Unannounced Inspection Report: Independent Healthcare

Monroe House | Oakview Estates Ltd | Dundee
10–11 December 2013
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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

Monroe House is a 26 bed private psychiatric hospital providing healthcare services for adults with learning disabilities, associated mental health problems and challenging behaviour.

The hospital has 26 en-suite bedrooms within a two storey building. 'Etive' provides 14 beds for admission and treatment, and 'Anoach' provides 12 beds for rehabilitation. A separate day facility 'Corbett Lodge' is solely for people who stay in Monroe House. A secluded garden to the rear of this facility provides privacy when people who use the service are outdoors. The hospital is situated in the Ardler area of Dundee, close to local amenities and public transport services.

The provider's website states the service believes everyone should be treated as a full and valued member of their community with the same rights as everyone else. The focus of the service is on rehabilitation and the improvement of health and well-being of people using the service. Care is provided by a multi disciplinary team including nurses, psychiatrists, psychologists, occupational therapists, and speech and language therapists.

We carried out an unannounced inspection to Monroe House on Tuesday 10 and Wednesday 11 December 2013.

The inspection team was made up of two inspectors, a public partner with support from People First Scotland, and an observer from Healthcare Improvement Scotland. 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 Monroe House.

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 25):

**Quality Theme 1 – Quality of care and support: 4 - Good**
**Quality Theme 2 – Quality of environment: 3 - Adequate**
**Quality Theme 3 – Quality of staffing: 2 - Weak**
**Quality Theme 4 – Quality of management and leadership: 3 - Adequate**

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

- healthcare records
- prescription sheets
- minutes from meetings
- audits, and
- incident forms.

We had discussions with a variety of people employed at Monroe House including:

- the registered manager
- registered nurses, and
- healthcare support workers.
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 Monroe House that:

- good systems are in place to manage medication, and
- people using the service are given opportunities to comment on their care.

We did find that improvements are required in a number of areas, which include:

- making sure staff treat people with dignity and respect at all times
- improving the standard of the environment, and
- making sure the quality assurance systems which are in place are robust.

This inspection resulted in eight requirements and six recommendations. The 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.

Oakview Estates Ltd, the provider, must address the requirements and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Monroe House for their assistance during the inspection.
3  Key findings

Quality Theme 1

Quality Statement 1.1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 4 - Good

Information leaflets are available which describe the service and are presented in a way that is similar to ‘talking mats’. Talking mats help people using the service to give their opinions through symbols. It allows them to express how they feel in a visual way.

We looked at the main notice board in the foyer of the service. The service displayed three different leaflets, which were:

- having your say
- let’s think about making a complaint, and
- let’s think about bullying.

The leaflets were all in large print and contained pictures to help make them easier for people using the service to read.

The having your say leaflet explained to the people using the service about living there. The leaflet sets out:

- what activities were available
- the people who support you
- ways they will help people to communicate their views
- how the service will ask you about the things that are important to you
- forums and groups for people using the service, and
- access to advocacy.

The leaflet about making a complaint describes:

- who people using the service can talk to about any concerns or complaints
- what to do if this doesn’t help
- what a complaint is
- what happens when you make a complaint, and
- that the person can complain to Healthcare Improvement Scotland if they want to.

The leaflet about bullying covered:

- what is bullying
- who might bully a person
- that bullying is not allowed in the service, and
- what to do if you feel you are being bullied.
People using the service have access to independent advocacy. Advocacy supports people to raise any issues that are important to them. The service displayed the details of the local independent advocacy support on the notice board. This included:

- the person’s name
- a picture of them
- their contact details, and
- an explanation of their role.

We saw that the complaints policy was due to be reviewed in 2014. This policy identifies the process for people using the service to complain within the service. The policy refers to Healthcare Improvement Scotland with the correct contact details.

We looked at three sets of staff recruitment files. The people using the service had participated in the recruitment process. This participation was documented in the file in the form of a picture graph.

The service displayed information from the Mental Welfare Commission for Scotland which included:

- monitoring your care and treatment
- visiting people
- welfare guardianship
- who we are and what we do, and
- information for detained patients.

