Unannounced Inspection Report: Independent Healthcare
Castle Craig Hospital
Castle Craig Hospital Limited, West Linton
21–22 August 2017
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1 A summary of our inspection

About the service we inspected

Castle Craig Hospital is a private psychiatric hospital situated in a rural location near the Scottish Border towns of Peebles and Biggar. The hospital is set within 50 acres of private woodland and has 122 inpatient beds and provides residential alcohol and drug rehabilitation treatment for adults.

Castle Craig states it will 'offer an escape from chaotic lifestyles, in a setting where patients can really focus on their recovery'.

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

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.

We carried out an unannounced inspection to Castle Craig Hospital on Monday 21 and Tuesday 22 August 2017.

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

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011 and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

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

**Quality Theme 0 – Quality of information: 6 – Excellent**
Quality Statement 0.2 – service information: 6 – Excellent
Quality Statement 0.3 – consent to care and treatment: 6 – Excellent

**Quality Theme 1 – Quality of care and support: 5 – Very good**
Quality Statement 1.5 – care records: 5 – Very good
Quality Statement 1.6 – risk management: 6 – Excellent

**Quality Theme 2 – Quality of environment: 5 – Very good**
Quality Statement 2.2 – layout and facilities: 5 – Very good
Quality Statement 2.4 – infection prevention and control: 5 – Very good

**Quality Theme 3 – Quality of staffing: 5 – Very good**
Quality Statement 3.2 – recruitment and induction: 5 – Very good
Quality Statement 3.4 – ethos of respect: 6 – Excellent

**Quality Theme 4 – Quality of management and leadership: 5 – Very good**
Quality Statement 4.3 – leadership values: 6 – Excellent
Quality Statement 4.4 – quality assurance: 5 – Very good

The grading history for Castle Craig Hospital and more information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_healthcare/providers_and_services.aspx

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.

**What the service did well**
The service provided excellent information for patients prior to admission and throughout their stay. Quality assurance systems were in place to ensure patient feedback influenced the service’s development. We found a strong commitment to continuous quality improvement in all aspects of service delivery. We saw effective risk management processes to ensure patient and staff safety. A strong ethos of respect for patients and staff and clear leadership values helped underpin this.

**What the service could do better**
The service should ensure environmental and maintenance issues are identified through regular checks and environmental auditing. Clinical hand wash basins and housekeeping sinks should be reviewed and assessed for compliance for current standards. All recruitment checks must be undertaken in line with policy and best practice.

This inspection resulted in one requirement and seven recommendations. Requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

Castle Craig Hospital Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Castle Craig Hospital for their assistance during the inspection.
## Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 1 and 2 September 2015

**Requirement**

*The provider must notify Healthcare Improvement Scotland about any events in line with the Healthcare Improvement Scotland Notifications Guidance for Providers.*

**Action taken**

Healthcare Improvement Scotland had received appropriate notifications. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 1 and 2 September 2015

**Recommendation**

*We recommend that the service should review its medicines admission documentation to enable comprehensive recording of medicines reconciliation to meet the best practice guidance: Safer Use of Medicines: Medicines Reconciliation SGHD/CMO (2013). This information should also be incorporated into the service’s procedure for the management of medicines.*

**Action taken**

The service had implemented an effective medication reconciliation policy and procedure. This recommendation is met.

**Recommendation**

*We recommend that the service should review all policies that relate to the cleaning up of blood and other bodily fluids to ensure that the instructions are consistent in all policies and that they are in line with current national guidance.*

**Action taken**

Policies had been updated to provide consistency in relation to the cleaning up of blood and other bodily fluids. This recommendation is met.

**Recommendation**

*We recommend that the service should review the cleaning schedules so they provide clear instructions for staff on the cleaning required and an accurate record of the cleaning completed.*

**Action taken**

We saw that the housekeeping cleaning schedules were detailed as recommended and a record of completed cleaning was available. However, the clinical staff cleaning schedule, although signed and dated did not provide sufficient detail about cleaning requirements in each medical room. This recommendation is partially met. A new recommendation is given under 2.4.
Recommendation

We recommend that the service should ensure there are robust recording systems in place for the receipt of verbal references.

Action taken

Any references given verbally were recorded on the written reference form with the date and time the conversation took place. This had been incorporated into the relevant policy selection and recruitment of staff. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.2

We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 6 – Excellent

The service had a wide range of information available for prospective patients and their families. The website gave information about the service including location, contact details, types of treatments and information about the staff. A short video presentation provided background on what patients could expect from the service and about the effectiveness and outcomes of treatment. An enquiry line was available for any queries regarding the service and treatment. Enquiries could also be made through the website.

