

# Inspection report

## Spire Murrayfield Hospital Independent Health Care Service

122 Corstorphine Road  
Edinburgh EH12 6UD

**Inspected by:** Carol Moss  
**(Care Commission Officer)**

**Type of inspection:** Announced

**Inspection completed on:** 27 February 2009

**Service Number**

CS2003010681

**Service name**

Spire Murrayfield Hospital

**Service address**122 Corstorphine Road  
Edinburgh EH12 6UD**Provider Number**

SP2003002480

**Provider Name**

Spire Healthcare Ltd.

**Inspected By**Carol Moss  
Care Commission Officer**Inspection Type**

Announced

**Inspection Completed**

27 February 2009

**Period since last inspection**

11 months

**Local Office Address**South East Region  
Stuart House  
Eskmills  
Musselburgh  
East Lothian  
EH21 7PB  
0845 600 8335

## **Introduction**

The Spire Murrayfield Hospital is situated close to Corstorphine, west of Edinburgh, on the A8. It is conveniently placed for road and rail links. The hospital is set in well kept grounds with its own parking.

The service is part of the UK wide private healthcare group Spire Healthcare.

The service offers a wide range of out-patient and medical/surgical in-patient services. The service consists of a main hospital building with further out-patient services offered on site at Beechwood House.

The hospital has 70 registered beds. The service has been registered with the Care Commission since 1 April 2002.

Spire Healthcare's philosophy of care includes:

"High quality service you'll appreciate

At Spire Healthcare our reputation is built on our ability to provide the service you want and need, resulting in excellent medical treatment you can rely on and personal care you'll appreciate. Our patients can be confident that their rights will be recognised and respected by all staff involved in their care regardless of their age, disability, race, religion, gender or sexual orientation."

Based on the findings of this inspection the service has been awarded the following grades:

Quality of Information - 4 - Good

Quality of Care and Support - 5 - Very Good

Quality of Environment - 5 - Very Good

Quality of Staffing - 5 - Very Good

Quality of Management and Leadership - 5 - Very Good

This inspection report and grades represent the Care Commission's assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. Please refer to the care services register on the Care Commission's website ([www.carecommission.com](http://www.carecommission.com)) for the most up-to-date grades for this service.

## **Basis of Report**

The report was written following an announced inspection visit carried out on the 12 February 2009 between the hours of 9.15am and 5pm. Further information was obtained on the afternoon of 18 February 2009 and feedback was given on that day.

Before the Inspection

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Assessment Form

The service submitted a self-assessment form as requested by the Care Commission

#### Views of service users

Forty Care Standards questionnaires were given out on the day of the inspection. Twenty were given to individuals attending the out-patient department and twenty to individuals having in-patient care. Those received by the 27 February 2009 were considered as part of this inspection.

#### Regulation Support Assessment

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

#### During the inspection process

##### Staff at inspection

The inspection visit was carried out by CCO Carol Moss and Professional Adviser - Infection Control, Audrey MacKenzie, referred to in the report as the officers.

##### Evidence

During the inspection, evidence was gathered from a number of sources including:

Reviewing returned Care Standards questionnaires.

Reviewing a range of policies, procedures, records and other documentation, including the following:

Consultant newsletter

Consultant satisfaction survey - questions/results/action plan

Patient satisfaction survey - questions/results/action plan

Consent policy

Vulnerable persons policy

"Talk to us" leaflet

Minutes of Clinical governance committee meeting

Recruitment policy

Induction programme

Evidence of completed inductions

Minutes of heads of department meetings

Infection control audits and results/action plan

During the visit the officers met with a range of staff including the Head of Clinical Services, Nursing Service Manager, Oncology Nurse Specialist, Theatre Manager, Administration Manager and HR and Training Coordinator.

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09  
Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:  
<http://www.carecommission.com/>

Findings are reported under the relevant Quality Theme in conjunction with the National Care Standards independent Hospitals. The Inspection Focus Area of Notifications is reported under Quality Statement 4.4.

#### Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

#### **Action taken on requirements since last Inspection**

There were no requirements made at the last inspection visit.

#### **Comments on Self Assessment**

A completed self assessment document was submitted by the service. This was completed to a good standard and gave relevant information, which reflected the findings of each Quality Statement. As an area for development, future self assessments would benefit from the input of other staff beyond the management team. This would improve the level of detail within the service's submission and support the strengths of the service as well as highlighting plans for the ongoing development and improvement of the service.

#### **View of Service Users**

Thirteen completed Care Standards questionnaires were received from in-patients and day patients. All indicated that they were very satisfied with the overall quality of the service that they had received.

Nine completed Care Standards questionnaires were received from out-patients. In judging the overall quality of the service; seven were very satisfied, one satisfied and one dissatisfied.

Further details of patients' views are reported in the main body of the report against the appropriate Quality Statement.

#### **View of Carers**

No relatives were spoken with during this inspection visit.

## **Quality Theme 0: Quality of Information**

### **Overall CCO Theme Grading: 4 - Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the information provided by the service.**

#### **Service Strengths**

The service completed yearly patient satisfaction surveys. In the 2008 survey, 475 questionnaires were sent out to individuals who had attended the hospital as in-patients or as day cases. 178 returned their questionnaires. The findings were used to produce a report titled 'The hospital experience - The views of recent patients 2008'. This document drew together the findings and produced an action plan. The data also compared itself with survey findings of the other Spire Healthcare hospitals.

The questionnaire was seen to be comprehensive asking 43 questions relating to the patients' experience of pre-admission, in-patient care and post treatment care. There were questions relating to the quality of the information provided. 95 per cent of patients thought that the information provided was useful.

The service conducted yearly consultant surveys. Feedback in the consultants' survey reflected patients' views on the information that was provided by the service.

The service had a website that individuals could use to review information about the services provided. Individuals could also give feedback via the website.

The service had a very robust complaints management system. There was evidence that complainants received a prompt response and were kept updated regarding progress and outcomes. The complaints management system enabled there to be an overview of complaints received and outcomes. Quarterly complaints reports were produced and reviewed by the Medical Advisory Committee.

#### **Areas for Development**

Information gained from reviewing complaints was seen to be used to assess and develop the quality of the information provided. An example of this was that pricing information had been reviewed and was to be provided in a format that was clear to understand. The service intended to have this information available for use both in the service and on their website by the 31 March 2009. The need for this development was supported by two individuals who had completed Care Standards questionnaires and indicated that it was not clear how their treatment/appointment would be paid for. The availability of this information will be followed up at future inspections.

The service's patient satisfaction survey gathered the views of individuals that had been in-patients at the service. Whilst it was recognised that most of these individuals had been through out-patients there had been differences in the responses to the Care Standard questionnaires completed by out-patients and in-patients in terms of their overall satisfaction. Consideration should be given to including questionnaires from individuals who had only attended as an out-patient.

#### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 3: We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation)**

### **Service Strengths**

Comprehensive written information was available to support and inform individuals about their care and treatment. There was a positive response to receiving this information in the service's patient satisfaction survey.

Twenty-two of the twenty-three individuals completing Care Standards questionnaires were satisfied with the amount of information provided about the risks/benefits of the treatment they were to receive.

The service's policy and procedures relating to 'Adult Protection' had been updated to follow good practice guidelines appropriate to Scottish legislation and were seen to be linked with local inter-agency procedures. This had been a recommendation made at the previous inspection.

### **Areas for Development**

Through discussion with the staff leading the training on 'Child Protection' and 'Adults with Incapacity (AWI)', it was seen that staff were becoming increasingly aware of their responsibilities in these areas. Training had started and discussion took place on how the service would evidence that all the staff for which this training was appropriate had completed it. This was to be recorded within training records. Progress of this will be followed up at future inspection visits.