The service holds monthly residents meetings and an action plan is generated from the meeting. The agenda includes:

- catering/food
- daily activities
- decoration of the building, and
- day-to-day care.

We saw a document called ‘my case conference’. This asked people using the service if they would like to be more involved in their case conference. A case conference is when people involved in a person’s care meet together to discuss what is going to happen next. The person using the service could use talking mats if they required and they could take their workbook along to the next meeting.

**Areas for improvement**

A new provider has recently taken over the service. It is important for the new provider to engage with the families of people using the service. This will allow families to give their opinions on what the service has been doing well and what improvements the new provider could make (see recommendation a).

While the notice board had a lot of information on it, we were concerned that there may have been too much. We were not sure how much of the information was particularly relevant to
the people using the service. For example, it still had information from a survey that the previous provider of the service carried out (see recommendation b).

- No requirements.

**Recommendation a**

- We recommend that Monroe House should give the families of people using the service the opportunity to give their opinions on the quality of the service. This will allow them to identify what the service has been doing well and improvements they think could be made.

**Recommendation b**

- We recommend that Monroe House should review the information provided on the notice board to ensure it is relevant to the people using the service. People using the service should be supported to access the information when required.

**Quality Statement 1.4**

We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

**Grade awarded for this statement: 4 - Good**

We looked at nine prescription sheets during the inspection. We found that all the prescriptions had:

- a photograph to help identify the correct person
- the person’s name and date of birth clearly written
- been signed by the prescriber
- the name of the medication to be given written legibly, and
- the route identified, for example to be given by mouth or injection.

We also looked at the prescription recording sheets that corresponded to these prescriptions. These had all been fully completed.

Staff in the service carry out a daily audit on the prescriptions and prescription recording sheets to make sure they have been completed correctly.

Some people using the service are prescribed ‘as required’ medication. As required medication can sometimes be used when people are very agitated or expressing aggressive behaviours. We saw that the service does not use as required medication for this purpose very often. There was an option to give the medication by injection and an option to give it orally. We saw very few occasions when as required medication was given by injection.

When people were prescribed as required medication we saw that a care plan was in place. The care plan set out when the as required medication should be used.
We looked at an example of when a person was being given medication covertly. This means that staff have decided that the medication is necessary for the person and disguise it in food or a drink to make sure the person takes it. There was a care plan to support the use of covert medication for this person. The Mental Welfare Commission has published guidance on the use of covert medication. We saw that the service was following these guidelines.

Staff have a policy to follow if they make a medication error. Staff we spoke with were able to tell us what they would do if they made an error, including seeking immediate medical advice if necessary.

The service carried out an audit of prescribing practices of anti-psychotic medication in November 2013. It is important to monitor use of anti-psychotic medication as there may be an increase in side effects when they are used in high doses or if more than one anti-psychotic is used at a time. The audit looked at:

- whether there was discussion in the multi disciplinary team meeting about the use of anti-psychotic medication
- whether mental health act paperwork had been completed
- the reason for the use of anti-psychotic medication, and
- whether the service has monitored the person’s physical health.

The audit showed good compliance and improvement since a previous audit was carried out in 2012.

Areas for improvement
It is good practice for staff administering medication to be able to check the expiry date of the medication before they administer it. We saw four examples where staff would not have been able to see the expiry date when they were administering the medication (see recommendation c).

Although the service does not use as required medication often, we did see the use of as required medication on one occasion. On this occasion, we considered it to be used for the purpose of rapid tranquilisation. Rapid tranquilisation is the use of medication to calm or lightly sedate a person to reduce the risk to themselves or others. The service does not currently have a policy to support the use of rapid tranquilisation. This is particularly important as this is not regularly used in the service (see requirement 1).

During the occasion described above, staff contacted the on-call doctor to request that the as required medication be given by injection as the person was refusing to take it orally. The on-call doctor agreed to this and gave a verbal instruction, followed with an email, to instruct staff to do so. While we have no concern with this procedure in an emergency situation, the prescriber had not completed and signed a new prescription on the person’s prescription sheet. The Nursing and Midwifery Council standards for medicines management allow for remote prescribing. However, they also state:

‘This should be followed up by a new prescription signed by the prescriber who sent the fax or email confirming the changes within normally a maximum of 24 hours (72 hours maximum – bank holidays and weekends).’
The provider’s own policy states:

‘The receiving nurse will copy the drug name, dose and indications into the once only section of the drug chart, this will be checked for accuracy against the doctor’s email by a second nurse. The drug chart entry will be signed by the doctor who authorised the prescription (or nominated deputy doctor) on the next working day’ (see requirement 2).