We saw a range of information leaflets available for patients and visitors on infection control, complaints, sleep hygiene and public participation. Many international patients were admitted to the hospital and information was available in different languages and formats as required.

All newly admitted patients received a patient information folder. This included comprehensive information including patients’ assigned therapists, support groups available, the detoxification process, housekeeping and house rules. A buddy system was in place to support new patients. A buddy is another patient who has been at the service for a number of weeks who can provide support, advice, orientation and be available to answer general questions about the service.

Family members were a key part in patient recovery and were supported to participate in the treatment programme through family therapy. Family information sessions and a family residential programme were available. Patients and families also had the opportunity to visit the service prior to admission.

A dedicated team was responsible for developing and reviewing communications. Social media was used to share information about the service.

We saw that patients were asked about the quality of information they had received and changes had been made following their feedback. Patients told us they had received enough information about the service before and during their stay.

Area for improvement

A brochure produced in 2009 was available to download from the website. While most of the information was still current, staff changes had taken place since its publication. Management told us they planned to remove or update the brochure.

- No requirements.
- No recommendations.

Quality Statement 0.3
We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 6 – Excellent

Castle Craig Hospital had policies and procedures in place to ensure that appropriate consent to care and treatment was obtained. Consent was also obtained for the release of information, commitment to family therapy and to confirm that they understood and agreed to the rules and responsibilities. This was discussed with each patient on admission. Each patient was allocated a focal therapist and, together with the consultant, they were responsible for ensuring that patients understood what they were consenting to. An introductory meeting with the patient and their therapist provided an opportunity to discuss the importance of fully engaging in their treatment plan. Patients told us that they had provided consent and understood the rules of treatment.

The service had developed a new leaflet ‘Consent: It’s your decision’ about the important areas of consent as well as the right to withdraw consent. For international patients, consent was sought at a pre-admission assessment and then again on admission to the service.

We looked at five electronic patient care records and saw that the required consents were in place, they had been signed and witnessed.

Consent processes were monitored through the audit programme. We looked at the results of a consent form audit and saw that the required consent forms were being completed.

- No requirements.
- No recommendations.

Quality Theme 1 – Quality of care and support

Quality Statement 1.5

We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users’ physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 5 – Very Good

As part of continuous quality improvement, an electronic patient care record was introduced in January 2016. This was a cloud-based system designed specifically for the service. Staff we spoke with reported that the new system was an improvement and it continued to be developed. We were told that the ability to immediately access current patient information was extremely useful.

The system was accessed by staff through tablets, personal computers and smart phones for authorised users. Security passwords and access off-site was limited to supervisors.
We looked at five patient care records on this system and found comprehensive patient information. Individual patients were identified using names and photographs and colour was used to identify which unit the patient was in. A dashboard and tab system allowed easy navigation through the various documents and reports.

All patients had a thorough pre-admission assessment. This included physical, psychological, emotional, social and spiritual needs. An extensive range of validated assessment tools were used by the therapists to assess addiction, mood and level of risk. A multidisciplinary approach to care included nursing staff, medical staff and therapists. All interactions and interventions were recorded in the patients’ progress notes.

The records we looked at were all current. Consultation with patients and, where appropriate families, to develop treatment plans was recorded. Where specific needs were identified, such as seizures or self-harm, specific focussed plans were implemented. An alert system flagged up particular areas for staff attention such as allergies.

Processes were in place to monitor and communicate patients changing needs and preferences. This included multidisciplinary daily reviews, shift handovers and clinical meetings. We saw that care plans were updated as necessary.

Some additional documentation was not included on the electronic system such as physical observation recording charts. The records we saw were current and were used in conjunction with patient care records. All documentation was uploaded to the electronic patient care record on discharge.

Area for improvement
We looked at five patient care records and found one pre-admission assessment had not been fully completed. The service will continue to develop the electronic care record system. In future, the system will provide reports to alert staff when records on the system have not been fully completed.

- No requirements.
- No recommendations.

Quality Statement 1.6
We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of service users and staff.

Grade awarded for this statement: 6 – Excellent
The service had a range of policies and procedures to oversee all aspects of risk management. All patients had a comprehensive risk assessment on admission that looked at mental health, eating disorders, physical illness and any sensory impairments that may require additional support. A further intensive risk assessment (level 2) was carried out when patients were identified as being a higher risk of suicide or self-harm. Strategies were then put in place depending on the level of risk, such as psychiatric assessment and staff observations. We saw that risk assessments were well documented in the patient care records and were reviewed
daily. Systems were in place for managing smoking and to address the use of drug and alcohol by patients.