The service had been in the process of reviewing its consent policy to ensure that it was in line with AWI legislation and was networking within the provider's hospital services and the NHS to share and cascade best practice. This led to the service introducing new consent forms. However these were deemed unsuitable by some medical staff and the service had returned to using the previous consent forms. It was recommended that this consent form was reviewed to reflect current good practice guidance including Scottish Executive Health Department's "A Good Practice Guide on Consent for Health Professionals in NHS Scotland (June 2006) and the General Medical Council (GMC) guidance for doctors, 'Consent: Patients and doctors making decisions together'. See recommendation 1.

### **CCO Grading**

3 - Adequate

**Number of Requirements**

0

**Number of Recommendations**

1

## **Quality Theme 1: Quality of Care and Support**

**Overall CCO Theme Grading: 5 - Very Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.**

### **Service Strengths**

The service's patient satisfaction survey reported on the responses by patients to questions on aspects of care. Feedback also came through the consultant survey.

Recent changes to the service in response to feedback included a review of the food provided and introducing a ward auxiliary.

"Please talk to us" leaflets were available in waiting areas and in patients' rooms. This leaflet gave advice on raising concerns and provided relevant contact details.

### **Areas for Development**

The service was planning to introduce in-patient questionnaires that would be available for every in-patient to complete. The timescale for this was 31 March 2009.

There were no further areas for development other than as stated in Quality Statement 0.1.

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 2: We ensure that the care, support and treatment received by service users across all aspects of our service provision, is supported by evidence based practice and up to date policies and procedures. These reflect current legislation (where appropriate Scottish legislation).**

### **Service Strengths**

The provider had comprehensive policies and procedures to support and guide staff. These were reviewed and updated by the corporate policy department and included reference to evidence based practice.

Staff spoken with were aware of how to access policies and procedures. Information regarding changes to policies and procedures was cascaded to staff via heads of department meetings and unit meetings. This information was seen in minutes of these meetings.

Decontamination and sterilisation processes were accredited

### **Areas for Development**

The service's laboratory had extended its specialities to include immunology and allergy testing. Clinical Pathology Accreditation had given conditional approval and was due to visit in August 2009. The outcome of this will be followed up at future visits.

The service had identified that the quality management of documentation could be improved and staff were in the process of implementing this. This meant that all the documentation the service used was to be reviewed to ensure it complied with the provider's standard formatting. A timescale for this was not known at this stage as the extent of the work was being identified. Progress of this will be followed up at the next inspection.

Although the service had an 'Infection Prevention and Annual Plan' for 2009, this did not reflect the infection protection and control programme for Scotland, as it referred to English good practice guidance. It was recommended that the service considered reviewing their plan to reflect the NHS QIS Healthcare Associated Infection (HAI) Standards (March 2008). See recommendation 2.

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

1

## **Quality Theme 2: Quality of Environment**

**Overall CCO Theme Grading: 5 - Very Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the service.**

### **Service Strengths**

In addition to the strengths detailed under Quality Statement 0.1, the service's patient satisfaction survey reported on the responses by patients to questions on the quality of the environment. 99 per cent thought the cleanliness of the hospital was excellent/very good/quite good.

Feedback from patients in the form of comments and complaints had led to the upgrading of patients rooms. Showers had been put in following requests by patients receiving orthopaedic surgery.

### **Areas for Development**

A patient environment action team was to be introduced. This was to include a lay person and/or service user on the team. Progress and outcomes from this will be followed up at future inspections.

There were no further areas for development other than as stated in Quality Statement 0.1.

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 3: We ensure that all our clinical and non-clinical equipment within our service is regularly checked and maintained.**

### **Service Strengths**

The provider had hospital operations policies providing guidelines on the maintenance of clinical and non-clinical equipment. Corporate contracts for the servicing of equipment were controlled by the hospital engineer. An asset register allowed for the tracking of equipment.

The officers visited the outpatient chemotherapy unit, pre-admission assessment unit and theatre. Equipment in these areas was sampled and checked against records, which confirmed appropriate maintenance and/or servicing had been completed.