**Requirement 1 – Timescale: by 31 March 2014**

- The provider must ensure that it has a policy to support the use of as required medication for the purposes of rapid tranquilisation.

**Requirement 2 – Timescale: immediately on receipt of the report**

- The provider must ensure that a record is made in the patient care record, as closely as possible to the time of the relevant event, every medicine ordered for people using the service, and the date and time it was administered.

**Recommendation c**

- We recommend that Monroe House should ensure that all medication has a legible expiry date so staff can check it before they administer the medication to people using the service.

**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: 3 - Adequate**

We saw that the service holds a ‘flash meeting’ every morning. This meeting includes different staff members such as:

- nursing staff
- maintenance staff
- therapy staff, and
- the registered manager.

Staff discuss any community visits, housekeeping, maintenance and management issues at the meeting.
The service has a system for accident and incident reporting. We saw a critical incident reporting form. This form allows staff to document their thoughts and feelings after a critical incident. Staff can also use it to debrief after a critical incident. The form details:

- brief description of the event
- how do you feel
- what was satisfactory/unsatisfactory
- what might you have done differently
- what might others have done differently
- what was the outcome of reflecting on this, and
- what the agreed actions to be taken forward in clinical supervision are.

Each person using the service has an individual risk assessment.

Areas for improvement

We could not see any up-to-date policies on the management of risk. The registered manager told us these policies were in the process of being updated. The service was also unable to show us any environmental risk assessments (see requirement 3).

During the inspection, staff made us aware of an incident of an assault which caused them concern. We looked at the incident form relating to this incident and found little detail. We spoke with three staff involved in the incident. One member of staff told us that information contained in the incident form was inaccurate. There had been no debriefing about the incident. This was despite staff concerns that there was not enough suitably trained staff in the area to deal with the incident safely. The incident had occurred on 29 November 2013 (see requirement 4).

Requirement 3 – Timescale: by 30 April 2014

- The provider must introduce and maintain a system to manage risk associated with, or arising from, the care and treatment of people who use the service. This must include:
  
  a) policies and procedures to manage risk, and
  
  b) environmental risk assessments.

Requirement 4 – Timescale: immediately on receipt of the report

- The provider must ensure that senior staff review all incidents in the service within a reasonable time. This will allow the service to respond to any concerns raised and ensure that any opportunities for learning are identified.

- No recommendations.
Quality Theme 2

Quality Statement 2.1
We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 4 - Good
The areas reported under Quality Statement 1.1 are also relevant to this statement.

- No requirements.
- No recommendations.

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: 3 - Adequate
Accommodation is provided over two floors. All bedrooms in the service are en-suite. People using the service can use two separate lounges on each floor. Separate dining facilities are also available on each floor. The service has a training kitchen. This can be used to teach people cooking skills as part of a rehabilitation programme.

A separate building has space for activities. All of the people using the service are able to access this building during the day. The service also has a large amount of garden space around it. Some of this is used to allow people who use the service to develop gardening skills.

We saw that people who use the service have had the opportunity to personalise their rooms.

Areas for improvement
The decor in some areas of the service is tired. We saw a lot of damage and staining on the walls throughout the service. One lounge in particular was not in a satisfactory condition. Some of the en-suite and public bathrooms need to be replaced. Since taking over the service, the provider has refurbished one of the lounges on the ground floor. We spoke with the regional manager during the inspection who told us that a refurbishment plan had been sent to the provider’s Board for approval (see requirement 5).

One person who uses the service has to have their room cleaned on a regular basis. The products being used to clean their room were not correct. The products should have been chlorine based as there were often body fluids present. The area where the cleaning products were stored was not appropriate. This was because the person’s toiletries and blankets were stored alongside a mop which was not clean. No compliant clinical hand washing sinks are available to staff and there is a lack of access to suitable clinical waste bins (see requirement 6).