An accident and incident reporting policy and procedure was in place for both clinical and non-clinical areas. These were reported electronically and assigned a suitable person to investigate. We saw that incidents were reported and investigated appropriately and all incidents were reviewed through the critical incident reporting group.

Health and safety arrangements were co-ordinated by the health and safety officer. Health and safety was reported through the clinical governance group and action plans were developed in response to issues identified. Heads of department made sure that risk assessments and risk management arrangements were current and reviewed on a regular basis.

Staff received a range of mandatory training in relation to particular aspects of risk. This included overdose and seizure management, prevention of self-harm, infection control and adult and child protection.

A risk register was in place and it was reviewed regularly.

**Area for improvement**

While health and safety issues were regularly reviewed through the clinical governance meetings, the service could consider adding this as a standing agenda item.

- No requirements.
- No recommendations

**Quality Theme 2 – Quality of environment**

**Quality Statement 2.2**

*We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.*

**Grade awarded for this statement: 5 – Very good**

The hospital is made up of a number of buildings. The main building houses the intensive treatment unit, which had 54 beds over a number of different room types. We saw single rooms and rooms for two, three and four patients. A number of these rooms had been refurbished to a high standard with en-suite shower rooms. All bedrooms had emergency bells for assistance to be summoned if required.

The extended care unit was made up of a number of smaller houses and buildings located close together within the grounds. It provided space for up to further 68 patients in the second phase of their recovery and treatment programme. This was a mixture of mainly single and shared rooms within single sex buildings. There were a number of other rooms and facilities available for patients to use across the various buildings including:

- consultation rooms
- quiet rooms
• therapy rooms
• lounges with televisions
• dining rooms
• small kitchens with tea and coffee making facilities
• a gym, and
• a chapel.

The hospital had three medical centres that provided space for medical and nursing consultations and the administration of medication. Medication and medical equipment, including emergency resuscitation equipment, were kept there. We saw evidence that medication fridges and room temperatures were checked and recorded regularly. This helped to ensure the safe storage of medication.

Systems were in place for regularly planned checks and servicing to equipment. This included specialist clinical equipment as well as planned maintenance and repair to the buildings and grounds. We saw evidence of environmental risk assessments including fire and water assessments and a range of health and safety policies were in place. Health and safety and fire safety were part of the mandatory training programme for all staff.

Patients and visitors with disabilities gained access by a chair lift in the main building. A lift and ramp was also available in one of the extended care unit buildings. Staff told us that patients with disabilities were assessed individually and support was provided depending on their needs.

Accommodation was available for visiting families in the lodges at the entrance to the hospital. The extensive grounds provided opportunities for outdoor activities including horse riding and gardening therapies.

Closed circuit television (CCTV) was installed inside and outside the buildings with security lighting. The service was looking to increase CCTV outside the extended care unit buildings.

**Areas for improvement**

The service had a generator that was maintained and serviced regularly. Checks were carried out to ensure it was working and ready for use. However, these checks were not recorded. The service should ensure all checks are recorded and action is taken if faults are noted (see recommendation a).

During our walk round of the hospital and its grounds we saw that the environment was tired in some areas with minor damage to walls, doors and flooring. Some of the furniture in the patient areas was also damaged or marked and could not be cleaned effectively. One patient told us that the windows looked dirty. A refurbishment plan was in place and staff were aware of how to report any issues. While we saw completed infection control audits, we did not see evidence that regular environmental audits took place. This would address areas such as building and maintenance issues, including health and safety (see recommendation b).

Housekeeping staff were able to show us that control of substances hazardous to health (COSHH) information and risk assessments were available and that on-the-job training was provided as part of the induction process. The service could consider developing this to include more formal training in COSHH and risk assessments.

Independent Healthcare Inspection Report (Castle Craig Hospital, Castle Craig Hospital Limited): 21–22 August 2017
■ No requirements.

**Recommendation a**

■ We recommend that the service should ensure all checks on the generator are recorded with any action taken if faults are noted.

**Recommendation b**

■ We recommend that the service should carry out regular environmental audits.

**Quality Statement 2.4**

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

**Grade awarded for this statement: 5 – Very good**

We saw a range of infection protection and control policies in place. The head nurse was identified as the infection control lead. Links were also in place with the infection control team from NHS Borders who could provide advice and support as needed.

We saw that infection control was part of mandatory training and hand hygiene training had been delivered to all staff groups. A leaflet had been developed for patients on hand hygiene and awareness sessions had taken place using the ultraviolet sensor machine. A number of nursing staff had completed the cleanliness champion training.

