's complaints procedure was prominently displayed in the hospital and published on the provider's website. We saw evidence that complaints were well managed and lessons learned were discussed at staff and management meetings. The hospital was subscribed to the Independent Sector Complaints Adjudication Service (ISCAS), an independent adjudication service for complaints about the private healthcare sector.

A duty of candour procedure was in place (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong), staff we spoke to fully understood their duty of candour responsibilities and had received training in it. The hospital had experienced four duty of candour events over the past year. We saw evidence that the hospital had followed its own procedure when dealing with these incidents and shared learning with staff and consultants.

We looked at five paper-based patient care records and saw that these included:

- consultations
- consent
- treatment plans
- surgical interventions
- discharge planning, with details of any follow-up.

We saw good compliance with patient risk assessments, including falls, nutrition and pressure care and venous thromboembolism (VTE).

The provider and service were registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). We saw that patient care records were stored securely.

Staff told us that patients were given written aftercare instructions when they were discharged and information about any recommended follow-up. Hospital contact details were included in this information in case patients had any concerns or questions. Patients we spoke to told us they were clear about what to expect after discharge.

The medicines fridges was checked regularly, including its contents and daily temperatures. Staff knew the process for reporting faults.



We saw emergency equipment was checked once in every 24 hours and these trolleys were kept in accessible locations. Staff we spoke with were familiar with the location of the trolleys. We were told that a team was identified at the start of a shift to respond to medical emergencies and fire wardens identified in each unit in the event of a fire.

The hospital's recruitment policies described how staff would be appointed. Appropriate pre-employment checks were carried out for employed staff and healthcare professionals appointed under practicing privileges (staff not employed directly by the provider but given permission to work in the hospital). Staff files contained a checklist to help make sure that appropriate recruitment checks had been carried out.

The hospital proactively managed its staffing compliment to help make sure that an appropriate skill mix and safe number of staffing was always provided. The hospital was actively trying to recruit to vacancies and to recruit more than the minimum amount of staff needed as a contingency, to provide some flexibility. We were told and saw that the hospital used minimal agency and bank staff and only when clinically required to cover staffing gaps to maintain safe and effective staffing levels. In addition to this, the hospital's future-proofing approach included recruiting staff from overseas who had obtained their nursing qualification in their home country. The hospital had supported these staff to settle in the area and arranged further advanced training in order to qualify to be registered on the Nursing and Midwifery Council (NMC) professional register.

We reviewed five files of employed staff and five files of individuals granted practicing privileges. All 10 files were well organised and we saw evidence of clear job descriptions and that appropriate recruitment checks had been carried out, including:

- professional register checks and qualifications where appropriate
- Protecting Vulnerable Groups (PVG) status of the applicant (this was repeated every 3 years), and
- references.

All employed staff had completed an induction, which included an introduction to key members of staff in the hospital, mandatory training and role-specific training. All new staff we spoke with had completed a period of induction and an induction programme. 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.

All staff were allocated mandatory and role-specific online learning modules. Mandatory training included safeguarding of people and duty of candour. Team leaders, heads of departments and the senior management team used an online platform to monitor compliance with mandatory training completion. Staff told us they received enough training to carry out their role. We saw evidence in staff files and training reports of completed mandatory training, including medical staff with practicing privileges.

Staff appraisals were carried out regularly and recorded on an online appraisal system. The appraisals we saw had been completed comprehensively and staff we spoke with told us their appraisals helped them feel valued and encouraged their career goals.

### **What needs to improve**

Healthcare Improvement Scotland's notifications guidance details specific events and circumstances which providers are required to report to Healthcare Improvement Scotland. Although the provider had submitted the majority of notifications as required, one incident had not been reported (requirement 1).

#### **Requirement 1 – Timescale: immediate**

- The provider must notify HIS of certain matters as noted in the notification guidance.
  
- No recommendations.

### ***Planning for quality***

The provider used an IMMMR (identify, measure, manage, monitor, report) approach to risk management. This was evident in all its risk assessments, risk registers, auditing and reporting systems. We saw a variety of evidence that demonstrated a proactive approach to identifying and managing risk.