We attended the flash meeting which is described under Quality Statement 1.6. Before the meeting, we saw a small area where pipes at eye-level were exposed. These pipes would
normally have been covered. This was not discussed in the flash meeting when maintenance issues were discussed (see recommendation d).

The service uses pictorial symbols in some areas to describe what the area is used for. For example, pictures may be on the door of the training kitchen or on people's bedrooms. Some of these symbols were very small and may not have been useful to the people using the service (see recommendation e).

**Requirement 5 – Timescale: by 31 August 2014**

- The provider must carry out a programme of refurbishment throughout the service to ensure it is fit for the provision of an independent healthcare service.

**Requirement 6 – Timescale: a) and b) by 28 February 2014; and c) by 30 April 2014**

- The provider must have appropriate systems, processes and procedures for the prevention and control of infection. To do this, the provider must:
  
a) carry out a full infection control and environmental audit of the service

b) ensure staff are aware of and use the correct products when cleaning body fluids, and

c) ensure staff have access to hand washing sinks that are compliant with current guidance.

**Recommendation d**

- We recommend that Monroe House should ensure that any maintenance issues are discussed at the flash meeting. This will allow them to rectify any issues as quickly as possible.

**Recommendation e**

- We recommend that Monroe House should review the use of pictorial symbols in the service. The review should involve a speech and language therapist and the symbols should be large enough and recognisable to people using the service.

**Quality Theme 3**

**Quality Statement 3.1**

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

**Grade awarded for this statement: 4 - Good**

The areas reported under Quality Statement 1.1 are also relevant to this statement.
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: 3 - Adequate
The service had a staff training plan. On the day of the inspection, we looked at training records for staff. We could see that staff had completed training which included:

- emergency first aid
- mental health law for support workers
- safeguarding vulnerable adults
- accident reporting
- moving and handling
- corporate induction
- positive record-keeping in practice
- equality and diversity, and
- privacy and dignity.

We spoke with several staff members on the day of inspection who told us that they had completed various training courses. Staff told us that the training they completed had given them knowledge and understanding they could use in their day-to-day working environment.

We saw that the service had a whistle-blowing policy. The policy explains how to raise concerns with your line manger or director, and the telephone numbers for the provider’s confidential whistle-blowing service. We spoke with two staff who told us they knew how to find the policy and that they would not have any problems escalating any concerns to their line manager.

We were told staff receive regular one-to-one clinical supervision. Clinical supervision allows staff to:

- discuss their practice
- look at individual cases in more detail, and
- identify any training or development needs.

Area for improvement
We spoke with some staff who appeared motivated and spoke positively about their work. However, several members of staff we spoke with told us they were not happy working in the service. One told us that ‘everyone feels low.’ Another said there was a difficult relationship between two different groups of staff.

We spoke with two people who use the service. Both told us that they did not think staff were happy. One said some staff had told them that they were not happy at work.

We are aware that staff in the service have been through challenging times recently. We were concerned that morale among a number of them was low. We were particularly concerned that some of the people using the service appeared to notice this as well (see recommendation f).
Recommendation f

We recommend that Monroe House should carry out a staff survey to allow them to engage with staff about any issues that are concerning them. The outcomes from the staff survey should be addressed through clinical supervision to allow staff to discuss issues that are affecting morale.

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: 2 - Weak

We saw several positive interactions between staff and people who use the service. Some of the staff we spoke with talked about the people using the service in a respectful manner.

Areas for improvement

We saw several interactions during the inspection that we did not think were respectful. We saw staff:

- speaking sharply to people
- shouting down the corridors to people
- interrupting people during a conversation, and
- speaking to people in a way that we did not think was respectful.

We saw other examples which caused us to believe staff do not always make sure people using the service are treated with dignity and respect. These included the following:

- One person uses a lounge area that was not clean and was in a state of disrepair. We do not think it was appropriate that staff were allowing the person to use this room without cleaning it. We brought this to the attention of staff during our inspection on the evening of 10 December 2013. When we returned the next day we found it had still not been cleaned to a satisfactory level.
- A suitcase and a bag of clothes had been left on the floor of one of the lounges. People regularly use this lounge. The suitcase and bag were open and some of the clothes were falling out. We spoke with a person who uses the service who told us the bag and suitcase had been there for some time.
- The chiropodist visited during our inspection. We saw that a person using the service was receiving treatment in one of the lounges. The door was wide open and several other people, including staff, were in the area. We were concerned about this person’s privacy and dignity, and that they had received chiropody treatment in a communal lounge.
- We saw staff enter people’s bedrooms without knocking.