Although the hospital had many architectural features that were difficult to keep clean, the standard of cleaning was very good. Housekeeping staff were aware of the systems and processes in place for the cleaning the hospital including daily cleaning schedules. Clinical staff we spoke with were able to demonstrate the systems and processes in place for the cleaning of the clinical areas and equipment.

Infection control audits were carried out every 3 months and action plans were developed for any issues identified. We saw from the clinical governance committee meetings minutes that infection control was a standing item on the agenda and any issues identified were discussed and actioned.

We saw ample provision of personal protective equipment, such as aprons and gloves and a staff flu vaccine immunisation programme was in place.

**Areas for improvement**

Clinical hand wash sinks within the medical centres were not compliant with current guidance (see recommendation c).

We noted that the sink within the housekeeping sluice area were not compliant with current guidance (see recommendation d).
Cleaning schedules completed by clinical staff should clearly detail the cleaning required and each medical room should have its own cleaning schedule (see recommendation e).

We noted that some sharps bin labels had not been completed. All sharps bins should have labelling information filled out correctly and should include the point of origin and date of closure (see recommendation f).

The service had a number of nurses who had completed the cleanliness champion course as part of their training. This had now been replaced by the new Scottish infection prevention and control education pathway. The pathway provides three layers to progress from novice to expert for all health and social care staff: foundation; intermediate; and improvement. The service could consider using this to help build skills and knowledge for all staff groups.

- No requirements.

Recommendation c

- We recommend that the service should assess and upgrade clinical hand wash sinks to ensure they are compliant with current standards as part of any refurbishment plan. This should be in line with a risk-based plan that takes into account both the use of the basin and its design.

Recommendation d

- We recommend that the service should assess the sink within the housekeeping sluice area and upgrade as part of any refurbishment plans.

Recommendation e

- We recommend that the service should expand the cleaning schedules completed by clinical staff to provide clear instructions on cleaning required and ensure each medical room should have its own cleaning schedule.

Recommendation f

- We recommend that the service should ensure all sharps bin labels have been completed correctly. This should include the point of origin and date of closure.

Quality Theme 3 – Quality of staffing

Quality Statement 3.2

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

Grade awarded for this statement: 5 – Very good

A range of human resources policies were in place to support safe and effective recruitment.
We examined staff files for five new staff members and found all were easy to navigate and all of the essential checks were in place. This included, application form, references, protection of vulnerable group (PVG) membership and a cross check with the relevant professional register if applicable. A health questionnaire was completed prior to commencing at the service. We saw PVG summary information was held and Disclosure Scotland records were held only for the minimum amount of time needed and then destroyed appropriately. This was in keeping with data protection legislation. An annual audit of the files had been carried to ensure compliance.

We saw that all staff had an induction checklist as well as role specific induction packages. A staff handbook was given to new employees and a mentoring system was in place to ensure new staff felt supported in their role.

We saw that patients had helped to develop questions for interviews through focus groups. They were also invited to help update job profiles on skills and attributes patients felt were important to them.

**Areas for improvement**

When checking the staff files, we saw that one member of nursing staff had started prior to the confirmation of their PVG status. This was not compliant with the hospitals policy and meant that the service was not adhering to regulations (see requirement 1).

**Requirement 1 – Timescale: Immediate**

- The provider must ensure it carries out appropriate Disclosure Scotland checks on staff prior to employment.

- No recommendations.

**Quality Statement 3.4**

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

**Grade awarded for this statement: 6 – Excellent**

A range of policies were in place to support the ethos of respect including equal opportunities, protection of vulnerable adults and prevention of bullying and harassment. The service had core values for staff with compassion at its centre. Equality and diversity and customer care training was available for staff.

The service had a participation strategy in place that encouraged patients to be involved in a number of initiatives. Regular meetings and focus groups were held to look at patients’ particular interests.

As patients were from around the world, specific religious and international days were celebrated. The catering staff worked hard to provide a range of international dishes.

All feedback from staff and patients reflected a positive culture. Staff worked well together with mutual respect to promote the best outcomes for patients.
All patients we spoke with told us that they were treated with dignity and respect. One told us ‘they are very caring people’.

Areas for improvement
The service should consider expanding its staff handbook to reflect the core values used to underpin the culture within the hospital.

- No requirements.
- No recommendations.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.3
To encourage good quality care, we promote leadership values throughout our workforce.

Grade awarded for this statement: 6 – Excellent
We saw a clear leadership structure in place. Nursing and therapy staff took on the responsibility of a lead or ‘champion’ for different areas of the service. Staff we spoke with were clear about their roles and responsibilities and told us that senior staff completed regular walk rounds and were very approachable.