The hospital building was 50 years old and subject to an ongoing plan of refurbishment. Plans to build a new hospital had recently been cancelled due to the economic downturn and the leadership team was planning to divert funds from the new hospital build into the existing building. The ward areas and most of the consultation rooms had been upgraded in the past 3 years, while other areas were on a planned programme of refurbishment.

The operations manager looked after the day-to-day management of the building and its specialist equipment. An on-site engineering and maintenance team took care of all routine maintenance and any repairs that staff reported through the hospital's external facilities help desk. We saw comprehensive

policies and procedures in place to manage the facilities. This included schedules for managing routine issues, such as:

- electrical safety
- fire safety, and
- gas safety.

It also included more specialist risk assessments and operational plans for managing key building risks, such as:

- asbestos
- legionella, and
- ventilation.

The theatre's ventilation system had been upgraded to comply with current national guidance for specialised healthcare facilities.

We saw a comprehensive building risk register that detailed all ongoing and planned work and highlighted where risks had increased. One example of this was a patient room on the inpatient ward where a water leak had been identified. An initial survey had failed to detect the source of the leak. The room had been taken out of use, the electrical supply disconnected and access restricted to the maintenance team only. The leadership team had applied for funding through the provider's head office for a more detailed survey to find the source of the leak and assess the extent of repairs needed. All steps taken to manage the leak had been clearly documented on the risk register and reported through internal governance structures.

A comprehensive audit programme helped make sure the service delivered consistent safe care and treatment for patients and identified any areas for improvement. All staff we spoke to participated in audits and were aware of when these were completed. Action plans were produced to make sure any actions needed were taken forward. The programme included:

- equipment, including the emergency trolley
- health and safety
- infection prevention and control
- medication (including controlled drugs), and
- patient care records.

The hospital had a designated infection prevention and control lead, whose role included overseeing infection prevention and control audits, cleaning schedules and delivering staff training. Regular infection prevention and control audits were carried out and followed the standard infection control precautions (SICPs) in the *National Infection Prevention and Control Manual*, for example:

- environment
- hand hygiene, and
- waste, including sharps disposal.

We saw good compliance with audits and outcomes were stored on an electronic spreadsheet, which reminded staff when the next audit was due. Audit results were emailed to staff and formed part of a monthly ward report that the ward manager created to share with staff and keep them informed. The lead nurse and facilities staff in each department also carried out a programme of organised visual audits. This provided further reassurance and give staff the opportunity to raise any concerns they may have.

Each department had its own health and safety champion, who carried out health and safety audits and risk assessments for their own area. A health and safety coordinator was also responsible for carrying out the more general risk assessments, overseeing health and safety audits and delivering staff training. We saw recent audits for each department and the 3-monthly monitoring check, which showed that health and safety was being well managed.

A business continuity plan was in place that described what steps would be taken to protect patient care if an unexpected event happened, such as power failure or a major incident. A mutual arrangement was in place with a local private hospital in case evacuation of patients became necessary. The hospital was also drafting a major incident plan at the time of our inspection to be used along with the business continuity plan.

The provider's quality framework used three pillars: safety, effectiveness and experience. These pillars helped to define the hospital's quality improvement plan, which was reviewed each year. The plan for 2023 included the launch of:

- a new quality management system
- a patient safety incident response framework, and
- a secondary care professional leadership assurance network.

The provider's board report (produced every 3 months) included quality and safety reports that covered:

- all safety events
- audit results
- new procedures
- patient feedback, and
- staff feedback.

The hospital was accredited to an internationally recognised standard in quality management. As part of the accreditation process, the accrediting body independently audited the hospital every 2 years. In addition, the provider's head office compliance team carried out regular external hospital quality reviews. We saw the latest audit and review reports, which had resulted in a good outcome with only minor comments.

- No requirements.
- No recommendations.

