Unannounced Inspection Report: Independent Healthcare

Castle Craig Hospital | Castle Craig Hospital Ltd | West Linton
3–4 December 2013
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

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 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’)
- 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.

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act. 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. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of 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 independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public 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:** hcis.chiefinspector@nhs.net
2 Summary of inspection

Castle Craig Hospital is registered with Healthcare Improvement Scotland as a private psychiatric hospital. It provides 24-hour care and treatment to adults with alcohol and drug misuse and addiction problems. Treatment is delivered by a team of doctors, registered nurses and therapists under the supervision of a consultant psychiatrist.

The hospital has 122 inpatient beds. Bedrooms are a mix of single rooms and multi-occupancy rooms, some with en-suite facilities and others with communal bathrooms and toilets. Care and treatment is provided in two separate units with communal sitting rooms, dining areas, group therapy rooms and meeting rooms.

The hospital is situated in a rural countryside location near Peebles and Biggar. Onsite car parking is available.

We carried out an unannounced inspection to Castle Craig Hospital on Tuesday 3 December and Wednesday 4 December 2013.

The inspection team was made up of two inspectors. One inspector led the team and was responsible for guiding them and making sure the team members agreed the findings reached. See Appendix 4 for membership of the inspection team visiting Castle Craig Hospital.

We assessed the service against four quality themes related to the National Care Standards. Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 23):

- Quality Theme 0 – Quality of information: 6 - Excellent
- Quality Theme 1 – Quality of care and support: 5 - Very good
- Quality Theme 3 – Quality of staffing: 6 - Excellent
- Quality Theme 4 – Quality of management and leadership: 5 - Very good

During the inspection, we gathered evidence from various sources. This included the relevant sections of policies, procedures, records and other documents including:

- patient care records
- training needs analysis
- training plan
- minutes from meetings
- audits
- incident forms, and
- the complaints log.
We had discussions with a variety of people employed at Castle Craig Hospital including:

- the registered manager
- the deputy manager
- admissions staff
- registered nurses, and
- therapists.

We also spoke with several people who were using the service. Some of their comments are reported under Quality Statement 3.4 of this report.

During the inspection, we observed how staff cared for and worked with people who use the service. We took into account The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011.

Overall, we found evidence in Castle Craig Hospital that:

- people using the service and staff feel they are treated with respect
- people using the service have access to a lot of information about the service, and
- quality assurance systems and processes are in place.

This inspection resulted in no requirements and no recommendations.

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

What the provider has done to meet the requirements we made at our last inspection on 1 December 2011

Requirement 1

The provider must ensure that the relevant certificate of registration issued by Healthcare Improvement Scotland is on display in a conspicuous place in the premises. This is to ensure compliance with Castle Craig Hospital’s registration under the National Health Service (Scotland) Act 1978.

Action taken

We saw that the certificate of registration was displayed prominently on the noticeboard in the main reception area of the service. This requirement is met.

Requirement 2

The provider must ensure that errors in the controlled drug registers are corrected by means of a marginal note or footnote. It is not acceptable to delete or score out entries in a controlled drug register. This is to ensure compliance with the Misuse of Drugs Regulations.

Action taken

We looked at the controlled drug register and saw that any errors were corrected in the appropriate manner. This requirement is met.

Requirement 3

The provider must ensure that all people’s healthcare records are fully completed in all aspects of their health, safety and welfare needs. This is to ensure that each person who uses the service has an up-to-date healthcare record which confirms the date, time and outcome of all consultations, examinations, assessments and treatments carried out and signed by the healthcare professional making the entry.

Action taken

This requirement is reported under Quality Statement 1.5 and has been met.
What the service has done to meet the recommendations we made at our last inspection on 1 December 2011

Recommendation a

Castle Craig Hospital should amend procedure CG41B to reflect the fact that controlled drug requisition forms issued by the local NHS board are no longer used to order controlled drug stock. It would also be helpful if this procedure contained a pictorial representation of an example of the stationery to be used, completed in an appropriate manner, to meet the requirements of controlled drug regulations.