We saw from clinical governance and senior management team meetings that senior staff had clear areas of responsibility within the service. A number of staff had completed leadership training and the service was keen to continue this to help promote leadership values and succession planning.

Staff told us that they had regular supervision and annual appraisals. They were kept up to date with both departmental meetings and information days arranged by the chief executive officer.

Staff told us they felt they had enough training to carry out their jobs. Staff were encouraged to bring new ideas forward and were confident that the service would support and provide training for new initiatives. All staff told us that they enjoyed working in the service. One said ‘this is a very rewarding job. You get to go on a journey with a patient and play a part in their recovery’.

- No requirements.
- No recommendations.

Quality Statement 4.4
We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 – Very Good
The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. This self-assessment is completed each year and it gives a measure of how the service had assessed itself against the quality themes and national care
standards. We found very good quality information that we were able to verify during our inspection.

We found very good quality assurance systems that involved patients and staff. A strong culture of continuous improvement was in place and we saw a variety of ways the hospital used to see how well it was operating. This included:

- analysis of complaints
- feedback from patients
- review of accidents and incident management, and
- patient and staff surveys.

An annual audit plan covered a range of areas including medication management, consent, training and cleaning. Additionally audits were carried out where there were concerns raised or to confirm systems or policies were working. Policies and procedures were subject to regular review.

The governance structure consisted of the board of directors, clinical governance group, therapy management and senior management team. A clinical incident reporting group reviewed any incidents and developed action plans. A series of departmental meetings took place to discuss relevant issues for the different areas of work. All reports and outcomes from quality assurance activities were fed into the clinical governance group. We saw detailed actions and responsibility for issues that required attention.

We saw a comprehensive participation policy and patients were regularly asked their views on the service. A report from a recent focus group held in August 2017 asked patients to comment on the quality of information provided to them by the service, staff, environment and communication. Focus groups were held twice each year and were led by the chief executive officer. Feedback was used to improve the service.

During our inspection the public partner attended an extended care unit community group meeting. This meeting took place every week and patients were encouraged to discuss aspects of their care and raise any concerns. All patients, therapists and a selection of staff members, including housekeeping, were invited.

The service’s quality assurance system had retained ISO 9001 certification. We saw that the May 2017 report was extremely positive.

Treatment programmes were reviewed regularly and we saw reports on how the hospital measured the success of the treatments provided.

**Area improvement**

Staff were aware of the audit programme however they told us they were not regularly provided with the results and outcomes (see recommendation g).

- No requirements.

**Recommendation g**

- We recommend that the service should consider ways they can more effectively communicate results of quality assurance audits to all staff and, where appropriate, patients.
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 Act, 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.

### Quality Statement 2.2

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**Recommendations**

We recommend that the service should:

- **a** ensure all checks on the generator are recorded with any action taken if faults are noted (see page 13).
  
  National Care Standards – Independent Hospitals (Standard 15.7 – Your environment)

- **b** carry out regular environmental audits (see page 13).
  
  National Care Standards – Independent Hospitals (Standard 15.3 – Your environment)

### Quality Statement 2.4

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**Recommendations**

We recommend that the service should:

- **c** assess and upgrade clinical hand wash sinks to ensure they are compliant with current standards as part of any refurbishment plan. This should be in line with a risk-based plan that takes into account both the use of the basin and its design (see page 14).
  
  National Care Standards – Independent Hospitals (Standard 13.2 – Prevention of infection)

- **d** assess the sink within the housekeeping sluice area and upgrade as part of any refurbishment plans (see page 14).
  
  National Care Standards – Independent Hospitals (Standard 13.2 – Prevention of infection)
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<th>expand the cleaning schedules completed by clinical staff to provide clear instructions on cleaning required and ensure each medical room should have its own cleaning schedule (see page 14).</th>
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<td>f</td>
<td>ensure all sharps bin labels been completed correctly. This should include the point of origin and date of closure (see page 14).</td>
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National Care Standards – Independent Hospitals (Standard 13.2 – Prevention of infection)

### Quality Statement 3.2

#### Requirement

The provider must:

1. ensure it carries out appropriate Disclosure Scotland checks prior to employment (see page 15).

**Timescale** – Immediately

*Regulation 9(1) (2)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendations

None

### Quality Statement 4.4

#### Requirements

None

#### Recommendation

We recommend that the service should:

1. consider ways they can more effectively communicate results of quality assurance audits to all staff and, where appropriate, patients (see page 17).

National Care Standards – Independent Hospitals (Standard 10 – Staff)
Appendix 2 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.
Our contact details are:

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

Telephone: 0131 623 4300
Email: comments.his@nhs.net
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC) are part of our organisation.