We spoke with several people who use the service during the inspection. Some of the comments we received were:
• ‘Decorating needs to be done, lounges, carpets and furniture.’
• ‘(A specific nurse) has a bad attitude.’
• ‘I complain, I go down to the manager, nothing happens.’
• ‘Some of the staff is alright.’
• ‘Food has got better. There is a new chef.’

It is important that staff value the people they are looking after. Because of some of the interactions described above, we were concerned that not all staff working for the service did this (see requirement 7).

Requirement 7 – Timescale: a) and b) immediately on receipt of this report; and c) by 31 March 2014; and d) by 30 April 2014

- The provider must provide services in a manner that respects the privacy and dignity of service users. To do this the provider must:
  a) ensure all staff are aware of their responsibility to treat people with dignity and respect
  b) put in place processes to get feedback from people using the service and other stakeholders on the attitudes of staff
  c) put in place processes to regularly monitor the interactions between staff and people using the service, and
  d) make sure staff are aware of their responsibility to challenge and report poor practice.

- No recommendations.

Quality Theme 4

**Quality Statement 4.1**
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Grade awarded for this statement: 4 - Good
The areas reported under Quality Statement 1.1 are also relevant to this statement.

**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: 3 - Adequate
We spoke with the registered manager about the governance systems in place for the service. The service has a clinical governance committee.
We were told that the provider sends internal quality assurance auditors to the service. They audit areas such as medical records and staff files every 3 months. The audit will be unannounced and the service will then get a report.

We looked at a report that had been provided after an audit had been carried out. The report had been completed by three internal governance team members. The report was written to reflect compliance with National Care Standards.

We were told that the service also does monthly audits such as:

- health and safety
- medicine management
- medical devices
- as required medication
- staff personnel, and
- statutory requirements.

**Area for improvement**

We looked at the minutes from the clinical governance committee held on 27 November 2013. The minutes state that there are no infection control issues. This is despite the issues identified in Quality Statement 2.2 regarding lack of clinical hand washing facilities, lack of appropriate clinical waste bins and use of inappropriate cleaning products.

We are not assured that the present quality assurance processes are robust enough (see requirement 8).

**Requirement 8 – Timescale: by 30 April 2014**

- The provider must make such arrangements as are necessary to ensure that any treatment or services provided are of a quality that is appropriate to meet the needs of service users. To do this, the provider must review the quality of treatment and other services provided by the independent health care service. This review must involve consultation with service users and their representatives where relevant.

- 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 1.1

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<th>Requirements</th>
<th>None</th>
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**Recommendations**

**We recommend that Monroe House should:**

**a** We recommend that Monroe House should give the families of people using the service the opportunity to give their opinions on the quality of the service. This will allow them to identify what the service has been doing well and improvements they think could be made.

National Care Standard 9 – Expressing your views

**b** We recommend that Monroe House should review the information provided on the notice board to ensure it is relevant to the people using the service. People using the service should be supported to access the information when required.

National Care Standard 9 – Expressing your views

### Quality Statement 1.4

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<th>Requirements</th>
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<td>The provider must:</td>
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**1** The provider must ensure that they have a policy to support the use of as required medication for the purposes of rapid tranquillisation.

Timescale – by 31 March 2014

*Regulation 3(c) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

National Care Standard 20 – Medicines management
2 The provider must ensure that a record is made in the patient care record, as closely as possible to the time of the relevant event, every medicine ordered for people using the service, and the date and time it was administered.

Timescale – immediately on receipt of the report

*Regulation 4(2)(d) - The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

National Care Standard 20 – Medicines management

**Recommendation**

**We recommend that Monroe House should:**

- We recommend that Monroe House should ensure that staff are able to read the expiry date on all medication before they administer it to people using the service.