Discussion with staff confirmed that they were familiar with procedures for reporting

equipment that required repair.

**Areas for Development**

No areas of development were identified for this Quality Statement at this inspection visit.

**CCO Grading**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0

### **Quality Theme 3: Quality of Staffing**

**Overall CCO Theme Grading: 5 - Very Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.**

#### **Service Strengths**

In addition to the strengths detailed under Quality Statement 0.1, the service's patient satisfaction survey reported on the responses by patients to questions on the quality of staffing in the service. The questions related to staff in the various hospital departments. Feedback was very positive.

Overall, Care Standard questionnaire respondents were very positive about the quality of staff. Comments included:

"The level of nursing and privacy has been superb at all times".

"Service has been top class and would always recommend this hospital, you are treated like royalty".

"The treatment I have received at Spire Murrayfield at all levels is nothing short of fantastic".

#### **Areas for Development**

There were no further areas for development other than as stated in Quality Statement 0.1.

#### **CCO Grading**

5 - Very Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

0

**Statement 2: We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.**

#### **Service Strengths**

Recruitment had been managed centrally however this was now to be managed locally. These records will be examined at the next inspection visit.

A general induction was completed by all new staff. Additional training was given that was role specific. An example of one of the department's induction checklist was seen and found to be comprehensive. A completed example indicated how this had been completed over a period of time. Additional training was recorded on a 'competency record'. Three competency records were reviewed and indicated appropriate training for the roles of these staff. Progress of this training was seen recorded. These records were regularly reviewed by the relevant head of department as part of on-going personal development.

Staff spoken with confirmed that their training needs were regularly assessed. They felt that they were given the support and training to meet identified training needs.

**Areas for Development**

The service had identified that the recruitment process could be lengthy. By conducting much of this work at a local level it was planned that this process would be shorter.

**CCO Grading**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0

## **Quality Theme 4: Quality of Management and Leadership**

**Overall CCO Theme Grading: 5 - Very Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.**

### **Service Strengths**

In addition to the strengths detailed under Quality Statement 0.1, the service's patient satisfaction survey reported on the responses by patients to questions on the quality of the management of the service.

Complaint reports were fed back to heads of department.

Details of the senior management were available on the service's website.

### **Areas for Development**

There were no further areas for development other than as stated in Quality Statement 0.1.

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 4: We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.**

### **Service Strengths**

"Notifications" was an inspection focus area for this inspection. The following areas were explored and validated as part of the inspection process and reported on under this theme. The manager was aware of their responsibilities to report to the Scottish Social Services Council (SSSC) the dismissal on the grounds of misconduct of any care staff member. They were aware that they must provide the SSSC with any information it may reasonably require and were aware of their responsibility to notify the Care Commission of matters of misconduct.

Information regarding how the service was meeting recognised quality indicators was available on the service's website.

Regular audits of infection control were conducted. This included quarterly hand hygiene audits. Minutes of meetings, which included medical advisory committee, heads of department and unit meetings, evidenced that audit results were discussed and action plans

implemented. An example of this was that, following audit results on hand hygiene, hand sanitisers had been removed from outside patients' rooms in order to encourage staff practices to be more visible.

### **Areas for Development**

The service were planning to self assess against the NHS QIS Healthcare Associated Infection (HAI) Standards. These standards should be integrated into the service's 'Infection Prevention and Annual Plan' for 2009. See recommendation 2.

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Regulations / Principles**

**National Care Standards**

**Enforcement**

There has been no enforcement action against this service since the last inspection.

**Other Information****Requirements****Recommendations**

1. The service should review and update its present consent form to reflect current good practice guidance. This takes account of National Care Standards, independent hospitals, Standard 11- deciding on your treatment.

2. It is recommended that the service reviews its 'Infection Prevention and Annual Plan' to ensure that it achieves compliance with HAI Standards. This takes account of National Care Standards, independent hospitals, Standard 13 - Prevention of infection.

**Carol Moss**

**Care Commission Officer**