Action taken

We discussed this recommendation with the service. Although most of the controlled drugs are ordered from their pharmacy provider, they do still order some stock from the local NHS board. The policy reflects the procedure for ordering controlled drugs. This recommendation is met.

Recommendation b

Castle Craig Hospital should address the inconsistency in the frequency of checking controlled drug stocks in procedures CG41A and CG41B so that they are amended to state a daily check.

Action taken

We looked at the procedures and saw that these reflect the frequency for checking controlled drug stocks. This is with the exception of methadone as agreed with the accountable officer from the local NHS board. This recommendation is met.

Recommendation c

Castle Craig Hospital should include cross reference to the hospital’s whistleblowing policy in the following procedures and policies:

- controlled drugs
- controlled drugs policy
- controlled drug procedures
- management of people undergoing detoxification
- protocol for doctors and nurses managing detoxification
- prescribing tranquilliser medicines, and
- medicines management.

Action taken

All these policies have been amended to reference the whistleblowing policy. This recommendation is met.
Recommendation d

Castle Craig Hospital should establish a controlled drug key register to allow tracking and auditing of key possession.

Action taken
The service has a procedure in place where the nurse in charge takes charge of the controlled drug keys. They sign the diary at the beginning of the shift to reflect that they have responsibility. Although they may give the keys to the other nurses on duty; they remain responsible for the keys throughout the shift. This recommendation is met.

Recommendation e

Castle Craig Hospital should continue the arrangement with NHS Borders pharmacy department for the destruction of controlled drugs.

Action taken
The service has changed the way it orders medication since the previous inspection. It now uses an external pharmacy provider. There is a procedure in place with the new pharmacy provider for the destruction of controlled drugs. This recommendation is no longer relevant.

Recommendation f

Castle Craig Hospital’s accountable officer for controlled drugs should attend meetings of the national accountable officers group.

Action taken
The accountable officer in the service will change in January 2014. The new accountable officer has already started to attend these meetings. This recommendation is met.

Recommendation g

Castle Craig Hospital should consider allowing people who use the service to be in possession of prescribed medicines for conditions unrelated to addictions management.

Action taken
We were told that this issue has been discussed within the senior management team and a decision has been made that they do not consider it appropriate to allow people using the service to be in possession of any medications. This recommendation will be removed.

Recommendation h

Castle Craig Hospital should introduce a procedure specifying the format to be adopted when completing prescription sheets to ensure legibility.

Action taken
We saw that this forms part of the medication policy. This recommendation is met.
Recommendation i

Castle Craig Hospital should review and make clearer the pre-admission information on the provision of shared accommodation.

Action taken
We saw that pre-admission information makes it clear that people using the service may have to share accommodation. This recommendation is met.

Recommendation j

Castle Craig Hospital should develop a written policy and procedure on how to manage an outbreak of illness.

Action taken
We saw that this is covered in the infection control procedure. This recommendation is met.

Recommendation k

Castle Craig Hospital should identify a specific timescale for improvement following environmental audits.

Action taken
We saw that timescales were added to environmental audits. This recommendation is met.
4 Key findings

Quality Theme 0

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

We looked at the service’s website. The website provides a wide range of information about the service and the treatments on offer. The website includes:

- short videos about the service
- descriptions of the treatments available
- biographies of key members of the team
- testimonials from people who have used the service in the past, and
- access to resources and information on a range of addictions.

A range of information leaflets are available in the public areas of the hospital. These are accessible to both people using the service and visitors. Available information includes:

- answers to frequently asked questions
- a summary of the participation strategy
- how the service protects personal information
- costs of treatment, and

A wide range of supplementary information is also available on request.

We spoke with staff from the admissions team. They described how they provide people who are interested in the service with information. People can be sent information by email and by post. The admissions team also has a DVD they can send to people if they would prefer this. The admissions team sent us an example of the email they would send to people making enquiries about the service. The email includes:

- a brochure about the service
- information on fees
- contact details to arrange a discussion with a doctor or therapist, and
- information on visiting arrangements for family members.