National Care Standard 20 – Medicines management

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<th>Quality Statement 1.6</th>
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<td><strong>Requirements</strong></td>
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<td><strong>The provider must:</strong></td>
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3 The provider must introduce and maintain a system to manage risk associated with, or arising from, the care and treatment of people who use the service. This must include:

- a) policies and procedures to manage risk.
- b) environmental risk assessments.

Timescale – by 30 April 2014

*Regulation 13(2)(a) - The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

National Care Standard 4 – Your environment

4 The provider must ensure that senior staff review all incidents in the service within a reasonable time. This will allow the service to respond to any concerns raised and ensure that any opportunities for learning are identified.

Timescale – immediately on receipt of the report

*Regulation 3(a) - The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

National Care Standard 12 – Clinical effectiveness

**Recommendations**

None
## Quality Statement 2.2

### Requirements

**The provider must:**

1. **The provider must carry out a programme of refurbishment throughout the service to ensure it is fit for the provision of an independent healthcare service.**

   Timescale – by 31 August 2014

   *Regulation 10(2)(b) - The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   National Care Standard 15 – Your environment

2. **The provider must have appropriate systems, processes and procedures for the prevention and control of infection. To do this, the provider must:**

   a) carry out a full infection control and environmental audit of the service

   b) ensure staff are aware of and use the correct products when cleaning body fluids, and

   c) ensure staff have access to hand washing sink that are compliant with current guidance.

   Timescale a) and b) – by 28 February 2014; c) – by 30 April 2014

   *Regulation 3(d)(i) - The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   National Care Standard 13 – Prevention of infection

### Recommendations

**We recommend that Monroe House should:**

1. **We recommend that Monroe House should ensure that any maintenance issues are discussed at the flash meeting. This will allow them to rectify any issues as quickly as possible.**

   National Care Standard 15 – Your environment

2. **We recommend that Monroe House should review the use of pictorial symbols in the service and ensure these are large enough to be useful to people using the service. The review should involve speech and language therapist and ensure the symbols are large enough and recognisable to people using the service.**

   National Care Standard 15 – Your environment
### Quality Statement 3.3

**Requirements**

| None |

**Recommendations**

| We recommend that Monroe House should carry out a staff survey to allow them to engage with staff regarding any issues that are concerning them. The outcomes from the staff survey should be addressed through staff supervision to allow staff to discuss issues that are affecting morale. |

**National Care Standard 10 – Staff**

### Quality Statement 3.4

**Requirement**

| The provider must: |

| 7 The provider must provide services in a manner that respects the privacy and dignity of service users. To do this the provider must: |

| a) ensure all staff are aware of their responsibility to treat people with dignity and respect |
| b) put in place processes to get feedback from people using the service and other stakeholders on the attitudes of staff |
| c) put in place processes to regularly monitor the interactions between staff and people using the service, and |
| d) make sure staff are aware of their responsibility to challenge and report poor practice. |

**Timescale**

| a) and b) – immediately on receipt of this report ; and c) – by 31 March 2014; and d) – by 30 April 2014 |

**Regulation 3(b) - The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011**

**Recommendations**

| None |
## Quality Statement 4.4

### Requirements

<table>
<thead>
<tr>
<th></th>
<th>The provider must:</th>
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<tbody>
<tr>
<td>8</td>
<td>The provider must make such arrangements as are necessary to ensure that any treatment or services provided are of a quality that is appropriate to meet the needs of service users. To do this, the provider must review the quality of treatment and other services provided by the independent health care service. This review must involve consultation with service users and their representatives where relevant.</td>
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</table>

**Timescale** – by 30 April 2014

*Regulation 13(1) and 13(2)(b) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

National Care Standard 12 – Clinical effectiveness

### Recommendations

None
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: excellent
- 5: very good
- 4: good
- 3: adequate
- 2: weak
- 1: 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 Monroe House was conducted on Tuesday 10 and Wednesday 11 December 2013.

The inspection team consisted of the following members:

Gareth Marr
Lead Inspector

Elizabeth MacLeod
Inspector

Rhona Neill
Support, People First (Scotland)

Fiona Wallace
Public Partner, People First (Scotland)

Observed by:

David Thompson
Healthcare Improvement Scotland
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
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.