

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: Unannounced

Inspection completed on: 11 March 2008

Service Number

CS2003010681

Service name

Spire Murrayfield Hospital

Service address122 Corstorphine Road
Edinburgh EH12 6UD**Provider Number**

SP2003002480

Provider Name

Spire Healthcare Ltd.

Inspected ByCarol Moss
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

11 March 2008

Period since last inspection

6 months

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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. Spire Healthcare was formed last year following the sale of BUPA Hospitals to private equity company Cinven.

The service offers a wide range of outpatient and medical/surgical in-patient services. The service consists of a main hospital building with further outpatient 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."

Basis of Report

This report was written following an unannounced inspection visit carried out on the 11 March 2008 by Care Commission Officer, Carol Moss, referred to in the report as the Officer. Feedback was given at the end of the inspection to the Head of Clinical Services.

Before the Inspection

The Annual Return

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

The Self-Evaluation Form

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

Regulation Support Assessment

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Officer 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 Officer 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 as a result. The inspection was then based upon the relevant inspection focus area(s) and follow up on any recommendations and requirements from

previous inspections, complaints or other regulatory activity.

During the inspection process

Staff at inspection

During the inspection the Officer spoke with the Acting Hospital Director, the Head of Clinical Services and seven members of staff from administration, nursing and theatre.

Evidence

The Officer also looked at a range of policies, procedures and records which included the following:

Child protection policy

Procedures relating to restraint

Adult protection policy

Training/learning and development policy and procedures

Training records

Inspection Focus Areas and associated National Care Standards for 2007/08

The main inspection focus for this Independent Hospital service at this inspection was Protecting People, which included Child Protection (for visiting children), Adult Protection and Staff Training. Areas for developments noted at the previous inspection were reviewed. The Officer took all of the above into account and reported these findings under the National Care Standard Independent Hospitals Standard 10-Staff

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

Action taken on requirements in last Inspection Report

There were no requirements or recommendations made since the last inspection visit conducted on the 28 August 2007.

Comments on Self-Evaluation

The service had completed and submitted a self evaluation within the appropriate timescale. This form identified the services strengths and areas for development.

View of Service Users

No service users were spoken with during the inspection visit.

The service conducts patient satisfaction surveys with the results published on the provider's website.

View of Carers

No relatives were spoken with during the inspection visit.

Regulations / Principles

National Care Standards

National Care Standard Number 10: Independent Hospitals - Staff

Strengths

Protecting People was an inspection focus area for this inspection. The following areas were explored and validated as part of the inspection process.

The service provided in-patient treatment/out patient treatment/consultations to children over the age of 13 years, out-patient treatment/consultation to children over 11years and out-patient consultations only to children under 11years. Children were accompanied by a parent/guardian/carer.

The provider had written guidelines for the care of children within their services these included child protection procedures. There were local guidelines available these gave details of the hospital's designated child protection person and linked to local area inter-agency guidelines. Staff spoken with were aware of the child protection procedures.

The service had procedures on the use of bed rails, restraint and emergency medication. Through discussion with staff restraint other than bed rails were very rarely used, with staff being aware of alternatives to using restraint. Risk assessments were completed in relation to use of bed rails. These related mainly to their use when transferring patients to theatre.

The service had reviewed copies of "Rights, Risks and Limits to Freedom, the principles and good practice guidance" and "Safe to Wander" - Mental Welfare Commission Best Practice Guidance.

The person coordinating Adult Protection training had a copy of the local area inter-agency Adult Protection procedures. Training on adult abuse and adult protection were covered at induction and updates given on a yearly basis.

A training needs assessment was completed on each staff group. Procedures were in place to support staff development. Discussion with staff indicated a positive attitude towards learning and development. The yearly training programme was seen to include mandatory training requirements.

Individual training reviews were conducted. This enabled training needs that were appropriate to the individual's role but were not part of the mandatory training programme to be identified and appropriate training given. Staff within the out-patients department and in-patient wards described examples of such training that they had attended

The service evaluated the effectiveness of staff training.

Areas for Development

The person named as the designated child protection person in the service's local child protection guidelines had recently left. A new designated person has been identified and was

aware of the need to update and develop these guidelines. Progress of this will be viewed at the next inspection visit.

There was a policy relating to Adult Protection. However this related to English legislation. It was recommended that the policy should follow good practice guidelines appropriate to Scottish Legislation and link with local procedures. See recommendation 1.

Enforcement

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

Other Information

The areas for development identified at the previous Quality Assessment Framework (QAF) pilot inspection were followed up.

The service had improved the clarity on the costings for outpatients.

Work continued on the development of the service's consent policy. Progress will be followed up at the next inspection.

A Patient forum was held in September 2007.

Following the National Health Service Quality Improvement Scotland (NHS QIS) anaesthesia review a working party was set up to develop an action plan. However following recent organisational changes this group no longer exists therefore outstanding areas to be actioned were to be taken to the service's next Clinical Governance Committee meeting. This will be followed up at the next inspection.

The Officer visited the theatre department and plans for a temporary additional theatre were discussed.

The service had informed the Care Commission that they were developing a site at Shawfair Park, located just off the Edinburgh city by-pass, to create a new healthcare facility. Progress of this was discussed at the inspection visit.

Requirements

There were no requirements made at this inspection visit.

Recommendations

1. It is recommended that the policy and procedures relating to Adult Protection should follow good practice guidelines appropriate to Scottish legislation and link with local inter-agency procedures. Standard 10 Staff

Carol Moss

Care Commission Officer