The admissions team is able to offer people interested in using the service the opportunity to visit and to speak to a member of staff. People interested in using the service can also have a consultation with a doctor or therapist by telephone or video call.

We were told that there are three main ways people who use the service are funded. This is either by private funds, healthcare insurance or their local authority or NHS board. There is a member of staff in the service who helps people with accessing funding in their local area.
This involves speaking with the local authority or NHS board in the relevant area. This member of staff also provides information to the local authority or NHS board on the service provided.

The service also holds open days for healthcare professionals to visit. This allows healthcare professionals who may make a referral to the service to have an understanding of the treatments on offer. This will help them decide whether the service is suitable for the person they are referring.

We spoke with several people using the service. They told us that they felt well informed about what to expect from the service. They all said that they had been sent information very quickly after they made their initial enquiry. Everyone we spoke with told us they felt they had lots of information about their treatment. The service also treats a number of people from outwith the UK. We spoke with several of these people during the inspection. They all told us that they felt they were well informed about what to expect before deciding to come to the service.

- No requirements.
- No recommendations.

Quality Statement 0.4

We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Grade awarded for this statement: 6 - Excellent

We saw that confidential patient files were stored in a locked metal cabinet in a locked room. We looked at the policy for handling confidential patient information. This sets out the process all staff had to follow to sign the files in and out. All files must be returned to the cabinet at the end of each day.

We spoke with the ‘Caldicott Guardian’ for the service. A Caldicott Guardian is usually a senior health professional who has responsibility for making sure that staff understand and comply with data protection procedures. They gave us examples of how they manage information to make sure that only necessary information is shared. Examples included:

- any information sent to social services does not include any medical information
- minimal information is sent to insurance companies, usually only the dates the person was treated in the service, and
- when internal audits are carried out, the person carrying out the audit only sees the person’s unique patient number.

We looked at the employee handbook which is given to all staff when they start working in the service. The handbook explains the importance of confidentiality and guides them to the policies which can be found on the internal computer system. We saw that all staff have to sign a patient and business confidentiality document at the beginning of their employment. As part of staff induction, confidentiality is discussed and documented on the induction checklist. Staff we spoke with during the inspection were aware of the policies and procedures in place for the protection of patient information.
The service has to share data with a wide range of people. They may have to send information to a person’s GP, insurance company or other referring agency. We saw policies and procedures are in place to guide staff on how to share information correctly and make sure that only the necessary information is shared.

We saw that the service has a system in place for scanning information onto their electronic system.

- No requirements.
- No recommendations.

**Quality Theme 1**

**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**

We looked at three sets of patient care records during the inspection. We found that these were well completed. All entries were dated and signed by the person making the entry.

We saw that all three patient care records included a comprehensive admission package which included details of:

- alcohol and substance use
- family history
- past medical history, and
- previous mental health issues.

All the people using the service had been assessed using a variety of assessment tools. The tools assess areas such as:

- alcohol and substance use
- general health
- risk behaviours
- depression
- anxiety, and
- self esteem.

We saw that all people using the service who are undergoing detoxification from substances or alcohol have their physical health monitored routinely.

All patient care records we looked at included care plans and individual treatment plans detailing the care that should be delivered.
An audit of the patient care records is carried out on a weekly basis. Three sets of records are chosen at random. We looked at recent audits and saw that any areas for improvement had been identified and rectified.

At our previous inspection on 1 December 2011, we made the following requirement:

*The provider must ensure that all people’s healthcare records are fully completed in all aspects of their health, safety and welfare needs.*

From the patient care records we looked at, we saw that this requirement has been met.

- No requirements.
- No recommendations.

**Quality Statement 1.7**

*We are confident that the quality of service users’ care will benefit from regular review of clinical practice within the service.*

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

We saw the daily electronic report for both the extended care unit (ECU) and the intensive therapy unit (ITU). These reports contain information such as:

- patients in each unit
- admissions
- planned discharges
- possible admissions, and
- transfers from the ITU to the ECU.