## Key Focus Area: Results

### Domain 6: Relationships

### Domain 7: Quality control

*How well has the service demonstrated that it provides safe, person-centred care?*

#### Our findings

**The care environment and patient equipment were mostly clean, equipment was fit for purpose and regularly maintained. Staff described the provider as a good employer and the hospital as a good place to work. Patients were very satisfied with their care and treatment.**

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

We saw that safe, person-centred care was being delivered in a clean hospital environment and theatre suite with equipment that was fit for purpose and regularly maintained.

The equipment we saw was clean and well maintained. We saw that the hospital used 'I am clean' green labels. These were dated and applied to equipment after cleaning so that staff knew it was ready for use again. Patients we spoke with commented that this practice was 'reassuring'. Toilets were provided throughout the hospital, including facilities for people with disabilities. Housekeeping staff cleaned these facilities regularly. Checks were carried out on these facilities regularly throughout the day and recorded.

The five electronic patient care records we reviewed showed that appropriate records had been kept for patients' including:

- assessment
- consent, including the risks and benefits of each treatment offered, and
- consultation.

We also saw evidence that treatments plans, options and aftercare had been discussed with the patient before they were discharged from the hospital. We saw evidence of good standards of medicines management. This included completed records of stock checks and medicines reconciliation (the process of identifying an accurate list of the patient's current medicines and comparing it with what they're actually using).

The CARE values highlighted in the provider's strategy were evident throughout key documents and processes. Staff we spoke with demonstrated a good awareness of the values. Staff described the provider as a good employer and the hospital as a good place to work. We observed staff introducing themselves to patients, as well as any accompanying visitors and treating them with dignity and respect. Staff told us they felt the approachable leadership team valued and supported them well. They told us the leadership team had an 'open-door' policy and carried out regular, informal visual audits which any new and existing staff member could join. This meant they felt encouraged to raise issues as necessary and had direct access to senior leaders for a fast response. Minutes of daily team briefs and monthly staff meetings showed that staff could express their views freely. From our own observations of staff interactions, we saw a compassionate and co-ordinated approach to patient care and hospital delivery, with effective oversight from a supportive leadership team.

As part of our inspection, we asked the hospital to circulate an anonymous staff survey which asked five 'yes or no' questions. The results for these questions showed that:

- all staff felt there was positive leadership at the highest level of the organisation
- all staff felt the hospital had a positive culture
- the majority of staff felt they could influence how things were done in the hospital
- all staff felt their line manager took their concerns seriously, and
- all staff would recommend the hospital as a good place to work.

The final question of the survey asked for an overall view about what staff felt the hospital did really well and what could be improved. Comments were mostly positive and included:

- 'High standards of patient care are provided throughout the patient journey and provides a good learning environment for a student nurse.'
- 'The hospital provides quality care and the client is listened to and encouraged to provide feedback to continually improve all aspects of care.'

Patients we spoke with were extremely satisfied with the care and treatment they received from the hospital. Comments included:

- 'Everyone has been very good at explaining what will happen and putting me at ease.'
- 'The nurse took time to clean the equipment that I used, I found this reassuring.'
- 'I know what to expect from the service following my discharge and when I can expect to leave.'

### **What needs to improve**

We found evidence of the processes for managing the cleanliness of the care environment and facilities. However, we saw several examples of minor disrepair and poor cleaning standards in the treatment rooms during the first day of our inspection. Cleaning schedules for these areas lacked detail to reflect cleaning in between patients and daily, weekly and monthly cleaning. We saw that these had been addressed by the second day of the inspection. The leadership team told us it had already identified a need to increase the frequency of the heads of departments' visual audits. This should help capture these types of issues sooner, so they can be reported and resolved much more quickly. We were also told the hospital planned to recruit a handyman to the facilities team to help address this. We will follow this up at future inspections.



## Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare hospitals 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 hospitals.

### 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.



Before

### 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.



During

### 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.



After

More information about our approach can be found on our website:

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## Complaints

If you would like to raise a concern or complaint about an independent healthcare hospital, you can complain directly to us at any time. However, we do suggest you contact the hospital 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.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

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 [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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