The report also gave brief details of the people using the service. This included information about their care, such as the condition of people undergoing detoxification.

We saw evidence of weekly community meetings. Issues discussed at these meetings included:

- points raised from previous meetings
- community morale
- individual house morale
- any positive changes in the community, and
- housekeeping issues including house awards for the best kept house.

We saw that both the extended care manager and the intensive therapy manager complete a weekly report that is sent to the hospital manager.
We attended daily staff meetings for both the ECU and ITU. Staff attending these meetings included:

- therapists
- nurses, and
- medical staff.

The meetings discussed each individual’s progress and the mood within the unit. They also discussed the ‘buddy system’ and who was going to buddy people who were new to the service. The buddy system is when someone new to the service is paired with someone who has been there for a few weeks. The buddy will help the new person settle in for the first few days explaining the routine and introducing them into the community.

Clinical staff, including doctors and nurses, held another meeting after the daily staff meeting in the ITU. They discussed medication regimes and medicine charts were updated to reflect any changes to a person’s medication.

We spoke with three nursing staff on the day of the inspection. Nurses told us that they had one-to-one supervision with a senior staff nurse every 6 weeks. We also spoke with a therapist about supervision. They told us that they were supervised every 2 months, their session had an agenda and that both parties involved signed the supervision record.

Staff were aware that the service had a policy for whistleblowing. Staff who we spoke with told us that they would feel comfortable reporting or escalating concerns to their line manager.

We saw evidence of clinical audits and corrective action plans such as:

- controlled drugs
- infection control
- mattress replacement
- patient files
- residential family programme
- medicine management
- detoxification, and
- accidents and incidents.

We could see that the service had a programme in place to identify policies and procedures which required to be reviewed with timescales and action plans.
We spoke with the registered manager about the medical revalidation process for doctors. Medical revalidation requires that doctors have yearly appraisal from another doctor. This is to give patients confidence that their doctors are performing well and are aware of the latest developments in their area of medicine. We could see that the registered manager had completed their revalidation in 2013. The service is currently finalising arrangements with their local NHS board which will provide support in this area. We will follow this up at future inspections.

- No requirements.
- No recommendations.

Quality Theme 3

Quality Statement 3.3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Grade awarded for this statement: 6 - Excellent

We saw that the service has carried out a training needs analysis. A training plan has been created based on the outcome of the analysis. The plan covers both the core training that all staff will undertake as well as the individual training they will complete. The core training includes:

- cardio-pulmonary resuscitation
- moving and handling
- fire safety
- infection control, and
- food hygiene.

Individual training staff will carry out includes:

- diploma in addiction
- certificate in cognitive behavioural therapy
- diploma in gambling addiction
- acupuncture, and
- risk management.

Staff we spoke with told us that they were encouraged to continue their own development and were supported by the management team to attend external training courses and events.

The service used to offer equine therapy. After this therapy was withdrawn, people using the service had provided feedback that this had been a beneficial resource. As a result, the service sent a member of staff to America to train in the use of equine therapy. People using the service now have access to this therapy again.

Treatment in the service is based around a ‘12 step approach’ alongside individual and group therapy. Therapists deliver most of the therapy in the service. The service recognised that
therapists often did not work in the service in the evenings or at night. During these times, nursing staff provide support to the people using the service. As a result, the service has trained nurses in the 12 step approach used in the service. This allows nurses to recognise which step people are on and understand the issues they may be addressing during therapy.

We saw that any new therapists who have not experienced treatment in the past undergo a 'patient experience'. This involves the therapist becoming a member of the community for 2 weeks. They stay in the service and carry out a similar treatment programme to the people using the service. This helps to give them a better understanding of the experiences of the people they will be delivering therapy to.

■ No requirements.
■ 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

We spoke with several people who use the service. They all told us that they felt they are treated with respect by staff. Some comments we received included:

- ‘Communication with staff is very good.’
- ‘From the first day you are here all the staff know your name.’
- ‘There is a supportive atmosphere.’

At the end of each day, people using the service were asked to complete a form reflecting on how the day has gone for them.

A fundamental part of the 12 step approach is that people treat each other with dignity and respect. People are encouraged to explore the consequences of their behaviour and how they interact with others.

Staff we spoke with during the inspection told us that they feel they are treated with respect. They told us the different teams in the service all work well together. They felt well supported by colleagues and senior staff. The staff spoke positively about the people who use the service. Staff felt as if they were part of the community, for example they will eat with people who use the service. The service displays the names and photographs of all staff working in the service.

We were told that there is a yearly reunion held which is well attended by both staff and people who are currently using the service or have used it in the past.

■ No requirements.
■ No recommendations.
Quality Theme 4

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
There is a clinical governance group in the service. We looked at the minutes from the previous three meetings. We saw that the meeting covered several areas such as:

- clinical incidents
- medical revalidation
- staff training, and
- complaints.

We saw that any areas that required action were clearly identified. The minutes also showed who was responsible for completing the action and the timescale for completion.

We looked at the audit plan for 2013. The plan was generated from the clinical governance meetings. The audits carried out included:

- controlled drugs
- infection control
- patient care records
- nurse training
- nurse supervision, and
- recruitment.

The plan detailed how often the audits are carried out, who is responsible for the audit, timeframes and completion date. The audits included action plans to address any areas for improvement.

We looked at the records of any incidents that occurred in the service in the last year. We saw that these records contained a lot of detail about what led to the incident and what was done in response. They also detail any learning taken from the incident. We could see that a senior member of staff reviewed all incidents.

The service keeps a log of all the complaints it receives. We looked at this and saw that it contained a description of the complaint received, the action taken and the outcome. There were no outstanding complaints at the time of the inspection.

We saw that the service asks people who have used the service to complete satisfaction questionnaires. These are managed by an external company that provides the service with a report on the outcomes. We looked at the report and saw that the service scores high rates of satisfaction across all areas covered by the questionnaire.
At our previous inspection to the service in December 2011 we made three requirements and 11 recommendations. We have reported on these under Section three of this report. We found that the service has made all the necessary improvements highlighted in these requirements and recommendations.

- No requirements.
- No recommendations.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the 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 0.2

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### Quality Statement 1.5

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Appendix 2 – Inspection process

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information**: this is how the service looks after information and manages record keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support**: how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment**: the environment within the service.
- **Quality Theme 3 – Quality of staffing**: the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership**: how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in the flow chart in Appendix 3.

**Types of inspections**

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 8 weeks after the inspection.

- **Announced inspection**: the service provider will be given at least 4 weeks’ notice of the inspection by letter or email.
- **Unannounced inspection**: the service provider will not be given any advance warning of the inspection.

**Grading**

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

```
6  5  4  3  2  1
excellent  very good  good  adequate  weak  unsatisfactory
```

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

**Quality Theme 1 – Quality of care and support: 4 - Good**

Quality Statement 1.1 – 3 - Adequate  
Quality Statement 1.2 – 5 - Very good  
Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by video conference
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 3 – Inspection process flow chart

How we inspect hospitals and services:
We follow a number of stages in our inspection process.

**Before inspection**

The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.

We review the self-assessment submission to help inform and prepare for on-site inspections.

**During inspection**

We arrive at the service and undertake physical inspection.

We have discussions with senior staff and/or operational staff, people who use the service and their carers.

We give feedback to the service’s senior staff.

We undertake further inspection of services if significant concern is identified.

**After inspection**

We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require 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.
Appendix 4 – Details of inspection

The inspection to Castle Craig Hospital was conducted on Tuesday 3 December and Wednesday 4 December 2013.

The inspection team consisted of the following members:

Gareth Marr
Inspector (Lead)

Elizabeth MacLeod
Inspector
Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)
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 and the Scottish Intercollegiate Guidelines Network (SIGN) are part of our organisation.